

FORM **NHAMCS-907**
(12-17-2007)

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

NOTICE – Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDA/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0278).

**NATIONAL HOSPITAL AMBULATORY
MEDICAL CARE SURVEY
PANDEMIC AND EMERGENCY RESPONSE
PREPAREDNESS SUPPLEMENT
2008 PANEL**

Assurance of confidentiality – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used only by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

BACKGROUND INFORMATION

| | | | |
|------------------------------------|-----------|-------------------------------|--|
| A. Hospital number | | B. Census contact name | |
| C. Census contact telephone | Area code | Number | |

| 1. Does your emergency response plan specifically address each of these types of incidents? | Yes | No | Unknown |
|--|--------------------------|--------------------------|--------------------------|
| a. Epidemics/Pandemics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Biological accidents or attacks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Chemical accidents or attacks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Nuclear/Radiological accidents or attacks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Explosive/Incendiary accidents or attacks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Natural disasters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 2. During 2007, with which of the following entities has your hospital engaged in cooperative planning in developing or updating an emergency response plan for public health emergencies (e.g., terrorism, mass casualties, epidemics, natural disasters)?**
Mark (X) all that apply.
- 1 Other hospitals
 - 2 Emergency medical services (EMS)
 - 3 Fire department
 - 4 Hazardous materials (HAZMAT) teams
 - 5 State or local law enforcement
 - 6 Federal Bureau of Investigation (FBI)
 - 7 State or local public health department
 - 8 State or local office of emergency management

PLEASE CONTINUE WITH QUESTION 3 ON NEXT PAGE

| 3. For which of the following has your hospital developed a written plan for use during a hospital overcrowding incident or a public health emergency? (Public health emergencies include mass casualties from natural disasters, disease outbreaks, and accidents or attacks of biological, chemical, nuclear/radiological or explosive/incendiary origin.) | | In emergency response plan? (1) | Implemented in actual incident during 2007? (2) | |
|--|--|--|--|---|
| a. Collaboration with outside entities | | | | |
| (1) A memorandum of understanding (MOU) with one or more other hospitals to accept adult patients in transfer from the emergency department when no beds are available at your hospital | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown | |
| (2) MOU with one or more children's hospitals to accept pediatric patients in transfer from the emergency department when no beds are available at your hospital | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown | |
| (3) MOU with a regional burn center to accept patients in transfer in the aftermath of an explosive or incendiary mass casualty incident | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown | |
| (4) MOU with other outpatient facilities to augment outpatient services | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown | |
| (5) Regional communication systems to track | (a) Emergency department closures or diversions | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown | |
| | (b) Available intensive care unit beds | (1) Adult | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| | | (2) Pediatric | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| | | (3) Neonatal | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| | (c) Available hospital beds | (1) Adult | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| | | (2) Pediatric | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| | | (3) Neonatal | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| | (d) Specialty coverage | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| | (6) Mutual aid agreements with other agencies to share supplies and equipment | | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |

| 3. For which of the following has your hospital developed a written plan for use during a hospital overcrowding incident or a public health emergency? (Public health emergencies include mass casualties from natural disasters, disease outbreaks, and accidents or attacks of biological, chemical, nuclear/radiological or explosive/incendiary origin.) | | In emergency response plan? (1) | Implemented in actual incident during 2007? (2) |
|--|-------------------------------|--|---|
| b. Expansion of on-site surge capacity | | | |
| (1) Cancellation of elective procedures and admissions | | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (2) Isolation of multiple airborne disease patients in negative pressure rooms | | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (3) Conversion of inpatient units to augment intensive care capacity | | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (4) Establishment of alternate care areas with beds, staffing and equipment | (a) Inpatient unit hallways | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| | (b) Decommissioned ward space | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| | (c) Non-clinical space | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (5) Setting up temporary facilities when the hospital is unusable (without power, flooded, etc.) | | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| c. Priority setting for limited resources | | | |
| (1) Delivery of potassium iodide in response to radioactive release | | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (2) Implementation of adjusted standards of care for initiation and withdrawal of mechanical ventilation | | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (3) Triage processes for other limited intensive care resources | | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (4) Regional coordination of adjusted standards of care during a pandemic or other mass casualty incident | | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |

PLEASE CONTINUE WITH QUESTION 3 ON NEXT PAGE

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|---|--|---|
| d. Expanding on-site health care work force | | |
| (1) Continuity of operations | 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (2) Mutual aid agreements with other agencies to share health care providers | 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (3) Advance registration of volunteer health professionals | 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (4) Staff absenteeism due to personal or family impact from the emergency | 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (5) On-site child care to maintain staff in hospital | 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| e. Mass casualty management | | |
| (1) Within-hospital transport of large numbers of patients | 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (2) Inter-hospital transport of large numbers of patients | 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (3) Hospital evacuations | 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (4) Establishing an on-site large capacity morgue | 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |

