ODEMSA
Hospital Diversion Policy

Heidi M. Hooker, Executive Director

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Old Dominion EMS Alliance, Inc.
7818 E. Parham Road, Suite 911, Richmond VA 23294

Members of the Old Dominion EMS Alliance (ODEMSA) Hospital Diversion Committee over see this plan as a cohesive team. It is designed to maintain an orderly, systematic and appropriate distribution of emergency patients transported by ambulances during a single or multiple hospital diversion situation. All ODEMSA policies, procedures, and guidelines in this plan have received final approval from the ODEMSA Board of Directors.

OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.
7818 E. Parham Road, Suite 911, Richmond, VA 23294
804-560-3300 • FAX: 804-560-0909
www.odemsa.vaems.net

Hospital Diversion Policy
For Emergency Patients

Planning Districts 13, 14, 15 and 19

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A. **PURPOSE:** To maintain an orderly, systematic and appropriate distribution of emergency patients transported by ambulances during a single or multiple hospital diversion situation within the Old Dominion EMS Alliance (ODEMSA) region.

B. **SCOPE:** This policy pertains to all emergency departments and all licensed EMS agencies providing ground ambulance transportation as defined in Virginia Department of Health regulations.

This Policy will have the highest level of impact on the 15 emergency departments in the Richmond Tri-Cities area (PD 15 and 19). However, it also is recognized that the diversion status of those 15 emergency departments can have a significant impact on the four (4) remaining acute care hospitals located in Emporia, Farmville, South Boston and South Hill (PD 13, 14 and 19).

C. **POLICY ELEMENTS:**

1. **INDICATIONS**: Acute care hospitals (those with emergency departments) occasionally become overwhelmed with patients, exceeding the capacity for medical staff to adequately treat and monitor those patients. To alleviate this temporary situation, a receiving hospital – after completing an established process – may declare a diversion of acute patients, whereby ambulances are diverted to other area hospitals.

   a. Ambulance diversion should occur only after the hospital has exhausted internal mechanisms to relieve the situation. When an intended hospital has declared a diversion of EMS patients, the hospital will update their status on the VHASS system. Should the hospital receive a patient call report regarding an EMS patient while the hospital is on diversion, online hospital medical control at the diverting hospital will recommend to an EMS ambulance crew that the patient be taken to another hospital.

   b. Such decisions to overrule a hospital's diversion status may be referred by the receiving hospital to the provider's agency and the ODEMSA Diversion Committee for review.

   c. Early contact and notification by the EMS ambulance crew to the intended hospital is essential for optimal patient care. It is highly recommended that the ambulance Attendant in Charge (AIC) notify the hospital with pre-arrival information on the patient. Once an EMS unit has marked en route and a patient report has been given to the receiving hospital, any later change in diversion status of the receiving hospital will not affect that ambulance.

2. **CONTRAINDICATIONS:** Patients with STEMI, Acute Stroke, Airway Obstruction, Uncontrolled Airway, Uncontrolled Bleeding, who are in Extremis, or with CPR in progress, *should be taken immediately to the closest appropriate hospital*, without regard to the hospital's diversion status.

3. **DIVERSION OVERRULE:** Prehospital EMS providers may overrule diversion. Some examples of overrule may include; if a patient is in extremis, or for significant weather/traffic delays, mechanical problems, patient preference, continuity of care, etc. An EMS provider who believes an acute decompensation is likely to occur if the patient is diverted to a more distant hospital ALWAYS has the option to take that patient to the closest Emergency Department regardless of the diversion status.

   a. The Attendant-in-Charge also has the option to ask via radio or phone to speak directly to an Emergency Department physician. Good clinical sense and optimal patient care are the ultimate considerations.

4. CATEGORIES OF HOSPITAL STATUS:

   a. **OPEN** - When a hospital has full capacity for receiving its usual patient load.

   b. **SPECIAL DIVERSION** – When a hospital is unable to handle certain types of patients. Subcategories are listed below.

      1) **Adult Medical/Surgical** – includes Minor Trauma.

      2) **Major Trauma** – means the operating rooms and surgeons are completely full. *Reference Trauma Triage Schematic*

      3) **Labor & Delivery (L&D)** – Pre-Term is defined as active labor before 36 weeks.

      4) **Psychiatric** – divided into four areas

         a) Child Male & Female Psych – age 5 to 12 years old
         b) Adolescent Male & Female Psych – age 12 to 17 years old
         c) Adult Male & Female Psych – age 18 to 64 years old
         d) Geriatric Male & Female Psych – age 65 and over

      5) **Pediatric** – For the purposes of this Hospital Diversion Policy, pediatric is defined as under the age of 18.

   c. **FULL DIVERSION** – Hospital is unable to receive any EMS patients.

5. STAGES OF REGIONAL DIVERSION:

STAGE 1 – GREEN

Trigger:

- Less than 5 hospitals in the region are on similar types of diversion

Activation:

- RHCC Communications Officer will continuously monitor status of hospitals under diversion status and follow guidelines for activating Stage 2 – Red, if needed. RHCC Communications Officer notifies the RHCC Duty Officer of impending Stage 2- Red status, if necessary.

Deactivation:

- The nature of Stage 1- Green is to continuously monitor diversion statuses in the region, as such, it does not have a deactivation mechanism.

Roles and Responsibilities of EMS Agencies

1. Fire and EMS agency leaders should provide training of diversion statuses and help to prepare providers.

Roles and Responsibilities of Hospitals

1. Maintain accurate diversion and bed availability in VHASS.
2. Proactively search for ways to improve patient flow and decompression mechanisms.

