

Central Ohio Trauma System

EMERGENCY PATIENT TRANSPORT PLAN (EPTP)

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www.centralohiotraumasystem.org/emergencyservices



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PURPOSE

- Promote ED access to care in central Ohio when **THREE** or more adult hospitals have concurrently declared a “DIVERT” status to EMS.
 - Minimize out of service and drive times for public/private EMS.
 - Strategically disperse patients to local hospitals; decreasing wait times and optimizing care.
- In addition, when one hospital declares either “CLOSED” or “DIVERT-EQUIPMENT FAILURE” then only two additional hospitals are needed to activate the EPTP.
- Free Standing EDs are NOT counted in these numbers.
- The plan only pertains to “**STABLE**” public/private EMS **medical** patients.
- During times of community wide mass casualty incident (MCI) – the on-scene incident commander will identify and disperse patients as the situation warrants.
 - All other non-MCI patients will be managed under the EPTP plan.
 - Hospitals may NOT divert patients during a community wide MCI.

SCOPE

These guidelines are intended for use by and among participating Central Ohio hospitals, Free Standing Emergency Departments and public/private EMS that transport their patients to participating hospitals.

Participation in the EPTP is voluntary, but serves to ensure every patient is treated timely and at the appropriate facility. This does not supersede your agency protocols. Please review with your agency leadership.

Definitions:

- **Real-Time Activity Status (RTAS)** – web-based system that documents incidents of hospital diversion and how busy EDs are in real-time.
- **High*** - During EPTP activation, hospitals shall change their status to anything other than DIVERT. **High*** signifies that they would still DIVERT if the EPTP were de-activated.
- **Divert-Equipment Failure** – when a hospital has diagnostic or procedural equipment malfunction(s) that affects their ability to care for certain types of critical patients but they are still able to receive other patients.
 - The hospital shall notify the Cols Fire alarm office (FAO) of the exact situation and the type(s) of patients that should be diverted.
- **Closed** – when a hospital is experiencing an internal disaster (i.e. flooding, security issues, loss of electricity without generator backup, etc).
 - The hospital shall notify the FAO of the exact situation.
- In both incidents, the hospital shall post their issue on RTAS.
- All public/private EMS should have access to RTAS (contact rgiambri@centralohiotraumasystem.org)

The EPTP Plan

Once activated, the EPTP status shall be re-evaluated at 0730 or 1930 or as determined by the FAO.

These guidelines should be carried on all participating public/private EMS vehicles and maintained in every hospital and ED.

During Plan activation, the destination hospital should use this scripted report:

** “This is (Name of facility). Please be advised we are on the countywide Emergency Patient Transport Plan. Please go ahead with your report.” **

EMS ACTIONS DURING THE EPTP

- Public/private EMS shall participate in the EPTP when EPTP activation is posted on the RTAS System by the FAO.
- Prior to loading patients for transport, EMS will contact the FAO Transportation Manager on channel **9 Transport** of the CFD radio system to receive a hospital assignment.

If public/private EMS agency does not have **9 Transport**, they or their Dispatch should contact the FAO Transportation Manager for destination assignment via phone @ 614-221-2345.

- Public/private EMS may decline an assignment if one of the four hospitals closest to the scene is not among those offered for assignment. The crew should inform the FAO of their decision to decline the assignment and why and identify their transport destination. The FAO will appropriately credit the patient to the receiving hospital's EPTP ratio.
- Public/private EMS is expected to use appropriate discretion to provide the best care for their patient, including deviation from this plan, when justified. Any disputes or deviations from this plan should be immediately reported to the EMS Supervisor from the EMS providers' home district.
- Unless a hospital is on "Closed" or "Divert-Equipment Failure" status, patients meeting the following criteria as determined by public/private EMS are NEVER diverted by an ED regardless of diversion status or activation of the EPTP (**EXCLUSION CRITERIA**):
 - Critical or unstable as determined by public/private EMS
 - Chronic medical conditions or specialty needs (i.e. transplant, dialysis, hyperbaric, burn, active labor)
 - Hospital of recent discharge
- At times, after being informed of a hospital assignment, the patient may choose to make other transportation arrangements. Public/Private EMS personnel may utilize the **EMS Diversion Teaching Tool (APPENDIX C)** when attempting to explain diversion to a patient.
 - After the patient makes the final transport decision, public/private EMS will notify the FAO Transportation Manager of their transport decision.
- Critical or unstable patients should always go to the closest, most appropriate hospital per public/private EMS SOP. ***The delivering public/private EMS provider or Dispatch/PSAP should notify FAO before or after the patient's arrival at destination ED so that patient(s) is counted in the ED EPTP Ratio.***

