ODEMSA
Hospital Diversion Policy

Heidi M. Hooker, Executive Director
A. PURPOSE: To maintain an orderly, systematic and appropriate distribution of emergency patients transported by ambulances during a single or multiple hospital diversion situation within the Old Dominion EMS Alliance (ODEMSA) region.

B. SCOPE: This policy pertains to all 19 emergency departments and all licensed EMS agencies providing ground ambulance transportation as defined in Virginia Department of Health regulations.

This Policy will have the highest level of impact on the 15 emergency departments in the Richmond Tri-Cities area (PD 15 and 19). However, it also is recognized that the diversion status of those 15 emergency departments can have a significant impact on the four (4) remaining acute care hospitals located in Emporia, Farmville, South Boston and South Hill (PD 13, 14 and 19).

C. POLICY ELEMENTS:

1. INDICATIONS: Acute care hospitals (those with emergency departments) occasionally become overwhelmed with patients, exceeding the capacity for medical staff to adequately treat and monitor those patients. To alleviate this temporary situation, a receiving hospital – after completing an established process – may declare a diversion of acute patients, whereby ambulances are diverted to other area hospitals.

   a. Ambulance diversion should occur only after the hospital has exhausted internal mechanisms to relieve the situation. When an intended hospital has declared a diversion of emergency patients, on-line Hospital Medical Control at the diverting hospital will recommend to an EMS ambulance crew that the patient be taken to another hospital.

   b. Such decisions to overrule a hospital’s diversion status may be referred by the receiving hospital to the provider’s agency and/or the ODEMSA Medical Control Committee for review.

   c. Early contact and notification by the EMS ambulance crew to the intended hospital is essential for optimal patient care. It is highly recommended that the ambulance Attendant in Charge (AIC) notify the hospital with pre-arrival information on the patient. Once an EMS unit has marked en route and a patient report has been given to the receiving hospital, any later change in diversion status of the receiving hospital will not affect that ambulance.
2. **CONTRAINDICATIONS:** Patients with STEMI, Acute Stroke, Airway Obstruction, Uncontrolled Airway, Uncontrolled Bleeding, who are in Extremis, or with CPR in progress, should be taken immediately to the closest appropriate hospital, without regard to the hospital’s diversion status.

3. **DIVERSION OVERRULE:** Prehospital EMS providers may overrule diversion if a patient is in extremis, or for significant weather/traffic delays, mechanical problems, etc. An EMS provider who believes an acute decompensation is likely to occur if the patient is diverted to a more distant hospital ALWAYS has the option to take that patient to the closest Emergency Department regardless of the diversion status.

   a. The Attendant-in-Charge also has the option to ask via radio or phone to speak directly to an Emergency Department physician. Good clinical sense and optimal patient care are the ultimate considerations.

4. **CATEGORIES OF HOSPITAL STATUS:**

   a. **OPEN** - When a hospital has full capacity for receiving its usual patient load.

   b. **DIVERSION** – When a hospital is unable to handle certain types of patients. Subcategories are listed below.

      1) **Adult Medical/Surgical** – includes Minor Trauma.

      2) **Major Trauma** – means the operating rooms and surgeons are completely full. 
         *Reference Trauma Triage Schematic – Appendix E*

      3) **Labor & Delivery (L&D)** – Pre-Term is defined as active labor before 36 weeks.

      4) **Psychiatric** – divided into three areas
         a) **Child & Adolescent Psych** – age infant <18
         b) **Adult Psych** – age 18 to 64
         c) **Geriatric Psych** – age 65 and over

      5) **Pediatric** – For the purposes of this Hospital Diversion Policy, pediatric is defined as under the age of 18.

   c. **OUT OF SERVICE** - Critical or catastrophic circumstances result in operational shutdown. Hospital cannot receive any new patients by EMS or any other means.
5. ODEMSA REGIONAL HOSPITAL SECTORS (See Appendix A):

a. During a diversion crisis (Stages RED and BLACK), every attempt will be made by the Medical Control Hospital to direct ambulances to hospitals in one of (6) six sectors listed below that most closely aligns with their respective localities.

<table>
<thead>
<tr>
<th>HOSPITAL SECTORS</th>
<th>HENRICO/HANOVER EAST SECTOR</th>
<th>HENRICO/HANOVER WEST SECTOR</th>
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<td>• West Creek Free Standing ED (2012)</td>
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NOTE: There will be times when it is necessary during a Diversion Crisis to send an ambulance outside its primary sector. However, the Medical Control Hospital’s goal will be to keep such movements to a minimum.
7. **STAGES OF REGIONAL DIVERSION:**

   a. **STAGE 1 – GREEN** = Less than 50% of total region ED volume is on adult medical diversion.

   b. **STAGE 2 – RED** = 50% or more of total regional ED volume and at least five (5) hospitals are on adult medical diversion. Four (4) of six (6) facilities are on similar types of diversion.

   c. **STAGE 3 – BLACK** = 75% or more of total regional ED volume is on adult medical diversion. All six (6) psych facilities are on similar types of diversion. All three (3) hospitals with PICUs are on diversion. Medical Control distribution of patients continues to all hospitals.

