



Eastern PA EMS Council

Regional Hospital Diversion Policy and Guidelines

Purpose: To establish policy and guidelines for hospital diversions in the Counties of Berks, Carbon, Lehigh, Monroe, Northampton, and Schuylkill.

- Objectives:**
1. Identify situations in which hospital facilities and/or resources are not available and temporary ambulance diversion is requested.
 2. Establish hospital diversion zones, based upon the general geographical location of the hospitals.
 3. Notify EMS services and personnel, both pre-hospital and hospital, of the diversion.
 4. Provide for the safe, appropriate and expedient care of patients who enter the EMS system during the period of diversion.
 5. Terminate diversion by hospital(s) as appropriate and necessary.
 6. Establish specific categories and requirements for hospital diversion.

Definitions:

Behavioral Divert - temporary request for EMS ambulance by-pass due to an influx of patients that require mental health evaluation or placement.

Full Divert - temporary request for EMS ambulance by-pass due to an influx of patients presenting for treatment. **Staffing is not an acceptable reason for requesting diversion.** If the Emergency Department has beds, then the hospital will continue to be open. EMS providers and practitioners retain the option of transporting patients to diverting hospitals in specific cases, as outlined in the procedures.

Divert due to Internal Disaster - an event which prevents a hospital from receiving patients via ambulance. In order to use the Internal Disaster category, the hospital must have a true internal disaster such as electrical failure, flood, fire, etc.

Divert due to Major Equipment Failure - failure/inoperative equipment of one or more of the following: ED X-ray, CT Scan, Cardiac Cath Lab. Diversion would only affect ambulances transporting patients that require the equipment that is inoperative.

Class 1 patient - Any patient deemed by the Paramedic and/or EMT responsible for patient care, to be hemodynamically unstable, and/or with respiratory compromise, and/or otherwise unstable, despite receiving appropriate treatments.

Process:

1. When a hospital requests to divert patients, the Medical Command Physician, or his designee, on duty shall notify Eastern PA MedCom, via land line telephone, of the type of divert requested and duration (not to exceed 4 hours). The MedCom Telecommunications Specialist will document the following for each diversion request/cancellation
 - a. Date and time of request
 - b. Name and MCP number of Medical Command Physician calling
 - c. Type and duration of diversion requested
 - d. Problems/issues encountered by hospital/pre-hospital personnel.
2. The MedCom Telecommunications Specialist shall ensure that each affected county/counties is notified of the diversion (via the MedCom Divert website). The Telecommunication Specialist will not be required to contact individual EMS agencies or organizations. The Telecommunications Specialist will advise EMS personnel utilizing the MedCom system for medical command of the hospital's divert status, if any, prior to completing the patch. **At no time shall the Telecommunications Specialist be required to make a decision as to a patient's hospital destination.**
3. Hospital diversion is limited to a maximum of four (4) hour blocks. The Medical Command Physician, or his designee, must notify Eastern PA MedCom of their request to continue on divert status. If MedCom does not receive a request to continue a diversion, then the Telecommunications Specialist will contact the Medical Command Physician to ascertain if the hospital wishes to continue on divert or open. If the Telecommunications Specialist is unable to contact the Medical Command Physician and the divert period has expired, the hospital will be re-opened to all EMS traffic.

