



## EMERGENCY PATIENT TRANSPORT PLAN, 5<sup>TH</sup> EDITION

### PURPOSE STATEMENT

The Central Ohio Trauma System (COTS) Emergency Patient Transport Plan (EPTP) is *ultimately* intended to promote emergency department access to care for patients in Franklin County and contiguous counties when four or more Franklin County hospitals have concurrently declared a diversion status to EMS. Other purposes of the EPTP are:

- To minimize out-of-service and drive times for area EMS providers; and
- To strategically disperse patients to local hospitals so that wait times and care are optimized.

### SCOPE

These guidelines are intended for use by and among participating Central Ohio hospitals and EMS agencies.

### ASSUMPTIONS

The following assumptions are inherent in this plan:

- Hospitals and EMS want what is best for patients.
- Hospitals and EMS want to work together to optimize health care resources in the region.
- Patient care in an emergency situation is paramount. Hospitals shall never divert an unstable EMS patient; EMS shall never allow themselves to be diverted if they have an unstable patient.
- Unstable patients should always receive care at the closest, most appropriate hospital.
- This plan pertains only to stable EMS medical patients. Medically stable patients should receive care at the closest, most appropriate hospital when possible.
- At times of inordinate acuity and/or patient census, it may be necessary for emergency departments to individually declare a diversion status. The decision to declare a diversion status is made jointly by emergency department (ED) and hospital leadership.
- This plan is not applicable in a community-wide, mass-casualty disaster. During large-scale disasters, hospitals are expected to activate their disaster surge plans to accommodate the inordinate, rapid receipt of multiple victims. In such disasters, EMS is expected to do their best in dispersing victims among all area hospitals, in order to mitigate the surge burden of any one hospital. Hospitals may not divert patients during a community-wide, mass-casualty disaster.

## OVERVIEW

The EPTP is written and approved by Central Ohio experts from the fields of medicine, nursing, fire, EMS, hospital administration and public health. The need for this plan is a result of multiple hospitals experiencing emergency department over-crowding in conjunction with a high inpatient census. The EPTP establishes a course of action for hospitals and EMS so that patients' medical care needs are met, and so that healthcare partners "share the load" in periods of peak activity in the emergency healthcare system.

**The EPTP is activated when FOUR adult Franklin County hospitals have a declared diversion status within the same time period.** (NOTE: Nationwide Children's Hospital maintains a no-divert policy for pediatric, non-pregnant patients.) EPTP activation represents extraordinary collaboration between hospitals and EMS. Once announced, the EPTP will typically remain in effect for a minimum of 12 hours to end at either 0800 hours or 2000 hours as determined by the Columbus Fire Alarm Office (FAO).

The Emergency Patient Transport Plan (EPTP) shall be carried on all participating Central Ohio EMS Emergency Service vehicles and maintained in every station as part of the Division's disaster plan. Additionally it will be maintained in every participating hospital's administrative and emergency departments.

The EPTP is a component of COTS Regional Emergency Care Access Plan (RECAP).

## THE PLAN

### HOSPITAL ACTIONS

With regards to diversion, central Ohio hospitals shall utilize the following guidelines.

#### **I. DAY-TO-DAY OPERATIONS**

1. ED staff shall be trained regarding the components of this plan.
2. All hospitals participating in this plan shall participate in the COTS Real-time Activity Status (RTAS) System. Emergency Departments shall update the RTAS System every eight hours at minimum, or more often with activity status changes. Hospital-based general user passwords are given by COTS to hospital ED leadership for unit-based access to and updating of the RTAS System. Administrative passwords are given by COTS to ED leadership for establishing and maintaining the autocall feature of RTAS System and for running hospital-specific data reports.
3. Hospitals have the right to declare a diversion status based on pre-determined conditions established by each hospital. Hospitals shall not declare a diversion status based solely on the numbers of patients waiting in ED lobbies or the number of available inpatient beds. The decision to declare a diversion status is based on multiple factors occurring within the hospital at the time.
4. All ED declarations of diversion shall be immediately documented on the RTAS System in order to be recognized by EMS.
5. Critical or unstable EMS patients as determined by EMS are NEVER diverted by an ED regardless of a diversion status or activation of the EPTP. Examples of patients considered critical or unstable include but are not limited to those experiencing multi-system trauma, cardiac chest pain or ST-elevation, physiological shock, significant respiratory distress, stroke symptoms, and/or active labor.

