Southwest Texas Regional Advisory Council

STRAC EMERGENCY DEPARTMENT DIVERSION MEMORANDUM OF UNDERSTANDING

September, 2011; Revision: July, 2014, Addendum: September, 2015

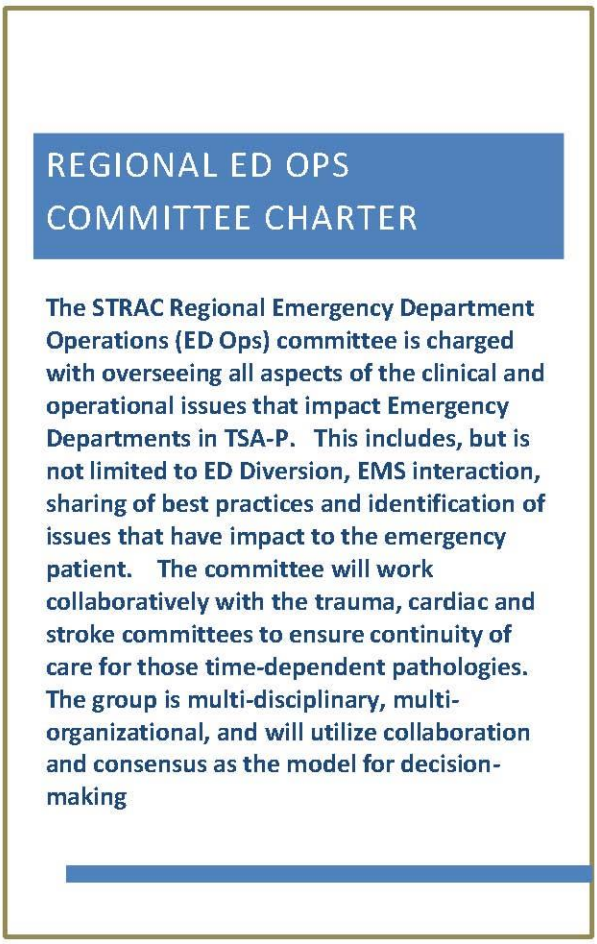
STRAC Emergency Department Diversion
Memorandum of Understanding

DEVELOPED BY THE REGIONAL EMERGENCY DEPARTMENT OPERATIONS COMMITTEE

BACKGROUND

Emergency Department Diversion has affected the San Antonio and South Texas emergency healthcare system for over a decade. In late 2000, a task force of stakeholders was assembled to better understand the causes and impact of diverting EMS ambulances from one emergency department to another. The San Antonio Diversion Task Force (DTF) started the difficult task for developing an agreement that would address all stakeholder concerns. Diversion is a process of temporarily routing EMS patients away from overwhelmed Emergency Departments so that the EMS patients do not receive delayed care or suffer potentially poor outcomes.

In 2010 the diversion task force efforts were transitioned to the STRAC Regional Emergency Department Operations Committee (ED Ops). Regional ED Ops is chaired by an emergency physician and co-chaired by ED nurse directors from the area hospitals. Membership includes emergency physicians, ED nurse directors/managers, EMS operations/command staff, EMS Medical Directors and STRAC administrative staff. Committee membership is open and meets monthly. (check www.strac.org/calendar for meeting information)



Collection of diversion data and notification of diversion status is done through the Intermedix product, EMResource (www.emsystem.com). EMResource is the largest application for ER diversion issues in the US and is deployed as a statewide solution in Texas.

EMResource also provides the ability to gather critical information during Mass Casualty Incidents (MCIs) and other high-profile events. Critical communications with hospitals and EMS via email, pager, cell phone and other pertinent notifications is paramount to successful crisis response.

The Regional ED Ops committee developed this Memorandum of Understanding to outline the agreement for Emergency Departments and EMS agencies to collaboratively work through the issue of diversion. All stakeholders recognize the complexity of diversion and its potential impact to quality patient care if all parties do not develop, implement, and follow the MOU rules that guide each organization's behavior. This is a living document and will be evaluated annually by the Regional ED ops committee for effectiveness. *The signatories to the MOU are attesting their organization will follow and enforce the rules, roles and responsibilities for their organizations as delineated in this MOU.*

ABBREVIATIONS/DEFINITIONS:

