GREATER DAYTON AREA HOSPITAL ASSOCIATION
GREATER MIAMI VALLEY EMERGENCY MEDICAL SERVICES COUNCIL
GREATER MONTGOMERY COUNTY FIRE CHIEFS’ ASSOCIATION

POLICY STATEMENT FOR
TEMPORARY REROUTING OF EMERGENCY PATIENTS

To avoid misunderstanding, all parties are cautioned to use the word “rerouting,” never “closed.”

Patients are never rerouted for patient’s economic considerations.

The following patients are NOT rerouted:
  RESPIRATORY AND/OR CARDIAC ARREST
  CARDIAC & STROKE ALERT CRITERIA PATIENTS
  MAJOR TRAUMA
  MATERNITY
  SERIOUS BURNS
  HIGH RISK NEONATAL
  DIALYSIS PATIENT
  AIR MEDICAL TRANSPORT
  HYPERBARIC
  RECENTLY DISCHARGED PATIENTS (48 hours)

When conditions exist that may hinder the timely treatment of additional emergency cases, the Designated Hospital Official will declare the “Rerouting of Emergency Patients to be in Effect.” The hospital will update the “GDAHA SurgeNet Web Page.” The Hospital will notify their appropriate dispatch center, identify the hospital, name and title of caller, as needed. The hospital will then notify (by prior agreement, this can be via the SurgeNet Web Page) at least the following organizations:

1. The emergency department of each metropolitan hospital:
   a. The Children’s Medical Center
   b. Good Samaritan Hospital
   c. Grandview Medical Center
   d. Kettering Medical Center
   e. Miami Valley Hospital
   f. Miami Valley Hospital South
   g. Southview Medical Center
   h. Sycamore Medical Center

2. The appropriate emergency medical services – refer to individual hospital call list
3. The emergency department of non-metropolitan hospitals:
   a. Wayne HealthCare, Greenville
   b. Atrium Medical Center, Franklin
   c. Wilson Memorial Hospital, Sidney
   d. Springfield Regional Medical Center
   e. Mercy Memorial Hospital, Urbana
   f. Upper Valley Medical Center, Troy
   g. Greene Memorial Hospital, Xenia
   h. Indu & Raj Soin Medical Center, Beavercreek
   i. Department of Veterans Affairs - Medical Center
   j. 88th Medical Center, WPAFB

Communicate the following information:

Rerouting of emergency patients is requested by __name______ hospital due to overcrowding. One of the following categories of rerouting may be requested. Hospitals MUST specify what category is being rerouted using the following options:

   Reroute all Emergency Patients
   Reroute all but major trauma (Trauma Centers Only)
   Reroute Intensive and/or Coronary Care Patients Only.

After two (2) hours hospitals will be notified by page and/or email to review their reroute status.

It will be the responsibility of the rerouting hospital to cancel their rerouting status and:

1. Update the GDAHA SurgeNet Web Page
2. Use the same notification protocols used to initiate the rerouting procedure as appropriate

LOCKDOWN: the hospital has activated its disaster plan because of an internal emergency, bomb threat, or other situation rendering it unable to accept patients.

INFORMATIONAL CATEGORIES:
   On occasion, hospitals will not be able to handle a certain category of patients. For example:
   • CAT Scan is not available; stroke or head trauma patients should be diverted;
   • Haz-mat patients should be diverted;
   • A physician specialty is not available;
   The hospital that is diverting this certain category of patients will not be considered rerouting in these circumstances. This will be shown on the web page as SPECIAL SITUATION – see Notes/Call.
THREE HOSPITALS NEED TO REROUTE

In the event that overcrowding and rerouting exists at the same time at two (2) hospitals in close geographic proximity (Addendum A) and the third hospital in the same geographic area needs to reroute, by prior agreement, all hospitals will terminate their rerouting for a minimum of two hours (Forced Open). It will be the responsibility of the third hospital to initiate communication with the other rerouting hospitals’ individuals responsible for rerouting to review the situation. If any of the rerouted hospitals can stop rerouting they will do so, to avoid all hospitals having to stop rerouting.

REROUTING EMERGENCY

If none of the three hospitals can stop rerouting, then a “rerouting emergency” will be declared and the following procedures will be followed.

