

Rhode Island Department of Health

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# **RHODE ISLAND DIVERSION PLAN**

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**All Hospitals and EMS departments/services shall follow this  
Rhode Island Diversion Plan.**

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## **RHODE ISLAND DIVERSION PLAN**

### **A. PARTICIPATING HOSPITALS, FACILITIES AND EMS DEPARTMENTS/SERVICES**

All general acute care hospitals in Rhode Island with emergency departments will participate in roll calls three times per day to determine hospital status. Additionally, selected hospitals and healthcare facilities that do not provide primary acute care emergency department services will participate in roll calls on a more limited basis (8:00 A.M. and 4:00 P.M. only) to test the Nextel Hospital Emergency Communications system. All RI licensed EMS departments/services providing transport to hospitals in RI shall participate in this plan.

General acute care hospitals are categorized into TWO geographic groups (Rhode Island Hospital is included in BOTH geographic groups) for the purpose of ensuring reasonable geographic proximity of available beds for patients at times when one or more hospitals go on "Diverting" status:

#### **GENERAL ACUTE CARE HOSPITALS:**

##### ***NORTHERN HOSPITAL GROUP:***

- Landmark Medical Center
- Memorial Hospital
- St. Joseph/Our Lady of Fatima
- Roger Williams Medical Center
- The Miriam Hospital
- Rhode Island Hospital

##### ***SOUTHERN HOSPITAL GROUP:***

- Rhode Island Hospital
- Kent Hospital
- Newport Hospital
- South County Hospital
- Westerly Hospital

#### **OTHER HOSPITALS with ACUTE CARE EMERGENCY DEPARTMENTS:**

- Women and Infants'
- Hasbro Children's
- VA Medical Center

#### **BEHAVIORAL HEALTH SPECIALTY HOSPITALS:**

- Bradley Hospital
- Butler Hospital

#### **PARTICIPATING FACILITIES:**

- Newport Naval Ambulatory Care Center
- Narragansett Indian Health Center
- RI Airport Corporation

#### **EMS PROVIDERS and REGIONAL DISPATCH CENTERS:**

- All RI licensed EMS departments/services
- Four Regional Fire Alarm Centers and
- Providence Fire Alarm

## B. DAILY ROLL CALLS

All licensed hospitals in Rhode Island with acute care emergency departments participate in roll calls three times per day to determine hospital status. The routine times for the roll calls are 12:00 A.M., 8:00 A.M., and 4:00 P.M. At the direction of HEALTH, augmented roll calls which include diversion status and bed availability may be conducted, one or more times per day during roll call, by HEALTH staff or by the Host Hospital using the Augmented Nextel Roll Call Log (see Appendix I). The Host Hospital will conduct roll calls and record diversion status and bed availability onto the Nextel Roll Call Log (see Appendix II) provided by HEALTH. The assigned Host Hospital will turn this log over to HEALTH at the conclusion of the assigned month and/or upon request.

The purpose of such roll calls is to determine hospital diversion status and to test the Nextel Hospital Emergency Communications system. Timely participation of all participating hospitals, facilities and EMS departments/services is critical to ensuring that the Nextel Hospital Emergency Communications system is functioning and available for use in the event of an emergency.

## C. HOST HOSPITAL ASSIGNMENT SCHEDULE

The Host Hospital is responsible for initiating and conducting the roll calls. All hospitals in Rhode Island with acute care emergency departments will rotate the assignment as Host Hospital according to the following schedule:

Month	Host Hospital
January	Newport Hospital
February	Memorial Hospital
March	St. Joseph/Our Lady of Fatima Hospital
April	South County Hospital
May	Miriam Hospital
June	Rhode Island Hospital
July	Kent County Memorial Hospital
August	Landmark Medical Center
September	Roger Williams Medical Center
October	Westerly Hospital
November	Women & Infants Hospital
December	Rhode Island Hospital

At the conclusion of each roll call, the Host Hospital will notify **the Regional Dispatch Centers** [Southern Control (Exeter) and Metro Control (Cranston)] of the diversion status of all hospitals throughout the state by Nextel. Southern Control (Exeter) and Metro Control (Cranston) will each then transmit this information to Fire/EMS services statewide. Providence Fire Alarm, Northern Control (Smithfield) and East Bay Control (Portsmouth) shall monitor each roll call.

