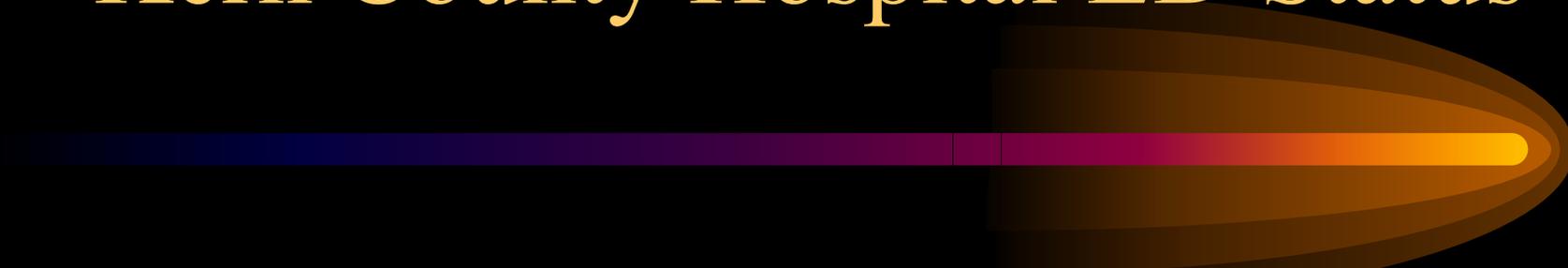


# Kern County Hospital ED Status



Appropriate Use of EMS Department  
On-call Personnel

# Kern County:

- 5 ground ambulance providers
- 2 air ambulance providers
- 10 general acute care hospitals with emergency services – 6 in the metro Bakersfield area, 4 in rural areas
- 8,000 square miles
- Roughly 780,000 population

# ED Status: How it works

- Kern has an open and closed ED status system; an ED is open or closed to ambulance traffic only.
- ED closure must be authorized through EMS Department on-call staff
- Rural hospitals cannot request ED closure (DRMC, Kern Valley, Tehachapi, Ridgecrest)

# ED Status: How it works

- There are unique status categories that can be issued for particular hospitals – trauma activation only (TAO) for KMC, cardiac only for BMH, SJH or BHH.
- All ED Status website changes are paged to Hall Ambulance field personnel
- All ambulance dispatch centers in Kern monitor the ED Status website

# ED Status: On-call EMS Personnel

- EMS on-call staff are assigned to a weekly rotation in which they are on-call 24/7 for every day of that week. This responsibility is shared by only two people.
- Both people work regular office hours Monday through Friday in the EMS office.

# ED Status: On-call EMS Personnel

- Any call after 5:00 PM or before 8:00 AM, or on weekends is an interruption of the employee's personal life and may result in overtime cost to the County.
- Please use this resource carefully and **ONLY** when immediate action by on-call staff is necessary.

# ED Status: Requesting Closure

- When is it appropriate to request ED closure?
  - When your ED is clearly more overloaded than others on the ED Status website.
  - When it is dangerous to patient care to receive ANY additional ambulance patients.
  - When your ED data on the ED Status website has been updated and is current.

# ED Status: Requesting Closure

- If the ED is in crisis, but the ED overload score is low, can I request ED closure?
  - Yes, but requests are evaluated based on the status of the other EDs and the ability of the system to manage increased volumes created by closing an ED.
  - The ED overload score is a weighted score used to evaluate the status of overload. The score provides for an “apples-to-apples” comparison of EDs.

# ED Status: Requesting Closure

- Continued . . .
  - The ED score is a tool, and it is not the only factor considered when evaluating a closure request.
  - ED closure only affects ambulance transports.
  - After midnight, there are relatively fewer ambulance transports, so requesting closure late at night should be very rare.

# ED Data: Entering Data to Website

- There are six components of the ED Status Score:
  1. Nurse staffing (RN and LVN)
  2. Med-surg/peds/tele holds (with orders)
  3. ICU or DOU holds (with orders)
  4. Red triaged patients (ESI scale 1)
  5. Yellow triaged patients (ESI scale 2 and 3)
  6. Green triaged patients (ESI scale 4 and 5)

# ED Data: Entering Data to Website

- When counting staff, count the charge nurse, but do not count the triage nurse
- Keep staff counts consistent for the entire shift (i.e., don't reduce the count for lunch breaks, etc.)

