

East Metro Ambulance Diversion Policy

Date: March 15, 2002

Effective: March 15, 2002

PURPOSE: To effectively handle situations in the East Metropolitan Twin Cities Area where the diversion of an ambulance may be necessary, due to temporary shortages of hospital emergency department (ED) or in-patient facilities, when such diversions may have an adverse effect on patient care or the EMS system as a whole. The diversion of ambulance patients away from the closest or normally most appropriate ED should be considered undesirable, but may be occasionally necessary.

This policy is intended to avoid the diversion of ambulances, which may result in:

1. Unacceptably prolonged transport times.
2. Prolonged out-of-hospital care when definitive hospital-based resources are needed especially for unstable or critically ill patients.
3. Inappropriate attempts by field personnel to predict the specific diagnostic and therapeutic resources needed by individual patients.
4. Delays in, or lack of, ambulance availability to the community because of diversion of units to distant hospitals.

DEFINITIONS:

Diversion (Divert Status): The diversion of an ambulance from the intended receiving facility to an alternate receiving facility due to a temporary lack of critical resources in the emergency department (for example: no monitoring capabilities in the emergency department and throughout the institution).

- Hospitals wishing to declare divert status must do so prior to being notified of an ambulance's pending arrival.
- When a hospital declares a divert status, it will not include non-traumatic obstetrics patients over 20 weeks gestation unless otherwise stated.
- When Children's Hospital declares a divert status it will not include critical pediatric medical or complex pediatric medical patients.

Obstetrics: When Labor and Delivery units are on divert, hospitals may divert all non-traumatic obstetrics patients over 20 weeks gestation regardless of the Emergency Department Divert Status. Patients under 34 weeks with active signs of labor should never be diverted to St. Joseph's, Woodwinds, or Regions (no specialized nurseries available at these facilities).

Trauma Center Limited Divert: ACS Designated Level 1 Trauma Centers (Regions Hospital) may declare a Trauma Center Limited Divert. The limited diversion of an ambulance from an ACS Level 1 facility to another facility may occur in order to preserve critical resources for critical trauma patients. This limited divert may include specific classes of medical patients but will not include minor trauma patients.

PROCEDURE: When it becomes necessary for a hospital in the East Metropolitan Area (Dakota, Ramsey, and Washington Counties; see Appendix 1 for hospital list) to place that facility on *Divert Status or Trauma Center Limited Divert Status*, the following procedure shall be used:

Hospital Responsibility:

The Emergency Medicine physician on duty will contact the East Metropolitan Medical Resource Control Center (M.R.C.C.) at 651-221-2990 or via the "red phone" and inform the M.R.C.C. operator of the specific details related to the diversion status, expected length of time on divert, suggested alternate destination for patients, and the name of the physician calling. Notification related to the closing of only the Labor and Delivery Department within the institution may be made by the senior physician in the labor and delivery unit as an alternative to ED notification.

If a designated Level 1 Trauma Center must declare a Trauma Center Limited Divert status the Emergency Medicine physician on duty will notify the M.R.C.C. as above and specifically define the type of patients that should be diverted to an alternate facility, expected length of time on divert, suggested alternate destination, and the name of the physician calling.

The Emergency Medicine physician on duty will contact the East Metropolitan Medical Resource Control Center (M.R.C.C.) at 651-221-2990 or via the "red phone" and inform the M.R.C.C. operator when the hospital is off of divert status and normal transportation of patients to that facility may resume.

A hospital, regardless of its diversion status, must agree to care for any patient when medical control for the ambulance provider determines that it is the most appropriate transport destination (i.e. cardiac arrest patients).

M.R.C.C. Responsibility:

When notified of a *Divert, OB Divert or Trauma Center Limited Divert Status* by an East Metro area hospital the M.R.C.C. operator will:

1. Log information relating to the current divert status on appropriate form in the M.R.C.C. including time and date of call and name of notifying physician.
2. Notify the other East Metro hospitals which may be affected by the diversion of patients.
3. Notify East Metro ambulance services not routinely using M.R.C.C. for relay of patient information.
4. Log information relating to any patient diversions that actually take place during the period of time a hospital is on a divert status on the appropriate form in the M.R.C.C.

5. Contact the hospital every hour after the initiation of the divert status to confirm that the need for that status continues to exist and to assure that there is no confusion regarding the termination of status.
6. When notified a hospital is off a divert status the M.R.C.C. operator will re-contact those notified in steps #2 and #3 above and inform them of the change. The operator will also log the date and time the status was terminated on the appropriate form in the M.R.C.C.
7. The East Metro M.R.C.C. will submit quarterly written summaries to the East Metro area hospitals indicating quarterly and year to date diversion status calls to the East Metro M.R.C.C.

