Southern Alleghenies EMS Council

Hospital Diversion Guidance

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REVISED DECEMBER 2020

APPROVED MARCH 17, 2021

A. PURPOSE:

This document provides guidance for EMS agencies, providers, and hospitals in the Southern Alleghenies EMS Council region related to ambulance destination transport decisions resulting from diversion declarations. For the purpose of this guidance, the term hospital refers to a medical facility with an emergency department who routinely receives ambulance transports. Goals of this guidance include:

a. Ensuring the prompt and efficient delivery of emergency medical care to the citizens of this region in a manner that prevents unnecessary delays and/or overburdening of emergency medical services system components
b. Assuring that destination decisions consider patient care needs, safety, and outcomes
c. Standardizing terms associated with hospital diversion to ensure clarity and consistency
d. Promoting collaboration between prehospital providers and acute care facilities
e. Defining indications and contraindications
f. Fostering appropriate communication to support collaboration

B. SCOPE:

This guidance pertains to all hospitals and all licensed EMS agencies located in the Southern Alleghenies EMS Council region as defined in Pennsylvania Department of Health regulations. The guidance will have the highest impact on the hospitals and agencies within our region, however, it is recognized that diversion status of the hospitals within these areas can have a significant impact on neighboring hospitals in surrounding areas and states.

C. DEFINITIONS

The status of hospitals to receive patients will generally fall into one of the categories defined below. In the event that a hospital declares a diversion, proper information should be provided to EMS agencies to clearly define the type of diversion status.

Open: Unrestricted access to all EMS agencies (Condition Green)

The facility is available to receive all in-bound ambulance traffic

Full Diversion: Indicates that patient load is utilizing all current emergency department/hospital resources. (Condition Red)

EMS units are advised to transport to another health care facility if possible. Due to excessive patient volume or other causes not related to a disaster event, facilities may not have adequate resources to properly care for additional patients.

Special Diversion: Due to unusual circumstances, the hospital may be unable to care for patients requiring specialty care that would normally be within the hospital's capability.

Any special diversion should include specific information to permit EMS agencies to make appropriate recommendations and guide discussions on the appropriate patient destination. Examples may include Psychiatric Diversion, STEMI Diversion, Stroke Diversion or Trauma Diversion. EMS units are advised to transport to another health care facility if possible, for patients needing these specific services.

Disaster Alert: Current event has exceeded hospital's capability to manage event, outside resources or aid is anticipated or needed. (Condition Black)

Disaster Alert means that the facility is closed to all non-MCI/disaster related ambulance traffic. The facility is currently involved in a mass casualty incident (MCI), and the hospital has instituted its internal/external disaster plan. All in-bound EMS units not involved in the current MCI are to be diverted to other locations.

Closed: Dangerous Situation/Hospital Experiencing Event Dangerous to Life Safety (i.e. Active Shooter, Fire) (Condition Black)

EMS units should not transport patients to a closed facility under any circumstances until it is declared open. To knowingly do so may place the lives of the patient and EMS crew in danger.

EMS Provider in Charge (EPIC)

The EMS provider with the highest-level EMS certification providing care to the patient.

D. GUIDELINES:

1. HOSPITAL GUIDELINES:

Hospitals may become overwhelmed by excessive patient volume, which exceeds the capacity for staff to adequately treat and monitor patients. This may be due to a lack of hospital resources, inability to provide patient specific services, or a shortage of qualified healthcare providers. To alleviate this temporary situation and ensure optimal care for all patients, a receiving hospital—after completing a process established by the medical facility—may declare a diversion of acute patients, whereby ambulances are diverted to other area hospitals. The following are recommended guidelines in the establishment of diversion policies:

a) Diversion criteria should be based on the defined capacities or services of the hospital.

b) When the entire regional healthcare system is overloaded, all hospitals should open. When all area trauma centers are on total/ED diversion, all trauma centers should be re-opened.