1. **AOC** – Administrator on Call
2. **Diversion Override** – The changing of a hospital's status from Divert to Diversion Override as per the Diversion Override/MCI plan. (See attached)
3. **EMResource** – the website formerly known as EMSystem, which is the 24/7 portal to diversion and MCI information in the STRAC region. EMResource is maintained by Intermedix, Inc.
4. **EMS Agency** – means 911 EMS providers in TSA-P, although in general, it refers to the EMS agencies in the Metro San Antonio area, which is defined as Bexar County and the counties contiguous to Bexar County.
5. **HEART ALERT** – Patients that meet the HEART ALERT criteria. In general, this is a STEMI patient. HEART ALERTS are routed to PCI centers. . (see file library at www.strac.org for complete HEART ALERT information)
6. **Hospitals** – Any hospital in TSA-P
7. **MCI** – Mass Casualty Incident
8. **MEDCOM** – Regional medical communications center that handles trauma transfer requests, MCI activation, dispatch of STRAC Emergency Operations and EMTF assets and other regional issues as assigned. MEDCOM's primary # is 210-233-5815
9. **Patient Parking** – The practice of holding patients on the transport EMS agencies' stretchers while awaiting a bed to place the patient in. This practice is considered patient parking even if the ED is processing and assuming care for the patient while they are on the EMS stretcher. The Patient parking time stops when Transfer of Care (TOC) occurs after the patient is transferred off the EMS stretcher and patient report between the paramedic and an emergency department nurse occurs.
10. **Primary POC** – The EMS agency or hospital Point of Contact (POC) that is routinely available to handle diversion concerns on a daily basis. Examples would be Emergency Physicians, ED Directors, EMS shift commanders, etc.
11. **Priority 123** – the system adopted to identify the criticality of EMS patients. Priority 1 patients are most critical, Priority 2 patients are potentially critical and Priority 3 patients are stable. (see file library at www.strac.org for complete Priority 123 information)
12. **Senior Administrative POC** – The agency or hospital Point of Contact (POC) that is ultimately responsible for overseeing the organization's response to diversion issues and has the authority to speak on behalf of the organization. The Senior Administrative POC will handle concerns that cannot be resolved by the Primary POC. Examples would be System Directors, COOs, CEOs, EMS Chiefs, EMS Medical Directors, etc.
13. **STRAC** – Southwest Texas Regional Advisory Council
14. **STROKE ALERT** – Patients that meet the STROKE ALERT criteria. STROKE ALERTS are routed to Stroke Centers. (see file library at www.strac.org for complete STROKE ALERT information)
15. **TRAUMA ALERT** – patients that meet Red/Blue TRAUMA ALERT criteria. TRAUMA ALERTS are routed to Trauma Centers. . (see file library at www.strac.org for complete TRAUMA ALERT-Red/Blue criteria information)
16. **TSA-P** – Trauma Service Area – P. TSA-P is the 22 county region in and around San Antonio designated by the Department of State Health Services. (See attached map)

ORGANIZATIONS AGREE TO THE FOLLOWING RULES/RESPONSIBILITES:

1. Hospitals will utilize the EMResource website to adjust their diversion status. Each hospital Emergency Department and EMS agency will have a functioning computer terminal with Internet access, configured with a recent version of an internet browser, located in a prominent position in the department/center at all times. It is recommended that computers with network-type Internet connections also have backup internet connection in case of network failure.
2. Each facility will ensure the EMResource website is active and functioning properly daily.
3. Each facility and agency will ensure, at a minimum, the agency POCs have EMResource accounts and have correct pager/phone/email information in EMResource to ensure quick notification and activation is feasible. Additional personnel are encouraged to be added to allow redundancy to the notification system.
4. Each facility and agency will participate, as directed, with the MCI drills when they are conducted. This includes quick entry of Red/Yellow/Green bed availability and other critical information necessary for command decision-making.
5. Hospitals and EMS agencies agree to ensure their personnel are knowledgeable with the Diversion MOU and any policies & procedures and appendices.
6. All Parties (hospitals and EMS agencies) recognize and agree that diversion status is a request from the hospital to the EMS agency. EMS agencies may transport patients that have special medical circumstances to a facility on diversion if the EMS crew believes that it may be in the patient's overall best interest. Examples of special medical circumstances include but are not limited to patients discharged within 72 hours from the diverted facility, transplant patients, patients with recent surgery at the diverted facility, obstetrical patients, etc. Further, there are patients that do not have special medical circumstances but insist on being transported to a diverted facility due to personal preference, physician direction, health plan guidance, or other non-medical reasons. Before transporting either of these patients (special medical circumstances and/or patients insisting to be transported to a facility on diversion), the EMS agency will inform the patient that hospitals make diversion decisions based on patient safety and real time capabilities and that EMS agencies use this information in determining the best transport location for each patient. The EMS crew will follow their agency's policies and procedures when transporting to a diverted facility for any reason. The reason for diversion over-ride will be reported as a courtesy to the receiving Emergency Department.
7. Each hospital and EMS agency will have a Primary Point of Contact (Primary POC) that is rapidly available to address immediate concerns related to diversion. Each hospital and EMS agency will also designate a Senior Administrative POC that will serve as the POC for escalated complaints or other communications. The POCs should be roles, not specific people. (See definitions section for further information on POCs) MEDCOM will maintain an up-to-date list of Primary POCs and Senior Administrative POCs and their contact numbers. This list will be distributed to the Diversion MOU signatories as well. MEDCOM's primary # is 210-233-5815.