6. EDs may not divert EMS patients who were recently treated at their hospital after an inpatient stay or emergency department visit if the chief complaint relates to the same condition.
7. EDs may not divert patients with chronic medical conditions who consistently receive treatment for a condition by the respective hospital. Such patients include but are not limited to those requiring care related to transplant or dialysis services.
8. EDs may not divert patients with specialty needs that are met on a consistent basis by hospitals with specialty services. Such services include but are not limited to hyperbaric and burn services.
9. ED leadership should assure that phone numbers of appropriate hospital personnel and area EMS agencies are programmed into their RTAS System autocall phone list for rapid declaration of a diversion status. The FAO and other relevant dispatch agencies should be included (FAO phone [614] 221-2345).

## II. DURING EPTP ACTIVATION

1. The EPTP is activated by the FAO when four or more adult hospitals concurrently post a diversion status on the RTAS System. The FAO has the option of calling the four hospitals involved to verify a sustained Diversion status before activating the EPTP.
2. During EPTP activation, no ED may divert any ambulance, and there are no "time outs."
3. Upon activation of the EPTP, EDs begin to participate in an allocation of STABLE MEDICAL patients within the Franklin County area, as coordinated by the FAO.
  - a. Patients are allocated based on a pre-determined ratio declared by each hospital. This ratio number is determined by the hospital administration and ED Leadership, and submitted to COTS. EXHIBIT A documents hospitals' current ratios for patient allocation by the FAO during EPTP activation.
  - b. EPTP ratios may not be decreased during EPTP activation.
  - c. A hospital's EPTP ratio may be changed during non-EPTP activation times with written communication submitted to COTS by both the respective ED nurse manager and ED medical director indicating the new ratio.
  - d. During EPTP activation, if ED leadership feels that their hospital can accommodate more patients at any given time than are allocated per their EPTP ratio, they may temporarily increase their ratio by notifying the FAO Transportation Manager (phone [614]221-2345). The number of additional patients that a hospital requests is at the discretion of ED leadership.
4. Critical or unstable patients should always go to the closest, most appropriate hospital per EMS SOP. The delivering EMS provider should notify the FAO either before or after the critical/unstable patient's arrival in the receiving ED, so that the patient is counted in the ED EPTP ratio.
5. Once the EPTP is activated, all hospitals shall participate in the EPTP until a decision is made to terminate or continue the EPTP by the FAO, at approximately 0800 and 2000 hours.
6. During EPTP activation, EDs shall change their RTAS System status to any status other than Divert. The "High\*" status indicates that, should the EPTP be discontinued, the ED would still be in a *Divert* mode. This information serves to assist the FAO in determining when to terminate EPTP activation.

7. Any stable EMS patients, regardless of EPTP activation, may be directed to ED triage with agreement of the ED Charge Nurse, and an immediate verbal report given to the Triage Nurse by EMS. Delivery of the written EMS report shall go to the Triage Nurse once completed. EDs shall make every attempt to relieve EMS personnel of their patients as soon as possible in order to get the EMS unit back in service to the community.
8. ED Charge Nurses at hospitals that post a "Divert," "High," or "High\*" on the RTAS System should anticipate a call from the FAO at approximately 0700 and/or 1900 on the days that the EPTP is activated, to ascertain a continued need for EPTP activation. Emergency department leadership should consider the following *Emergency Patient Transportation Plan Re-Evaluation Criteria* to determine whether to maintain a diversion status:
  - a. The current patient census within the ED
  - b. The current patient acuity within the ED
  - c. The current number of admitted patients in the ED waiting for an inpatient bed
  - d. The current number of available and anticipated inpatient beds to accept ED admissions
9. The decision to continue a Divert status should be made jointly by ED and hospital leadership.

### **EMS ACTIONS**

With regards to diversion, Central Ohio EMS personnel shall utilize the following guidelines.

#### **I. DAY-TO-DAY OPERATIONS**

1. EMS shall be trained regarding the components of this plan.
2. EMS will monitor the RTAS System in real-time on an ongoing basis.
3. EMS shall honor a Divert status as posted by a hospital in regards to the transport of stable patients.
4. EMS determines the stability of a patient.
5. Unstable patients are transported to the closest appropriate hospital, regardless of a declared diversion status or EPTP activation. Documentation on the pre-hospital record should include findings indicative of a critical or unstable patient.
6. EMS personnel shall not allow themselves to be diverted from the closest, appropriate hospital with a critical or unstable patient.
7. EMS shall transport stable patients recently treated at a hospital after an inpatient stay or emergency department visit back to the respective hospital if the chief complaint relates to the same condition, even if the hospital is in Divert status.
8. EMS shall transport patients with chronic medical conditions who consistently receive treatment for a condition by a respective hospital to that hospital, even if the hospital is in Divert status. Such patients include but are not limited to those requiring care related to transplant or dialysis services.