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<thead>
<tr>
<th>STAGE</th>
<th>HOSPITALS ON DIVERSION</th>
<th>ACTION TAKEN</th>
<th>NOTIFICATION</th>
<th>DOWNGRADING</th>
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<tr>
<td>STAGE 1</td>
<td>Less than 50% of total region ED volume is on adult medical diversion.</td>
<td>System-wide notification via WebEOC.</td>
<td>Hospital name and reason for diversion (as applicable).</td>
<td>N/A</td>
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<tr>
<td>STAGE 2</td>
<td>General: 50% or more of total Region ED volume and at least five (5) hospitals are on adult medical diversion. Psych: Four of six psych facilities are on similar types of diversion.</td>
<td>System-wide notification via WebEOC.</td>
<td>Hospital name and reason for diversion (as applicable).</td>
<td>• When downgrading from Stage 2 (Red) back to Stage 1 (Green) there should be less than 50% of region and less than five (5) hospitals on diversion.</td>
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<tr>
<td>STAGE 3</td>
<td>General: 75% or more of total Region ED volume on diversion Psych: All six psych facilities are on similar types of diversion. Pediatric: All three hospitals with PICUs are on diversion.</td>
<td>System-wide notification via WebEOC.</td>
<td>Hospital name and reason for diversion.</td>
<td>• When downgrading from Stage 3 (Black) to Stage 2 (Red) there should be less than 75% of the region on diversion.</td>
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<td>Medical Control is ongoing. MVAMC is included in distribution ALL EMS providers must continue to contact MCH for instructions.</td>
<td>Medical Control continues with 2 following options: ○ Weighted distribution to all area hospitals, i.e., all hospitals are “forced open.” OR ○ Begin Mass Casualty Incident (MCI) response.</td>
<td>• MCH continues weighted distribution with focus on open hospitals as much as possible.</td>
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D. GENERAL PROCEDURE FOR MANAGEMENT:

1. The Hospital Sector and Stages of Regional Response tables that are part of this document will govern actions taken during a diversion emergency.

2. All participating hospitals will update promptly their status on WebEOC when going on any diversion status, and when coming off diversion. A hospital on diversion must update its status every two hours.

3. The primary Medical Control Hospital will be the Virginia Commonwealth University Medical Center, or an identified alternate facility, as specified in the Central Virginia MCI Plan. If VCU cannot handle Medical Control, the identified alternate facilities, in order, are (1) Chippenham Medical Center and (2) Southside Regional Medical Center.

4. The diverting hospitals will use the WebEOC “comments” window for pertinent information when changing from OPEN to any DIVERSION status.

5. Once an EMS ambulance has marked en route and/or a patient report has been given to the receiving hospital, any later change in diversion status of the receiving hospital will not affect that ambulance.

6. When STAGE 2-RED is reached, the Medical Control Hospital will use WebEOC to notify hospitals that it is assuming Medical Control and begin “weighted” distribution of ambulance patients to OPEN hospitals in the Hospital Sectors.

7. When STAGE 2-RED has been declared by the Medical Control Hospital, ambulances transporting patients to Emergency Departments should contact the Medical Control Hospital before transporting patients. They should be directed to do so by the local ECC using information from WebEOC, or by the diverting hospital when it is contacted.

   a. NOTE: During a STAGE 2-RED diversion emergency, the Medical Control Hospital will attempt to assign ambulance emergency patients to the closest appropriate medical facility to that patient, and will work to keep ambulances within Hospital Sectors when possible.

8. In a STAGE 3-BLACK diversion situation, the Medical Control Hospital has the option to begin weighted distribution of ambulance patients to all emergency departments in the ODEMUSA region.

   a. NOTE: The Medical Control Hospital may consider downgrading or upgrading the regional status at any time based on system conditions and in accordance with the stated purpose of the Policy.

9. Before downgrading from Medical Control STAGE 2-RED back to STAGE 1-GREEN, there should be less than 50% of the region’s hospitals and less than five (5) hospitals on diversion.
10. Before downgrading from **STAGE 3-BLACK** to **STAGE 2-RED**, less than 75 percent of the total Region ED volume should be on diversion, and the Medical Control Hospital would continue with weighted distribution, focusing on **OPEN** hospitals as much as possible.

11. Nothing in this Hospital Diversion Policy shall supercede or contradict the ODEMSA Regional Trauma Care System Plan.

12. This Hospital Diversion Policy will be reviewed annually and updated as needed. The Diversion Committee will be comprised of representatives of the Medical Control Hospitals, other acute care hospitals, prehospital EMS agencies and appropriate local and state healthcare organizations.