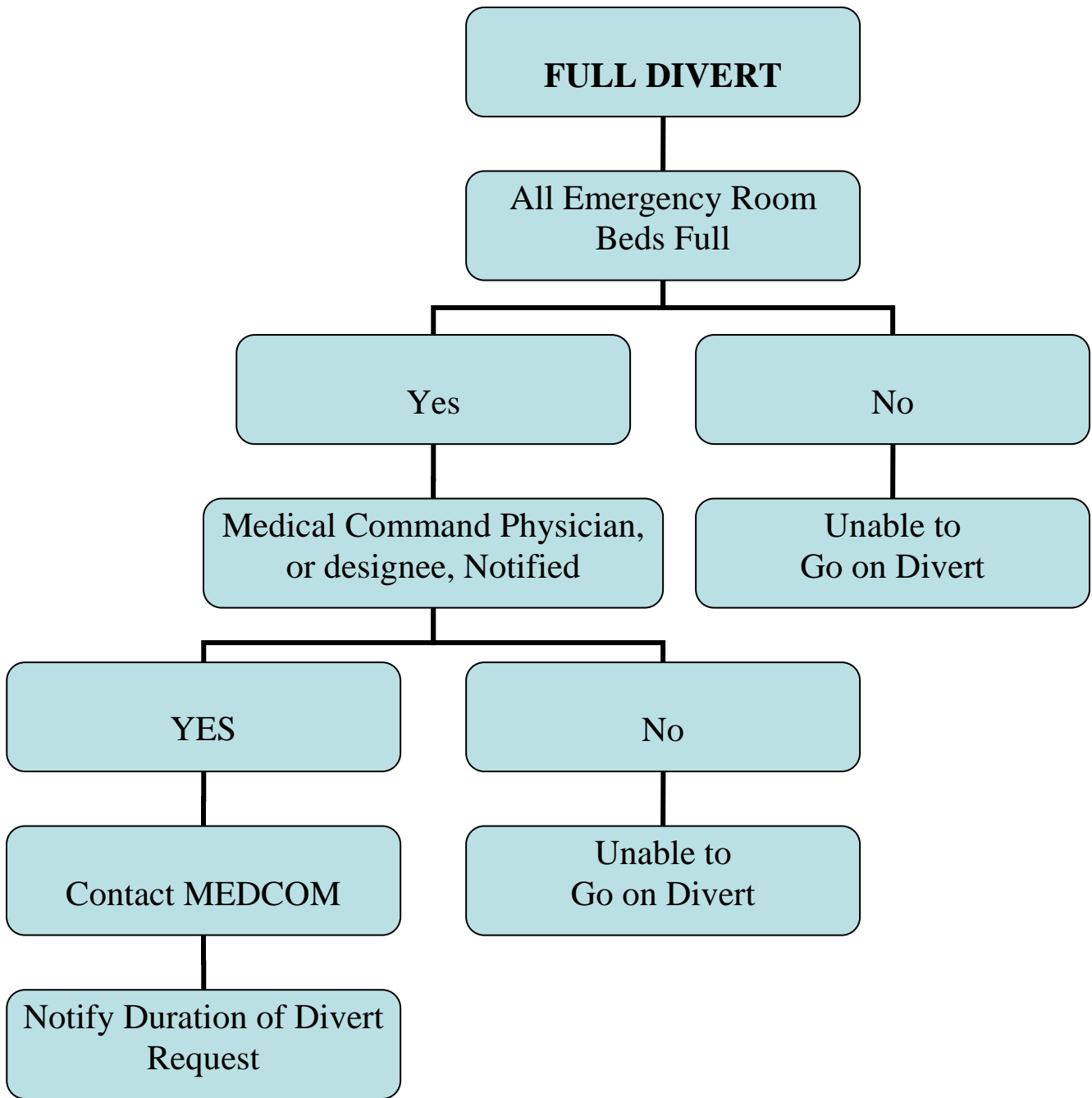
4. When 50% or more of the hospitals in a diversion zone are in a divert status, the on-call EMS Council staff will be contacted for guidance. The on-call staff may do one or more of the following:
 - a. Remove all hospitals in the zone from divert.
 - b. Open the hospital that has been closed the longest (rotate divert status amongst the hospitals)
 - c. Suggest a “Round-Robin” arrangement be instituted.
 - d. Suggest that each hospital accept patients that have prior contact with the hospital.

