EMS/Hospital Diversion Plan

Protocol

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The term “diversion” can have different meanings in EMS depending on the specific situation. There are instances when a hospital emergency department (ED) may not have the appropriate resources to properly care for a particular patient and may request that a particular EMS unit/patient be “diverted” to a more appropriate receiving facility with adequate resources to care for the patient while that unit is enroute to the first ED. At other times a particular emergency department may be experiencing challenges caring for patients in a more general sense and request that EMS units not bring patients to that facility for some period of time until they can recover internally, i.e. “going on divert”, or lack a specific service such as lack of a CT scanner that would interfere with patient care. There may be other cases when an ED is physically unable to care for patients in general, i.e. a power outage or other physical plant failure, or a mass casualty event and is “closed”, not accepting either EMS or walk-in patients until the situation has been resolved. This EMS/Hospital Diversion Plan is intended to identify which categories of patients are to be transported to which facilities within the Thomas Jefferson EMS Council region and to clarify how and when an ED “goes on diversion” and what that means to EMS units.

It is important to note that when a hospital “goes on divert” for EMS units because of patient volume issues it is a request for EMS units not to transport patients to that ED for some period of time. EMS diversion is not defined in code or regulation and a diversion request is just that, a request. Once a patient arrives on the grounds of an ED, that facility incurs an obligation under EMTALA to provide a screening examination for that patient, i.e. EMS units cannot be turned away at that point. There may be clinical situations for a given patient where transport despite a diversion request is in the patients’ best interest. An exception may occur when the ED cannot safely care for the patient, e.g. fire or violent situation in the ED, and that situation should be clearly communicated to the regional dispatch center and EMS units before they arrive on site at the ED.

Hospital Emergency Department Status:

Open:

- The Emergency Department is open with no restrictions.
- This is the default status for all Emergency Departments unless another status has been specified.

Diversion:

- The Emergency Department is overwhelmed and the receipt of additional patients will result in the inability to care for them safely. Patients should not be brought to the Emergency Department unless EMS personnel perceive the patient to be suffering from a life-threatening illness or injury or require specific care that can only be provided at that ED/hospital.
- This condition automatically terminates in four (4) hours. Diversion status may be renewed but the total duration should be as short as possible.
- If both hospitals in the Thomas Jefferson EMS Council region seek to be on “Diversion” then both hospitals revert to “Open” status. Ambulances should not be directed to out-of-region hospitals. Both hospitals should work cooperatively to appropriately distribute patients arriving by ambulance.

Closed:

- A hospital may be reported “Closed” when an emergency situation or catastrophic event exists that renders the entire facility as being unsafe. Examples include: fire, explosion, bomb threat, violence, nuclear/biological/chemical incident, etc.

- NO patients shall be transported to hospitals that are reported as “Closed”.

General:

- In the event that a patient is redirected from one hospital to another hospital due to “diversion” status, such events must be noted on the PPCR/ePPCR and indicate that the patient and/or patient’s family was notified of this situation.
- Patients assessed at the scene and perceived by EMS personnel to be experiencing an immediately life-threatening illness or injury shall be transported to the nearest appropriate facility and may not be redirected unless that facility has been reported as “Closed”.

Notification Process:

- Based upon the individual hospital’s internal policy, the designated individual responsible for notification will distribute the status change by fax using the distribution list agreed to by the TJEMS Hospital Diversion Committee. All status reports must be submitted on the form approved by the TJEMS Hospital Diversion Committee. Reports not corresponding to this format will be disregarded.

Facility Patient Population

Sentara Martha Jefferson Hospital Free-Standing Emergency Department

Patients suffering from a condition that cannot be adequately cared for at the free-standing ED (FSED) and who require definitive care at the main hospital should not be transported to the FSED as their definitive care may be significantly delayed. Examples include resuscitated cardiac arrest, active labor, STEMI, stroke, psychiatric emergency, or trauma. If the EMS crew feels that the patient is immediately unstable then transport to the FSED may be in the patient’s best interest, balancing the need for immediate resuscitation versus possible delay in definitive care.

Sentara Martha Jefferson Hospital

Sentara Martha Jefferson Hospital has a limited ability to care for trauma patients and for pediatric patients requiring specialized care, and those patients should be preferentially transported to the regional trauma center and pediatric hospital.