



# Westchester Regional EMS Council

## R E M A C A D V I S O R Y

### DOBBS FERRY PAVILION OF ST. JOHN'S RIVERSIDE HOSPITAL

**Issued:** April 1, 2009

#### **Background**

In accordance with the Commission on Health Care Facilities in the 21<sup>st</sup> Century (aka Berger Commission), Community Hospital at Dobbs Ferry (CHDF) was selected for closure. In January of 2008, the New York State Department of Health (NYSDOH) agreed to allow the hospital to continue to operate as a hybrid model of care under the auspices of St. John's Riverside Hospital. Effective April 1, 2009 CHDF will become the Dobbs Ferry Pavilion of St. John's Riverside Hospital. The Dobbs Ferry Pavilion will maintain a full-service 24/7 Emergency Department capability. However, the elimination of the Critical Care Unit and downsizing to 12 medical/surgical beds has prompted the Westchester Regional Medical Advisory Committee (REMAC) to conduct a review of how this new hybrid model of care would be best integrated into the local EMS system.

Currently, in accordance with Westchester REMAC and NYSDOH policy and protocol, patients are required to be transported to the nearest appropriate hospital and those patients meeting specific criteria are to be transported directly to appropriately designated NYSDOH Trauma and Stroke Centers. Anticipated deviation from this standard must be approved by Online Medical Control (OLMC).

The commencement of this new hybrid model of care in the Region makes it necessary for the following procedure to be brought to the attention of EMS personnel operating in and around the catchment area of Dobbs Ferry Pavilion of St. John's Riverside Hospital.

#### **Procedure**

Effective April 1, 2009, prior to initiating transport of any patient meeting ALS criteria to Dobbs Ferry Pavilion of St. John's Riverside Hospital, all Westchester REMAC credentialed Advanced Life Support (ALS) providers are directed to contact OLMC at Dobbs Ferry Pavilion to discuss transporting the patient to the most appropriate hospital capable of serving the patient's specific needs. In the situation where voice contact with OLMC cannot be established, the ALS provider shall initiate transport to the nearest appropriate hospital. Continued attempts should be made to establish voice contact with any available Regional OLMC facility.



## Conclusion

It is expected that with a greater emphasis on communication between ALS providers and OLMC, patients will be able to be effectively directed to definitive care. As the EMS system continues to evolve, additional hybrid care models are likely to develop within the Region. Further evaluation will be undertaken by the REMAC to determine any effects on the EMS system.

Please refer all questions regarding this advisory to the Regional EMS Office Staff. Your anticipated cooperation is appreciated.

Issued by:

A handwritten signature in black ink that reads "Nicholas E. DeRobertis MD".

Dr. Nicholas DeRobertis, MD, FACEP  
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