13. Proposed major revisions and/or amendments to this document, will be implemented no later than 60 days after the ODEMSA Board of Directors approval.
D. WEIGHTED PATIENT DISTRIBUTION SCHEDULE (See Appendix B):

*Richmond Area, Based on Annual ED Volumes

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Weighted Distribution</th>
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<tr>
<td>CJW Medical Center – Chippenham</td>
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<td>CJW Medical Center – Johnston Willis</td>
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<tr>
<td>Henrico Doctors Hospital</td>
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The Medical Control Hospital can use or adjust this schedule/rotation as needed during the Red/Black stages.

* 11 K per year equivalent to 1 patient unit. All ratios are rounded down.

** The largest volume facility distribution ratios were adjusted slightly downward to account for trauma patients.

***VA and veteran medical patients will be directed to McGuire VA Medical Center if open to ambulances during Stage 2 (Red). During Stage 3 (Black), McGuire VA Medical Center will receive VA, veteran or civilian patients per the Weighted Patient Distribution Schedule (see Appendix B) or the Regional MCI Plan.

Current June 2011
Appendix A

Primary Hospital Sectors for the ODEMSA Region

During a diversion crisis (STAGES RED AND BLACK), every attempt will be made by the Medical Control Hospital to direct ambulances in one of six (6) sectors that most closely align with their respective localities. For example, hospitals in the Hanover/Henrico West Sector would be the primary destination for ambulances in Hanover, Henrico, and Goochland counties. Hospitals in the Chesterfield Sector would be the primary destination for ambulances in Chesterfield and Powhatan counties. It must be understood that there will be times when it is necessary during a Diversion Crisis to send an ambulance to a hospital outside its primary sector. The goal, however, is to keep such movements to a minimum.

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Current Oct. 2011
Appendix B

ODEMSA Regional Hospital Systems Annual ED Volumes (2010)
Appendix C

McGuire VA Medical Center Diversion Protocol

By design, McGuire Veterans Affairs Medical Center’s (MVAMC’s) Emergency Department may only care for patients enrolled in the Veterans Affairs (VA) healthcare system (VA Patients), or honorably-discharged veterans of the U.S. armed forces (Veteran Patients).

When MVAMC is Open to Ambulances, it will receive only VA Patients and Veteran Patients.

When on Special Diversion status, MVAMC will not be able to accommodate any VA Patients or Veteran Patients in the particular category or categories stated on WebEOC.

When on Closed to Ambulances status, MVAMC will not be able to receive any patients.

During STAGE 2 – RED, the Medical Control Hospital will direct VA Patients and Veteran Patients to MVAMC if it is Open to Ambulances.

During STAGE 3 – BLACK, MVAMC will receive VA Patients, Veteran Patients and civilian patients per the Weighted Patient Distribution Schedule (see Appendix B) or the Regional MCI Plan.

Current June 2011
### Appendix D
#### Hospital Services

<table>
<thead>
<tr>
<th>HOSPITALS</th>
<th>CARDIAC: EPCI/STEMI Center</th>
<th>STROKE: Acute Stroke Capable</th>
<th>STROKE: Primary Stroke Center (PSC)</th>
<th>STROKE: Neuro-Endovascular Center (NEC)</th>
<th>PSYCH</th>
<th>L&amp;D</th>
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Revised – May 4, 2012
Appendix E – Field Trauma Triage Schematic

Measure vital signs and level of consciousness

Patient’s with an unstable airway, airway obstruction, uncontrolled bleeding or in cardiac arrest should be taken immediately to the closest hospital.

1

Glasgow Coma Scale < 14 or Systolic blood pressure < 90 mmHg or Respiratory rate / min. < 10 or > 29 (< 20 in infant less than 1

Assess anatomy of injury

- All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
- Flail chest
- Two or more proximal long-bone fractures
- Crushed, degloved, or mangled extremity
- Amputation proximal to wrist or ankle
- Pelvic fractures
- Open or depressed skull fracture
- Paralysis
- High Voltage electrical burn

Take to Level 1 Trauma Center. Steps 1 and 2 triage attempts to identify the most seriously injured patients in the field. These patients should be transported to a Level 1 Trauma Center.

