



Hospital Capabilities by Region

The TEMS Region has 14 hospitals (denoted in blue) with various capabilities. This document provides a quick reference chart for providers to use when determining where to take their patients.

Hospital	STEMI	STROKE	TRAUMA	OB/GYN	Information
TEMS:					
Belle Harbour ED	–	Acute	–	–	Suffolk, VA
Chesapeake RMC	Y	Comprehensive	–	Y	Chesapeake, VA
Children’s Hospital of the Kings Daughters	–	–	Level I – Pediatric	–	Norfolk, VA
Harbour View ED	–	Acute	–	–	Suffolk, VA
Independence ED	–	Acute	–	–	Virginia Beach, VA
Leigh Hospital	Y	Primary	–	Y	Norfolk, VA
Maryview Hospital	Y	Primary	–	–	Portsmouth, VA
Naval Medical Center	Y	–	–	Y	Portsmouth, VA
Norfolk General Hospital	Y	Comprehensive	Level I	Y	Heart Hospital; Norfolk, VA
Obici Hospital	–	Primary	–	Y	Suffolk, VA
Princess Anne Hospital	–	Primary	–	Y	Virginia Beach, VA
Riverside Shore Memorial Hospital	–	Primary	–	Y	Onancock, VA
Southampton Medical Center	–	–	–	–	Franklin, VA
Virginia Beach General Hospital	Y	Primary	Level III	–	Virginia Beach, VA
PEMS:					
CarePlex Hospital	Y	Primary	–	Y	Hampton, VA
Mary Immaculate	Y	Primary	–	Y	Newport News, VA
Riverside RMC	Y	Comprehensive	Level II	Y	Newport News, VA
MEMA:					
Atlantic General Hospital	–	Primary	–	–	Berlin, MD
Tidal Health PRMC	Y	Primary	Level III	Y	Salisbury, MD
ODEMSA:					
Southern VA RMC	–	–	–	–	Emporia, VA
Southside RMC	Y	Primary	Level III	Y	Petersburg, VA

*RMC = Regional Medical Center; heart hospital does complex regional heart care beyond STEMI capabilities

STEMI Receiving Center – hospital with personnel, infrastructure and expertise to diagnose and treat patients with cardiac emergencies who require intensive medical and surgical care, specialized tests or interventional therapies

Stroke Definitions:

Acute Stroke Center – certified to meet standards to support better outcomes for stroke care

Primary Stroke Center – treat patients with ischemic strokes with clot busting drugs

Comprehensive Stroke Center – treat patients with catheter based procedures and clot busting drugs

Trauma Definitions:

Non-Trauma Center Hospital – Provide prompt assessment, resuscitation, stabilization, and arrange for the transfer of the patient to a facility that can provide definitive trauma care.

Trauma Level I – Level I trauma centers have an organized trauma response and are required to provide definitive care for every aspect of injury, from prevention through rehabilitation. These facilities must have adequate depth of resources and personnel with the capability of providing leadership, education, research and system planning.

Trauma Level I Pediatric – Pediatric trauma centers have an organized trauma response and are required to provide definitive care for every aspect of injury, from prevention through rehabilitation for pediatric patients (less than 15 years of age). These facilities must have adequate depth of resources and personnel with the capability of providing leadership, education, research and system planning.

Trauma Level II – Expected to provide definitive care, regardless of the severity of injury. The specialty requirements may be fulfilled by on call staff that is promptly available to the patient. Due to some limited resources, Level II centers may have to transfer more complex injuries to a Level I center. Level II centers should also take on responsibility for education and system leadership within their region.

Trauma Level III – Provides prompt assessment, resuscitation, stabilization, emergency operations and arrange for the transfer of the patient to a facility that can provide definitive trauma care. Level III should take on responsibility for education and system leadership within their region.

OB/GYN Receiving Center – Patients who are ≥ 20 weeks pregnant should be transported directly to a facility with OB/L&D capability