8. Conflicts shall be directed to the Primary POC. When complaints or conflicts occur, all parties are strongly encouraged to contact the Primary POC as soon as practical so that corrective action can be taken at the time the infraction is occurring and important details can be captured. If no resolution is found, the complainant has the option to contact the Senior Administrative POC.
9. Regional ED Ops Performance Improvement committee will assist with conflict resolution and system review. Any issues that cannot be resolved in the Regional ED Ops committee will be routed to the STRAC Executive Committee for further assistance.
10. All signatories to the Diversion MOU will support and comply with the guidelines and policies established in collaboration with STRAC.
11. Status change decisions will be made by the Primary POC or their designee in accordance with any pertinent facility guidelines. Personnel that are responsible for EMResource status changes will be assigned a unique password and will be responsible for security of that password.
12. EMS agencies will be considered "notified" within 5 minutes of any change to the EMResource Diversion website.
13. Each facility agrees that if its diversion status changes from "Open" to any of the "Divert" categories, EMS units that have left the scene of an incident en route to that facility shall complete the transport if determined necessary by the field EMS crew.
14. When in a "Divert" status each facility will update the system every 2 hrs. If the status is not updated, the facility will revert to "Open" status.
15. Hospitals contacting EMS (formally or informally) to request "Informal divert" that is not tracked in EMResource is prohibited. This includes requesting informal diversion to medic units, EMS supervisors or calls to EMS dispatch or MEDCOM.
16. Hospitals agree to divert utilizing only the EMResource divert categories.
17. All parties agree not to place inappropriate comments on the website. Only pertinent operational comments will be allowed. Inappropriate comments may be removed by MEDCOM or San Antonio EMS.
18. Hospitals not specifically on diversion to OB patients shall accept obstetrical patients (OB) > than 20 weeks gestation. ED diversion status does not apply to this subpopulation of EMS patients, unless they are specifically on divert to OB patients.
19. Psychiatric patients will be considered either medical or trauma patients with respect to diversion decisions. There is no specific psychiatric divert category on EMResource.
20. Hospitals will accept Priority 1 Override patients at any time, regardless of diversion status. Priority 1 Override patients are defined as patients in extremis, including:
    a. patients with BP<70
    b. CPR in progress
    c. patients in need of emergency airway control, and
    d. at the EMS Medical Director's direction.
21. Hospitals and EMS agree to utilize the STRAC definition of pediatric patients for transport decisions. The definition of a pediatric patient is "not yet 17 y/o, or 17 y/o with a pediatrician as their primary care physician".
22. There is no penalty for a facility to go on diversion status.

23. Hospitals agree to participate in the San Antonio Fire/EMS Diversion Override/MCI plan. This plan is an operational document for the San Antonio EMS Division and outlines actions in Mass Casualty Incident (MCI) and other system overload scenarios to include the City Ice Plan. The plan is developed in conjunction with the local EMS Medical Directors, Regional ED Ops committee members, and Southwest Texas Regional Advisory Council (STRAC). The Diversion Override/MCI Plan defines procedures to follow should it occur that an unacceptable number of facilities within a specific geographic boundary are on diversion simultaneously. The plan will specify the override of any divert status of hospitals for a specified length of time until the city emergency is determined to be over.

24. A robust reporting module for diversion hours by facility is available through the EMResource website to each hospital, San Antonio EMS and STRAC. The Regional ED Ops committee may review citywide data regularly as the situation dictates.