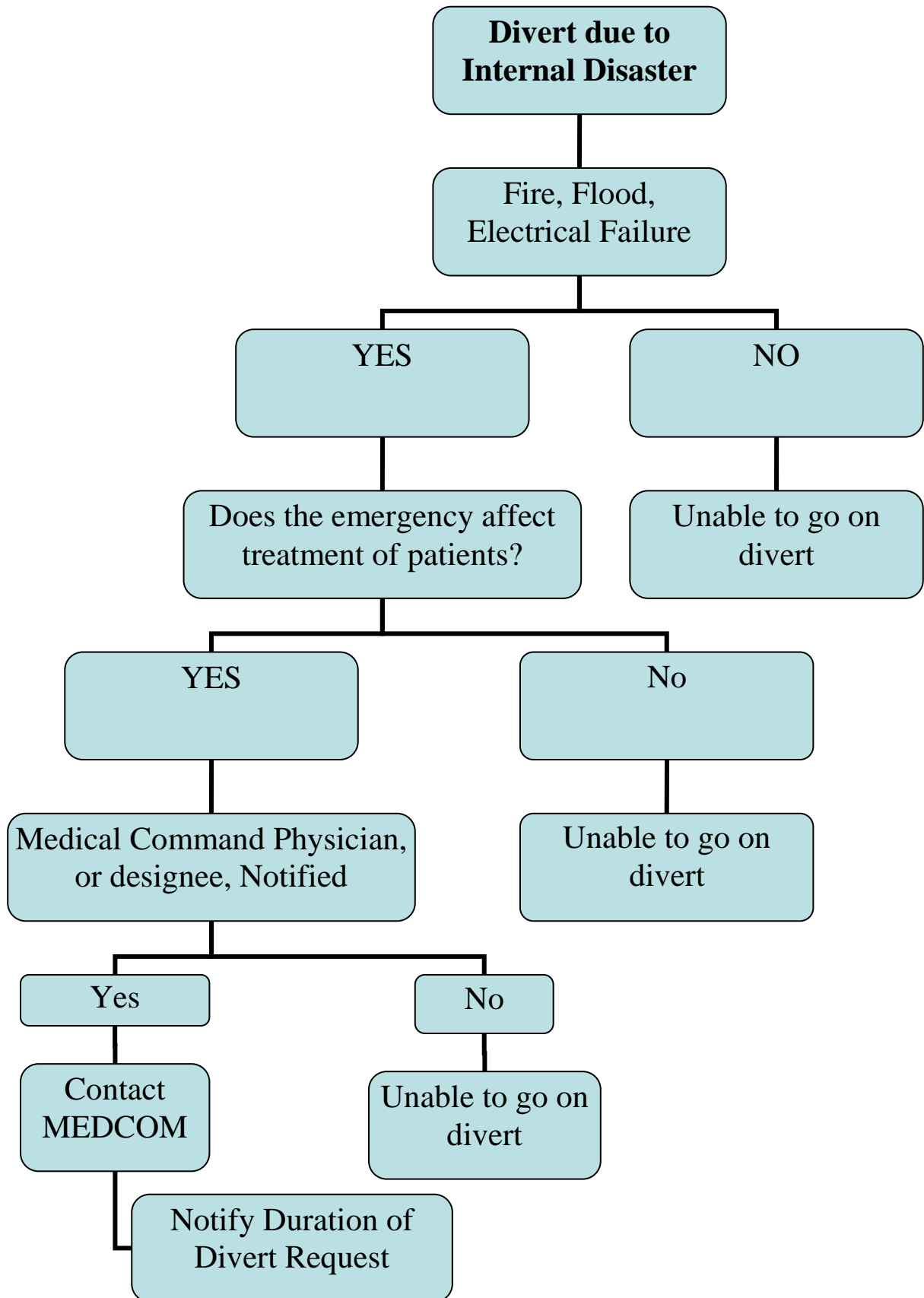
The Executive Director is available to speak with any hospital representative if any questions arise during the implementation of the above procedures.