PSAP = Public Safety Answering Point

FAO AND MANAGEMENT ACTIONS DURING EPTP ACTIVATION

- The FAO will inform the FAO Supervisor when **THREE adult Central Ohio hospitals** concurrently show a Divert status on the RTAS System or when one hospital shows a “Closed” or “Divert-Equipment Failure” status at the same time two additional hospitals show a Divert status.
- The FAO may opt to contact the three hospitals who are currently indicating a “High”, or “High*”, or “Divert-Equipment Failure”, or “Closed” status on the RTAS System to determine if activation of the EPTP is warranted. If three or more hospitals indicate a continued diversion status the EPTP is activated.
- The FAO supervisor will assign an additional dispatcher as the FAO Transportation Manager to monitor the 9 Transport radio channel. This position will always be filled during the operation of the Plan. The FAO Transportation Manager position will have 9 Transport and the operation of the EPTP as his/her primary responsibility at all times.
- The FAO Transportation Manager will immediately notify all participating hospital EDs and Free Standing EDs of EPTP activation. Methods include:
 - Posting the “EPTP Activation” designation on the RTAS System
 - Utilizing the paging notification system.
- The FAO will broadcast a message over 10 Fire, 9 EMS1, 9 EMS2 radio channels, and the CFD public announcement (PA) system stating that Franklin County is now operating under the terms of the Emergency Patient Transportation Plan.
- The FAO supervisor will notify the ES-2 Deputy Chief of the immediate need to temporarily transfer either two or three FAO-qualified firefighters to the FAO for the remainder of the current Unit’s tour of duty and to transfer three additional FAO-qualified firefighters to the FAO for the next Unit’s 24-hour tour of duty.
- The FAO will follow their internal notification guidelines including but not limited to sending automated mass notification of EPTP activation status to all public/private agencies and/or Dispatch Centers included on the FAO EPTP Call-Down List. To be included in this mass notification, contact @ faoadmin@columbus.gov
- All participating Dispatch centers in addition to the FAO will notify their crews according to internal notification processes.
- The FAO Transportation Manager will establish a tracking mechanism to monitor the proportionate assignment (the ratio) of patient transports to each hospital. Each hospital will start at zero upon EPTP activation.

FAO AND MANAGEMENT ACTIONS DURING EPTP ACTIVATION

- Patient transport assignments will be rotated among the participating hospitals in a manner to balance the patient load in accordance with the ratios as documented in **APPENDIX B**.
- Every patient transported by both public and private EMS will be counted toward satisfying the ratio. This may require the ED to call the FAO to say they just received patients via private ambulance. **(If out of county EMS and no access to 9 Transport – Dispatch/PSAP should notify the FAO of destination)**
- The FAO Transportation Manager may temporarily flex the rotation schedule at his or her discretion to accommodate obvious imbalances that may occur, or for any other appropriate reason. The FAO Transportation Manager is not required to entertain discussion of the matter with either public/private EMS or hospitals, and may strictly follow the rotation at any time.

EPTP TERMINATION

- At 0730 hours and at 1930 hours each day while the EPTP is in effect, the FAO Transportation Manager will call the ED Charge Nurses at hospitals who show “High”, or “High*”, or “Divert-Equipment Failure”, or “Closed” on the RTAS System, asking them if they would be diverting if the EPTP was terminated in the next hour.
- The FAO Transportation Manager will advise the FAO supervisor of the results of the telephone survey. The FAO supervisor will determine if the EPTP should continue or be terminated based on the following survey criteria:
 - If the cumulative response is that two or less EDs would request diversion, the EPTP will be terminated on the next half-hour (0800 or 2000 hours).
- When the decision is made to terminate the EPTP, the FAO will take the following actions:
 - The FAO will deactivate the EPTP alert designation on the RTAS System.
 - The FAO Transportation Manager will utilize the EPTP paging group for notification of EPTP termination.
 - A message will be broadcast over 10 Fire, 9 Transport, 9 EMS1, 9 EMS2 radio channels and the CFD PA system stating that Columbus is now terminating the Emergency Patient Transportation Plan.
 - The FAO will follow their internal notification guidelines including but not limited to sending automated mass notification of EPTP activation status to all public/private agencies and/or Dispatch Centers included on the FAO EPTP Call-Down List. To be included in this mass notification, contact @ faoadmin@columbus.gov
 - All participating Dispatch centers in addition to the FAO will notify their crews according to internal notification processes.

EMS DAY TO DAY OPERATIONS

- Public/private EMS shall be trained regarding the components of the EPTP.
- Public/private EMS shall honor a Divert Status as posted by a hospital regarding the transport of stable patients if the patient does not meet **EXCLUSION CRITERIA**.
- Public/private EMS determines the stability of the patient.

FAO DAY TO DAY OPERATIONS

- FAO staff shall be trained regarding the components of the EPTP.
- The FAO will monitor the RTAS system for hospital posted diversion status.
- Although the RTAS System relies on hospitals' phone notification of a Divert status (which can be via the RTAS System auto call function), a verbal Divert status may not be recognized until it is posted by the hospital on the RTAS System.
- The FAO leadership maintains the EPTP paging group for notification about EPTP activations and deactivations.

APPENDIX

- A – EPTP Day to Day Operations for Hospitals, public/private EMS, FAO (see above)
- B – List of hospital patient ratios during EPTP (subject to change)
- C – What if a hospital is busy? A guidance document for public/private EMS
(you may copy and give this to your patient that is being diverted)
- D – Performance Improvement Form
- E - Acronyms



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Out of County Concerns

- Agencies not on 9 Transport, should have their Dispatch/PSAP notify the FAO of the patient transport into a Franklin County hospital during the EPTP.
- Contact Roxanna Giambri for agency access to RTAS.
rgiambri@centralohiotraumasystem.org



What happens when we work together?
Central Ohio is prepared for anything.

There are many ways to get involved. Join a committee. Teach. Donate.

CentralOhioTraumaSystem.org





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Physicians and other experts working
together to improve the health of the
community