## D. ROLL CALL PROCEDURE:

The following roll call procedure describes the script of the person at the host hospital responsible for conducting the roll call. The person responsible for conducting the roll call should speak slowly and clearly. Hospitals and facilities are to be called in the order that they are presented on the roll call log (Appendix II). Hospital facilities are included to determine diversion status and their diverting status is noted on the roll call log as per the

key at the bottom of the form. Non-hospital facilities are included to verify that their Nextel communications equipment is functioning properly and their response is marked on the roll call log with a check mark to indicate that they responded when called during the roll call. The person responsible for conducting the roll call should follow the script as described below:

1. **Sample roll call message:** "This is (insert Host Hospital name) initiating the **(insert time)** roll call. When your facility is called please acknowledge and provide your current status."
2. **Continue the call by stating:** "*Landmark, your status please.*" (Landmark should answer within about 5 seconds).
3. **If no answer, call a second time:** "*Landmark, your status please.*" (If no answer on second attempt, call the next facility on list).
4. **Follow this process until the end of the roll call list.** When a hospital responds, indicate their status as per the key on the roll call sheet in the box next to the facility name. When recording the response of non-hospital facilities, indicate that they have acknowledged the call by placing a check mark on the roll call sheet.
5. **Once you have contacted all facilities, make a final attempt to contact the non-responding facility(s).** If a facility does not answer over the Nextel, make a note on the call log and contact the emergency department of the non-responding hospital and/or the non-responding non-hospital facility by telephone.
6. **Report the results of the call as follows:** "This is the recap of the (insert time) roll call, the following hospitals are diverting: Hospital (insert name)".
7. **Confirm receipt of information at the Southern Control Dispatch Center:** "Host Hospital to Southern Control". Await response from Southern Control. Once a response is received, indicate "This is the Host Hospital reporting **(insert the report as per number 6 above)**".
8. **Repeat to confirm receipt of information at Metro Control:** "*Host Hospital to Metro Control*". Await response from Metro Control. Once a response is received, indicate "*This is the Host Hospital reporting **(insert the report as per number 6 above)***".
9. **End the call by reporting:** "This is the Host Hospital ending the roll call. The next roll call will take place at **(insert time of next roll call)**. Hospital **(insert name)** is required to provide an update on diversion status at (insert time - 4 hours after the current roll call)".
10. **Update Nextel Roll Call Log:** Review the Nextel Roll Call Log for complete entries for each facility. Be sure to indicate on the dated form at the appropriate time, the diversion status of all hospitals and a check mark for each non-hospital facility that responded. For those hospitals and/or facilities that did not respond, be sure to make a notation in the comments section next to each facility that a follow-up phone call was required.

## E. HOSPITAL STATUS:

During roll call and upon request, the hospital emergency department (ED) can report one of three different status designations (**Accepting, Diverting, or Internal Disaster, Closed to All EMS**):

**ACCEPTING**: The hospital is accepting patients from EMS

**DIVERTING**: The hospital is unable to accept patients from EMS for primary emergency department services (excludes inter-facility transfers) and is effectively diverting all patients with the following exceptions:

All hospitals will accept patients with the following conditions:

- a. Cardiac arrest/respiratory arrest / respiratory failure
- b. Shock as defined by the Shock Protocol in the RI Pre-hospital Care Protocols and Standing Orders
- c. Airway obstruction, unmanageable airway or respiratory distress
- d. Active labor defined as pregnancy with abdominal pain consistent with labor

If the EMT's attending the patient feel an exception is warranted for any other reason (e.g., patient insistence, minor injury, recent discharge), the EMT must contact Medical Control per protocol and document notification of Medical Control on the pre-hospital EMS report.

Additionally, Rhode Island Hospital/Hasbro Children's ED (Level I Trauma Center) will accept the following:

- a. Major trauma (as per section 5 of the Trauma Protocol in the RI Pre-hospital Care Protocols and Standing Orders- see Appendix III)
- b. Pediatric (age 16 or younger)

*A status of "Diverting" means that the hospital has exhausted all reasonable means of augmenting inpatient and emergency department capacity. A hospital **must** have high-level internal authorization (i.e., by the chief executive officer or, in his/her absence, the senior administrator on call) prior to indicating a status of "Diverting". Any hospital that reports "Diverting" status is required to complete a "**Diverting**" **Status Situation Report** form (see Appendix IV) and fax it to the Department of Health prior to the next scheduled roll call.*

***Hospitals reporting "Diverting" status must provide an update to the Host Hospital four hours after indicating "Diverting" status (refer to section entitled "Status Reports Outside of Daily Roll Call" on page 8 of this plan).***

**INTERNAL DISASTER, CLOSED TO ALL EMS**: "Internal Disaster, Closed to All EMS" conveys that the hospital or the ED is experiencing an internal disaster.