9. EMS shall transport patients with specialty needs to hospitals with declared specialty services, even if a respective specialty hospital is in Divert status. Such services include but are not limited to hyperbaric and burn services.

## II. DURING EPTP ACTIVATION

1. EMS shall participate in the EPTP when EPTP activation is posted on the RTAS System by the FAO.
2. Prior to loading patients for transport, EMS will contact the FAO Transportation Manager on **8 Transport** to receive a hospital assignment.
3. EMS may decline an assignment if one of the four hospitals closest to the scene is not among those offered for assignment. The crew should inform the FAO of their decision to decline the assignment and why, and identify their transport destination. The FAO will appropriately credit the patient to the receiving hospital's EPTP ratio.
4. Patients with select conditions are transported by EMS to the appropriate hospital regardless of EPTP ratios. These include patients who:
  - a. Are critical or unstable, i.e. multi-system trauma, cardiac chest pain or ST-elevation, physiological shock, significant respiratory distress, stroke symptoms, and/or active labor.
  - b. Were recently treated after an inpatient stay or ED visit if the chief complaint relates to that patient condition.
  - c. Have chronic medical conditions treated consistently by a particular hospital, such as transplant or dialysis conditions.
  - d. Have specialty needs that are met on a consistent basis by a specialty hospital, such as hyperbaric or burn services.
5. At times, after being informed of a hospital assignment, the patient may choose to make other transportation arrangements. EMS personnel may utilize the *EMS Diversion Teaching Tool* when attempting to explain diversion to a patient.
  - a. After the patient makes the final transport decision, EMS will notify the FAO Transportation Manager of the medic's status.
  - b. If they do not transport the patient, EMS will notify the FAO Transportation Manager, and mark them self in service. If the patient chooses another means of transport, EMS will assist the patient in any way possible.
6. Prehospital report occurs per transporting agency SOPs regardless of EPTP activation.
7. EMS will not debate their hospital assignment with the FAO.
8. EMS is expected to use appropriate discretion to provide the best care for their patient, including deviation from this plan when justified. Any disputes or deviations from this plan should be immediately reported to the EMS Supervisor from the EMS providers' home district.

## FAO ACTIONS

With regards to diversion, FAO personnel shall utilize the following guidelines.

**I. DAY-TO-DAY OPERATIONS**

1. FAO staff shall be trained regarding the components of this plan.
2. The FAO will monitor the RTAS System for hospitals' posted diversion status.
3. Although the RTAS System relies on hospitals' phone notification of a Divert status (which can be via the RTAS System autocall function), a verbal Divert status may not be recognized until it is posted by the hospital on the RTAS System.
4. The FAO leadership maintains the EPTP paging group for notification about EPTP activations and deactivations.

**II. EPTP ACTIVATION**

1. When four adult hospitals concurrently show a Divert status on the RTAS System, the FAO will inform the FAO supervisor. No action will be taken to activate the EPTP until four hospitals concurrently show a Divert status on the RTAS System.
2. The FAO may opt to contact the four hospitals who are currently indicating a Divert and/or High status on the RTAS System to determine if activation of the EPTP is warranted. If four or more hospitals indicate a continued diversion status, the EPTP is activated.
3. The FAO supervisor will assign an additional dispatcher as the FAO Transportation Manager, to monitor **8 Transport**.
4. The FAO Transportation Manager will immediately notify all central Ohio hospital ED charge nurses of the EPTP activation. Methods for notification include:
  - a. Posting the "EPTP Activation" designation on the RTAS System;
  - b. Utilizing the pager system.
5. The FAO will broadcast a message over *10 Fire, 8 Delta, 8 EMS*, and the Division PA system stating that Franklin County is now operating under the terms of the Emergency Patient Transportation Plan.
6. The FAO supervisor will notify ES-2 of the immediate need to temporarily transfer either two or three FAO-qualified firefighters to the FAO for the remainder of the current Unit's tour of duty and to transfer three additional FAO-qualified firefighters to the FAO for the next Unit's 24 hour tour of duty.
7. The FAO will notify the Fire Chief, the Executive Officer, the Safety Director, ES-1, ES-4, the Division Medical Director, the Division PIO, and all agencies included on the FAO EPTP "Call-Down List."

