

February 2020

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**ASSISTING LEVEL IV
TRAUMA
CENTERS/TRANSFERS**

Transfer Issues

- Labette Health-Level III Trauma Center

1. Availability of EMS/Helicopter
2. Weather

- **Diversion-How we can help Level IV's?**



LH Diversion 2017

Diversion Hours by Reason

- Trauma Diversion – 155.56
 - Ortho Diversion – 177.36
 - CT Diversion – 28.05
 - Total Diversion Hours:
 - 360.97
- Diversion Goal < 5%
- $360.97 * 100 / 8016 = 4.5\%$
(1/1/17 – 11/30/17)
- Actual hours 2017=221.63
2.5% (After Realizing the way it was being recorded)

LH Diversion(155.56) Compared to SEK Region

Status Summary

Start Date : 01-Jan-2017

End Date : 30-Nov-2017

Aggregate on Resource Type : South East

ED Status

Status	Total Hours	% of Total Hours
Open	107610.38	99.74
Closed to Ambulances	100.13	0.09
Out of Service	0.09	0.00
Air Trauma Diversion	0.00	0.00
Caution	7.23	0.01
Trauma Only	0.00	0.00
Trauma Diversion	176.83	0.16

Something to think about :Why are we higher than the region? 155.56 LH
21.27 SEK Region.....ACS will ask.....



Diversion

- A Letter From Family
- We need to make a change
- Barriers
 1. Mind set
 2. “That’s the way we have always done it”
 3. Comfortable
 4. Physicians
 5. EMR Diversion Status
 6. Double Documentation skewing data



Changes Made

- Updated Policy
- Discussions regarding the need for CT
- Ortho Diversion discussions
- Ortho Diversion / CT diversion does **NOT** equal Trauma Diversion
- Education on Documentation of hours

SUBJECT: Diversion
APPROVED BY: Trauma Committee
EFFECTIVE: APR/09

REFERENCE: ER
PAGE: 1 OF 2
REVISED: SEP/16 **SEPT/17**
REVIEWED: MAR/14

TITLE: ED/Trauma Diversion, Closure and Status Change for Ambulance Patients.

PURPOSE:

Establish criteria for when the Emergency Department (Hospital) may declare a different status other than open to receiving ambulance patients.

POLICY:

A combination of any of ~~two~~ **three** of the following; the Emergency Department Physician, the Trauma Surgeon on Call, the Nursing Supervisor, Hospital Administration, **Trauma Medical Director, Trauma Director** and the Emergency Department Director may declare a Trauma Center Status Change based on the following criteria. **A Hospital Administrator must be one of the three. All options to avoid trauma diversion must be explored prior to status change. The Trauma Director/Trauma Coordinator should be notified in the event of a potential trauma diversion to evaluate options and potential impacts.** In order to place the entire hospital on diversion an Administrator must be one of the decision makers:

- All monitored beds are filled with critical patients; no availability for another critical patient.
- **All options are explored with no back-up options.**
- Multiple casualty incidents utilizing all resource personnel.
- Internal disaster, facility suffering structural or infrastructure damage inhibiting the care of patients.
- **Multiple trauma patients; no availability for another trauma patient.**
- The operating room is functioning at maximum capacity; no surgical suites are expected to become available within one hour.
- Certain critical equipment being out of service needed for the management of a patient.
- ICU filled to capacity; unable to reallocate resources.
- Other circumstances when remaining open to ambulance patients would hinder rather than help the delivery of patient care.

The following statuses will be used at Labette Health:

- Open – The Emergency Department is open and accepting all ambulance patients.
- Closed to Ambulances – The Emergency Department is functioning but can not accept ambulance patients due to a temporary resource limitation. Detailed information may need to be provided.

- Trauma Diversion – The Hospital and/or Emergency Department is closed to ambulances carrying trauma patients due to a temporary resource limitation. Detailed information may need to be provided.
- Stroke Diversion – The Hospital and/or Emergency Department is closed to ambulances carrying stroke patients due to a temporary resource limitation. Detailed information may need to be provided.
- Out of Service – The Emergency Department and/or Hospital has suffered structural or infrastructural damage, loss of power, an exposure threat or other condition that precludes the acceptance of ambulance patients. Detailed information may need to be provided.
- An Emergency Department Nurse will notify the Nursing Supervisor of the decision for a change in status. In addition the Emergency Department RN should make the appropriate status change on the EMSsystem computer in the ED and call the following EMS & Dispatch agencies to let them know of the change in status:
 - Labette EMS Captain 620-820-9148
 - Labette County 911 620-421-2400
 - Cherryvale EMS 620-336-2121
 - Neosho County 911 620-244-3869
 - Crawford County 911 620-724-8274
 - Independence EMS 620-332-2504
 - Trauma Surgeon on Call
- Additionally, the Nursing Supervisor should contact the “on-call” Orthopedic Surgeon and advise them of the status change and then also the change back to open.
- Once the status returns to “Open” an Emergency Department RN should notify the Nursing Supervisor, change the status on EMSsystems and call the respective EMS & Dispatch agencies to advice of the status change.

Reference:

Rotondo, M. F., Cribari, C., & Smith, R. S. (Eds.). (2014). *Resources for Optimal Care of the Injured Patient*. American College of Surgeons.

Trauma Diversion Goal < 5%