**Diversion is total; no exceptions to diversion are allowed.**

*Examples include extreme situations where the hospital has implemented its internal disaster plan. Situations would include extended power failure or radiation/toxic waste exposure.*

**For any hospital reporting “Internal Disaster, Closed to All EMS” no exceptions to diversion are allowed.**

*Any hospital that reports “Internal Disaster Closed to All EMS” status is required to complete a “**Diverting**” **Status Situation Report** form (see Appendix IV) and fax it to the Department of Health prior to the next scheduled roll call.*

## **F. BED AVAILABILITY INFORMATION AND DEFINITIONS**

At times identified by HEALTH, HEALTH may require that in addition to diversion status, the hospitals report additional information about hospital inpatient and ED capacity. Augmented information from hospitals will include, but will not be limited to, numbers of current available beds for the following categories:

- **Emergency Department**
  - Include open and staffed beds in the emergency department under normal operating capacity.
- **Critical Care**
  - Include open and staffed critical care beds.
- **Monitored / Telemetry**
  - Include open and staffed monitored or telemetry beds. Include monitored or telemetry beds on step-down units and/or general medical-surgical units.
- **General / Medical-Surgical**
  - Include open and staffed general medical-surgical beds; exclude monitored/telemetry beds on general medical-surgical units included above

Additionally, HEALTH may require that hospitals report the current number of:

- **Admitted patients who are "Holding" in the ED**
  - Include admitted patients that are physically in the ED awaiting an inpatient bed.
- **Surge Capacity**
  - Include patients awaiting inpatient beds that are being held in areas identified in your hospital’s surge capacity plan (e.g., PACU, ambulatory care units, auditorium)

## **G. SYSTEM “SAFETY NET” RULES**

Although individual hospitals are allowed to be “Diverting” under the conditions described herein, the overriding objective of the plan is to maintain an EMS “safety net” (i.e., adequate availability of ED services for each geographic area) during “Diverting” status or “Internal Disaster, Closed to All EMS”. To ensure this objective, the following rules apply for each Hospital Group:

**“SAFETY NET” RULES FOR NORTHERN HOSPITAL GROUP:**

***NORTHERN HOSPITAL GROUP:***

Landmark Medical Center  
Memorial Hospital  
St. Joseph/Our Lady of Fatima  
Roger Williams Medical Center  
The Miriam Hospital  
Rhode Island Hospital

1. **No more than two** participating hospitals in the Northern Hospital Group may be on “**Diverting**” status at the same time.
2. If a third hospital in the Northern Hospital Group announced “**Diverting**” status, the Host Hospital will declare an “All-Accepting” condition.
3. If an “All-Accepting” condition is declared in the Northern Hospital Group, all of the six participating hospitals in the Northern Hospital Group will be required to accept patients from EMS until the next roll call.

**“SAFETY NET” RULES FOR SOUTHERN HOSPITAL GROUP:**

***SOUTHERN HOSPITAL GROUP:***

Rhode Island Hospital  
Kent Hospital  
Newport Hospital  
South County Hospital  
Westerly Hospital

1. **No more than one** participating hospital in the Southern Hospital Group may be on “**Diverting**” status at the same time.
2. If a second hospital in the Southern Hospital Group announced “**Diverting**” status, the Host Hospital will declare an “All-Accepting” condition.
3. If an “All-Accepting” condition is declared in the Southern Hospital Group, all of the five participating hospitals in the Southern Hospital Group will be required to accept patients from EMS until the next roll call.

**RULES FOR “CLOSED TO ALL EMS, INTERNAL DISASTER” REGARDLESS OF GROUP:**


A status of “**Internal Disaster, Closed to All EMS**” by any participating hospital automatically cancels or precludes diversion by ANY other hospital while the “Internal Disaster, Closed to All EMS” is in effect. While “Internal Disaster, Closed to All EMS” is in effect, all other hospitals are required to accept patients from EMS.

**H: “STATUS REPORTS” OUTSIDE OF DAILY ROLL CALL:**

Hospitals that have reported “**Diverting**” status or “**Internal Disaster, Closed to All EMS**” during the routine roll call are **REQUIRED** to contact the Host Hospital and provide it with an update on hospital status within four hours of initial notification. For example, if a hospital reports “Diverting” status at 2 P.M., the diverting hospital is required to provide an update within 4 hours. At the next regularly scheduled roll call – 4 P.M. – the diverting hospital would provide an update. If the diverting hospital is still “Diverting” status at 4 P.M., then the next required update would be at 8 P.M. The Host Hospital will record the updated status on the Nextel Roll Call Log.

