

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

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**SUBJECT: 100.04
OPERATIONS: DIVERSION**

ORIGINAL ISSUE 5/08

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This protocol is in accordance with the recommendations of the St. Louis Metropolitan Emergency Transport Oversight Commission's Community Ambulance Diversion Plan.

Diversion of ambulance patients may occur when extenuating circumstances at the destination hospital would significantly hinder the delivery of quality medical care. The essential component(s) of activating **ED diversion** status relate to **capacity and/or capability**. The broad categories that affect capacity and capability include:

- A. Emergency Department Overload: High patient census and/or acuity overwhelm ED resources. This situation may lead to significant delays in patient care and produce an unsafe medical practice environment.
- B. Specialty Care Limitations: Mechanical or technical failure of systems essential to care of specific patient populations within the facility. (This typically applies to lack of X-ray/CT capability and inability to care for trauma patients).
- C. Disaster Status: Structural, mechanical or environmental disasters preclude the delivery of patient care.

The status of the destination hospital to receive EMS patients will be given as:

- A. **OPEN:** The hospital is available to receive all EMS patients.
- B. **DIVERSION:** The hospital is experiencing conditions in the Emergency Department that may significantly hinder patient medical care. Resources normally utilized for emergency patient care may not be available. Significant delays in providing emergency patient care may occur.
- C. **CLOSED:** The Emergency Department is not available to provide any patient care. Under no circumstances should patients be brought to this hospital. This condition could occur if, for example, there has been significant structural damage to the hospital or there has been a hazardous materials incident.

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Diversion Protocol

- EMS providers should contact their destination hospital as early as possible to determine their diversion status.
- All St. Louis area hospitals have been assigned a “catchement area” that includes several nearby hospitals. The catchement area for St. Anthony’s includes:
 - St. Alexius Hospital**
 - SSM St. Joseph’s Hospital of Kirkwood**
 - Des Peres Hospital**
 - Jefferson Memorial Hospital (sensitive to EMS department protocol)**
- All hospitals in St. Louis should be aware of the diversion status of the other hospitals in their catchement area.
- If the destination hospital informs the incoming ambulance crew that it is on diversion, a suitable open hospital in the catchement area will be given. The patient should then be taken instead to the assigned open facility.
- If the EMS crew feels that the patient’s condition necessitates a particular hospital they should speak directly with a physician on duty to discuss the case.
- If the second hospital refuses the patient for any reason, the initial hospital contacted should now accept the patient regardless of their diversion status. This should limit the need to contact multiple hospitals.
- If all hospitals in a given catchement area are on diversion, the closest facility should accept the patient (unless closed).
- **If a competent patient insists on transfer to a hospital that is on diversion he/she may be transferred there provided the risks and benefits of such a decision are explained in detail. The patient should be told that the requested hospital is on EMS diversion and is dangerously overloaded with patients. The patient should also be informed that there may be a significant delay in treatment and that resources normally utilized for emergency patient care at the facility may not be available. This should be documented thoroughly on the EMS run report and should be treated as seriously as a refusal of care.**

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Points of Emphasis:

1. This diversion policy used by hospitals in the St. Louis Area dictates that **patients will not be diverted due to limited inpatient resources** (i.e. ICU or telemetry beds) alone. It is based on the number of patients currently on campus seeking emergency care, the number of ambulances en route to the Emergency Department that have already been accepted, the acuity of the patients actively being treated in the Emergency Department, the current wait time, and the available staff.
2. When a hospital is on diversion, it may still be contacted as necessary for pre-hospital orders.
3. **EMS diversion status closes the ED to new ambulance patients**, including patients who request transfer to the hospital from other hospitals and non-direct admit patients sent to the hospital at the request of the private physician.
4. **Extremely unstable patients and patients in cardiopulmonary arrest will be managed on a case-by-case basis following direct phone consultation with a hospital Emergency Physician.** They will not be automatically accepted solely by the fact that they are critically ill, however every possible effort will be made to avoid diverting these patients to other facilities. Only extraordinary circumstances adversely affecting capacity and/or capability of the hospital will necessitate such diversions. Both the hospital and the EMS providers must take the patient's best interests into account. Diversion status indicates that the ED is currently dangerously overloaded with patients. **There will be times that a seriously ill patient will receive better and faster attention at a more distant facility that is not on EMS diversion.**
5. **Patients should not be classified as needing the closest medical center based on chief complaint alone.** For example, a stable patient with chest pain may experience a significant delay in care if brought to a hospital that is on diversion.
6. **Once an ambulance is on the property of the destination hospital, Federal Law (EMTALA) dictates that the ED must now accept the patient (unless the Emergency Department is closed). EMS crews should make every attempt to contact the Medical Center to determine its status prior to arriving at the entrance of the hospital.**
7. Hospitals should not selectively divert patients while on diversion status. This may occur, however, for patients with specialized needs beyond that of the hospital's immediate capability.
8. Ambulances may still bring patients to a facility on diversion who have already been accepted as direct admits, thus bypassing the Emergency Department.
9. **Direct telemetry consultation between the senior ED physician and paramedic is required when difficult triage and transport decisions arise.** The ED physician may also need to discuss the situation with the patient and/or guardian. The goal is to reach a mutually acceptable transport plan that is in the patient's best interest.