Roles & Responsibilities of the Patient Distribution Center

1. Monitor and prepare for potential systemic diversion statuses.

Roles & Responsibilities of the Regional Healthcare Coordination Center:

1. Monitor and activate Stage 2 – Red status, if necessary.
2. Request bed availability updates in VHASS from area hospitals.

STAGE 2 – RED

Trigger:

- At least 5 hospitals in the region are on similar types of diversion

Activation:

- After recognizing that 5 hospitals in the region are on similar types of diversion, the RHCC Communications Officer notifies the RHCC Duty Officer of the Stage 2-Red status.

Deactivation:

- After recognizing that 3 or fewer hospitals in the region remain on diversion, the RHCC Communications Officer notifies the RHCC Duty Officer.

Roles and Responsibilities of EMS Agencies

1. In coordination with their ECC, notify operational personnel of diversion event and that patient transportation is to be guided by Patient Distribution Center

2. EMS providers will call the RHCC hotline (1-800-276-0683) for patient placement assistance by the Patient Distribution Center.

Roles and Responsibilities of Hospitals

1. Maintain accurate diversion and bed availability in VHASS.

2. Proactively search for ways to improve patient flow and decompression mechanisms.

Roles & Responsibilities of the Patient Distribution Center

1. Distribute patients to an open hospital most capable of providing the appropriate level of care within the least amount of time possible, based on bed availability provided by the RHCC.

2. Document patient distribution assignments in the VHASS event.

Roles & Responsibilities of the Regional Healthcare Coordination Center:

1. Activate at Stage Red

2. Notify area hospital, EMS agencies, local emergency management.

3. Brief patient distribution center on the situation and insure readiness to distribute patients.

4. Host a regional conference call within 12 hours of announcement with hospital and EMS leadership.

5. Request bed availability updates in VHASS from area hospitals.

STAGE 3 – BLACK

Trigger:

- At least 8 hospitals in the region are on similar types of diversion

Activation:

- After recognizing that 8 hospitals in the region are on similar types of diversion, the RHCC Communications Officer notifies the RHCC Duty Officer of the Stage 3 - Black status.

Deactivation:

- After recognizing that 5 or fewer hospitals in the region remain on diversion, the RHCC Communications Officer notifies the RHCC Duty Officer.

Roles and Responsibilities of EMS Agencies

1. In coordination with their ECC, notify operational personnel of diversion event and that patient transportation is to be guided by Patient Distribution Center
2. EMS providers will call the RHCC hotline (1-800-276-0683) for patient placement assistance by the Patient Distribution Center.

Roles and Responsibilities of Hospitals

1. Maintain accurate diversion and bed availability in VHASS.
2. Activate surge plan for ways to improve patient flow and decompression mechanisms.

Roles & Responsibilities of the Patient Distribution Center

1. Distribute patients to a hospital most capable of providing the appropriate level of care within the least amount of time possible, based on bed availability provided by the RHCC.
2. Document patient distribution assignments in the VHASS event.

Roles & Responsibilities of the Regional Healthcare Coordination Center:

1. Remain Activated at Stage 3 Black status.
2. Notify area hospital, EMS agencies, local emergency management.
3. Brief patient distribution center on the situation and insure readiness to distribute patients.
4. Host a regional conference call within 6 hours of announcement with hospital and EMS leadership.
5. Request bed availability updates in VHASS from area hospitals.
6. Will obtain inpatient bed availability from hospitals in surrounding regions to inform secondary transfers.

D. **GENERAL PROCEDURE FOR MANAGEMENT:**

1. The Stages of Regional Diversion guidelines that are part of this document will govern actions taken during a diversion emergency.

2. All participating hospitals will update promptly their status on VHASS when going on any diversion status, and when coming off diversion. A hospital on diversion must update its status every two hours.

3. The primary Patient Distribution Center will be the Virginia Commonwealth University Medical Center, or an identified alternate facility, as specified in the Central Virginia MCI Plan. If VCU cannot handle Patient Distribution, the identified alternate facilities, in order, are (1) Chippenham Medical Center and (2) Southside Regional Medical Center.

4. The diverting hospitals will use the VHASS "comments" window for pertinent information when changing from **OPEN** to any **DIVERSION** status.

5. Once an EMS ambulance has marked en route and/or a patient report has been given to the receiving hospital, any later change in diversion status of the receiving hospital will not affect that ambulance.

6. This Hospital Diversion Policy will be reviewed annually and updated as needed. The Diversion Committee will be comprised of representatives of the Patient Distribution Center hospitals, other acute care hospitals, prehospital EMS agencies and appropriate local and state healthcare organizations.

7. Proposed major revisions and/or amendments to this document, will be implemented no later than 60 days after the ODEMSA Board of Directors approval.

Appendix A

McGuire VA Medical Center Diversion Protocol

By design, McGuire Veterans Affairs Medical Center's (MVAMC's) Emergency Department may only care for patients enrolled in the Veterans Affairs (VA) healthcare system (VA Patients), or honorably-discharged veterans of the U.S. Armed Forces (Veteran Patients).

When MVAMC is Open to Ambulances, it will receive only VA Patients and Veteran Patients.

When on Diversion status, MVAMC may not be able to accommodate any VA Patients or Veteran Patients in the particular category or categories stated on VHASS.

When Closed to Ambulances status, MVAMC will not be able to receive **any** patients.

During **STAGE 2 – RED**, the Patient Distribution Center will direct VA Patients and Veteran Patients to MVAMC if it is Open to Ambulances.

During **STAGE 3 – BLACK**, MVAMC will receive VA Patients, Veteran Patients primarily. If able, will absorb some percentage of civilian patients.