**III. EPTP MANAGEMENT**

1. The FAO will maintain an additional dispatcher in a position on the board as the FAO Transportation Manager, monitoring **8 Transport**. This position will be filled at all times during the operation of the Plan. The FAO Transportation Manager position will have **8 Transport** and the operation of the EPTP as his/her primary responsibility at all times.
2. The FAO Transportation Manager will establish a tracking mechanism to monitor the proportionate assignment (the ratio) of patient transports to each hospital. Each hospital will start at zero upon EPTP activation.

3. Patient transport assignments will be rotated among the central Ohio hospitals in a manner to balance the patient load in accordance with the ratios as documented in EXHIBIT A.
4. Every patient transported by both public and private EMS will be counted toward satisfying the ratio.
5. The FAO Transportation Manager may temporarily flex the rotation schedule at his or her discretion to accommodate obvious imbalances that may occur, or for any other appropriate reason. The FAO Transportation Manager is not required to entertain discussion of the matter with either EMS or hospitals, and may strictly follow the rotation at any time.

#### **IV. EPTP TERMINATION**

1. At 0700 hours and at 1900 hours each day while the EPTP is in effect, the FAO Transportation Manager will call the ED Charge Nurses at hospitals who show "Divert," "High" or "High\*" on the RTAS System, asking them if they would be diverting if the EPTP was terminated in the next hour.
2. The FAO Transportation Manager will advise the FAO supervisor of the results of the telephone survey. The FAO supervisor will determine if the EPTP should continue or be terminated based on the following survey criteria:
  - a. If the cumulative response is that two or less emergency departments would request diversion, the EPTP will be terminated on the next hour (0800 or 2000).
  - b. If the cumulative response is that three or more emergency departments would request diversion, the EPTP will be continued for an additional 12 hour period.
3. If the decision to continue is made at the 1900 hour check, the FAO supervisor will notify ES-2 of the need to temporarily transfer three additional FAO-qualified firefighters to the FAO for the next Unit's 24 hour tour of duty.
4. When the decision is made to terminate the Emergency Patient Transportation Plan, the FAO will take the following actions:
  - a. The FAO will deactivate the EPTP alert designation on the RTAS System.
  - b. The FAO Transportation Manager will utilize the EPTP paging group for notification of EPTP termination.
  - b. A message will be broadcast over *10 Fire, 8 Transport, 8 Delta, 8 EMS*, and the Division PA system stating that Columbus is now terminating the Emergency Patient Transportation Plan.
  - d. The FAO will notify the Fire Chief, the Executive Officer, the Safety Director, ES-1, ES-4, The Division Medical Director, the Division PIO, and all agencies on the FAO EPTP "Call-Down List."

#### **DISASTERS**

As stated on page 1 of this document, hospitals may not divert patients during a community-wide, mass-casualty disaster. During large-scale disasters, hospitals shall activate their disaster surge plans to accommodate the

receipt of multiple victims. In such disasters, EMS shall do their best to disperse victims among all area hospitals, in order to mitigate the surge burden of any one hospital.

In the event that an individual hospital is experiencing an internal disaster such as from a structural issue, the hospital shall declare a “Divert---Structural Disaster” alert on the RTAS System. Hospitals experiencing an internal disaster and declaring “Divert---Structural Disaster” shall be taken out of the rotation during activation of the EPTP, and shall receive no patients by EMS until such a time as the emergency department is re-opened by the hospital’s administration.

## QUALITY IMPROVEMENT

In the event that an EMS or hospital-based colleague experiences an issue related to diversion, the EPTP, and/or the RTAS System in Central Ohio. COTS should be contacted as soon as possible. If the issue involves details about another agency or institution, the issue should be documented on the *EPTP PI Documentation Form* (Appendix A) and faxed to COTS at (614)240-7416. COTS will follow up with the submitter first, then subsequently with a representative(s) from other involved agencies and/or institutions to ascertain the root and resolution to the issue. Any fax communications in which there is not resolution between the submitter and the agency or institution involved in the submitter’s issue shall be shared in a blinded fashion with the Diversion Committee for discussion and resolution planning. Similarly, multiple fax communications about the same or similar issues will be shared in blinded, aggregate fashion with the COTS Diversion Committee for discussion and resolution. The EPTP will be updated as needed to address emerging local issues related to diversion, the EPTP and/or the RTAS System.