2

Assess mechanism of injury and evidence of high-energy impact

Falls
- Adults: > 20 ft. (one story is equal to 10 ft.)
- Children: > 10 ft. or 2-3 times the height of the child

High-Risk Auto Crash
- Intrusion: > 12 in. occupant site; > 18 in. any site
- Ejection (partial or complete) from automobile
- Death in same passenger compartment

Auto v. Pedestrian/Bicycle Thrown, Run Over, or with Significant (>20 mph) Impact

Motorcycle Crash >20 mph

If available to providers, vehicle automatic crash notification data consistent with “High Risk Injury”

Transport to closest Trauma Center, (Level 1, 2, or 3)

3

Assess special patient or system considerations

Age
- Older Adults: Risk of injury/death increases after age 55 years
- Children: Should be triaged preferentially to Pediatric-Capable Trauma Centers

Anticoagulation and Bleeding Disorders
Time Sensitive Extremity Injury
End-Stage Renal Disease Requiring Dialysis
Pregnancy > 20 Weeks
EMS Provider judgment

Consider transport to closest Trauma Center, (Level 1, 2, or 3)

4

Burn Patients - Transport to Level 1 Burn Center
With any type patient, when in doubt, transport to a trauma center.
Appendix F

Regional Acute Care Hospitals – Contact Information

<table>
<thead>
<tr>
<th>CJW Medical Center-Chippenham – LEVEL 3</th>
<th>CJW Medical Center-Johnston-Willis</th>
</tr>
</thead>
<tbody>
<tr>
<td>7101 Jahnke Road</td>
<td>1401 Johnston Willis Drive</td>
</tr>
<tr>
<td>Richmond, VA 23225</td>
<td>Richmond, VA 23235</td>
</tr>
<tr>
<td>804-320-3911, Main</td>
<td>804-330-2000, Main</td>
</tr>
<tr>
<td>804-323-8900, ED</td>
<td>804-330-2266, ED</td>
</tr>
<tr>
<td><strong>DIVERSION CONTACTS:</strong></td>
<td><strong>DIVERSION CONTACTS:</strong></td>
</tr>
<tr>
<td><strong>ED Nursing Director:</strong></td>
<td><strong>ED Nursing Director:</strong></td>
</tr>
<tr>
<td>804-323-8342</td>
<td>804-330-2275</td>
</tr>
<tr>
<td>Kelly Grindstaff</td>
<td>Karen Shipman</td>
</tr>
<tr>
<td><a href="mailto:kelly.grindstaff@hcahealthcare.com">kelly.grindstaff@hcahealthcare.com</a></td>
<td><a href="mailto:karen.shipman@hcahealthcare.com">karen.shipman@hcahealthcare.com</a></td>
</tr>
<tr>
<td><strong>EMS Coordinator:</strong></td>
<td><strong>EMS Coordinator:</strong></td>
</tr>
<tr>
<td>804-228-6558</td>
<td>804-228-6558</td>
</tr>
<tr>
<td>Lori Harbour</td>
<td>Lori Harbour</td>
</tr>
<tr>
<td><a href="mailto:lori.harbour1@hcahealthcare.com">lori.harbour1@hcahealthcare.com</a></td>
<td><a href="mailto:lori.harbour1@hcahealthcare.com">lori.harbour1@hcahealthcare.com</a></td>
</tr>
<tr>
<td><strong>Director, Trauma &amp; EMS Services:</strong></td>
<td><strong>Director, Trauma &amp; EMS Services:</strong></td>
</tr>
<tr>
<td>804-327-4089</td>
<td>804-327-4089</td>
</tr>
<tr>
<td>Mindy Carter</td>
<td>Mindy Carter</td>
</tr>
<tr>
<td><a href="mailto:melinda.carter@hcahealthcare.com">melinda.carter@hcahealthcare.com</a></td>
<td><a href="mailto:melinda.carter@hcahealthcare.com">melinda.carter@hcahealthcare.com</a></td>
</tr>
<tr>
<td><strong>Chief Nursing Officer:</strong></td>
<td><strong>Chief Nursing Officer:</strong></td>
</tr>
<tr>
<td>804-323-4029</td>
<td>804-330-2001</td>
</tr>
<tr>
<td>Trula Minton</td>
<td>Trula Minton</td>
</tr>
<tr>
<td><a href="mailto:trula.minton@hcahealthcare.com">trula.minton@hcahealthcare.com</a></td>
<td><a href="mailto:trula.minton@hcahealthcare.com">trula.minton@hcahealthcare.com</a></td>
</tr>
<tr>
<td><strong>WebEOC CONTACT:</strong></td>
<td><strong>WebEOC CONTACT:</strong></td>
</tr>
<tr>
<td><strong>Director of Emergency Preparedness:</strong></td>
<td><strong>Emergency Preparedness Coordinator:</strong></td>
</tr>
<tr>
<td>804-323-8754</td>
<td>804-327-4169</td>
</tr>
<tr>
<td>Mike Beshada</td>
<td>Kelly Dugan</td>
</tr>
<tr>
<td><a href="mailto:mike.beshada@hcahealthcare.com">mike.beshada@hcahealthcare.com</a></td>
<td><a href="mailto:kelly.dugan@hcahealthcare.com">kelly.dugan@hcahealthcare.com</a></td>
</tr>
<tr>
<td><strong>ADMINISTRATIVE CONTACTS:</strong></td>
<td><strong>ADMINISTRATIVE CONTACTS:</strong></td>
</tr>
<tr>
<td><strong>Chief Operations Officer:</strong></td>
<td><strong>Chief Operations Officer:</strong></td>
</tr>
<tr>
<td>804-323-8805</td>
<td>804-330-2003</td>
</tr>
<tr>
<td>Sharon Hayes</td>
<td>Tracy Kemp Stallings</td>
</tr>
<tr>
<td><a href="mailto:sharon.hayes@hcahealthcare.com">sharon.hayes@hcahealthcare.com</a></td>
<td><a href="mailto:tracy.kemp@hcahealthcare.com">tracy.kemp@hcahealthcare.com</a></td>
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Appendix F