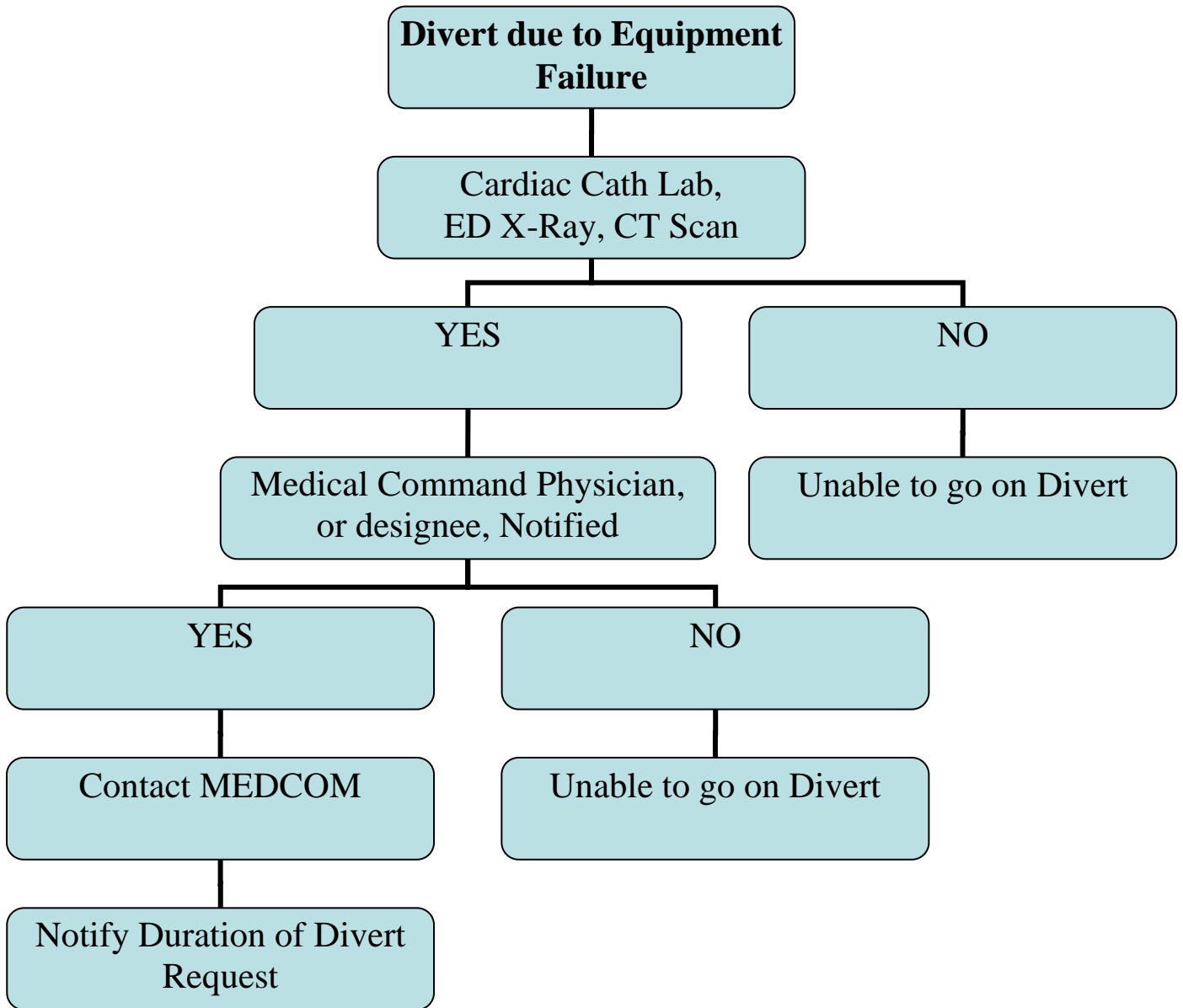
The MedCom Telecommunications Specialist will advise all of the affected PSAPs (utilizing the MedCom Divert website) of the hospital conditions.

