



Monroe Livingston Region Program Agency

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To: All EMS Agencies

From: Jeremy T. Cushman, MD, MS, EMT-P *J. Cushman*
Regional Medical Director

Date: April 23, 2010

Re: **Advisory 10-06: Code Red Elimination for Medical and Surgical Patients**

The Rochester area Emergency Department Directors have been meeting regularly and have recommended that the regional color code system commonly known as “Code Red” be eliminated for medical and surgical patients effective May 1, 2010 for a trial period of at least 120 days in length. The goal of this trial is to benefit patients and the local community by providing better patient care by allowing patients access to the most appropriate hospital and eliminating any concept of diversion except during a disaster (Code Black). Other communities throughout the country have similarly eliminated their diversion system with resultant decreases in EMS turn-around-time and patients more often receiving health care through their home hospital.

All local hospitals (Lakeside, Rochester General, Unity, URMC-Highland, and URMC-Strong) will no longer provider color codes regarding ALS, BLS, Lower Level Trauma or Pediatric patients effective May 1. The psychiatric receiving facilities (Rochester General, Unity-St Mary’s, and URMC-Strong) will continue to use the “Code Red” system and transport decisions should continue to be based on Regional Policy 9.15

Code Red System Changes (Effective May 1, 2010)	
Medical/Surgical Facilities / Patients	Psychiatric Facilities / Patients
<p>**Code Red Eliminated** Patient destination decision should be based on patient condition, patient/family wishes and specialty care needs.</p>	<p>**No Changes** Agencies and providers should continue to utilize the HAN color code status in determining transport destination for psychiatric patients.</p>

The current “Code Red” system was developed as a means for regional hospitals to inform one another as well as EMS of their patient load and approximate wait times. It was also developed as a means to get patients to hospitals that may not be as busy to facilitate more rapid patient care. However, it has become apparent over the years that the system has not worked as effectively as possible and at times may actually hinder patient care by diverting patients away from their “home” hospital.

The Rochester area ED Directors continue to agree that all hospitals will work towards the goal of 90% of EMS patient arrivals receive a bed within 30 minutes and will continue to collect EMS data on door-to-bed intervals during the period of this trial. As mentioned, Diversion (Code Black) will be allowed only under circumstances of internal disaster or MCI and should be heeded when announced.