1. Update the GDAHA SurgeNet Web Page
2. All three hospitals will call previously notified agencies and inform them that rerouting emergency has been declared.
3. When a rerouting emergency is declared, Children’s Medical Center will remain available to accept patients up to 21 years of age (no maternity patients).
4. Squads should transport patients to their assigned reroute emergency “home base” hospital(s) (See Addendum B):
   
   Note: During mutual aid or out of district transport as aided agency/district.

When emergency medical service personnel respond to an emergency call and the patient and/or physician requests him to proceed to a hospital which is rerouted, the emergency medical services personnel will have the responsibility of advising the patient and/or physician that “due to overcrowding of the hospital patient care may be jeopardized.” If the patient and/or physician still requests to be transported to the rerouted hospital, the emergency medical services personnel will contact and consult with a medical control physician in the emergency department of the rerouted hospital.

All concerned parties should acknowledge the situation in which emergency medical services personnel (in the absence of a physician’s judgment) may determine the victim to be in critical need of immediate medical care and decide to transport the victim to the nearest hospital, even though overcrowded conditions exist in the hospital. Any discussion concerning the decision of the emergency medical services personnel should be done privately and after the patient care has been initiated.

Emergency medical service personnel should use their radios, cellular phone or dispatcher to notify the rerouting hospital in unusual circumstances (critical illness or injury, multi-victim incidents, etc.).
POLICY STATEMENT FOR TEMPORARY REROUTING OF EMERGENCY PATIENTS

Bryan J. Bucklew, President & CEO
Greater Dayton Area Hospital Association

Tony Stringer, President
Greater Miami Valley Emergency Medical Service Council

Mark Ashworth, President
Greater Montgomery County Fire Chief’s Association

Date
5-30-12

Date
5-21-12

Date
5-21-12

PKB/plb
1-31-2012
GREATER DAYTON AREA HOSPITAL ASSOCIATION

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ADDENDUM A

Geographic Areas:

1. In the event that overcrowding and rerouting exists at the same time at two (2) hospitals in the list below and a third hospital in the list below needs to reroute, by prior agreement no hospitals will reroute for two (2) hours.
   a. Good Samaritan Hospital
   b. Grandview Medical Center
   c. Kettering Medical Center
   d. Miami Valley Hospital

2. In the event that overcrowding and rerouting exists at the same time at two (2) hospitals in the geographic groups below and a third hospital needs to reroute, by prior agreement no hospitals will reroute for two (2) hours.
   a. Greene Memorial and two (2) of the following: Miami Valley, Kettering, Grandview, Southview or Miami Valley Hospital South.
   b. Upper Valley Medical Center and two (2) of the following: Good Samaritan, Grandview, Miami Valley, or Wilson Memorial Hospital in Sidney.
   c. Any three (3) of the following: Atrium Medical Center, Southview, Sycamore, Kettering and Miami Valley South.
   d. Wayne Healthcare, Good Samaritan and Grandview.
   e. Soin Medical Center and two (2) of the following: Miami Valley, Kettering, Grandview and Miami Valley South.

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Reroute Emergency is declared when three or more hospitals in the same geographic area are extremely overcrowded and none of the three hospitals feel that they can stop rerouting. When a rerouting emergency is declared the following procedures will be followed.

1. The third rerouting hospital will coordinate communications with the designated administrative person in charge, at the other rerouting hospitals.

2. Each GDAHA hospital will notify the home base EMS agencies assigned to them, as well as other squads that they normally notify out of the GDAHA service area, and inform them that a Rerouting Emergency has been declared. Squads should transport patient to their assigned "home base" hospital. Only Good Samaritan Hospital will notify Harrison Township. Only Miami Valley Hospital will notify Dayton Fire Department. Only Sycamore Hospital will notify Miami Township.

3. Following notification of EMS, hospitals able to maintain Normal Operation should not change their status on the web page to Reroute Emergency, until conditions warrant that change.

4. Squads should CONSIDER utilizing outlying hospitals or other hospitals in normal status.

5. Children’s Medical Center will remain available to accept patients up to 21 years of age. (No maternity patients.)

6. Rerouting Emergency DOES NOT apply to the following categories of patients: respiratory and/or cardiac arrest; Trauma, maternity, serious burns, high risk neonatal, dialysis patient, air medical transport, hyperbaric, cardiac or stroke alert patients, or recently discharged patients (48 hours).

