

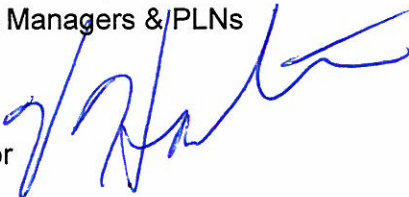
INLAND COUNTIES EMERGENCY MEDICAL AGENCY



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December 19, 2008

TO: San Bernardino County
Base & Receiving Hospitals:
CEOs
ED Medical Directors
ED Nurse Managers & PLNs

FROM: Virginia Hastings 
Executive Director

SUBJECT: REDDINET ALERT 1 AND ALERT 2 FUNCTION

Attached please find the initial draft of ICEMA's proposed policies for hospitals relating to ReddiNet Alert 1 and Alert 2 triggers and suggested responses.

With the removal of the use of ED Diversion beginning January 5, 2009, we felt it would be helpful to provide a definitive policy on the use of the Alert features in ReddiNet to assist the hospitals in communicating more effectively with each other as relates to extraordinary patient volume for extended periods of time. In addition, examples of actions that hospitals may wish to consider in response to high volume periods are included.

We will be reviewing this draft policy with various EMS constituent groups and welcome your comments and suggestions. Please contact Diane Fisher, (909) 388-5820, dfisher@cao.sbcounty.gov to provide feedback.

VH/DF/wp
Enc.

c: Reza Vaezazizi, M.D., ICEMA Medical Director
San Bernardino County EMCC members
Christina Bivona-Tellez, HASC, Inland Empire



ICEMA Hospital Alert 1 and Alert 2 Responses

For Use during Extended High Volume Periods

The intent of the ReddiNet Alert System is to articulate what hospitals and other stakeholders in the health care delivery system do as the patient volume increases and is then sustained for extended periods. By having a common terminology, it is our hope that the various providers will be able to communicate more effectively with each other, as well as with the public, concerning the extraordinary patient volume and the ways in which the public and providers can support an effective EMS and health care delivery system.

Alert 1/Alert 2 Triggers

Each hospital will have unique indicators, which trigger its implementation of Alert 1 and Alert 2 responses. Factors which hospitals consider include the following:

- Emergency Department volume
- Available staff, e.g., physician, nurse, technical and support staff
- Available beds (e.g., medical/surgical beds, monitored beds, critical care beds)
- Equipment (ventilators, telemetry monitors)

Extraordinary Volume Hospital Planning Process

The following key issues have been identified in various planning documents as steps hospitals should take to plan for extended high volume periods. The following should be addressed by hospitals when the hospital is at an Alert 1 or Alert 2 status for a sustained period of time, e.g., several days:

- ✓ Analyze Emergency Department volume by hour of day and day of the week to plan for physician/nurse, tech, and clerical staffing
- ✓ Project volume based on the increase from summer to winter volume
- ✓ Based on volume projections, calculate Emergency Department gurney turnover rate needed and available staff, inpatient beds, monitored beds and critical care beds
- ✓ Plan for alternate areas of the hospital to place the patient, e.g., post anesthesia care unit, short stay unit, cath lab, endoscopy unit, observation area, discharge lounge, admissions lounge.
- ✓ Stock up on supplies and equipment for projected volume
- ✓ Plan staffing for emergency department, inpatient units, as well as support departments such as pharmacy, cardiopulmonary, respiratory therapy, case management, housekeeping, laboratory, transport, radiologists, medical records, etc.
- ✓ Notify medical staff, hospital departments, key medical groups, etc., of the anticipated volume and planned space utilization so that they, in turn, can plan for their specific space, staff and equipment needs.
- ✓ Evaluate staffing options to be implemented as needed including nurses, physicians and support departments.

Alert 1 and Alert 2 Responses

The following are examples of the actions that hospitals and other providers take in response to high volume periods. Not all responses listed will be applicable for every hospital. Physical capacity and layout, as well as types of staff available, influence actual responses. These responses, however, are representative of the concerted effort all hospitals and others make to respond to patient volume increases. Many of the responses cross more than one Alert level. The intensity and sense of urgency for each response increases as the Alert level increases.

Hospital Responses	Alert 1	Alert 2
Add additional triage nurses	✓	
Call in additional staff	✓	
Realign staff assignments	✓	
Stock up on supplies and equipment	✓	
Expedite admission/discharge/transfer of patients with the critical care and step down unit medical directors, case managers, and charge nurse	✓	
Offer patient or family ride home at discharge by taxi if they are having problems with transportation	✓	
Track obstacles to smooth patient flow		
Expedite admissions/discharge/transfer of patients with the critical care and step down unit medical directors, case managers and charge nurses	✓	
Patients are not held in the emergency department for private physicians to see the patient prior to admission	✓	
Emphasize triage, stabilize and admit with some of the testing being completed for the patient after they have been admitted	✓	
Share info on hospital volume with neighboring hospitals alerting them to potential requests for transfer or assistance	✓	
Enforce bed priority policies	✓	
Conduct meetings with nursing unit, directors and supervisors, discharge planning and staffing office in the morning and early afternoon to plan for staff, triage, surgery schedules, etc.	✓	✓
Initiate STAT team to prepare and turnover beds more quickly	✓	✓
Implement a notification system for the emergency physicians so they can be called in early if needed before their regularly scheduled shifts	✓	✓
Create or open additional areas for patients such as observation areas, discharge lounges, admitting lounges and other overflow areas	✓	✓
Alert staff and medical staff of tightening bed condition through signage, email, broadcast fax for physicians who use hospital less frequently, etc.	✓	✓
Notify hospital departments of Alert status so that emergency department and other patient care and patient support departments can implement their flexible staffing systems	✓	✓
Work with medical staff and medical groups to extend office hour and on-call system	✓	✓

Hospital Responses	Alert 1	Alert 2
Implement available staffing options <ul style="list-style-type: none"> ▪ Per diem staff ▪ Enforce weekend availability ▪ 12-hr shifts on weekends ▪ Traveling nurse/guaranteed registry hours ▪ Cross train ▪ Mandatory overtime ▪ Cancel vacations ▪ Deny time off requests ▪ Recall staff 	✓	✓
Notify DHS to request program flexibility as needed	✓	✓
Expand hours of other departments such as pharmacy, cardio-pulmonary, respiratory therapy, case management, housekeeping, lab, transportation, radiologists, medical records, etc.	✓	✓
Determine, on a case-by-case basis, whether direct admits will be held in the physician office, the emergency department or at home.	✓	✓
Expand emergency department and hospitalist physician hours	✓	✓
Implement employee incentives for working extra hours, e.g., food, cappuccino cart, gift certificates, etc.		✓
Open/closed/suspended licensed bed ; use trailer for physician sleeping rooms as needed		✓
Use non-nursing staff from other departments to assist in patient care areas with non-nursing tasks		✓
Use tent/trailer for storage to free up patient care areas		✓
Implement hospital disaster plan/surge capacity		✓
Start admission process in identified holding area to decompress Emergency Department		✓
Reschedule procedures and surgeries, eg., hernia repair, hip replacements, etc.		✓