Western Regional Emergency Medical Advisory Committee

Title: Diversion Policy	**Effective Date: May 1999** **Page: 1 of 3**
Policy #1999-3 **Superceded by Policy 2011-1**	**Revised: June 2009**

Policy:	For a facility to request diversion status, the Emergency Department needs to be operating beyond it's capacity to provide quality care, with resources so limited that the acceptance of an additional patient would either endanger the life of that patient or another patient. Since the CUPS acronym is no longer taught in NYS EMS courses, it is necessary to re-define patient classifications. ▸ **Critical Patients** – respiratory/cardiac arrest or unable to secure/maintain airway (formerly C from CUPS) ▸ **Stable Patients** – no ALS care is required (ex. Isolated extremity fracture, general illness) (formerly S from CUPS) There are four possible statuses of the Emergency Department which clearly need to be identified: • **Open Status** – No delay in patient care. • **Open Status with Delay in Patient Care** – This is left up to the individual facility to determine what the "delay" actually means. The intent of this status is to allow EMS services to consider alternative destinations when they advise patients that there will be a delay in care. The delay in care must be explained to the patient and must be documented on the PCR. • **ALS Diversion** – When this status is declared, all patients requiring ALS services are diverted (stable BLS and critical patients only are accepted) (formerly U or P from CUPS are diverted) • **FULL Diversion** – When this status is declared, all patients not meeting critical criteria are diverted (critical patients only are accepted) (formerly U, P, or S from CUPS are diverted) **At no time are critical patients, as defined above, diverted from a facility regardless of its status.** 1. The decision to divert must be made by the CEO or designee of the facility in conjunction with the Emergency Department Physician. 2. Once the hospital finds it necessary to go on a diversion status, the Regional Office of the Department of Health is to be notified immediately. 3. The hospital is responsible for notifying the Regional Dispatch

	Organization / Dispatch Centers that can alert the pre-hospital care community the hospital is on diversion. 4. The hospital must have selected alternative facilities that incoming patients are to be transported to. 5. The hospital must, according to 405 Standards, ensure that the following has occurred: A. Additional staff is called in. B. A discharge team has evaluated patients in the Emergency Department, as well as on the floors, for early discharge. C. Elective surgeries requiring inpatient beds are cancelled. D. Additional certified beds are opened, that may have previously not have been kept staffed and open. With those in place, diversionary status may be instituted. Diversion status needs to be enacted for the minimal amount of time feasible, which is defined as the maximum **4 hours for ALS Diversion, 2 hours for FULL Diversion** unless renewed. EMS Personnel may transport patients to a hospital on diversion in the following situations: 1. All critical patients, those that are too unstable to bypass the nearest facility, are ALWAYS brought to that facility whether or not it is on diversion. Examples include those with airways that cannot be maintained, those in shock, those in cardiopulmonary arrest, etc. 2. Those patients in which on-line medical direction directs patients to the facility despite its diversionary status. 3. Specialty hospitals, those that offer services not readily available at other facilities, such as trauma, stroke, or cardiac services. may not refuse patients requiring these services, regardless of their diversionary status. 4. The patient always has the right, once explained the risks and benefits of the decision to go to a facility on diversion. In this case, the patient must sign the attached form and the EMS service must contact medical control. These are listed in descending order of priority. A statement will be read to all patients when diversion is discussed. This will be done by the pre-hospital care providers attending to the patient. The patient is required to sign off on the patient care record or on a form approved by the service medical director.
Procedure:	
Reference:	Western Regional Emergency Medical Advisory Committee Minutes, May, 1999 – Diversion Subcommittee Report

Diversion Statement

The following is to be read to all patients when they request to be transported to a facility that is on a diversionary status. The patient's condition, his/her insistence on a specific facility destination, and the hospital status need to be fully documented on the PCR.

The statement to be read to the patient is as follows:

YOU HAVE REQUESTED TO BE TRANSPORTED TO _____ HOSPITAL. AT THIS TIME, THAT HOSPITAL IS OVERCROWDED, LIMITING Its ABILITY TO PROVIDE YOU WITH OPTIMAL CARE.

_____ HOSPITAL RECOMMENDS THAT WE TRANSPORT YOU TO _____ HOSPITAL (THE ALTERNATE SITE). THE STAFF THERE WILL BE MORE ABLE TO TREAT YOUR MEDICAL NEEDS IN A TIMELIER MANNER.

The following paragraph is to be read only if the patient continues to insist to go to the diversionary hospital:

IF YOU INSIST WE TAKE YOU TO _____ HOSPITAL, YOU NEED TO UNDERSTAND THAT YOU MAY EXPERIENCE A DELAY IN YOUR CARE, WHICH COULD CAUSE YOUR CONDITION TO WORSEN.

_____ _____/_____/_____

Patient Signature Date

_____

Patient Name (printed)