7. After a maximum of two (2) hours all hospitals in Reroute Emergency must reevaluate their status.

8. Squads should transport patients to their assigned reroute emergency “home base” hospital(s) as follows:

   Note: During mutual aid or out of district transport as aided agency/district.
Good Samaritan Hospital
Brookville
Clayton, Englewood, Union
Dayton Fire Department #16
Eaton
Harrison – Turner Road
New Lebanon
Lewisburg
Trotwood
West Alexandria
North Central
Phillipsburg

Grandview Medical Center
Butler Township
Dayton Fire Department #2
Dayton Fire Department #8
Dayton Fire Department #13
Dayton Fire Department #14
Harrison – I-75 & Needmore
Vandalia

Huber Heights Emergency
Huber Heights
New Carlisle
Bethel Miami

Kettering Medical Center
Dayton Fire Department #15
Dayton Fire Department #18
Kettering (4 units)
Miami Township #48
Moraine (4 units)

Miami Valley Hospital
Dayton Fire Department #11
Dayton Fire Department #10
Jefferson Township
Oakwood
Riverside
University of Dayton Public Safety

Miami Valley Hospital South *
Bellbrook
Kettering #36
Sugarcreek (2 units)

MVH South Cont.
Washington Township #44
Wayne Township

Southview Medical Center
Clearcreek Township
Miami Township – #50
Washington Township #41, 42, 43, 45

Sycamore Medical Center
Farmersville
Miamisburg (2 units)
Miami Township - #49
Miami Township- #47
West Carrollton
Germantown
JEMS

Greene Memorial Hospital
Cedarville Twp.
Cedarville University
Central State University
Jefferson Twp.
Miami Twp.
New Jasper Twp.
Silvercreek Twp.
Spring Valley *
Xenia
Xenia Twp.

Indu & Raj Soin Medical Center
Beavercreek
Fairborn

Springfield Reg. Med Ctr
Hustead EMS
Madison Twp.
Harmony Twp.
Springfield Twp.
Pleasant Twp.
SFRD Medic
German Twp.
Pike Twp.
Bethel Twp.
Mad River Twp.
Moorefield Twp.
Upper Valley Medical Center
Miami County Squads

Wayne Healthcare
Darke County Squads

Wilson Memorial Hospital
Shelby County Squads

Atrium Medical Center
Gratis
Lebanon
Mason
Monroe
Turtlecreek
Middletown

Clinton Memorial Hospital – Wilmington
Massie Township

McCullough Hyde Hospital - Oxford
Camden

Reid Hospital – Richmond, Indiana
NW Fire – New Paris

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Addendum C

GREATER DAYTON AREA HOSPITAL ASSOCIATION
EMS REROUTE PAGER

A summary of the hospital reroute status is sent every 15 minutes. The following is an explanation of the abbreviations used

HOSPITAL NAME ABBREVIATIONS

AMC – Atrium Medical Center, Franklin
CMC – Dayton Children’s Medical Center
GSH – Good Samaritan Hospital
GVH – Grandview Medical Center
GMH – Greene Memorial Hospital
HUED – Huber Heights Emergency Department
KMC – Kettering Medical Center
MVH – Miami Valley Hospital
MVS – Miami Valley Hospital South*
SOIN – Indu & Raj Soin Medical Center
SVH – Southview Medical Center
SRMC – Springfield Regional Medical Center
SYC – Sycamore Medical Center
UV – Upper Valley Medical Center
VA – Department of Veterans Affairs Medical Center
WAY – Wayne Healthcare, Greenville
WMH – Wilson Memorial Hospital
WP – 88th Medical Center, WPAFB

HOSPITAL STATUS ABBREVIATIONS

NORM – Normal Operations
ALL – Reroute all Emergency Patients
MTO – Reroute all but major trauma (Major Trauma Only)
ICOR – Reroute Intensive and/or Coronary Care Patients Only
FO – Forced Open
EMR – Emergency Reroute
CALL – Special Situation Call the ED
LOCK – Internal Emergency ED is Closed

PKB/pbt
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