25. Patient parking will be discouraged. Refer to Addendum, Appendix – A, pages 11-12, added September, 2015.

26. Department of Defense facilities retain the option to abstain from this Memorandum of Understanding during time of war or other national security concern or at any time at the DoD's discretion.

TERM

This memorandum of understanding is in effect on the date on which it is signed and remains in effect for a period of three (3) years or if written notification is received revoking the Memorandum of Understanding with the STRAC. All parties reserve the right to terminate this MOU at any time, with or without cause. Thirty (30) day written notification is required for termination of the MOU.

ORGANIZATION: _____

(*Insert Hospital or EMS Agency Name here)*

PRIMARY POC: _____

(This is a role, not a person. Example ED shift supervisor)

PRIMARY POC CONTACT NUMBER: _____

SENIOR ADMINISTRATIVE POC: _____

(This is a role, not a person. Example would be AOD, or COO)

SENIOR ADMINISTRATIVE POC CONTACT NUMBER: _____

CEO SIGNATURE: _____

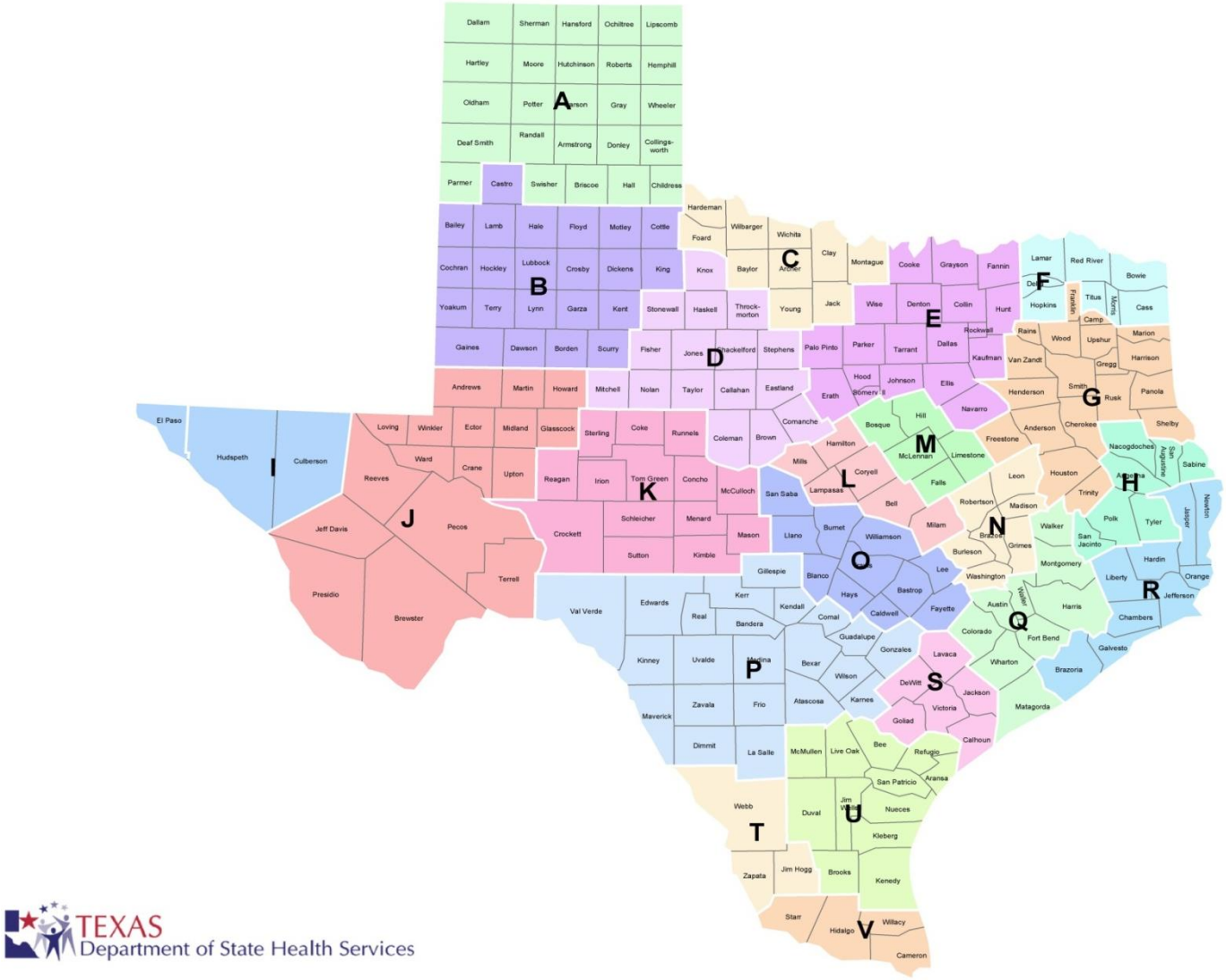
CEO NAME: _____

Date: _____

Regional ED Operations Committee Members:

Agency	Representative(s)
Acadian Ambulance Service	Steven Cope, Butch Oberhoff, Troy Bonnette
Audie Murphy VA Hospital	Doug Boyer
Baptist Health System	Rudy Elizondo, Dr. Byron Freemyer, Gina Grnach, David Heitzman, Tammy Holland, Ruben Saenz, Dr. Tim Taylor, Amy Schopperth
Center for Health Care Services	Dr. Jason Miller
Christus Santa Rosa Healthcare System	Bernadette Martinez, Carl McAndrews, Joe Pendon, Sandie Williams, Kenneth Wamer
Methodist Healthcare System	Lisa Cole, Pamela Dwyer, Dr. Wright Hartsell, Dr. Michael Huott, Susan Sewell, Sue Ellen Trevino, Pam Turner, Daniel Medina, Robert Batkins, Carla Moreno, Kara Green
Nix Healthcare System	Angela Diehl, Joanne Sundin, Rose Lopez, Dr. Gregory Roth
San Antonio AirLIFE	Josh Howell, Shawn Salter, Matt Harrison, Melisa Hoeffner
San Antonio Fire / EMS	Chief Yvette Granato, Joseph Hemann, Dr. Emily Kidd, Dr. Craig Cooley, Jesse Renteria, Jesse Vera
San Antonio Metropolitan Health Department	Sheila Folschinsky, Roger Sanchez, Roger Pollock
San Antonio Military Medical Center	Dr. Robert Gerhardt, Dr. Jeremy Cannon,
Schertz EMS	Jason Mabbit, Dudley Wait
South Texas Regional Medical Center	
Southwest General Hospital	Richard Hall, Bill Rodriguez, Daniel St. Armand
STRAC	Eric Epley, Monica Jones, Preston Love, Diana Chorn, Michelle Montgomery, Mark Montgomery, Brandi Wright
University Hospital	Dr. Sally Taylor, Dr. Mark Sparkman, Rudy Jackson, Pablo Rojas
University of Texas Health Science Center, San Antonio	Dr. Charles Bauer, Dr. David Wampler, Joe Lindstrom, Joan Polk

Texas Trauma Service Areas:



September, 2011; Revision: July, 2014, Addendum: September, 2015

APPENDIX – A

Mandatory Diversion

ADDENDUM TO THE STRAC EMERGENCY DEPARTMENT DIVERSION MEMORANDUM OF UNDERSTANDING
August, 2015

Item 25: Patient parking will be discouraged. Hospitals will make every attempt to have patients off of the EMS stretcher and receive patient report to accomplish "Transfer of Care" (TOC) within twenty (20) minutes of the patient's arrival. Hospitals will also work to communicate the status of beds and timeframes for moving patients to all EMS units waiting in the ED. If off-loading delays >20 minutes occur, the EMS Dispatch will contact the hospital Primary POC. If no resolution is reached, the EMS Agency reserves the right to take appropriate action(s) as they deem necessary. Actions could include escalating the complaint process and/or placing the facility on Mandatory Divert.

- **a.** Transfer of Care (TOC) Delay is defined as two or more ambulances are delayed in TOC for twenty (20) minutes or more at a receiving ED.
- **b.** Mandatory Diversion is the course of action taken on authority of San Antonio FD/EMS, whereby the facility is placed on Mandatory Diversion status for a two (2) hour period or as otherwise specified by SAFD/EMS. During this period, the facility cannot place themselves on Diversion or Open status.
- **c.** If no resolution is reached, the 911 agency or authority having jurisdiction would intervene. Ambulance providers may contact MEDCOM (210) 233-5815 or SAFD/EMS Dispatch (210) 207-7744 for assistance.

As your facility has previously agreed to comply with the STRAC Emergency Department Diversion MOU, we are not requiring you to sign and return this Addendum in order for it to be binding for purposes of compliance. However, you should print and retain a copy of the amended MOU for your files.