Ambulance Responsibility: Ambulance crews should make every attempt to contact the M.R.C.C. or receiving facility as soon as possible when it is known that a hospital may be on a divert status to confirm the ability of that facility to receive the patient. **Note:** Any ambulance transporting a patient at the time a Divert Status is declared should continue transport to that hospital.

Multiple Hospital Diverts: When it becomes necessary for more than two hospitals in the East Metropolitan Area (Dakota, Ramsey, and Washington Counties) to place facilities on *Divert Status*:

1. The third hospital to declare a divert status will contact the M.R.C.C. and inform them of that need.
2. The M.R.C.C. operator will re-contact the other two hospitals to confirm that the *Divert Status* at those facilities is still required. If so, all East Metro Hospitals will be forced open and all East Metro Hospitals will remain open for 30 minutes. After the 30 minutes any East Metro Hospital may again request to declare their divert status.
3. The M.R.C.C. operator will make contacts as in steps #2, #3 and #6 of M.R.C.C. Responsibility to inform them of the situation.
4. The M.R.C.C. operator will contact all East Metro hospital emergency departments and obtain an in-house bed status count. This bed count will be kept in the M.R.C.C. and made available to all East Metro hospital emergency departments as requested, to assist with potential transfers of emergency department patients to other facilities. The M.R.C.C. operator will obtain counts on available beds in CCU, ICU, monitored beds (telemetry), pediatrics, and general medical/surgical at each East Metro hospital.
5. The M.R.C.C. operator will contact all hospitals that have indicated a need to be on *Divert Status* every hour after the initiation of the multiple hospital divert status to confirm that the need for this status continues to exist and to assure that there is no confusion regarding the continuation or termination of the multiple hospital divert status. If any one of the hospitals on closed status no longer needs to remain closed, the remaining two may once again be placed on closed status.
6. The M.R.C.C. operator will make all notifications and log all information as in M.R.C.C. Responsibilities as above.

This policy supercedes East Metro Hospital Diversion Policies dated:

April 17, 2000
September 24, 1999
June 25, 1999
March 27, 1998

References:

Glushak, Cai. et al. National Association of EMS Physicians position paper: Patient diversion. *Prehospital Emergency Care*. 1997;1(2):100-3

**APPENDIX 1
EAST METRO HOSPITALS**

- 1. Fairview Lakes Region Hospital**
5200 Fairview Blvd., Wyoming 55092
(651) 982-7000 **ER: (651) 982-7320**
- 2. Fairview Ridges Hospital ***
201 Nicollet Blvd., Burnsville 55337
(612) 892-2000 **ER: (612) 892-2022**
- 3. Lakeview Memorial Hospital ***
919 Anderson St, Stillwater 55082
(651) 439-5330 **ER: (651) 430-4554**
- 4. Regina Medical Complex ***
1175 Nininger Road, Hastings 55033
(651) 480-4340 **ER: (651) 480-4340**
- 5. Regions Hospital ***
640 Jackson St., St. Paul 55101
(651) 221-3456 **ER: (651) 221-3973**
- 6. St. John's Northeast Hospital ***
1575 Beam Ave., Maplewood 55109
(651) 232-7000 **ER: (651) 232-7348**
- 7. St. Joseph's Hospital ***
69 W. Exchange, St. Paul 55102
(651) 232-3000 **ER: (651) 232-3348**
- 8. St. Paul Children's Medical Center ***
345 N. Smith Ave., St. Paul 55102
(651) 220-6000 **ER: (651) 220-6911**
- 9. Trinity Hospital**
913 Main St., Farmington 55024
(651) 463-7825
- 10. United Hospital ***
333 N. Smith Ave., St. Paul 55102
(651) 220-8000 **ER: (651) 220-5184**
- 11. Woodwinds Hospital ***

1875 Woodwinds Dr., Woodbury 55125
(651) 232-6880

* Signed letters of policy acceptance on file in East Metro MRCC.

Hospital Administration and Emergency Department, Medical Directors from the following hospitals have signed letters of agreement to accept and cooperate with the policy above:

- **Fairview Ridges Hospital** - 5/21/98
- **Lakeview Hospital** - 4/23/98
- **St. John's Northeast Hospital** - 4/29/98
- **St. Joseph's Hospital** - 4/29/98
- **St. Paul Children's Hospital** - 5/11/98
- **Regina Memorial Hospital** - 6/8/98
- **Regions Hospital** - 5/5/98
- **United Hospital** - 5/5/98
- **Woodwinds Hospital** - 8/1/00