

Online Solution Helps Alleviate the Emergency Room Surge

Adam Stone | August 30, 2010



All it takes is a single major incident, or just a run of bad luck, for emergency responders in Baltimore to find themselves in a holding pattern.

"Even with 15 hospitals in the immediate area, it's not hard at all for us to flood a single hospital," said Capt. Jim Matz, an infection control officer in the Baltimore City Fire Department. "When that happens, our people end in a holding pattern, and with only 24 units to handle 180,000 calls a year, we can't afford to get hung up."

Fortunately for Matz and other first responders throughout Maryland, the state offers an easy-to-access, real-time system called CHATS, the County Hospital Alert Tracking System, which lets emergency departments give notice when they temporarily can't accept ambulance-transported patients because of hospital overload.

Emergency room overcrowding can be a serious issue. Each year, half a million ambulances are diverted from full emergency rooms to hospitals farther afield, according to the Centers for Disease Control and Prevention. In Maryland, some hospitals' emergency rooms diverted ambulances at least 15 percent of the time in 2008, according to a Washington Post analysis.

The CHATS solution covers 48 acute care hospitals statewide. There's no cost to users, and the system is managed by the Maryland Institute for Emergency Medical Services Systems (MIEMSS). Online since 1993 and updated repeatedly since then, the system replaced a two-decades'-old method of phone calls and whiteboards.

Hospitals self-report their status to a Web-based application that's available to emergency personnel through any browser. By putting up a color-coded alert, "the hospitals are asking ambulances: Can you go someplace else because we are kind of busy right now?" said MIEMSS Director of Field Operations John Donohue.

"Busy" can take multiple forms: Yellow indicates overly hectic conditions and a red alert means there are no critical care beds available. Ambulance personnel also can enter a "reroute" signal, letting other emergency responders know that ambulances are starting to pile up at the door. "It's for when you know the ambulances are going to get stuck big time," Donohue said.

Emergency department staff typically post an alert to CHATS as directed by the nurse or doctor in charge. However, whatever the alert code may be, critical patients still go to the closest facility.

Most recently, CHATS' functionality was wrapped into the commercial software package HC Standard from vendor Global Emergency Resources. A dashboard application for tracking health-care operations, HC Standard brings enhanced scalability and reliability to CHATS' original homegrown capabilities.

The application also incorporates the functionality of the state's Facility Resource Emergency Database, a tool for communicating succinct information in the face of large-scale mass casualty incidents.

Before implementing HC Standard, "we were filling up their screens, we were giving them too much input," Donohue said. "Now it's all under one roof."

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