DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HEALTHCARE FACILITIES, EMT, PARAMEDIC, MICN)
REFERENCE NO. 228

SUBJECT: **REDDINET® UTILIZATION**

PURPOSE: To provide Los Angeles County ReddiNet® System users guidelines for the purpose of communication and coordination of hospital diversion status, facility services available, multiple casualty incidents (MCI), disaster assessment polls, messages and HAvBED reporting activities.

PRINCIPLES:

1. The ReddiNet® System is the designated emergency and disaster communication system established for facilities and agencies within Los Angeles County's medical and health system.

2. It is the responsibility of each individual facility or organization to ensure its ReddiNet® System is maintained per the ReddiNet® Users' Master Agreement and to ensure that it remains online at all times.

3. The ReddiNet® visual and audible alarms are to be maintained at an adequate level to alert staff within a facility at all times. The System shall be placed in a location easily accessible to personnel within each facility.

4. The use of the ReddiNet® computer should be limited to operation of the ReddiNet® System and access to EMS educational materials only. Accessing the internet or other applications on this computer is not recommended.

5. Each facility is responsible to properly train and annually verify competency of their personnel and have at least one staff member who is knowledgeable in the use of the ReddiNet® System on duty at all times.

6. Release of protected health information (PHI) shall be in accordance with each facility's internal policies.

POLICY

I. Emergency Department Diversion Status

Hospitals will utilize the ReddiNet® System to update all diversion status pursuant to Ref. No. 503, Guidelines for Hospitals Requesting Diversion of ALS Units.

II. Management Of Multiple Casualty Incidents

During an MCI, the Medical Alert Center or designated paramedic base hospital will coordinate patient destination activities pursuant to Ref. No. 519, Management of Multiple Casualty Incidents.

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III. Bed Availability

Health facilities will follow the guidelines for reporting bed availability pursuant to Ref. No. 1122, Bed Availability Reporting.

IV. Assessment Polls

A. To assist with the coordination of emergency resource management, the MAC sends assessment polls to health care facilities to complete and return. Assessment polls ask health care facilities specific questions and require a response.

B. In the event of a Countywide or regional disaster, health care facilities should anticipate the initiation of a ReddiNet® Facility Status assessment poll.

C. Healthcare facilities must respond to the assessment polls within the timeframe specified on the assessment poll.

V. Messages

A. All facilities are expected to utilize the ReddiNet® messages function to communicate appropriate information about their facility to other facilities, the EMS Agency and the Department of Public Health (DPH).

B. All messages that are appropriate for dissemination to other staff are to be printed or otherwise shared with affected staff.

C. Users are to limit sent messages and message replies to affected parties only.

1. Messages and message replies should be short, concise and relevant.

2. Since the ReddiNet® network contains hospitals, clinics, EMS and Public Health agencies, fire, ambulance, law enforcement and other related agencies, each ReddiNet® user is expected to be very selective when sending messages, as not all messages are intended for all network users.

3. Replies to messages should be limited to the creator of the message unless absolutely necessary to copy others. If copies are deemed necessary, users need to open the menu selections and individually select recipients from the recipient list.

D. ReddiNet® has the capability to support message attachments, which allows users to attach electronic files.

E. All communications exchanged via the ReddiNet® messages function that contain protected health information (PHI) must comply with Health Insurance Portability and Accountability Act (HIPAA) privacy rules.

VI. Bioterrorism and Health Surveillance

A. DPH may initiate disease surveillance programs utilizing ReddiNet®. These will be in the form of assessment polls that ask for specific information.

B. Each facility is to ensure that these assessments are answered in a timely manner. This will likely require involvement of Infectious/Communicable Disease staff at each facility. This does not replace the obligation of health care providers to report certain diseases on a Confidential Morbidity Report (CMR) pursuant to Title 17, California Code of Regulations, §2500 (rev. 1996).

C. Each 9-1-1 receiving facility must provide daily value data to DPH which includes: Total ED Visits, Total Admissions, Total ICU Admissions and Total Deaths.

VII. MCI Reported Patients

A. During multiple casualty incidents and disasters, ReddiNet® has the capacity for facilities receiving patients to report the patients that are at their facility under the "Reported Patients" screen. During an incident, facilities shall enter the following data in a timely manner: hospital name, patient's first and last name, gender, age, status and disposition. This function is to aid facilities with family reunification activities and in locating patients. This data is considered PHI for HIPAA purposes.

B. The exchange of PHI between facilities and counties for disaster relief purposes would be permitted under HIPAA without express patient authorization. However, this exception still requires the covered entity to provide the individual an opportunity to agree or object to such disclosure unless, under the circumstances, in the exercise of professional judgment, the covered entity determines that trying to get such consent would interfere with its ability to respond to the emergency.

C. In the absence of a situation invoking the disaster relief authority of the county, it is permissible to share information that would otherwise be in the facility's directory. Assuming the patient does not object, the information would include their name, location, and general condition. If the patient is deceased, that fact may also be disclosed. The information regarding the patient's gender and age would generally not be subject to disclosure except, in the professional judgment of the covered entity, when it is necessary to aid in the identification of the patient by a family member.

D. When accessing the Reported Patients information, the following is recommended:

1. Request the patient's permission whenever possible

2. Solicit identifying information from the calling party instead of giving information to the calling party to the extent that it allows confirmation of the victim's location as entered on the Reported Patients screen.

F. Each facility's Reported Patient screen will show all data fields for that facility's data entry; however, the condition will be suppressed for other facilities' patients entered on the screen. Only name, gender, age, and location for patients in other facilities will be visible.

VIII. Non - Hospital Users

A. Community clinics, long term care facilities, ambulatory surgery centers, dialysis centers, home health and hospice agencies and paramedic providers with ReddiNet® access shall incorporate ReddiNet® communications into their facility disaster and emergency response plans.

B. Healthcare facilities shall respond to assessment polls (drills or actual events) within 60 minutes of receipt. Responses will be aggregated by the EMS Agency or according to sector-specific emergency response protocols.

IX. ReddiNet® System Failure or Disruptions

If the ReddiNet® System is not functioning, facilities are to utilize the following procedure:

A. Attempt to resolve the problem at the computer. Check for correct power and internet connections as well as correct log-in and password.

B. Notify the facility ReddiNet® coordinator or IT department according to facility policy.

C. Access the 24-hour ReddiNet® Help Line number at 1-800-440-7808 as needed.

D. Notify other facilities and the EMS Agency of the status of the ReddiNet® System and the anticipated return to service. Updates should be provided every 8 hours until the system is functional. Facilities should make arrangements with another facility or the EMS Agency to notify ReddiNet® System participants of the disruption as well as perform any functions in ReddiNet® on their behalf as described in the above section of this policy, until service is restored.

E. Notify other facilities and the EMS Agency when the ReddiNet® System is fully operational.

CROSS REFERENCES

Prehospital Care Manual

Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 1122, **Bed Availability Reporting**