

I. Definitions

Patient Diversion – The practice of advising an ambulance service that a particular hospital is overwhelmed with patients and cannot adequately care for the patient.

Condition Green – The facility is open with no restrictions.

Condition Yellow – A divert status where restrictions are in place.

Condition Red – A divert status where the facility of the patients choice has declared that it is closed.

Condition Black – A divert status where the facility is unsafe. Examples of such events include but are not limited to fire, utilities failure, bomb threat, gunfire/violence, hazardous materials or natural disasters.

Public Safety Answering Point (PSAP) – A communication center established to serve as the first point at which calls by or on the behalf of patients are received requesting emergency medical assistance.

II. Policy Intent

The act of diverting patient transports from a facility to another facility may cause hardship to the patient, the ambulance service, and the other regional facilities. It is the SEHC intention to provide direction to the EMS practitioner in the event that the facility of the patient’s choice is on divert status.

It is the intention of the region to ensure that every patient in need of emergency care receives it without delay.

III. Universal Terminology ;

Condition Green – The facility is open with no restrictions.
No report is necessary for this condition

Condition Yellow – Restrictions are in place.
Pre-hospital practitioners will contact medical command at the facility emergency department for details and instructions.

Condition Red –It indicates that the hospital has declared that it is closed to ambulances.
Condition Red will terminate two hours after it is initiated unless it is renewed.
This condition does not prohibit ambulances from transporting to the facility.

Condition Black – The facility is unsafe.
Examples of such events include but are not limited to fire, bomb threat, gunfire/violence, hazardous materials or natural disasters.
Under no circumstances should an ambulance transport a patient to a facility operating under condition black.

IV. General Information

PSAP Responsibilities:

During the initial dispatch/ response, the PSAP will notify the EMS practitioner of the diversion status of any facilities that have reported ambulance diversion with in the region. At no time shall the telecommunicator be required to make a decision as to a patient’s destination.

****If three or more hospitals within the region have reported Condition Red then all PSAPs will revert all regional hospitals to condition green. ****

EMS Personnel Responsibilities:

Any patient, who is assessed on the scene and perceived by the EMS practitioner to be experiencing an immediately life-threatening condition, will be transported to the closest facility regardless of facility's diversion status. Immediately life-threatening conditions include, but are not limited to, airway problems and cardiac arrest.

****Early Destination Planning** – Responding units must consider the patient destination as soon as possible. Medical command should be contacted as early as possible when the destination hospital is on divert. Transporting units should contact the destination hospital prior to or soon after leaving the scene.

Patient Choice- Patients may specify their destination facility in accordance with the regional patient choice policy.

Condition Yellow divert status- Condition yellow status shall not automatically lead an EMS practitioner to suggest an alternate destination to a patient. In all cases where a patient requests transport to a facility that is on Condition Yellow, a medical command physician at the requested facility will be contacted as soon as possible, preferably before beginning transport, to determine whether the facility can provide appropriate care for the patient. If the medical command physician determines that the facility cannot provide the appropriate treatment for the patient's condition, then the EMS practitioner shall advise the patient of this and follow the process for Condition Red facilities.

Condition Red divert status - All attempts should be made to honor the patients requested destination. Pre-hospital practitioners will inform patients who have requested transport to a diverting facility that the hospital is diverting patients and that the facility may not be able to appropriately treat the patient or there may be significant delays in treatment. The pre-hospital practitioner will inform the patient of alternative destinations. If the patient insists on going to the diverting facility the practitioner will contact a medical command physician at the receiving facility as soon as possible to provide additional information related to risks of treatment at the diverting facility. After the patient has been advised of the situation at the facility of choice, and if the patient still requests transport to that facility, then the patient will be transported to the patient's facility of choice.

Medical Command- The medical command physician may order transport to an alternate destination facility if, based upon the patient's medical condition, the medical command physician determines that care at the preferred facility would not be in the patient's best interest, but the patient may refuse this advice from the medical command physician if the patient is competent and has been adequately informed of the risks.

All discussions with patients related to diversion from the patient's facility of choice shall be documented on the PCR (patient care report), and all contacts and conversations with a medical command physician will be documented on the PCR.

All instances where EMS has diverted a patient from the patient's facility of choice will be reviewed under the Continuous Quality Improvement process by the service management. The service management will report all such cases and the management CQI findings to the regional council quarterly.

EMS Council Responsibilities:

Diversion beginning and termination times will be kept on file at the council office and reported to the PA DOH monthly.