After the hospital makes its announcement, the Host Hospital will notify Southern Control and Metro Control of any change in hospital status of any hospital throughout the state by Nextel. Hospitals with a status change, must notify the Host Hospital as soon as the decision is made to make the status change. The Host Hospital must notify all other hospitals and Southern and Metro Control of a hospital’s status change as soon as it is reported to the Host Hospital. For example, if a “**Diverting**” hospital’s status changes to “**Accepting**” or “**Internal Disaster, Closed to All EMS**”, the Host Hospital will confirm via Nextel that this information has been received by Southern Control and Metro Control as described on page 5, step 7. If a “**Diverting**” hospital remains “**Diverting**” no update is required.

RHODE ISLAND DEPARTMENT OF HEALTH - AUGMENTED NEXTEL ROLL CALL LOG																
DATE:		TIME														
FACILITY		12AM	8AM						4PM							
		*Status	ED Beds	Critical Care	Monitor / Telem	General / Med-Surg	Holding	Surge Capacity	*Status	ED Beds	Critical Care	Monitor / Telem	General / Med-Surg	Holding	Surge Capacity	*Status
<i>Follow Safety-Net Rules</i>																
NORTHERN: No.>2 Diverting	↑	Landmark														
		Memorial														
		St. Joseph/Fatima														
		Roger Williams														
	↓	Miriam														
	↑	RIH														
		Kent														
		Newport														
		South County														
	↓	Westerly														
		Women & Infants														
		Hasbro Children's														
		VA														
		Bradley (8 a.m. & 4 p.m.; 7 days)														
		Butler (8 a.m. & 4 p.m.; 7 days)														
		Newport Naval Clinic (8 a.m.; 7 days)														
		RI Airport Corporation (8 a.m.; 7 days)														
		Indian Health Clinic (4 p.m.; M-F)														
		RI EMA (4 p.m. M-F)														
		<b>TOTALS</b>														
*KEY: A=ACCEPTING D=DIVERTING X=CLOSED TO ALL EMS, INTERNAL DISASTER																
Prepared By:																

	NEXTEL ROLL CALL LOG	TIME			DATE:
		HOST HOSPITAL:			
	HOSPITAL/FACILITY	12AM	8AM	4PM	INTERIM STATUS CHANGES / COMMENTS
NO MORE THAN 2 DIVERTING <b>&gt; 2 = ALL ACCEPTING</b> <i>Northern Group</i>	Landmark 769-4100 X2180				
	Memorial 729-2191				
	Fatima 456-3402				
	Roger Williams 456-2121				
	Miriam 793-3000				
NO MORE THAN 1 DIVERTING <b>&gt; 1 = ALL ACCEPTING</b> <i>Southern Group</i>	Rhode Island 444-5411				
	Kent 737-7000 X4288				
	Newport 845-1120				
	South County 782-8010				
	Westerly 348-3325				
	Women & Infants 453-7605				
	Hasbro Children's 444-4900				
	VA Medical Center 457-3028				
8A & 4P	Bradley 432-1000				
8A & 4P	Butler 226-1859				
8A	Newport Naval ACC 841-3771				
8A	RI Airport Corporation 737-4000 X247				
4P	Indian Health Clinic 364-1265 X18 (M-F only)				
4P	RI EMA 946-9996 (M-F only)				
12A,8A & 4P	Southern Control 295-3170				
12A,8A & 4P	Metro Control 461-4161				

**KEY: A=ACCEPTING D=DIVERTING X=CLOSED TO ALL EMS, Internal Disaster**

**RULES FOR "DIVERTING" HOSPITALS:** Hospital CEO/Administrator on call MUST be involved in decision to be "Diverting". "Diverting" hospitals are REQUIRED to contact the host hospital within 4 hours after decision to be "Diverting" with UPDATE in status.

**Excerpt from Trauma Protocol**

State of Rhode Island Pre-hospital Care Protocols and Standing Orders

5. Determine the patient's initial trauma score. Refer to *Revised Trauma Score (Adult)* and *Trauma Score (Pediatric)* tables.

5.1 Transport without delay and contact Medical Control as soon as possible.

5.2 Adult patients: If the trauma score <11, or the patient's "situation of injury" includes any of the trauma factors identified on the *RI EMS Ambulance Run Report*, and you are within 30 minutes ground transport time to an Adult Level I Trauma Center, transport to that Trauma Center's emergency department, unless an airway emergency exists. If an airway emergency exists, follow the *Airway Management and Respiratory Support* protocol.

