PROTOCOL 17C: EMS Diversion from Hospitals

In the event that a hospital's capability to safely provide the standard of care becomes compromised, one **temporary** action may be the EMS system suspends transports to that hospital's emergency department for a limited amount of time. While EMS patient diversion may occur, the Medical Control Board believes hospitals must continually strive to minimize these occurrences in frequency and in duration. Specifically, hospitals should not expect patient divert continuously more than 2 hours and/or more than 6 hours in any 24 hour period. In return for this professional and civic commitment, hospitals directly contribute to efforts to ensure that all EMS patients receive efficient out-of-hospital emergency medical response and care, including efficient ambulance transport, and timely emergency department physician evaluation and stabilization.

Hospitals may request to be placed on divert status by contacting the EMSA Communications Center. Divert status may be granted depending on the entire system status at the time the request is made. Alternatively, an EMSA Field Operations Supervisor may designate a hospital on divert status due to operational impacts placed on the EMS system (eg. prolonged bed waits).

Hospitals on divert will utilize EMSystem.com to reflect their type and time on divert status, including timely updates of status. Specific types (and triggers) of hospital-initiated EMS patient diversion include:

1. Emergency Department Divert* – applies to all illness and injury conditions** ***.

    a) Overcrowding secondary to unpredicted, sudden influx of critical care patients

* ED divert is not granted to alleviate routine ED overcrowding and each hospital is expected to have a Divert Avoidance Policy when predictable levels of excess capacity need occur, including expeditious movement of admitted patients out of the ED, ancillary service optimization, and addressing crowding due to non-critical patients. The placement of a hospital on ED divert status is subject to the entire Regulated Service Area's system status at the time of hospital request.

** For OU Medical Center in Oklahoma City, emergency department divert may be specified as medical only, trauma only, or complete.

*** For pediatric priority one trauma, those patients must go to OU Medical Center if in Oklahoma City or St. Francis Hospital if in Tulsa regardless of divert status. For pediatric priority one medical, those patients must go to a hospital with pediatric ICU capabilities, which includes OU Medical Center Children's or Baptist Medical Center if in Oklahoma City or St. Francis Hospital if in Tulsa.

2. Priority One Trauma Divert* – applies to priority 1 trauma conditions only**.

    a) ICU or recovery bed shortage creating an overload of critical surgical patients in surgery or the emergency department
    b) Two or more active, unscheduled critical patients in surgery or emergency department
    c) Loss of critical ancillary service (CT scanning, basic laboratory)

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*Priority One Trauma divert is not granted to alleviate routine bed or nurse staffing shortages. Expedited patient transfers to free needed beds and/or nursing callbacks to achieve needed specialty unit staffing levels should be utilized.

In the event of multiple unscheduled critical patient resuscitations/surgeries, a time estimate of stabilization and return to normal receiving capacity is to be communicated to EMSA dispatch at the time of divert status request.

**For pediatric priority one trauma, those patients must go to OU Medical Center if in Oklahoma City or St. Francis Hospital if in Tulsa regardless of divert status.

3. CT Divert (Computerized Tomography Scanning Divert)

    a) Loss of CT scanning ability (affecting trauma and medical receiving capability)

*** CT divert is not routinely granted to accommodate scheduled maintenance. Immediate repairs are to be initiated and a time estimate of return to normal capacity is to be communicated to EMSA dispatch at the time of divert status request.

4. Cath Lab Divert (Cardiac Catheterization Lab Divert)

    a) Loss of Cath Lab operations (affecting STEMI receiving capability)

*** Cath Lab divert is not routinely granted to accommodate scheduled maintenance. Immediate repairs are to be initiated and a time estimate of return to normal capacity is to be communicated to EMSA dispatch at the time of divert status request.

Procedure:

1. Hospitals will request divert status by contacting the EMSA Communication Center.

2. Once divert conditions are met and approved, hospitals may enter their status in the EMSystem.com computer according to the following categories:

    a) Tulsa:
        1) ED Divert
        2) Priority One Trauma
        3) CT Divert
        4) Cath Lab Divert
    b) Oklahoma City:
        1) ED Divert
        2) Priority One Trauma
        3) CT Divert
        4) Cath Lab Divert

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3. The following information on hospital diverts shall be displayed on the EMSystem.com computer:

   a) Current hospital status
   b) Type of divert
   c) Time on divert or most recent update
   d) Special comments

In accordance with the American College of Emergency Physicians Policy Statement on Ambulance Diversion, if the Chief Medical Officer or Chief Medical Offier's designee determines the entire system to be overloaded, all hospitals will be opened to receive EMS patients in accordance with these protocols. If hospitals request divert to the point that a given geographic area is essentially without a receiving hospital, or overload is created for that area**,** then all facilities within that geographic region will be opened to receive EMS patients in accordance with these protocols. At the discretion of the Chief Medical Officer or Chief Medical Officer's designee, a temporary rotation of hospitals on divert may be utilized as conditions allow.

A hospital-initiated request for ED Divert shall automatically expire 1 hour after being initially granted unless extenuating circumstances continue and a diversion extension is granted for an additional 1 hour. A verbal report on divert avoidance action will be requested and forwarded to an EMSA Field Operations Supervisor for approval prior to any extension being granted. At EMSA, Chief Medical Officer, or Chief Medical Officer's designee's discretion, an EMSA Field Supervisor may conduct an on-site consultation to determine if an extension of the divert status is justified, factoring concurrent system needs.

