

**Presentation to
Pierce County
Fire Chiefs**

By the Pierce County
Divert Committee
March 13, 2008

Divert Committee Goal

To ensure that:

- Patients get to the closest most appropriate facility in a timely manner
- EMS providers avoid unnecessarily long out of service times
- Hospitals have a mechanism to protect patient safety

Desired Outcome

Improved Emergency Department
access for adult patients

Medical Divert Performance Standards

- Hospital compliance with medical divert plan will meet or exceed 95%
- At least 99.5% of the time there will be one tertiary care hospital (TG or SJ) open to receive patients
- EMS hand off times in the EDs will be 20 minutes or less 80% of the time

Key Learning

- Access to a tertiary care hospital is the single most sensitive indicator for system stability
- Balancing the needs of medical and trauma patients will be an ongoing divert management challenge

New Learning

- Divert is an issue to be managed over time and in response to changing community conditions
- Divert management requires a balance of process and capacity strategies such as:
 - More beds
 - Efficient ED throughput
 - EMS override when appropriate
 - Ongoing SJ and TG Charge nurse collaboration

New Learning

- Need to clarify that trauma divert and medical divert are separate systems, even though they use same facilities
 - Different patient destination protocols
 - Different mechanisms for calling divert
 - Different reasons for going on divert

Major Accomplishment

Combined total hours of medical divert for all hospitals
2004: **22.05** hours per day
2007: **9.84** hours per day

Process Strategies

- Ongoing TG-SJ Charge Nurse collaboration is paying off
- Tertiary care hospital availability improving
 - Dec. 2007: 99.14%
 - Jan. 2008: 99.47%
 - Feb. 2008: 97.76% (impact of flu season)
 - Overall hospital plan compliance almost back to 95% standard
 - Q3-07: 94.6%
 - Q4-07: 94.69%

Capacity Strategies

- 10/07: 10 new ED beds at SJMC
- 01/08: 18 more beds at Good Sam
- 08/08: 12 more CCU beds at St. Francis (helps with SJMC capacity)
- 12/08: 8 more universal/ICU beds at TG
- 03/09: St. Anthony Hospital, 50 inpatient beds in Gig Harbor
- 2009: 19 more med-surg beds at SJMC
- 03/10: New, expanded TGED
- 12/10: New patient care tower at Good Sam
- 2010: 36 more beds at St. Francis

Proposed Refinements to Current Plan

- EMS override option always in place, but not used
- New guidance welcomes EMS override to ensure special needs patients get to closest appropriate hospital regardless of divert status
 - Stroke
 - STEMI
 - Dialysis
 - Vascular surgery
 - OB > 20 weeks gestation

Recommendation

Based on almost 4 years of collaboration, the Divert Committee recommends:

- Maintaining the current limited divert plan, with added provisions for EMS override, as the most **sustainable** approach for this community

Recommendation

Plan also to include additional performance accountability provisions:

- Continued data collection and review
- Continued collaboration between the hospitals and EMS via Divert Committee
- Quarterly reporting to stakeholders

Next Steps

April 17:

- Formal request to EMS Council for approval of limited divert plan, with additional provisions for EMS override and performance accountability, as permanent approach for managing medical divert

How Fire Chiefs Can Help

Provide data re: hand off times to ensure system performance reporting is more representative of EMS experiences throughout the county

- Currently only TFD is reporting

How Fire Chiefs Can Help

Write a letter to EMS Council endorsing Committee recommendation to adopt current limited divert plan with additional provisions for EMS override and performance accountability

QUESTIONS??
