



**OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.**

7818 East Parham Road Suite 911  
 Henrico, VA 23294-4302  
 804-560-3300 • FAX: 804-560-0909  
 www.odemsa.vaems.org

**Hospital Diversion Committee**

April 23<sup>rd</sup>, 2021: 12:00pm to 1:00pm

Chair: Mr. Zachary McCluskey, Johnston Willis

**Members and Guests Present:** N/A

**Conference Line:** Karen Lee, Steve Parrott, Mike Watkins, Angela DeVaughn, Lisa Baber, Amy Howard, Craig Bride, Al Thompson, Taylor Flowers, Zach McClusky, DJ Johnston, Michal Colman, Allen Yee, Chip Decker, Jordan Rennie, Allison Castillo, Justin Adams, Eddie Ferguson, Monty Dixon, Ken Smith, HD, Sam Burnette, Casey Shinault

**ODEMSA Staff:** Tarsha Robinson, Heidi Hooker, Kathy Eubank, Jessica Goodman

**Minutes Scribed by:** Tarsha Robinson

**Materials provided:** Previous meeting Minutes, meeting Agenda

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>Meeting Called to Order</b>	Meeting called to order by Zach McCluskey. Minutes and Agenda were approved and introductions made.	<b>Motion by:</b> Craig Bride <b>Seconded by:</b> Multiple <b>Vote:</b> Approve previous minutes.
<b>Reports:</b> <u>Hospital Reports</u>  Bon Secours          HCA	<p>Please remind crews that masks are still required to be worn by both crews and patients inside all facilities; finalizing protocols to allow clinicals to resume and to allow EMS providers to participate in HeartCode classes; LifeEvac 4 is in service; groundbreaking for living quarters will take place in the next several days; working on plans for “hot landings” from other agencies; preparing for EMS week</p> <p>Preparing for EMS week; currently in “rebuilding” phase of workforce; labor supply and demand are coming back as well and looking for issues to smooth out soon; patient</p>	



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<p>VCU Health</p> <p><u>EMS Agencies</u></p>	<p>volume is increasing; elective procedures are increasing; ER demand is going back to pre-pandemic levels</p> <p>Working to streamline nomenclature of diversion to make it less confusing for EMS</p>	
<p>New Kent</p>	<p>No report</p>	
<p>Goochland</p>	<p>No report</p>	
<p>Hanover</p>	<p>Battalion Chief Phipps is still battling cancer; DJ Johnston has taken over more responsibilities and his response to EMS concerns might be delayed but is still available and can be reached for urgent matters</p>	
<p>RAA</p>	<p>Continuing soft diversion practices due to increased wait times for crews; continuing to monitor throughput and wait times</p>	
<p>Henrico</p>	<p>No report</p>	
<p>Chesterfield</p>	<p>No report</p>	
<p>CVHC/RHCC</p>	<p>No report</p>	
<p><u>ODEMSA</u></p>	<p>Nominations for the 2021 regional awards are open; please consider nominating providers</p>	



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**Old Business:**

Diversion Plan Review

- Continued discussion on the Diversion Plan reviewed with updates; highlights include:
- Proposed diversion categories and their definitions; Chesterfield requested that additional language be added that EMS agencies can initiate a status that couldn't be removed by the facilities until certain metrics were met, i.e. ED saturation tier 1 and tier 2 and be initiated when wait times are >30min/turnover times >45min and ED's would not receive EMS units TO EXCLUDE STEMI, stroke, trauma, burn and remain in effect for a minimum 2hr period; tier 2 would be wait times >45min/turnover time >60min, also a minimum of 2hrs and WILL INCLUDE STEMI, stroke, trauma, burn; if multiple facilities were on this type of diversion, then the RHCC would distribute those high acuity patients; all present agencies requested the same, however all present facilities disagreed; questions presented include is it worth going an additional 10min to another facility or is another problem being created if the patient doesn't have continuity of care/can't go to requested facility; can the definitions be clarified/proposed tiers be communicated in a way that would advise of extended wait times but not put the facilities on soft diversion; EMS agencies are looking for terminology that allows EMS systems to have some input on diversion status; Chesterfield and Henrico states RAA's diversion plan is working and will be moving in the same direction; CVHC presented a clarifying point that EMS agencies are trying to create a process to voice a concern for diversion and agrees with language that would assist agencies with that; concerns from facilities include could EMS mandate diversion of facilities; is there an ability for the ED (front-facing) itself to go on diversion due to historical aspect that diversion went beyond the ED and have a checks and balance system in place
  - The categories of hospital status and suggested changes were discussed
  - PD 13 and 14 don't need to call if transporting within those planning districts, but need to call for patient distribution if transporting into 15 and 19
  - The process for Code Red/Black have been tabled due to changes in definition
  - Concept for the new diversion plan presented, and verbiage will continue to be worked on

**Motion:** Allen Yee  
**Second:** Monty Dixon  
**Vote:** Updated definitions approved; continue to work on integration feedback; tiered diversion plan approved



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<b>New Business:</b>		
<u>Recent Diversions</u>	None	
<b>Next Meeting</b>	July 23rd, 2021	
<b>Adjourn</b>	The meeting was adjourned at 13:27 pm	