COMMENTS

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|---|--|---|
| f. Pediatric | | |
| (1) Guidelines on increasing pediatric surge capacity | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (2) Protocol to identify and protect displaced children rapidly | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (3) Tracking system for accompanied and unaccompanied children | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (4) Reunification of children with families | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (5) Supplies for sheltering healthy displaced children | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (1) Communication with deaf patients | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (2) Communication with blind patients | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (3) Communication with non-English-speaking patients | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (4) Sheltering of mobility-impaired patients | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (5) Sheltering of technology-dependent patients | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (6) Sheltering of pregnant women | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (7) Sheltering of patients with special health care needs | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (8) Sheltering of mentally challenged patients | 1 <input type="checkbox"/> Yes \longrightarrow 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |

PLEASE CONTINUE WITH QUESTION 3 ON NEXT PAGE

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|---|--|---|
| (1) Notification of alerts from your state/local health department | 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |
| (2) Participation with local public health departments in public education on influenza vaccination | 1 <input type="checkbox"/> Yes → 2 <input type="checkbox"/> No, not in emergency response plan 3 <input type="checkbox"/> Unknown | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown |

4. In how many mass casualty drills, simulations or exercises has your hospital participated in the last year? Specify number.

a. Internal drills

(1) Full-scale simulations Number

(a) Number of victims utilized in largest drill last year

(1) Adult

(2) Pediatric

(3) Elderly

(b) Length of longest drill last year Days Hours Minutes

(2) Table-top exercises Number

b. Drills in collaboration with other organizations (e.g., law enforcement, health department, emergency management, fire department, emergency medical services, hazardous materials teams, decontamination teams)

(1) Full-scale simulation Number

(a) Number of victims utilized in largest drill last year

(1) Adult

(2) Pediatric

(3) Elderly

(b) Length of drill Days Hours Minutes

(2) Table-top exercises Number

PLEASE CONTINUE WITH QUESTION 4 ON NEXT PAGE

4. Continued

Mark (X) appropriate box

c. What scenarios did the drills, simulations or exercises address?

(1) General disaster and emergency response

Yes
(1)

No
(2)

Unknown
(3)

(2) Biologic accidents or attacks
(a) Focus on acute decontamination of aerosol exposure

(b) Focus on delayed disease outbreak management

(3) Severe epidemic or pandemic

(4) Mass vaccinations

(5) Mass medication distribution to hospital personnel

(6) Mass medication distribution to community

(7) Chemical accidents or attacks

(8) Nuclear or radiological accidents or attacks

(9) Decontamination procedures

(10) Explosive or incendiary accidents or attacks

(11) Special populations
(a) Mentally challenged

(b) Children

(c) Frail elderly

d. With which organizations were the drills, simulations, or exercises performed?

Yes
(1)

No
(2)

Not Present
In Community
(3)

(1) State or local law enforcement

(2) State or local public health department

(3) State or local office of emergency management

(4) Fire department

(5) Emergency medical services (EMS) – fire department based

(6) Emergency medical services – not based in fire department

(7) Hazardous materials (HAZMAT) teams

(8) Decontamination teams

(9) School systems

(10) Day care centers

(11) Long-term care facilities

(12) Industrial or commercial organizations

PLEASE CONTINUE WITH QUESTION 5 ON NEXT PAGE

5. There may be various resources available to hospitals in-house in the event of a mass casualty incident. For the following resources and capabilities, please indicate in total, how many your hospital currently has. If your hospital has none, please indicate with a zero.

a. Mechanical ventilators

b. N95 masks

c. Personal protective suits with powered air-purifying respirators (PAPR)

d. Emergency department treatment spaces

e. Critical care beds (e.g., intensive care, pediatric intensive care, coronary care, post-anesthesia care)

f. Negative pressure isolation rooms

g. Regular inpatient staffed beds

h. Decontamination showers –
Specify the total number that
can be handled per hour

(1) Ambulatory patients

(2) Stretcher patients

(3) Small children or infants

i. Designated cache of antibiotics for hospital employees

Number

6. How much funding did your hospital receive through your state or municipal health departments from the HRSA National Bioterrorism Hospital Preparedness Program or DHHS Hospital Preparedness Program, by calendar year?

Specify dollar amount.

a. 2002

b. 2003

c. 2004

d. 2005

e. 2006

f. 2007

Amount

\$

\$

\$

\$

\$

\$

The next questions ask about diversions. Please specify **total** number of hours that your hospital was on each diversion.

Number of hours

7. Total number of hours your hospital's emergency department was on ambulance diversion in 2007?

8. Total number of hours your hospital was on trauma diversion in 2007?

9. Total number of hours your hospital was on diversion for critical care cases in 2007?

COMMENTS