Regional Acute Care Hospitals – Contact Information, continued

<table>
<thead>
<tr>
<th>Community Memorial Healthcenter</th>
<th>Halifax Regional Hospital</th>
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<tbody>
<tr>
<td>P. O. Box 90</td>
<td></td>
</tr>
<tr>
<td>125 Buena Vista Circle</td>
<td>2204 Wilborn Avenue</td>
</tr>
<tr>
<td>South Hill, VA 23970</td>
<td>South Boston, VA 24592</td>
</tr>
<tr>
<td>434-447-3151, Main</td>
<td>434-517-3100, Main</td>
</tr>
<tr>
<td>434-447-3427, ED</td>
<td>434-517-3123, ED</td>
</tr>
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</table>

**DIVERSION CONTACTS:**

**Administrative Rep:**
434-447-3151
“ask for rep on duty”

**Assistant Nursing Director, Emergency Svs:**
434-447-3151, ext. 3433
Patty Mayer
pmayer@cmh-sh.org

**WebEOC CONTACT:**

**Administrative Rep:**
434-447-3151
“ask for rep on duty”

**Assistant Nursing Director, Emergency Svs:**
434-447-3151, ext. 3433
Patty Mayer
pmayer@cmh-sh.org

**ADMINISTRATIVE CONTACTS:**

**Chief Executive Officer:**
434-447-3151
Scott Burnette
sburnette@cmh-sh.org

**Vice President, Professional Services:**
434-447-3151
Ed Brandenburg

**Vice President, Nursing**
434-447-3151
Ursula Butts
ursulabutts@cmh-sh.org

<table>
<thead>
<tr>
<th>Halifax Regional Hospital</th>
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</table>

**DIVERSION CONTACTS:**

**Nurse Manager, Special Projects:**
434-517-3930
Susan Alexander
susan.alexander@halifaxregional.com

**WebEOC CONTACT:**

**Nurse Manager, Special Projects:**
434-517-3930
Susan Alexander
susan.alexander@halifaxregional.com

**ADMINISTRATIVE CONTACTS:**

**Chief Executive Officer:**
434-517-3199
Chris Lumsden
chris.lumsden@halifaxregional.com

**Chief Operations Officer:**
434-517-3198
Tom Kluge
tom.kluge@halifaxregional.com

**Chief Nursing Officer:**
434-517-3196
Patricia Thomas
patricia.thomas@halifaxregional.com

**Chief Financial Officer:**
434-517-3193
Stewart Nelson
stewart.nelson@halifaxregional.com
## Appendix F

### Regional Acute Care Hospitals – Contact Information, continued

<table>
<thead>
<tr>
<th>Henrico Doctors’ Hospital</th>
<th>John Randolph Medical Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>1602 Skipwith Road</td>
<td>411 W. Randolph Road</td>
</tr>
<tr>
<td>Richmond, VA   23229</td>
<td>Hopewell, VA   23860</td>
</tr>
<tr>
<td>804-289-4500, Main</td>
<td>804-541-1600, Main</td>
</tr>
<tr>
<td>804-289-4605, ED</td>
<td>804-541-7505, ED</td>
</tr>
</tbody>
</table>

**DIVERSION CONTACTS:**

**Director, Emergency Department:**
804-289-4819  
Terry Kreider  
teresa.kreider@hcahealthcare.com  

**Nursing Supervisor:**
804-289-4692  
Nursing Supervisor on duty will answer  

**Hospital Administrator:**
804-289-4500  
“Ask Operator to page Administrator on call”

**WebEOC CONTACT:**

**Emergency Management Coordinator:**

**ADMINISTRATIVE CONTACTS:**
804-289-4800, Administration  
*Chief Executive Officer:*
Pat Farrell  
patrick.farrell@hcahealthcare.com  

