

Greater Cincinnati Area
HOSPITAL STATUS REPORTING GUIDELINES

PURPOSE:

The purpose of these Hospital Status Reporting Guidelines is to facilitate the timely communication about a hospital's emergency department status and the hospital's request that EMS inform patients that another medical facility may be better prepared to administer emergency care appropriate to the patients' needs.

STATUS DEFINITIONS AND ROUTING DECISIONS:

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

Routing Decisions: EMS personnel will continue to transport patients to a hospital reporting itself to be At or Over-Capacity under the following circumstances:

- the patient is unstable including, but not limited to: having an unmanageable airway, being given CPR, or having uncontrolled internal or external hemorrhaging; (no trauma center may be At or Over-Capacity for trauma patients);
- the hospital At or Over-Capacity has the specific services the patient needs (e.g., the patient is an OB patient, has major burns, or needs hyperbaric oxygen);
- the patient is an ALS level patient and bypassing the hospital reporting itself At or Over-Capacity would mean a transport time of greater than 15 additional minutes; or
- EMS personnel have advised the patient that the patient's preferred hospital is At or Over-Capacity and the patient still wishes to be transported there.

In these situations, as soon as possible after determining that it is going to a hospital reporting itself At or Over-Capacity, the transporting unit will make reasonable efforts to notify that hospital that it will be receiving a patient and to describe the patient's condition.

No trauma center may report itself At Capacity or Over-Capacity for trauma patients.

During a mass-casualty incident, hospitals to which squads would be transporting victims from the incident may not report themselves At Capacity or Over-Capacity.

GUIDELINES:

To ensure access to emergency care and provide for consistent implementation of the status definitions across hospitals:

- Each hospital has prospectively established criteria for determining that it must notify EMS agencies that it is At Capacity or Over-Capacity.
- Area hospitals agree to use the above definitions of status only.

- A hospital must report itself At Capacity or Over-Capacity for the minimal amount of time feasible; the hospital must return to normal operations as quickly as possible.
- A hospital may only report itself At Capacity or Over-Capacity after the hospital has undertaken measures to relieve saturation of the Emergency Department, such as calling in additional staff, postponing elective admissions, declining direct admits from physicians' offices, staffing units or beds not typically in service, internally transferring patients to free needed beds, transferring stabilized patients to other area hospitals, etc.
- Area hospitals agree to follow the Hospital Status Communication Procedure outlined below.
- There is no limit on the number of hospitals that can report themselves At or Over-Capacity, however, there are partnerships of hospitals (based on the 4 hospitals geographically closest to each other) that must communicate with each other about their statuses in order to accurately represent to EMS which among them, if any, has somewhat more ability to accept additional patients and can report themselves as either At Capacity or Normal. Within the area Hospital Status Partnerships listed in number 4 of the Communication Procedure below, the second and subsequent hospitals desiring to report themselves either At or Over-Capacity must first call their partner hospitals to discuss their various situations and determine which among them will report themselves as Normal, At Capacity or Over-Capacity.
- Once notified that a hospital is At or Over-Capacity, EMS personnel will inform their patients about the hospital's status by providing them with the following types of information:
 1. Explanation of the meaning of either "At Capacity" or "Over-Capacity," i.e., patients may experience longer waits when going to a hospital that is reporting itself on one of these two statuses.

EMS personnel must also be prepared to answer their patients' or family members' questions about:

1. Explanation of what happens with your physician when you go to another ED.
 2. Information in response to patients' questions about insurance coverage.
 3. The remote possibility for insurance purposes of having to be transferred back to an in-network hospital if the choice is to go to an out-of-network hospital.
- If there is any disagreement or conflict between EMS and emergency department personnel in the course of transferring an EMS patient to the emergency department, personnel should report the incident and names of those involved to their supervisor as soon as possible. The supervisor should then as soon as possible contact, as appropriate, either the emergency department nurse manager of the facility where the incident occurred or the EMS supervisor of the fire department/EMS agency of the EMS personnel involved and discuss the incident with him/her.
 - Only hospital representatives with User IDs and Passwords approved by the Health Council will be authorized to change a hospital's status via the Health Council's Hospital Status Web Page. Hospitals, communication centers, fire departments, and physicians desiring 'read only' access to the Hospital Status Web Page must also apply to the Health Council for approved User IDs and Passwords.

