

AMBULANCE DIVERSION POLICY

The purpose of this policy is to establish common, acceptable guidelines for Medical Command Centers, hospitals, and EMS personnel under which diversion of ground ambulances transporting patients from the field may occur. This policy **DOES NOT** supersede a hospital's or EMS personnel's obligation to provide care should a patient require emergency stabilization or in the event that a patient desires to be transported to and treated at a specific facility. Any unstable patient should be transported to the closest appropriate facility regardless of the facility's alert status. Additionally, ambulances should not bypass a hospital on red alert if transport time will be lengthened by more than 15 minutes.

A. **Definitions of diversion alert status system:**

1. **Red Alert Status:** Notification from a hospital to **Medical Command** that said hospital has identified a strain in operational ability due to any two (2) of the criteria listed below and that such hospital is requesting that affected EMS personnel make the condition known to all patients and/or patients' families requesting transportation to said hospital.
2. **Yellow Alert Status:** Notification from a hospital to **Medical Command** that said hospital has identified a temporary lack of ability to provide a particular type of service or specialty support that they normally and routinely provide. Said hospital is requesting that affected EMS personnel make this condition known to all patients and/or patients' families requesting transport to said hospital. Yellow alert status may place the facility on red alert if criteria #1 is also met and, in consultation with **Medical Command**, it is determined with reasonable certainty that the patient in question may require the services affected by the yellow alert.
3. **Mini-Disaster Alert:** Notification from a hospital that a physical incapacitation of a necessary functional component of the hospital has occurred making further patient care untenable (i.e. fire, flood, gas leak, bomb scare, etc). The facility has, in effect, suspended operation and can receive absolutely no patients. Unless the situation is isolated to the Emergency Department, all other means of patient admissions must be halted prior to a mini-disaster alert being implemented.

B. **Diversion Criteria:** The determination to place a hospital on red alert status and consider diversion of ambulances from any hospital emergency department can only be made when two (2) of the following criteria are met. **Criteria #1 must always be one of the two criteria prompting the red alert.**

1. The emergency department is overloaded (i.e. filled to capacity with patients whose conditions do not allow for extended delay in treatment); or, there is

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already an overwhelming number of critical patients and any additional critical patients would exceed the care capability of the facility.

2. There are no monitored beds available in the emergency department.
3. There are no monitored beds available in the entire facility.
4. The entire facility is full to capacity with no beds available.
5. A particular service is on yellow alert and **Medical Command** has determined with reasonable certainty that the particular patient in question may require that specific service on an urgent basis.

C. **Override:** A red alert will be automatically disregarded if any of the following conditions occur:

1. A patient is unstable and requires immediate stabilization as determined by EMS personnel in consultation with **Medical Command**.
2. The diversion of the patient would add an additional 15 minutes to the transport time. This may frequently occur in the more rural areas.
3. The patient or patient's family, after explanation of risks and consultation with the **MCP**, still insist on transport to the red alert facility, and the MCP has determined that this decision poses no immediate danger to the patient. Patient or legal guardian must sign refusal of appropriate care section of patient care record.

D. Each hospital will pre-determine a representative position which will be the sole communicator with **Medical Command**. The designated position must be provided in writing to **Medical Command**.

1. The designated hospital representative will notify **Medical Command** when requesting a particular diversion alert status. The representative will report to **Medical Command** the criteria met to qualify for the diversion alert status, first by phone and then by faxing the **Diversion Alert Status Form (Appendix B)** directly to **Medical Command**. The requesting hospital will maintain the information as contained in Section "F" below on file for one year following the request for diversion.
2. **Medical Command** will notify affected EMS agencies when a particular hospital is on a diversion alert. EMS personnel will inform the patient and/or patient's family of possible extensive delays in treatment at the hospital

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which is on diversion status. However, the patient or patient's family has the final destination decision unless there is a concern by the EMS personnel that the patient will be adversely affected by the requested destination. In the case of that concern, consultation with the Medical Command Physician should occur to determine the final destination of the patient.

3. It is the designated hospital representative's responsibility to notify **Medical Command** when the diversion status changes. Red alert status will automatically terminate after two (2) hours unless the hospital notifies Medical Command and requests an additional 2 hour extension. If after four (4) hours the operational deficits have not been corrected, then the hospital may request an additional two (2) hour extension, but hospital administration must explain in writing within 24 hours what measures have been taken to assure that this situation does not reoccur. At no time may a facility be on red alert status for more than six (6) hours in a 24 hour period beginning at 12 midnight.
4. In the event that all hospitals within a catchment area meet criteria for red alert status, then **Medical Command** will notify those hospitals that red alert status is automatically suspended and patients are transported to the usual closest appropriate facility.
5. Yellow alert status must be updated by the hospital representative to **Medical Command** every six (6) hours.

E. **Compliance Monitoring:** **Medical Command** will maintain the data base on all alert status diversions and report them to the regional medical director for review.

1. In the event that non-compliance with this policy is identified, the Regional Medical Director will notify the hospital in question and request in writing an explanation for the variance.
2. If non-compliance continues to be an issue, then the Regional Medical Director will notify in writing the WVOEMS State EMS Medical Director for further action, including possible site visit by the Bureau for Public Health.

**** Diversion Alert Status Form (Appendix B).**