5.2.1 If the scene time and/or transport time will be more than 30 minutes, and a landing site is available, consider transport by air ambulance from the scene to an Adult Level I Trauma Center. Follow the *Air Ambulance* protocol.

5.2.2 If you are beyond 30 minutes ground transport time of Adult Level I Trauma Center, transport to the nearest HOSPITAL EMERGENCY FACILITY.

5.3 If a pediatric patient's trauma score  $\leq 10$ , transport without delay; contact Medical Control as soon as possible.

5.4 Pediatric patients <5 feet tall (<35 kg/75 lbs): If the pediatric trauma score <9, or the patient's "situation of injury" includes any of the trauma factors identified on the *RI EMS Ambulance Run Report*, and you are within 30 minutes ground transport time to a Pediatric Level I trauma Center, transport to that Trauma Center's emergency department, unless an airway emergency exists. If an airway emergency exists, follow the *Airway Management and Respiratory Support* protocol.

5.4.1 If the scene time and/or ground transport time will be more than 30 minutes, and a landing site is available, consider transport by air ambulance from the scene to a Pediatric Level I trauma Center. Follow the *Air Ambulance* protocol.

5.4.2 If you are beyond 30 minutes ground transport time to a Pediatric Level I trauma Center, transport to the nearest HOSPITAL EMERGENCY FACILITY.

6. Transport the patient without delay to an appropriate HOSPITAL EMERGENCY FACILITY and contact Medical Control en route.

*Trauma score*

*Transport early;  
Med Control*

*Adult RTS <11 or  
Trauma factors,  
ground transport time  
 $\leq 30$  minutes:  
Transport to an Adult  
Level I Trauma Center*

*Consider air  
ambulance to an Adult  
Trauma Center*

*Ground Transport  
time >30 minutes:  
nearest ED*

*Pedi TS  $\leq 10$ : Med  
Control*

*Pedi TS <9 or trauma  
factors, ground  
transport time  $\leq 30$   
minutes to Pedi Level  
I Trauma center*

*Consider air  
ambulance to  
pediatric trauma  
center*

*Transport time >30  
minutes: nearest ED*

*Transport*

**Hospital Situation Report  
DIVERSION STATUS Reporting Form**

**Hospital Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Status Reporting:**     **Diverting**                       **Internal Disaster, Closed to All EMS**

**Time:** \_\_\_\_\_                      **Reason for Change in Status:**  
\_\_\_\_\_  
\_\_\_\_\_

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**Hospital Inpatient and ED Capacity** – Please indicate the number of open/staffed beds or patients being held as per the definitions provided on page 5 of the RI Diversion Plan. Include numbers for each category.

**NUMBER OF OPEN/STAFFED BEDS**

**NUMBER OF PATIENTS BEING HELD:**

\_\_\_\_\_ # ED beds

\_\_\_\_\_ Holding - # admitted patients being held in ED

\_\_\_\_\_ # Critical care beds

\_\_\_\_\_ Surge Capacity - # admitted patients held in surge capacity areas identified in surge capacity plan

\_\_\_\_\_ # Monitored/Telemetry beds

\_\_\_\_\_ # General Medical/Surgical beds

**INSTRUCTIONS – Please answer the following questions/perform following actions:**

1. Has the ED/inpatient status been discussed with the Hospital Chief Executive Officer (or in his/her absence the senior administrator on call)?
  - No – If No, call CEO/senior administrator on call to discuss/authorize diversion
  - Yes – Name of person who authorized diversion status (print) \_\_\_\_\_
2. Immediately notify Host Hospital of Hospital Status via Nextel
3. At the time the decision is made to report your hospital status as “Diverting” or “Internal Disaster, Closed to All EMS”, complete the current bed availability and ED activity data in the first section according to the definitions on page 5 of the RI Diversion Plan. **FAX COMPLETED FORM TO HEALTH prior to the next roll call.**
4. Contact Host Hospital to provide hospital diversion status update within 4 hours after the original decision is made, and every 4 hours until your hospital status returns to “**Accepting**”.

**PLEASE PRINT LEGIBLY AND COMPLETE ALL ITEMS BELOW:**

Name of Person Completing Form: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**FAX COMPLETED FORM TO DEPARTMENT OF HEALTH AT 401-222-3017  
PRIOR TO NEXT ROLL CALL**