The Hospital Status Task Force (representing Tri-state fire chiefs' associations, hospitals and communication centers), the Pre-Hospital Care Committee, and the Emergency and Disaster Services Committee of the Academy of Medicine of Cincinnati will have responsibility for regularly (at least annually) reviewing the Hospital Status Reporting Guidelines and making revisions as necessary.

PRIMARY HOSPITAL STATUS COMMUNICATION PROCEDURE:

1. When a hospital determines, based on prospectively established criteria, that it must inform EMS that it is either At Capacity or Over-Capacity, the authorized hospital representative must access the Health Council’s web site at www.gchc.org, click on the Hospital Status Reporting link, and enter the approved User ID and Password in the dialog box that will appear.
2. If the correct User ID and Password are entered, the Emergency Room Status page will appear and the hospital representative must follow the instructions listed on the page to change the hospital’s status. The hospital representative must enter his/her name before a status change will be accepted.
3. A hospital’s Status will automatically expire at the next of the report times listed below unless the hospital re-submits a Status prior to the next report time. A hospital may change its At Capacity or Over-Capacity Status at any time by submitting a change to Normal via the Emergency Room Status Page. Hospitals should return to Normal Status before the end of an 8-hour shift, if at all possible.

0700 hours - (7:00 a.m.)
1500 hours - (3:00 p.m.)
2300 hours - (11:00 p.m.)

4. If a hospital is in a Hospital Status Partnership and is the first among its partners to need to report itself At or Over-Capacity, it may do so without calling its partner hospitals. If a hospital is in a Hospital Status Partnership and it is the second or subsequent hospital among its partners to need to report itself At or Over-Capacity, it must first call its partner hospitals to discuss its and their various situations, and determine which among them will report themselves At Capacity and which will report themselves Over-Capacity.

If the hospital listed in bold below is the second or subsequent hospital in its partnership group to need to report itself At or Over-Capacity, it must call the 3 other hospitals listed below it before changing its status on the Hospital Status website.

Mercy Western Hills

Mercy Mt. Airy
Good Samaritan
Deaconess

Bethesda North

Jewish
Mercy Fairfield
Mercy Anderson

Mercy Clermont

Mercy Anderson
Bethesda North
Jewish

Good Samaritan

Christ
Deaconess
University

Mercy Mt. Airy

Mercy Western Hills
Mercy Fairfield
Good Samaritan

Jewish

Bethesda North
Mercy Fairfield
Mercy Anderson

Christ

Deaconess
Good Samaritan
University

University

Christ
Deaconess
Good Samaritan

Mercy Fairfield

Bethesda North
Jewish
Mercy Mt. Airy

Mercy Anderson

Mercy Clermont
Bethesda North
Jewish

Deaconess

Christ
Good Sam
University

5. A hospital may enter notes to explain its status or to provide additional information on its situation to EMS personnel and/or other hospitals. Notes will appear when a user clicks on the word, 'Notes,' next to the hospital's name in the website and will be sent via pager or email with status change notifications that have been set up by users.
6. In Hamilton County, the Hamilton County Communication Center will attempt to contact all county EMS personnel by alphanumeric pager to initially notify them of any change in a hospital's status and will regularly update status information at the report times listed in paragraph 3 above. EMS agencies wanting alpha notification must supply the Communication Center with the pager or group pagers to be notified; EMS agencies are responsible for notifying the Communication Center of any changes in pagers or group pager numbers.

BACK-UP HOSPITAL STATUS COMMUNICATION PROCEDURE:

In the event that a hospital is unable to access the Hospital Status Reporting web site due to internal system problems, electrical outage, or other utility failures, the following back-up phone or radio communication systems should be used.