*Chief Nursing Officer:*
Ben Warner  
ben.warner@hcahealthcare.com  

*Chief Operating Officer:*
Lisa Valentine  
lisa.valentine1@hcahealthcare.com

**DIVERSION CONTACTS:**

**Director, Emergency Services:**
804-541-7505  
Teresa Collins  
teresa.collins@hcahealthcare.com

**WebEOC CONTACT:**

**Director, Emergency Services:**
804-541-7505  
Teresa Collins  
teresa.collins@hcahealthcare.com

**ADMINISTRATIVE CONTACTS:**
804-541-1600, ask for Administration:  
*Chief Executive Officer:*
Dia Nichols  
dia.nichols@hcahealthcare.com  

*Chief Operations Officer:*
Brian Sinotte  
brian.sinnotte@hcahealthcare.com  

*Chief Nursing Officer:*
Frankye Myers  
frankye.myers@hcahealthcare.com  

*Chief Financial Officer:*
Tom Steslicki
Appendix F
Regional Acute Care Hospitals – Contact Information, continued

<table>
<thead>
<tr>
<th>McGuire VA Medical Center</th>
<th>Memorial Regional Medical Center</th>
</tr>
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<tbody>
<tr>
<td>1201 Broad Rock Rd.</td>
<td>8260 Atlee Road</td>
</tr>
<tr>
<td>Richmond, VA  23249</td>
<td>Richmond, VA  23116</td>
</tr>
<tr>
<td>804-675-5000, Main</td>
<td>804-764-6000, Main</td>
</tr>
<tr>
<td>804-675-5527, ED</td>
<td>804-764-6300, ED</td>
</tr>
</tbody>
</table>

**DIVERSION CONTACTS:**

**Associate Director, Emergency Management:**
804-675-5501
David Budinger
david.budinger@va.gov

**DIVERSION CONTACTS:**

**Administrative Director, Emergency Services:**
804-764-6916
Jill Russell
jill_russell@bshsi.org

**Nurse Manager:**
804-764-6196
Anne Payne
anne_payne@bshsi.org

**EMS Coordinator:**
804-281-8071
Cam Crittenden
cam_crittenden@bshsi.org

**WebEOC CONTACT:**

**As shown above**

**ADMINISTRATIVE CONTACTS:**

**Director:**
804-675-5000
Charles Sepich
charles.sepich@va.gov

**Associate Director of Patient Care Services:**
804-675-5000
Rita Duval
rita.duval@va.gov

**Associate Director of Emergency Management:**
804-675-5000
David Budinger
david.budinger@va.gov

**Chief of Staff**
804-675-5511
Dr. Julia Beales
julia.beales@va.gov

**ADMINISTRATIVE CONTACTS:**

**Chief Executive Officer:**
804-764-6102
Michael Robinson
michael_robinson@bshsi.org

**Chief Nurse Executive:**
804-764-6048
Jill Kennedy
jill_kennedy@bshsi.org

**Administrative Director, Emergency Services:**
804-764-6916
Jill Russell
jill_russell@bshsi.org
## Regional Acute Care Hospitals – Contact Information, continued

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Diversion Contacts:</th>
</tr>
</thead>
</table>
| Parham Doctors’ Hospital      | Director, Emergency Department: 804-967-5244  
Beth Lombardo-Blankenship      
[mailto:beth.lombardo@hcahealthcare.com](mailto:beth.lombardo@hcahealthcare.com)  
Nursing Supervisor: 804-747-5613  
Nursing Supervisor on duty will answer  
Hospital Administrator: 804-747-5600  
“Ask Operator to page Administrator on call”  
WebEOC CONTACT:  
Emergency Management Coordinator: |
| Retreat Doctors’ Hospital     | Director, Emergency Department: 804-254-5468  
Madge Brown [mailto:madge.brown@hcahealthcare.com](mailto:madge.brown@hcahealthcare.com)  
Nursing Supervisor: 804-254-5150 or 804-997-6177, pager  
Nursing Supervisor on duty will answer  
Hospital Administrator: 804-254-5100  
“Ask Operator to page Administrator on call”  
WebEOC CONTACT:  
Emergency Management Coordinator: |

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Administrative Contacts:</th>
</tr>
</thead>
</table>
| Parham Doctors’ Hospital      | Chief Executive Officer: 804-747-5600  
Pat Farrell [mailto:patrick.farrell@hcahealthcare.com](mailto:patrick.farrell@hcahealthcare.com)  
Chief Nursing Officer: 804-289-4800  
Ben Warner [mailto:ben.warner@hcahealthcare.com](mailto:ben.warner@hcahealthcare.com)  
Chief Operating Officer: 804-747-5713  
Beth Matish [mailto:beth.matish@hcahealthcare.com](mailto:beth.matish@hcahealthcare.com) |
| Retreat Doctors’ Hospital     | Chief Executive Officer: 804-254-5100  
Pat Farrell [mailto:patrick.farrell@hcahealthcare.com](mailto:patrick.farrell@hcahealthcare.com)  
Chief Nursing Officer: 804-289-4800  
Ben Warner [mailto:ben.warner@hcahealthcare.com](mailto:ben.warner@hcahealthcare.com)  
Chief Operating Officer: 804-254-5101  
Chris Accashian [mailto:chris.accashian@hcahealthcare.com](mailto:chris.accashian@hcahealthcare.com) |
Appendix F