A hospital-initiated request for Priority One Trauma or CT Divert shall automatically expire 2 hours after being initially granted unless extenuating circumstances continue to prevail and a diversion extension is granted for an additionally defined period of hours.

When a hospital is on an MCB approved divert as defined above, all on-duty field personnel are to be notified in an expeditious manner and are expected to honor the diversion hospital's status (see exception next paragraph). Diversion status will be explained to the patient (or appropriate patient's representative) in order to allow for an informed alternative hospital destination decision. In the event of encode to a hospital in the midst of diversion request with EMSA Dispatch, the EMT or paramedic may continue to that hospital if an alternative hospital destination represents a detriment to the patient's clinical condition. Even after a hospital is on MCB approved divert status, an EMT or paramedic may override the hospital's divert status if transport to that hospital is required for life-saving, immediately needed patient stabilization.

When a hospital is on ED divert status only, all stable patients will be delivered to that hospital if there exists an established relationship with that hospital or a member of its medical staff. Established relationships include, but are not limited to, a previous admission to that hospital and/or a pre-existing doctor-patient relationship with a doctor on that hospital's medical staff.

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Questions that will assist Paramedics in determining an established patient include:

- Which hospital do you want to be transported to?
- Who is your primary physician?
- Which hospital has your physician told you to use for your care?
- Have you been an inpatient in a hospital and do you still go there for care?
- Have you recently been seen in a hospital emergency department for this problem?

In any instance that an EMSA ambulance transports an unscheduled patient for emergency medical care and arrives on hospital property, that hospital's Emergency Department must perform an emergency medical screening examination, even if on divert status. If further indicated treatment cannot be provided, it shall be the responsibility of that hospital to make arrangements for transfer of the patient to a more appropriate healthcare facility.

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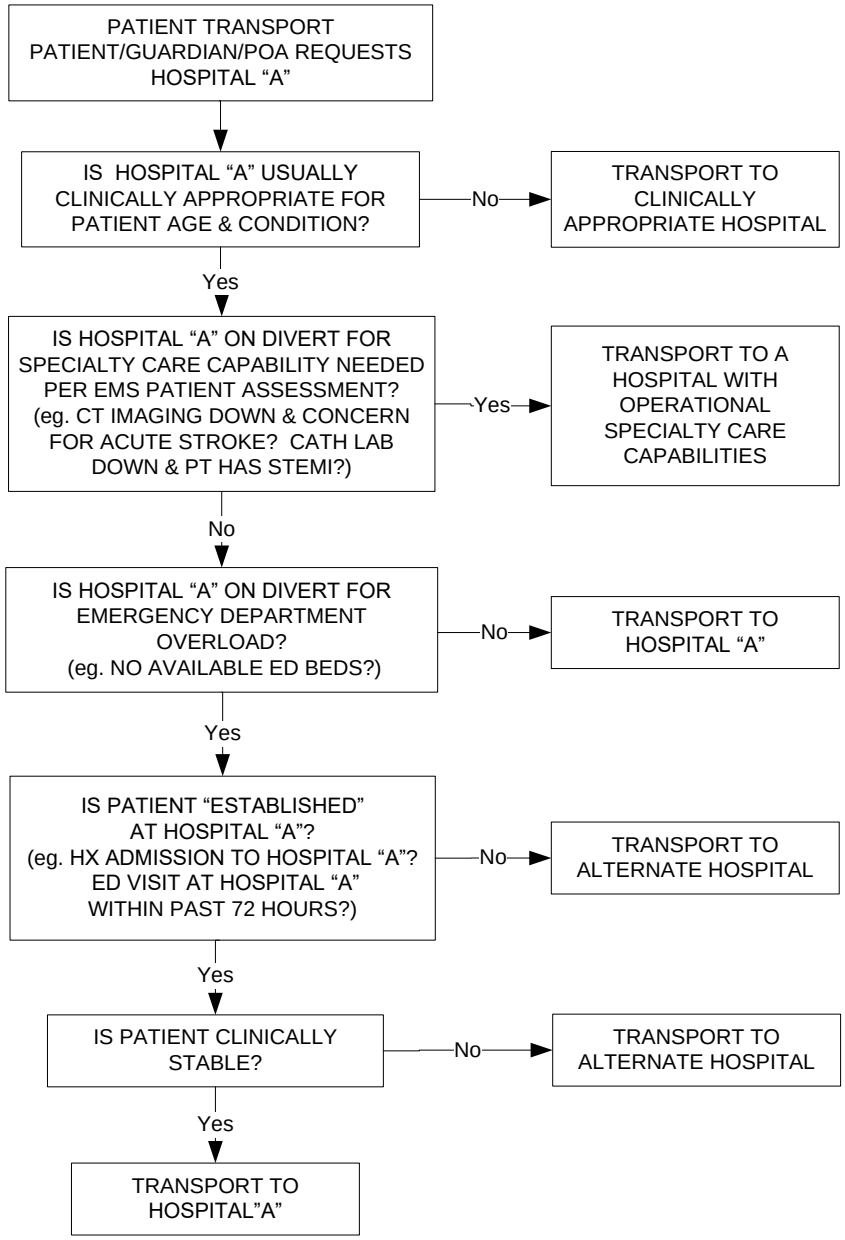
The following algorithm is to be used in conjunction with the preceding text of this protocol and not independently of the preceding text of this protocol.



Medical References:

"Ambulance Diversion. A Position Paper for the Standards and Clinical Practices Committee of the National Association of EMS Physicians." 1997; 1:100-3.