At all times, discussion involving EMS and hospital personnel regarding the transport of a patient to a diverting hospital and/or issues with the EPTP should be held in a private fashion away from the patient’s bedside.

## QUESTIONS ABOUT THE EPTP

Questions or concerns about the EPTP should be directed to the Central Ohio Trauma System, 431 East Broad St., Columbus, Ohio 43215; phone (614) 240-7419; e-mail [nbechtel@goodhealthcolumbus.org](mailto:nbechtel@goodhealthcolumbus.org). COTS is a non-profit [501(c)(3)] organization comprised of representatives from the following Central Ohio institutions.

Adena Regional Medical Center, Chillicothe, Ohio  
Berger Health System, Circleville, Ohio  
Columbus Division of Fire, Columbus, Ohio  
Columbus Public Health Department, Columbus, Ohio  
Columbus Medical Association, Columbus, Ohio  
Coshocton County Memorial Hospital  
Doctors Hospital, Columbus, Ohio  
Dublin Methodist Hospital, Dublin, Ohio  
Fairfield Medical Center, Lancaster, Ohio  
Fire Chiefs Association of Central Ohio  
Franklin County Coroner’s Office, Columbus, Ohio  
Franklin County Commissioners, Columbus, Ohio  
Franklin County Fire Chiefs Association, Columbus, Ohio  
Genesis Health Care System, Zanesville, Ohio  
Grady Memorial Hospital, Delaware, Ohio  
Grant Medical Center, Columbus, Ohio  
Knox Community Hospital, Mt. Vernon, Ohio  
Madison County Hospital, London, Ohio

Marion General Hospital, Marion, Ohio  
Medflight of Ohio, Columbus, Ohio  
Memorial Hospital of Union County, Marysville, Ohio  
Morrow County Hospital, Mt. Gilead, Ohio  
Mount Carmel East, Columbus, Ohio  
Mount Carmel New Albany Surgical Hospital, New Albany, Ohio  
Mount Carmel St. Ann's, Westerville, Ohio  
Mount Carmel West, Columbus, Ohio  
Nationwide Children's Hospital, Columbus, Ohio  
The Ohio State University Hospitals East, Columbus, Ohio  
The Ohio State University Medical Center, Columbus, Ohio  
Pike Community Hospital, Waverly, Ohio  
Rehabilitation Services, Dodd Hall, The Ohio State University Medical Center  
Riverside Methodist Hospital, Columbus, Ohio  
Southeastern Ohio Regional Medical Center, Cambridge, Ohio

Individual members of the Diversion Committee include:

Medard Lutmerding MD, Mount Carmel Health System; *COTS Diversion Committee Co-Chair*  
Shawn Koser, EMTP, Columbus Division of Fire; *COTS Diversion Committee Co-Chair*  
Nancie Bechtel, RN, Central Ohio Trauma System  
Brian Bemiller, EMTP, Jerome Township Fire Department  
Jeff Birch, RN, Mount Carmel Health System  
Chris Chandler, RN, Mount Carmel St. Ann's Hospital  
Kent Cheek, EMTP, Madison Township Fire Department  
Joe Comello, RS, Columbus Public Health Department  
Jane Dickson RN, Mount Carmel West Hospital  
Rhonda Dixon, RN, Riverside Methodist Hospital  
Rob Farmer, EMTP, Delaware County EMS  
Roxanna Giambri, RHIA, Central Ohio Trauma System  
Ken Groves, RN, The Ohio State University East Hospital  
Ann Hoffman, RN, Nationwide Children's Hospital  
Sonja Howard, RN, Mount Carmel St. Ann's Hospital  
Bernie Ingles, EMTP, Westerville Division of Fire  
Dave Keseg, MD, Columbus Division of Fire  
Rich Kelley, RN, Grant Medical Center  
Sherri Kovach, RN, Nationwide Children's Hospital  
Marci Ladue, RN, Mount Carmel West Hospital  
Rob Lowe, MD, Doctors Hospital  
Clifford Mason, EMTP, Madison Township Fire Department  
Tammy Moore, RN, The Ohio State University Medical Center  
Lyn Nofziger, EMTP, Upper Arlington Fire Department  
Vince Papa, EMTP, Norwich Township Fire Department  
Jack Rupp, EMTP, Plain Township Fire Department  
Randy Smith, RN, Mount Carmel East Hospital  
Steven Smith, EMTP, Columbus Division of Fire  
Leslie Stevens, RN, Grant Medical Center  
Chris Strasser, RN, Mount Carmel East Hospital  
Tim Tilton, EMTP, Whitehall Fire Department  
David Witosky, EMTP, Columbus Division of Fire  
Paul Zeeb, MD, Mount Carmel East Hospital