I. Phone:

1. When a hospital determines, based on prospectively established criteria, that it must inform EMS that it is either At Capacity or Over-Capacity, the hospital representative must call private for-profit ambulance companies and the communications centers listed below with the name of the hospital, name and phone number of the hospital representative, and status it is choosing. The hospital must also request that Hamilton County Communication Center open the Disaster Radio Network to notify other hospitals of the At Capacity or Over-Capacity Status. The following Communications Centers must be called:

City of Cincinnati	(513) 352-2381	Reading *	(513) 733-4122
Hamilton County	(513) 825-2260	West Chester *	(513) 777-2231
Norwood	(513) 458-4520		

- * Reading will automatically notify Loveland, St. Bernard, and Wyoming.
- * West Chester will automatically notify Fairfield and Butler County Communication Center.

2. Depending on the hospital's service area, these and/or other additional Communication/Dispatch Centers may need to be notified:

Boone County	(859) 371-1234	Covington	(859) 292-2222
Campbell County	(859) 292-3622	Kenton County	(859) 356-3191
Clermont County	(513) 732-2231	Warren County	(513) 695-1289

3. Once a hospital notifies the Communications Centers, its At Capacity or Over-Capacity Status automatically expires at the next of the report times listed below unless the hospital again calls all of the agencies listed in paragraphs 1 and 2 of this section to extend its Status for an additional 8 hours or to cancel it prior to the next occurring report time.

- 0700 hours - (7:00 a.m.)
- 1500 hours - (3:00 p.m.)
- 2300 hours - (11:00 p.m.)

4. A hospital may cancel its At or Over-Capacity Status at any time by calling the agencies listed in paragraphs 1 and 2 of this section.
5. If a hospital is in a Hospital Status Partnership and is the first among its partners to need to report itself At or Over-Capacity, it may follow the Back-Up Phone Communication Procedure above without calling its partner hospitals. If a hospital is in a Hospital Status Partnership and it is the second or subsequent hospital among its partners to need to report itself At or Over-Capacity, it must first call its partner hospitals to discuss its and their various situations, and determine which among them will report themselves At Capacity and which will report themselves Over-Capacity.

If the hospital listed in bold in item number 4 in the Primary Communication Procedure above is the second or subsequent hospital in its partnership group to need to report itself At or Over-Capacity, it must call the other hospitals listed below it before calling the Communication Centers listed in numbers 1 and 2 of this section.

6. In Hamilton County, the Hamilton County Communication Center (HCCC) will attempt to contact all county EMS personnel by alphanumeric pager to initially notify them of any change in a hospital's status and will regularly update status information at the report times listed in paragraph 3 above. EMS agencies wanting alpha notification must supply HCCC with the pager or group pagers to be notified; EMS agencies are responsible for notifying HCCC of any changes in pagers or group pager numbers.

HCCC will also activate the Disaster Radio Network and alert area hospitals that a particular hospital(s) is At Capacity or Over-Capacity. (No roll call of the hospitals will be conducted.)

Each of the Communication/Dispatch Centers other than Hamilton County will contact EMS/fire department personnel in their usual and customary manner.

7. Whenever an EMS unit begins transporting to a hospital that is either At Capacity or Over-Capacity, the responsible Communication Center will remind the unit of the hospital's status.
8. Within its computer aided dispatch log, HCCC will enter a record of the At Capacity or Over-Capacity Status notifications and length of time the hospitals remain on one of those statuses.

II. Radio:

If a hospital's electrical and/or phone capability is compromised, the hospital may utilize the Hamilton County Disaster Radio Network to notify the Hamilton County Communication Center of a change in its status and to request that the Communication Center notify additional communication/dispatch centers as needed. The hospital and the Communication Center will then follow the other procedures outlined under Phone Back-Up Communications.

Greater Cincinnati Health Council

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