FDNY INITIATIVES TO ENHANCE EMERGENCY DEPARTMENT OPERATIONS | APRIL 2021

Over the past several years, the Fire Department of the City of New York (FDNY) has launched several initiatives designed to increase coordination and enhance operations at hospital emergency departments that are part of the 911 system. Descriptions of these initiatives are below. Hospitals are encouraged to contact designated project leads for further information.

ARC GIS HOSPITAL TURNAROUND TIME DASHBOARD

This dashboard provides near-real-time situational awareness to hospital emergency departments and staff. The dashboard displays a map of the area with "H" icons for each hospital colored according to their average turnaround time since midnight, where green = <30 minutes; yellow = 30-35 minutes; red = >35 minutes; and white = no data for that hospital. The data is near real time, updating approximately every 10 minutes. Additionally, the average turnaround time by borough (+ "outside NYC") and number of transports for each is displayed on the bottom. On the right side of the dashboard, the hospitals are listed in descending order of turnaround time.

The dashboard does not require a license; access requires an e-mail and password provided by the FDNY MAP/GIS unit, which can be obtained by sending a request to Chief Martin Braun of the Voluntary Hospital Liaison Unit. There is currently no limit on the number of hospital users. Due to feedback from hospitals, FDNY is currently exploring displaying the average of the previous two hours of turnaround time data instead of from midnight to keep hospitals aware of their current situation. To request access, please reach out to Chief Braun at: martin.braun@fdny.nyc.gov.

TABLEAU DASHBOARD

This dashboard provides data that can be mined by multiple departments within a hospital. The Tableau Dashboard currently offers three views.

- The first view summarizes individual hospital transports, turnaround time, and redirection information. This data is then compared with a geographic hospital cluster, the hospital network, and all New York City hospitals. It also provides transport percentage, volume, and turnaround time by EMS call type. Additionally, this view displays transports and turnaround time, and redirection percentage by hour, along with several other parameters. Dropdown boxes allow these views for selected timeframes.
- The second view displays a summary of every call type with its duration at the hospital on an hourly basis for any given day
- The third view displays diversion history by CCC code plus redirection for any timeframe or date range by day of week, with a comparison of the same information for the previous year

All views are designed for deep data analysis for both recent and historical information, especially for upper-level management. Data outputs from the dashboard can be put into PDF and distributed throughout the hospital.

FDNY provides one user license per hospital. The cost of any additional licenses is the responsibility of the hospital. Several hospitals are already participating in this initiative. For further information, please contact Chief Braun at: martin.braun@fdny.nyc.gov.

REDIRECTION POLICY

The goal of *REDIRECTION* is to ensure an emergency department does not become overloaded, negatively impacting patient care and EMS turnaround time. When certain thresholds (detailed below) are met, FDNY's Computer Aided Dispatch System no longer recommends that hospital for most CCC codes, with the exception of specialty referrals (TRAUMA, BURNS, HBARIC, LVO, STEMI, REPLANT, PTRAUM, ATRAUM, STROKE).

There are three thresholds for redirection:
- Maximum number of incidents from which ambulances at the hospital originated
- Length of time that the earliest ambulance from an incident has been at the hospital
- Minimum number of incidents from which ambulances at the hospital originated

All hospitals were originally set at 3/30/1 (maximum incidents/minutes/minimum incidents). Therefore, if units from three assignments are at the hospital for 30 minutes or more, the hospital is placed on redirection. The hospital remains on redirection until units from one incident or less are at the hospital for less than 30 minutes. These thresholds may be adjusted for each hospital based on their capacity, throughput, and turnaround time performance.

- Notification e-mails are sent to a designated distribution list for each hospital when the hospital has been on redirection for more than 10 minutes or when the hospital goes off redirection
- Reports are sent monthly to the designated distribution list for that hospital. The report includes total number of diversions, total number of redirections, transports, hospital turnaround time, division turnaround time, and citywide turnaround time.

For questions or further information about redirection, please contact Chief Braun at: martin.braun@fdny.nyc.gov.

DIVERSION POLICY

While redirection emanates from FDNY, a hospital must request diversion. If a hospital is experiencing difficulty in meeting patient care needs due to an internal equipment issue or emergency, the hospital may request diversion from FDNY.

- Generally, a hospital will make a request to not accept patients for specific CCC codes
- Total diversion, meaning stoppage of all EMS transports, should only be made when a hospital is temporarily unable to provide services due to extraordinary circumstances (e.g., power failure, water leak)

Granting diversion is always at the FDNY's discretion. Hospital representatives requesting diversions should call EMS Operations at FDOC at (718) 999-7062, supply the name of the hospital, the name and title of the caller, the CCC code and duration of the diversion request, and the reason(s) for the request. The member shall provide their name and identification number so the hospital representative can record that information for future reference.

Originally issued on 9/1/2011 and revised on 5/2/19, the EMS Operating Guide Procedure 115-01, *Emergency Department Ambulance Diversion* details diversion and redirection.