Regional Acute Care Hospitals – Contact Information, continued

<table>
<thead>
<tr>
<th>Richmond Community Hospital</th>
<th>Southern Virginia Regional Medical Center</th>
</tr>
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<tbody>
<tr>
<td>1500 North 28th Street</td>
<td>727 North Main Street</td>
</tr>
<tr>
<td>Richmond, VA 23223</td>
<td>Emporia, VA 23847</td>
</tr>
<tr>
<td>804-225-1700, Main</td>
<td>434-348-4400, Main</td>
</tr>
<tr>
<td>804-225-1780, ED</td>
<td>434-348-4500, ED</td>
</tr>
</tbody>
</table>

**DIVERSION CONTACTS:**
*Administrative Director, Emergency Services:*
804-764-6916
Jill Russell
[jill_russell@bshsi.org](mailto:jill_russell@bshsi.org)

*Interim Nurse Manager:*
804-545-2335
Stacy Coleman
[stacy_coleman@bshsi.org](mailto:stacy_coleman@bshsi.org)

**DIVERSION CONTACTS:**
*ED Charge Nurse (24/7):*
434-348-4500

*Director of Emergency Services:*
434-348-4525
Kandy Poarch
[kandy_poarch@chs.net](mailto:kandy_poarch@chs.net)

*Nursing Supervisor:*
434-594-4453, cell (24/7)
434-348-4400
(ask Operator for Nursing Supervisor)

*Administrator on Call:*
434-348-4400
(ask Operator for Administrator on Call)

**WebEOC CONTACT:**
*As shown above*

**ADMINISTRATIVE CONTACTS:**
*Chief Executive Officer:*
804-764-6102
Michael Robinson
[michael_robinson@bshsi.org](mailto:michael_robinson@bshsi.org)

*Chief Nurse Executive:*
804-764-6048
Jill Kennedy
[jill_kennedy@bshsi.org](mailto:jill_kennedy@bshsi.org)

**ADMINISTRATIVE CONTACTS:**
*Chief Executive Officer:*
434-348-4444
Britton Phelps
[brinton_phelps@chs.net](mailto:brinton_phelps@chs.net)

*Chief Nurse Executive:*
434-348-4445
Linda Burnette
[linda_burnette@chs.net](mailto:linda_burnette@chs.net)
Appendix F

Regional Acute Care Hospitals – Contact Information, continued

<table>
<thead>
<tr>
<th>Centra Southside Community Hospital</th>
<th>Southside Regional Medical Center-LEVEL 3</th>
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<tbody>
<tr>
<td>800 Oak Street</td>
<td>200 Medical Park Boulevard</td>
</tr>
<tr>
<td>Farmville, VA 23901</td>
<td>Petersburg, VA 23805</td>
</tr>
<tr>
<td>434-392-8811, Main</td>
<td>804-765-5000, Main</td>
</tr>
<tr>
<td>434-315-2530, ED</td>
<td>804-765-5565, ED</td>
</tr>
</tbody>
</table>

**DIVERSION CONTACTS:**

**ED Charge Nurse:**
434-315-2532

**ED Nurse Director:**
434-315-2533

Kathi Manis
kathi.manis@centrahealth.com

**Nursing Supervisor:**
434-392-8811

**Administrator on Call:**
434-392-8811

**WebEOC CONTACT:**

**ED Nurse Director:**
434-315-2533

Kathi Manis
kathi.manis@centrahealth.com

**ADMINISTRATIVE CONTACTS:**

434-392-8811, ask for Administration

**Chief Executive Officer:**
E. W. Tibbs

**Chief Nursing Officer:**
Claudia Meinhard
claudia.meinhard@centrahealth.com

**DIVERSION CONTACTS:**

**ED Charge Nurse**
804-765-6371, portable phone (24/7)

**Director of Emergency Services**
804-765-5388, office
804-765-6846, portable phone
Karen Lea
karen_lea@chs.net

**Nursing Supervisor**
804-765-6822, portable phone (24/7) or

**Administrator on Call:**
804-765-5000
Ask Operator to page Admin on call

**WebEOC CONTACT:**

**Assistant Chief Nursing Officer:**
(also responsible for Disaster Management)
804-765-5997
Ellen Buchanan
ellen_buchanan@chs.net