c) Diversion should be declared only after the hospital has exhausted all internal

resources to meet the current patient load, including any necessary call-backs of staff, step-downs, expedited discharges, opening of "virtual" beds, and similar mechanisms to address the patient load.

d) Hospital diversions should not be based on financial decisions. Hospitals should not go on diversion to hold available bed space for anticipated elective admissions or withhold call-backs or delay opening additional resources due to cost considerations. While on diversion, hospitals must make every attempt to maximize bed space, screen and defer elective admissions or procedure, and use all available personnel and facility resources to minimize the length of divert status. Hospital medical staff will cooperate in promptly assessing all current admissions for appropriate early discharge.

e) Diversion is temporary, and the hospital must return to open status as quickly as possible. Diversion status should be evaluated and updated at least every 4 hours

2. EMS GUIDELINES:

EMS agencies may develop operating procedures in collaboration with their agency medical director related to transport. Final determination of the patient's destination rests with the EMS provider or agency caring for and transporting the patient consistent with agency policies and statewide EMS protocols. Generally, stable patients may be transported to the hospital of their choice. Critical patients should be transported to the closest most appropriate facility.

EMS providers and agencies may bypass any hospital on diversion and transport to the next closest facility that is staffed and equipped to receive the patient. EMS personnel may disregard the diversion status if, in the opinion of the highest trained EMS provider providing care to the patient, it is prudent to do so. Recommendations for EMS agencies and providers to consider related to hospital diversion transport decisions include:

a) If, in the judgment of the EMS Provider in Charge (EPIC), the patient is stable to the extent that extra transport time will not negatively impact or cause harm to the patient, the EMS agency should bypass the diverted facility. If uncertain as to the stability of the patient, an EPIC may seek advice from the on-line medical control physician.

b) Unstable patients and/or patients with:

- airway obstruction,
- uncontrollable airway,
- uncontrollable bleeding or shock,
- who are in extremis,
- with CPR in progress,

should be taken immediately to the closest appropriate hospital without regard to the hospital's diversion status. Under no circumstances should an ambulance with

a cardiac arrest patient be diverted from the closest facility.

c) An EPIC who believes acute decompensation is likely to occur if the patient is diverted to a more distant hospital ALWAYS has the option to take the patient to the closest Emergency Department regardless of the diversion status. The EPIC also has the option to ask via radio or phone to speak directly to an Emergency Department Physician and request online medical direction in determining the most appropriate receiving facility. Facility destination determination is ultimately the responsibility of the EPIC.

d) An EPIC may disregard diversion if there are significant weather/traffic delays or if experiencing mechanical or equipment problems.

e) When two or more adjacent hospitals are on diversion, diversion status should be disregarded by EMS agencies.

f) An agency may disregard diversion in order to ensure that a locality does not have a lapse or significant delay in EMS coverage if there is a higher than usual call volume occurring and there are limited EMS resources available.

g) When a mass casualty incident has occurred and overwhelms the entire EMS system, possibly resulting in multiple diversions of local healthcare facilities, EMS agencies should disregard diversion status and transport to the closest appropriate facility.

E. EDUCATION:

EMS personnel and hospital staff, particularly those working in emergency departments, should maintain familiarity with the regional hospital diversion guidelines. At a minimum, annual update training related to hospital diversion guideline elements is recommended for both prehospital and hospital personnel.

F. LEGAL RESTRICTIONS:

When following these guidelines for the direction of patients during periods of diversion, it is recognized that hospitals within the region are regulated by state and federal laws and regulations regarding care and transport of patients including the federal Emergency Medical Treatment & Labor Act (EMTALA).

EMTALA was enacted in 1986 by Congress to ensure public access to emergency services regardless of ability to pay. Provisions of EMTALA may not be modified or waived by this policy. More information about EMTALA may be obtained from the Centers for Medicare and Medicaid Services (CMS) website, https://www.cms.gov/Regulations-and- Guidance/Legislation/EMTALA/index.html.