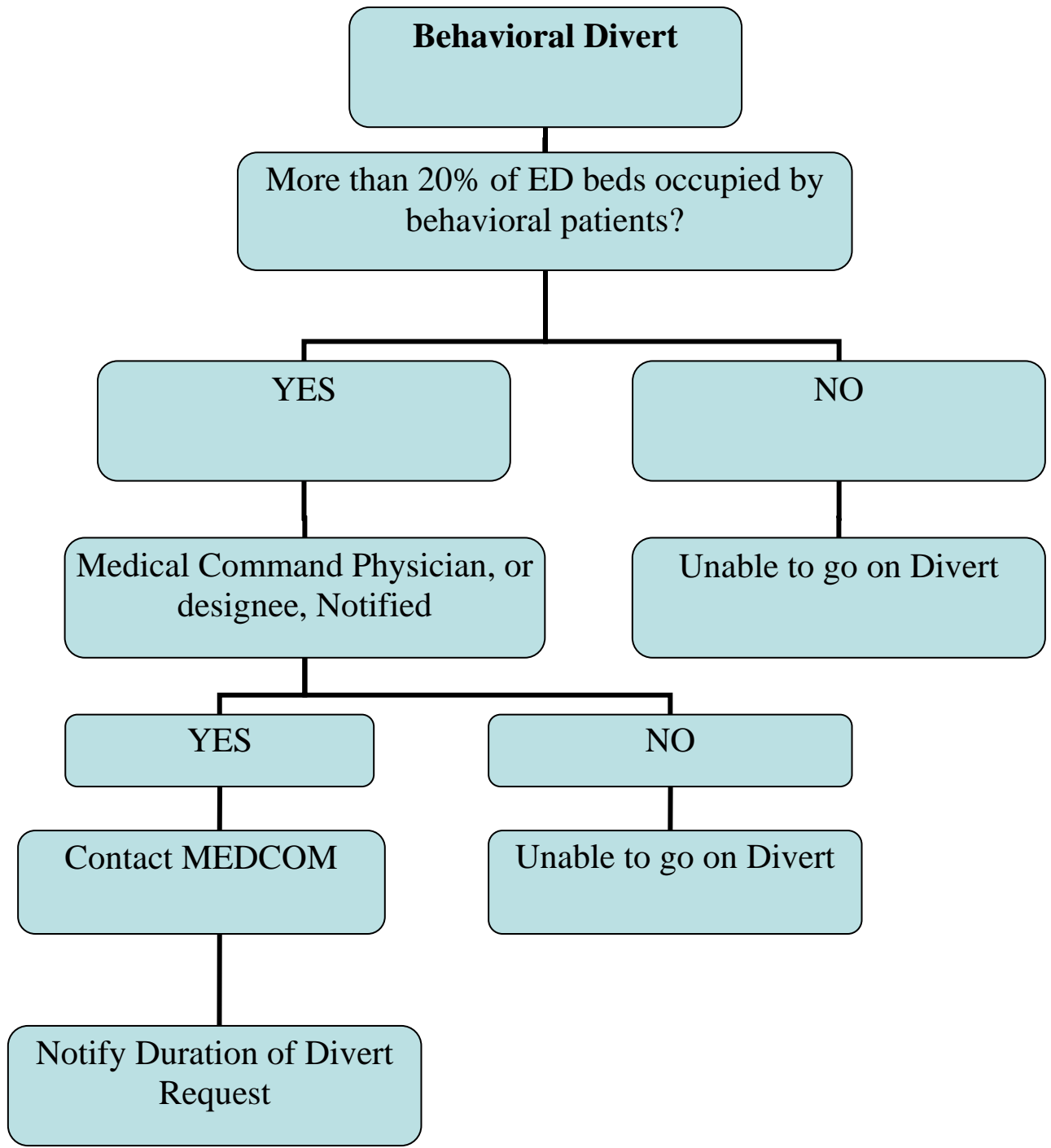
5. If pre-hospital personnel or a medical command physician believes that bypassing a hospital that is on divert would jeopardize the patient’s condition, the patient will be transported to the diverting facility. **No hospital will divert a class 1 patient at any time.**
6. Pre-Hospital personnel will inform patients who have requested transport to a diverting facility of that facility’s divert status. The pre-hospital personnel will inform the patient(s) of alternative facilities, and that once stabilized, the patient may be transferred to the hospital of their choice. If the patient has no preference, he/she will be transported to the closest, appropriate, non-diverting facility. If the patient insists on being transported to a diverting facility, pre-hospital personnel **WILL** call medical command at the receiving facility for further direction.
7. If a pre-hospital practitioner has been diverted from the closest facility, but is uncomfortable with transporting that patient to a more distant hospital, the EMS practitioner **MUST** contact medical command for further direction.
Note: in instances where a practitioner utilizes this scenario, the PCR must include sufficient documentation to support the claim.

8. Disaster situations will supercede all diversion requests. In the event of a disaster (including weather emergencies), Mass Casualty Incident or any other large scale event (including, but not limited to concerts, festivals, and all other planned events) all diversions will be terminated at the discretion of the EMS Council staff.









Eastern PA EMS Council
Hospital Diversion Zones

ZONE 1	St. Catherine's Medical Center Schuylkill Medical Center - East Schuylkill Medical Center - South
ZONE 2	Gnaden Huetten Memorial Hospital St. Luke's Miner's Memorial Medical Center Palmerton Hospital
ZONE 3	Reading Hospital and Medical Center St. Joseph Medical Center
ZONE 4	Lehigh Valley Hospital - Cedar Crest Campus Lehigh Valley Hospital - 17 th & Chew Streets Sacred Heart Hospital St. Luke's Hospital - Allentown Campus Westfield Hospital
ZONE 5	Easton Hospital Lehigh Valley Hospital - Muhlenberg St. Luke's Hospital – Bethlehem Campus
ZONE 6	Pocono Medical Center
ZONE 7 (Behavioral Emergencies)	Lehigh Valley Hospital - 17 th & Chew Streets St Luke's Hospital – Allentown Campus Sacred Heart Hospital Lehigh Valley Hospital - Cedar Crest Campus Westfield Hospital
Zone 8 (Behavioral Emergencies)	Lehigh Valley Hospital - Muhlenberg Easton Hospital St. Luke's Hospital – Bethlehem Campus

EMS Council Staff Contact Procedure

1. If any single zone has less than 50% of the hospitals on divert, it is not necessary to contact the on-call EMS Council staff person.
2. If any single zone has 50% or more of the hospitals on divert, the MedCom technician **MUST** contact the on-call EMS Council staff person.
3. Two separate zones has been established for behavioral emergency diversions. If 50% or more of the hospitals in Zone 7 or 8 go on divert, the MedCom technician **MUST** contact the on-call EMS Council staff person.
4. As in the past, MedCom technicians will continue to notify the appropriate communications centers regarding hospital diversions.