**ADMINISTRATIVE CONTACTS:**

**Chief Executive Officer:**
804-765-5902
Michael Yungman
michael_yungman@chs.net

**Chief Nursing Officer:**
804-765-5381
Beverly Smith
beverly_smith@chs.net
Appendix F

Regional Acute Care Hospitals – Contact Information, continued

<table>
<thead>
<tr>
<th>St. Francis Medical Center</th>
<th>St. Mary’s Hospital</th>
</tr>
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<tbody>
<tr>
<td>13710 St. Francis Blvd.</td>
<td>5801 Bremo Rd.</td>
</tr>
<tr>
<td>Midlothian, VA 23114</td>
<td>Richmond, VA 23226</td>
</tr>
<tr>
<td>804-594-7300, Main</td>
<td>804-285-2011, Main</td>
</tr>
<tr>
<td>804-594-7950, ED</td>
<td>804-281-8184, ED</td>
</tr>
<tr>
<td></td>
<td>804-281-8357, PEDS ED</td>
</tr>
</tbody>
</table>

**DIVERSION CONTACTS:**
- **Nursing Supervisor:**
  - 804-261-2126, pager or
  - 804-893-8503, Cisco #
  - “Supervisor on call will answer”
- **Administrative Director-ED**
  - 804-764-7915, office
- Jill Russell
- jill_russell@bshsi.org

**Nurse Manager**
- 804-594-7945
- Michele McLasky
- michele_mclasky@bshsi.org

**WebEOC CONTACT:**
- **Administrative Director-ED**
  - 804-764-7915, office
- Jill Russell
- jill_russell@bshsi.org

**Nurse Manager**
- 804-594-7945
- Michele McLasky
- michele_mclasky@bshsi.org

**ADMINISTRATIVE CONTACTS:**
- **Chief Executive Officer:**
  - 804-594-7407
- Mark Gordon
  - mark_gordon@bshsi.org

**Chief Nursing Executive:**
- 804-594-7404
- Shelly Buck-Turner
  - shelly_buck-turner@bshsi.org

**VP, Medical Affairs:**
- 804-594-7400
- Dr. Gregory Sorensen
  - gregory_sorensen@bshsi.org

**DIVERSION CONTACTS:**
- **Administrative Director, Emergency Services:**
  - 804-281-8084
- Casey Shinault
  - casey_shinault@bshsi.org

**Clinical Coordinator/Charge Nurse:**
- 804-281-8184

**EMS Coordinator:**
- 804-281-8071
- Cam Crittenden
  - cam_crittenden@bshsi.org

**WebEOC CONTACT:**
- **Administrative Director, Emergency Services:**
  - 804-281-8084
- Casey Shinault
  - casey_shinault@bshsi.org

**Clinical Coordinator/Charge Nurse:**
- 804-281-8184

**ADMINISTRATIVE CONTACTS:**
- **Chief Executive Officer:**
  - 804-281-8136
- Toni Ardabell
  - toni_ardabell@bshsi.org

**Chief Nurse Officer:**
- 804-281-8030
- Francine Barr
  - francine_barr@bshsi.org
Appendix F

Regional Acute Care Hospitals – Contact Information, continued

VCU Health Systems – LEVEL 1
1250 East Marshall Street
Richmond, VA 23298
804-828-9000, Main
804-828-0996, ED

**DIVERSION CONTACTS:**
*Emergency Dept. Communications Room:*
804-828-3989

*Clinical Coordinator:*
804-525-3686

**WebEOC CONTACT:**
*Manager, Emergency Management:*
804-628-4595 or 804-291-8538
Robin Manke
rmanke@mcvh-vcu.edu

**ADMINISTRATIVE CONTACTS:**
*Chief Executive Officer*
(804) 828-0938
John Duval
jduval@mcvh-vcu.edu

**FREE STANDING ED’S:**

<table>
<thead>
<tr>
<th>St. Francis Watkins Center</th>
<th>West Creek Emergency Center</th>
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<tbody>
<tr>
<td>Free Standing Emergency Department</td>
<td>Route 288 @ Tuckahoe Parkway</td>
</tr>
<tr>
<td>15521 Midlothian Turnpike</td>
<td>Goochland, VA</td>
</tr>
<tr>
<td>Midlothian, VA 23113</td>
<td>Projected Opening – May 2012</td>
</tr>
</tbody>
</table>

**DIVERSION CONTACTS:**
*Administrative:*
804-285-2011

*Nurse Manager*
804-893-8452
Karen Bridgforth
karen_bridgforth@bshsi.org

**WebEOC CONTACT:**
*Administrative Director-ED*
804-764-6916, office
Jill Russell
jill_russell@bshsi.org

**ADMINISTRATIVE CONTACT:**
*As Shown Above*

**DIVERSION CONTACTS:**
*Director, Emergency Department:*
804- 967-5543
Lee Vansise
Lee.Vansise@hcahealthcare.com

**WebEOC CONTACT:**
*As shown above*

**ADMINISTRATIVE CONTACT:**
*Administrative Director:*
804-289-4800
Ben Warner
ben.warner@hcahealthcare.com