# ED Data: Entering Data to Website



- Do not double count patients
  - For example, a patient is either an ICU hold or a Red, but not both
- The total number of patients entered into the ED Status website is equal to the total number of patients in the ED

# ED Data: Entering Data to Website



- The ED overload score counts the percentage of overload, weighted, based upon “normal” numbers of nurse staffing and the total number of ED beds.
- The score allows an 8 bed ED to be fairly compared to an 18 bed ED

# ED Data: Entering Data to Website



- Data accuracy and timely updates (ideally every 1 to 2 hours) are highly important.
- Overload score automatically becomes 0 if data has not been updated in 3 hours.

# Closure Request Procedure:

- Contact the Emergency Communications Center (ECC) via the designated hospital call-in line, and request contact of EMS on-call staff
- Please do not call the EMS office directly, even during regular hours. On-call staff are often unavailable at the office, and calling the office will delay our response
- ECC has all possible contact information of the on-call staff, and this is the fastest way to reach us

# Closure Request Procedure:

- Please, **ONLY** have on-call staff paged after-hours if immediate action by the Coordinator is required.
- Routine inquiries and complaints should be brought to our attention during regular business hours

# Why is ED closure denied?



- The EMS Department manages the entire system status of all EDs, not just one
- In some cases, the other EDs may be impacted too and unable to accommodate additional volumes created by closing an ED
- If denied, keep your ED data updated. This is the best way of creating awareness of your status to the EMS on-call staff

# ED Status: Frequently Asked Questions



Q. Why do ambulances keep coming here even when we have a high overload score?

A. Ambulance transport destination is based on:

- Current ED status (open or closed)
- Patient choice of hospital
- Patient problem (case specific hospitals)
- ED overload score

# ED Status: Frequently Asked Questions



Q. If ED closure is authorized, will I still receive ambulance patients?

A. You should not. However, transports from out-of-area might be received. Also, some ambulances may have been enroute to your hospital prior to closure.

# ED Status: Frequently Asked Questions



Q. Is contact with EMS on-call staff required to re-open an ED?

A. An ED can open themselves on the ED status website at ANY time. In late-night cases where it is unlikely anything will change, EMS may issue an ED closure “until further notice” with a score at which the ED must open themselves.

# ED Status: Frequently Asked Questions

- Q. What can I do if a CT is down, L&D is overloaded, or we are on auxiliary power?
- A. YOU can issue these advisories in the ED status website. There is no need to have EMS on-call staff paged in these cases.
- Please remove the advisories when your situation changes

# ED Status: Frequently Asked Questions



Q. What if my operating room or ICU is overloaded?

A. In most cases, there is very little EMS can do to improve the situation.

- All we can do is post an advisory, but this will have little effect on ambulance volume. Posting the advisory forces the paramedic to decide what therapeutic course of treatment the patient will receive at the hospital; the paramedics are not trained to make this judgment.

# ED Status: Frequently Asked Questions



Q. Can I divert or re-route an ambulance?

A. No !!!

- Hospitals may ADVISE units when on ED Closure or ADVISE units of a particular problem
- Be careful when issuing advisories (EMTALA)
- Note that ED status changes are only effective when posted on the ED status website, not beforehand

# ED Status: Frequently Asked Questions

Q. What if I have concerns about another EDs status?

A. Keep your ED's status data updated; this is the best action you can take.

- If there are questions or concerns about the accuracy of another facility's data, consider filing a written complaint to EMS during the next business day if the problem is significant.
- Please do not page EMS on-call staff to make a complaint.

# ED Status: Frequently Asked Questions



Q. Why is the system not put on rotation status whenever we get busy?

A. ED rotation status tends to displace many patients and is used as only as a last resort, when there is no other choice

- ED rotation is only used when all EDs are at peak levels. The decision to invoke rotation status is made by EMS on-call staff; this should not be a request from ED staff.

# Summary:



- The EMS Department is committed to helping with ED overload issues as much as we possibly can. However, many causes of ED overload are internal to the hospital and beyond our control.
- Please page us when needed; but reserve after-hours use of this resource for issues that require immediate action.

# Summary:



- Reminder: on-call staff work regular office hours, and serve as the duty officer 24/7 for one-week periods. Help us limit disruptions at home and reduce overtime costs by paging us after-hours only when needed.

# Summary:

- You may review Ambulance Transport Destination/ED Status Policies and Procedures online for many more details regarding hospital ED status regulations at:  
[http://www.co.kern.ca.us/ems/ambhospedpolicy24\\_07-26-2007.pdf](http://www.co.kern.ca.us/ems/ambhospedpolicy24_07-26-2007.pdf)
- Call the EMS office Monday through Friday 8 am to 5 pm for any questions at (661) 868-5201.