**SIGNATURES OF ENDORSEMENT**

**Central Ohio Fire Chiefs Association** \_\_\_\_\_ / Date \_\_\_\_\_  
Columbus, Ohio *Al Woo, Fire Chief, EMTP*  
*President*

**Central Ohio Trauma System** \_\_\_\_\_ / Date \_\_\_\_\_  
Columbus, Ohio *Clifford L. Mason, Fire Chief, EMTP, OFE*  
*President*

**Columbus Division of Fire** \_\_\_\_\_ / Date \_\_\_\_\_  
Columbus, Ohio *Ned Pettis, Jr., Fire Chief*  
*President*

**Doctors Hospital** \_\_\_\_\_ / Date \_\_\_\_\_  
Columbus, Ohio *Michael Reichfield*  
*President*

**Dublin Methodist Hospital** \_\_\_\_\_ / Date \_\_\_\_\_  
Dublin, Ohio *Cheryl Herbert*  
*President*

**Franklin County Fire Chiefs Association** \_\_\_\_\_ / Date \_\_\_\_\_  
Columbus, Ohio *Chief Stephen M. Feustel, EMTP*  
*President*

**Grant Medical Center** \_\_\_\_\_ / Date \_\_\_\_\_  
Columbus, Ohio *Karen H. Connors*  
*President*

**Mount Carmel East** \_\_\_\_\_ / Date \_\_\_\_\_  
Columbus, Ohio *Paula Autry*  
*President and Chief Operating Officer*

**Mount Carmel St. Ann's** \_\_\_\_\_ / Date \_\_\_\_\_  
Westerville, Ohio *Janet Meeks*  
*Chief Operating Officer*

**Mount Carmel West** \_\_\_\_\_ / Date \_\_\_\_\_  
Columbus, Ohio *Alan Papa*  
*Chief Operating Officer*

**Nationwide Children's Hospital**  
Columbus, Ohio

\_\_\_\_\_ / Date \_\_\_\_\_  
*Rick Miller*  
*President*

**The Ohio State University Hospital East**  
Columbus, Ohio

\_\_\_\_\_ / Date \_\_\_\_\_  
*Elizabeth Seely*  
*Chief Executive Officer*

**The Ohio State University Medical Center**  
Columbus, Ohio

\_\_\_\_\_ / Date \_\_\_\_\_  
*Larry Anstine*  
*Chief Executive Officer*

**Riverside Methodist Hospital**  
Columbus, Ohio

\_\_\_\_\_ / Date \_\_\_\_\_  
*Bruce Hagen*  
*President*

EXHIBIT A: HOSPITALS EPTP RATIOS

Updated APRIL 23, 2009

HOSPITAL NAME	EPTP ASSIGNMENT RATIO
Doctors West	2
Dublin Methodist Hospital	2
Grant Medical Center	4
Mt. Carmel East	2
Mt. Carmel St. Ann's	3
Mt. Carmel West	4
The Ohio State University Hospitals East	4
The Ohio State University Medical Center	4
Riverside Methodist Hospital	4

**NOTE:** This Exhibit is a live document that can be updated independent of the overall EPTP. This document indicates the number of patients per rotation that participating hospitals accept compared to each other during activation of the EPTP. Multiple factors besides hospital size determine the number indicated here.

During activation of the EPTP, this number cannot be decreased. During EPTP activation, hospitals that are less busy and willing to accept additional patients can call the Columbus FAO and temporarily agree to increase this ratio during that particular activation of the EPTP, or for a limited number of hours during that activation of the EPTP.

In order to change this number in non-EPTP activation times, the COTS Executive Director must receive written communication from both the respective emergency department medical director and nurse manager indicating the change.



