



# Hospital Status Reporting Guidelines

September 2005

# WHY THE CHANGE?

## ■ **Concerns for Patient Care:**

- ❑ Communications between ED and Squad personnel
- ❑ Overcrowded Hospitals prompt diversions; burdening EMS systems, leads to prolonged transports and delays in care.
- ❑ Hospitals compete for diversion status to decompress overcrowded ED
- ❑ On Diversion or At Capacity does not convey to EMS each hospital's actual ED capability to receive patients

# New Guidelines Address Concerns

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## ■ **Communications between ED and EMS**

- Conflict resolution process
- EMS will continue to transport certain patients to overcrowded ED
- Training for EMS/ED staff, jointly designed by EMS Caucus and Health Council to address concerns/reduce conflicts

# New Guidelines Address Concerns

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## ■ **Overcrowded Hospitals want EMS to Fix problem by expecting EMS to divert all patients.**

- Responsibility / focus in new Guidelines switched from EMS to hospitals:
  - Title changed to “Hospital Status Reporting” to replace ‘Ambulance Diversion’
- Hosp. notifies EMS of status / requesting EMS inform pt. of overcrowded situation
- EMS will explain hospital’s status to the patient
- Hospital destination is patient’s choice

# New Guidelines Address Concerns

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- **Hospitals compete for diversion status to decompress overcrowded ED**
  - No geographic limits on number of hospitals that report themselves as being At or Over Capacity
  - New Terms: 'At Capacity' and 'Over Capacity' have distinct definitions / convey important differences
  - Second and subsequent hospitals in geographic area must discuss their capability with partner hosp. prior to reporting At or Over Capacity

# New Guidelines Address Concerns

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■ Old ‘On Diversion’ or ‘At Capacity’ does not convey actual difference in ED capability to receive patients

- Now, ‘At Capacity’ means that the hospital’s ED and supporting resources are **fully** committed
- Now, ‘Over Capacity’ means that the hospital’s ED and supporting resources are **over** committed

# What have the Hospitals\* done over past three years to improve capacity?

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- Expanded number of ED beds by 58
- Increased number of ICU/CCU, Telemetry, and Step-Down beds by 220
- Created position of Bed Placement Specialist, expediting the flow of patients from ED through internal transfer and discharge
- Decreased staff vacancy rates by average of 21% in EDs by 29% on in-patient units
- Created new staff person, “HOSPITALIST”, to improve care & expedite timing of transfers/discharges

\*From CGHC Survey of only those hospitals (13) that communicate status via website

# Hospital\* plans to improve capacity over next three years

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- Increasing ED beds by 37+
- Increasing ICU/CCU, Telemetry, and Step-Down beds by 148
- Increasing medical/surgical beds by 86
- Increasing total number of inpatient beds
- “Loaning” nursing staff with graduate degrees to schools of nursing to enable the schools to increase their number of graduates

\*From CGHC Survey of only those hospitals (13) that communicate status via website



# Specific Provisions of New Guidelines

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## ■ **Status Definitions:**

- ❑ **Normal:** the hospital's emergency department and its supporting resources are operating normally
- ❑ **At Capacity:** the hospital has determined that its emergency department and the emergency department's supporting resources are fully committed
- ❑ **Over Capacity:** the hospital has determined that its emergency department and the emergency department's supporting resources are over-committed
- ❑ **Closed:** the hospital has activated its disaster plan because of an internal emergency, bomb threat, or other situation rendering it unable to accept patients

# Specific Provisions of New Guidelines (cont.)

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- **Situations when EMS must transport to 'At or Over Capacity' Hospital**
  - Patient is unstable
    - Airway, CPR, uncontrolled hemorrhaging, etc.
  - Hospital has specific services the pt needs
    - OB, major burns, hyperbaric oxygen, etc.
  - ALS level pt. - bypassing hospital on At or Over Capacity would mean a transport time greater than 15 additional minutes
  - EMS personnel have advised the patient of 'At or Over Capacity' situation and patient still wishes to be transported to their initial choice

# Specific Provisions of New Guidelines (cont.)

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- **EMS will notify patients about hospital-'At or Over' Capacity Status:**
  - Explanation of the meaning of either "At Capacity" or "Over-Capacity":
    - Patients may experience longer waits when going to a hospital reporting one of these two statuses
  - Questions EMS should be prepared to answer:
    - What happens with your physician when you go to another ED
    - General questions about insurance coverage for emergency care at "out-of-network" hospitals
    - The remote possibility, for insurance purposes, of patients having to be transferred to an in-network hospital

# Specific Provisions of New Guidelines (cont.)

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- **Conflict Resolution between ED and EMS**
  - Disengage immediately
  - Personnel should report the incident and names of those involved to their supervisor **as soon as possible** (Pt. care must not be jeopardized)
  - Supervisor should then contact, as appropriate, either the ED nurse manager of the facility or the EMS supervisor of the fire dept./EMS agency and discuss the incident with him/her

# Specific Provisions of New Guidelines (cont.)

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- **To provide more accurate status information to EMS, each hosp. in geographic area must report who has somewhat better ability to receive and care for EMS patients:**
  - Second and subsequent hospitals wanting to report themselves At or Over Capacity must first call their partner hospitals to discuss their situation with them
  - There is no limit on the number of hospitals that can report themselves At or Over Capacity

# Benefits / Outcomes of Changes

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- EMS receives more specific, more accurate information to help patients make choices of hospital destination
- ED personnel now expect that squads will bring patients to hospital when 'At or Over Capacity'
- EMS and ED staff have specific steps to follow if conflicts take place

# Benefits / Outcomes of Changes

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## ■ Hospital Status Task Force has/will:

- Has verified that **Insurance Co. Policies** regarding paying for non-network hosp. are still in effect
- Will improve notification of **private ambulance** squads about hospitals being 'At or Over Capacity'
- Will develop process for notification of **nursing homes** about hospitals being 'At or Over Capacity' status
- Will develop plan for improving **physicians'** understanding of the impact they can have on a hospital's ability to admit and care for the patient

# Continuous Improvement

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- ...as always, any operational or policy issues / problems can be brought to the Hospital Status Task Force for discussion and resolution
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