

## Cattaraugus & Chautauqua County Active Load Balancing Policy

**Regardless of whether the ALB plan is in effect ALL unstable patients should immediately be transported to the closest appropriate facility. Similarly, any patient meeting ST-Elevation Myocardial Infarction (STEMI), major trauma, stroke, or 9.41 psychiatric criteria should be transported to an appropriate specialty designated facility as defined in normal protocols. Contact Medical Control for guidance as needed due to possible delays at certain facilities.**

During periods of extremely high emergency department (ED) volumes or limited hospital inpatient capacity, the closest or typical transport destination for EMS may not be capable of treating the patient or be the most appropriate facility. When patient load exceeds the ED's ability to treat patients promptly, the delivery of an additional patient to a given ED may endanger the life of that patient or another patient.

The goal of our Active Load Balancing (ALB) plan serves to distribute patients to an appropriate facility given the patient's condition and regional hospital capabilities in real time to provide patients timely access to medical care, to not exceed the capacities of any one hospital, to prevent hospital overcapacity that could lead to a diversion status, and to utilize EMS resources efficiently in the interest of public health.

Predetermined triggers allow for the activation of each of the 3 levels of ALB in collaboration with our local ED's and hospital administrators to meet current system demands. This plan may be utilized to meet future needs of our system beyond the current pandemic.

### Level 1 – Lowest Level – Situation Monitoring

- Hospitals will report ED delays to EMS through the 911 Center/OES
- Any EMS agency experiencing an ED wait time of > 60 minutes should notify the respective County 911 Center. OES/Medical Directors will followup with hospitals.
- EMS agencies should consult with online medical control (MC) if there is a question of which facility is appropriate for the patient to be transported to.

### Level 2 – EMS/Patient Shared Decision Making ALB (EMS-ALB)

- Implement all Level 1 actions if not already done
- OES will activate the online Emergency Department Status Report Dashboard
  - Hospitals will update the Dashboard every 4 hours
  - OES/911 Center will ensure Dashboard is up to date
- **EMS should immediately transport any unstable patient, STEMI, major trauma, stroke, or 9.41 psychiatric patient to the closest appropriate or specialty designated facility in accordance with current NYS protocols & WREMAC destination policies**

- **For all other patients, PRIOR to leaving the scene EMS providers should:**
  - Review the dashboard for ED statuses and delays
  - If the patient requests transport to (or the agency typically transports to) an ED on delay, EMS should have a shared decision making discussion with the patient regarding ED delay, potential for delay in treatment, and suggest an appropriate alternative ED transport destination
  - EMS should consult online MC at the anticipated destination facility if there is a question of which facility is most appropriate.
    - If any concern exists after contacting MC, call MD1/MD2 for further guidance
  - If the patient is assessed to have a low acuity problem that may be handled by telehealth rather than transport to ED, EMS should consult MC for the appropriateness of referring to telehealth services if available
- EMS should fully document any ED delay, shared decision making discussion, patient decision, reasons for destination choice, and MC consultation in the PCR
- Providers should not take a patient to a particular hospital against his/her request except when ordered by online medical direction

### **Level 3 – Medical Control Directed ALB (MC-ALB)**

- Implement all Level 1 and II actions if not already done
- Dashboard will be updated every 2 hours
- OES will activate the centralized **Medical Control ALB (MC-ALB) Hotline**
  - MC-ALB will be staffed by ED/EMS physicians approved to provide online medical direction by the WREMAC who are not working clinically in ED
- **EMS should immediately transport any unstable patient, STEMI, major trauma, stroke, or 9.41 psychiatric patient to the closest appropriate or specialty designated facility** in accordance with current NYS protocols & WREMAC destination policies. MC-ALB hotline can be contact if guidance is needed
- **For all other patients, PRIOR to leaving the scene EMS providers should:**
  - Contact the Medical Control ALB Hotline
  - MC will determine the appropriate destination for all patients in coordination with EMS
  - When feasible, MC will offer patients an option to choose between 2 appropriate facilities accounting for the patient’s condition, acuity, geographic location and transport time, ED capacity and EMS resources
- EMS should fully document any ED delay, shared decision making discussion, patient decision, reasons for destination choice, and MC consultation in the PCR
- Providers should not take a patient to a particular hospital against his/her request except when ordered by online medical direction

The **Emergency Department Status Report Dashboard** is available at: [www.cattco.org/er-status](http://www.cattco.org/er-status)  
[ED Status Report Dashboard password: ccems](#)

**\*Information on the ED Status Report Dashboard is for official use only (FOUO) and is not to be shared publicly or outside the Emergency Services field\***