# Performance Improvement Documentation Form Emergency Patient Transport Plan

Name of person submitting this form (PLEASE PRINT)		Title
Submitter's contact information (address / phone / fax / e-mail)		
Submitter's institution / agency of employment when incident occurred (EMS include squad / medic number)		
Date of incident	Time of day of incident	Date this form submitted to COTS
Institution / agency involved in incident (If EMS, please include squad / medic number)		
Incident details ( <b>DO NOT INCLUDE PATIENT'S NAME, SOCIAL SECURITY NUMBER, OR ADDRESS</b> ) <i>Continue on back if need more space</i>		

**MAIL FORM TO COTS AT 431 EAST BROAD ST., COLUMBUS, OHIO 43215, OR FAX TO (614) 240-7416 / 240-7415**

FOR COTS' USE ONLY:      Date PI Form received \_\_\_\_\_ By \_\_\_\_\_

Follow-up contact with \_\_\_\_\_

Action taken (if any) \_\_\_\_\_

# WHAT IF...

## THE HOSPITAL OF *MY CHOICE*

### IS **EXTREMELY BUSY?**

Currently emergency departments in Columbus are treating a very large number of patients. During these times of peak illness, it is not always possible to be taken to the hospital of our choice. We will do all that we can to get you to the hospital of your choice. If the hospital is unable to accept ambulance patients because they are extremely busy, we will gladly take you to another hospital to assure that you receive the best care possible.

Sometimes patients who come by ambulance may be less sick than other patients in the emergency department. If this happens, you may need to wait in the emergency department lobby until the sicker patients are treated first. You will be checked to make sure that you are well enough to wait in the lobby. If you have to wait in the lobby and are feeling worse at any time, let the nurse know.



Central Ohio  
Trauma System



MOUNT CARMEL  
East



MOUNT CARMEL  
St. Ann's



MOUNT CARMEL  
West



Dublin Methodist  
Hospital  
OhioHealth



Doctors Hospital  
OhioHealth



Grant Medical  
Center  
OhioHealth



NATIONWIDE  
CHILDREN'S  
HOSPITAL<sup>®</sup>



OHIO STATE  
UNIVERSITY  
Medical  
Center  
University Hospital East



OHIO STATE  
UNIVERSITY  
Medical  
Center



Riverside Methodist Hospital  
OhioHealth

# Emergency Patient Transport Plan

The intent of the Emergency Patient Transport Plan is to systematically distribute stable EMS patients among the Franklin County hospitals, when high patient census is impacting many hospital emergency departments simultaneously.

- **Unstable patients are never diverted.** Unstable patients will always be transported to, and accepted by, the closest appropriate facility.
- **Emergency departments may not divert any patients while the Plan is operating.** All Franklin County hospitals are “open” to every patient.
- **There is no “time out.”** Once the Plan is activated, all hospitals and participating fire departments will follow the Plan, until it is terminated by the Columbus Fire Alarm Office (FAO).
- All Medics are expected to use appropriate discretion to provide the best care for their patient, **including deviation from this Plan when justified.**
- All of the following are the recognized exceptions written into the Plan:

**Critical or unstable patients**  
**Patients recently discharged (<72 hr)**  
**Dialysis patients**  
**Children taken to Children’s Hospital**

**Burn patients**  
**OB patients**  
**Transplant patients**  
**Special needs patients**

- **“One-in-Four” Rule** (also applies to Columbus Medics)
  1. The Medic determines which four hospitals are closest to the incident scene before calling the FAO Transport Manager on 8 Transport.
  2. The FAO Transport Manager will assign a hospital to the Medic and may offer a choice of alternative hospitals. The FAO Transport Manager will not attempt to determine which hospitals are closest. The FAO Transport Manager is not required to offer alternatives.
  3. If the FAO Transport Manager makes an assignment or offers any alternative, which includes one of the four closest hospitals, the Medic must accept that assignment.
  4. If the hospital assignment offered does not include any of the four hospitals closest to the incident scene, the Medic may go to one of the four closest hospitals. The Medic should inform the FAO of their decision to decline the assignment, and identify their transport destination. The FAO will accept the Medic’s decision and appropriately credit that hospital under the Plan.
- **Accounting:** While the Plan is in effect, ALL patient transports must go through the FAO Transport Manager, even when they satisfy an exception to the Plan. All patient transports must be recorded on the FAO Transport Manager’s log.
- Columbus Medics are required to participate in the Plan when it is activated.
- Problems, issues, or suggestions should be presented to your chain of command.