Specifically, these guidelines do not modify the obligation of hospitals to comply with

one or more of the following EMTALA requirements:

a) Hospital-owned ambulances/air medical services may not be diverted by their home hospital.

b) A patient in a ground or air ambulance not owned by the hospital who presents on hospital property (as defined by EMTALA) may not be denied an appropriate medical screening examination, any necessary stabilizing treatment, and or transfer in compliance with EMTALA standards.

c) Hospitals are required to accept transfers of patients under EMTALA when they possess greater capabilities than the hospital seeking to transfer the patient and the requested destination has available space and personnel or the capability of providing care, even if that exceeds the facility's number of licensed beds. Beds may not be held open for anticipated elective admissions or contingent in-house use. All unassigned beds are deemed available.

d) In-bound EMS may not be re-directed to another facility if the hospital is not formally on diversion consistent with these guidelines.

G. NOTIFICATION PROCEDURE:

The following recommendations relate to declarations of diversion status by hospitals. Proper notification procedures are essential to ensure timely transport and treatment of patients and to promote the health and safety of our communities.

a) Diversion should only be declared after the hospital has exhausted all internal resources to meet the current patient load, including any necessary call-backs of staff, step-downs, expedited discharges, opening of "virtual" beds, and similar mechanisms to address the patient load.

b) Diversion policies and protocols are established by the individual medical facility. Each facility should develop a process to ensure that the decision to divert EMS is not taken lightly or utilized inappropriately. All personnel with diversion decision power and the process to be utilized should be identified and documented for reference.

c) Healthcare facilities should publicize, in conjunction with the Council, their processes to ensure EMS agencies are notified of diversion issues that may impact patient transport decisions.

d) Notification processes should address local EMS agency notification as well as agencies that routinely transport to the facility. Notification must also be provided to the regional EMS council. Dispatch centers should also be contacted and requested to issue a general announcement regarding the diversion status.

e) Hospitals should update diversion status in the appropriate online notification systems, including Corvena and should include their primary jurisdiction as well

as surrounding jurisdictions that may transport the patient to that facility.

f) Hospitals should also notify surrounding area hospitals that will be impacted due to the diversion. EMS diversion cannot occur in a vacuum as they impact surrounding facilities and EMS agencies.

g) If two (2) or more contiguous hospitals declare they are on full diversion, and no additional open facilities are available within a 10 mile radius, EMS units will be advised by their respective 911 center that EMS diversion for those facilities is cancelled and both facilities are considered open.

h) Immediately upon cancellation of diversion status, surrounding hospitals and EMS agencies should be notified. Dispatch centers should also be contacted and requested to issue a general announcement regarding the cessation of diversion status. Electronic notification systems should be updated appropriately to reflect current hospital status.

i) The Council will integrate web-based hospital status notification system information, whenever possible, into its website, social media and/or mobile app.

H. QUALITY MONITORING

a) All hospitals shall keep a diversion record on each instance. The record should include the administrative clearance process followed for declaring a diversion, the type of diversion, and facts supporting the decision to declare the diversion.

b) The Southern Alleghenies EMS Council Medical Advisory Committee (MAC) committee will meet quarterly and will review the Hospital Diversion Plan at least annually. The MAC will review any concerns or issues related to EMS diversion.

c) Decisions to disregard a hospital's diversion may be referred for review by the Medical Advisory Committee by completing a Performance Improvement Referral Form, which may be obtained from the Council's website under the Agencies, "Performance Improvement" tab.

I. PLAN UPDATE AND REVIEW

The Regional Hospital Diversion Guideline is reviewed annually and updated triennially to address any identified regional needs. Comments and suggestions regarding the plan are collected from system stakeholders, and the plan is approved by the Southern Alleghenies EMS Council Board of Directors.

Comments and suggestions concerning these regional hospital diversion guidelines are accepted on a continuous basis and should be submitted in writing to the

Southern Alleghenies EMS Council:

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