Old Dominion EMS Alliance

2022 EMS Patient Transport Destination Plan

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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. All ODEMSA policies, procedures, and guidelines in this plan have received final approval from the ODEMSA Board of Directors.

Approved- ODEMSA Board of Directors 6-15-22

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Emergency Department Guidance
For Emergency Medical Services Patients

Planning Districts 13, 14, 15 and 19

A. **PURPOSE:** To provide guidance to Emergency Medical Services (EMS) agencies, providers, emergency departments, and hospitals in the ODEMSA region regarding ambulance destination transport decisions when capacity and capability of emergency department(s) are being impacted by emergency department overcrowding, loss of infrastructure, or closure.

For the purposes of this plan, the term "emergency department" refers to both free standing emergency departments and hospitals with emergency departments who routinely receive ambulance transports.

Goals of this plan include:

1. Ensuring the safe, timely, and efficient delivery of emergency medical care to the citizens of, and visitors to, this region in a manner that minimizes delays and/or overburdening of emergency medical services system components
2. Standardizing terms associated with emergency department closure statuses to ensure clarity and consistency
3. Promoting collaboration between prehospital agencies and emergency departments

B. **SCOPE:** This Guidance applies to all hospitals with emergency departments and free-standing emergency departments, as well as all licensed EMS agencies located in the ODEMSA region. The ODEMSA region includes Planning Districts 13, 14, 15, and 19.

C. **Emergency department statuses for EMS (non-interfacility) patients**

The status of emergency departments to receive EMS patients will generally fall into one of the categories described below.

1. **Open** – Indicates unrestricted access to all EMS agencies. The facility is available to receive all inbound non-interfacility ambulance traffic, regardless of emergency department overcrowding, staffing, or hospital bed availability.

   While in an open status, emergency departments may at times be at or above capacity and the volume of patients may result in a delay in EMS offloading. In an effort to provide appropriate situational awareness to EMS agencies making transport destination decisions, Emergency Departments should inform EMS agencies of their capacity as appropriate.

a. Emergency departments may utilize the free text field in the online electronic diversion notification system for the purposes of providing situational awareness of emergency department capacity.

b. The awareness is informational only and not a request for diversion of EMS units. The entries/nomenclature should be from the following:

   i. Open
   ii. Near capacity
   iii. At capacity
   iv. Above capacity

2. **Special Advisory** – Indicates the emergency department is unable to accept specific patients due to loss of facility infrastructure, such as the loss of a cardiac catheterization lab or CT scanner, required to appropriately care for a certain type of patient.

   a. This category shall not be utilized by a facility for reasons of lack of staffing or available beds.

   b. This special advisory status must be assigned to a specific patient complaint or diagnosis selected from the following:
      i. Major trauma
      ii. STEMI
      iii. Stroke

   c. The Emergency Department must notify EMS agencies of special advisory type. For example, if a CT scanner is non-operational and a facility cannot accept major trauma, the facility should list "Special Advisory – Major Trauma" in the online electronic diversion notification system.

3. **Closed** – Indicates that the Emergency department is unable to accept patients due to closure of business operations or is experiencing an event that threatens the life safety of patients and/or staff (e.g. fire, active shooter, loss of power). Closed status shall not be used due to patient volume, lack of staffing, or high patient acuity.

   a. EMS units cannot transport patients to a closed facility under any circumstance. Providers cannot override closed statuses.
   b. This closure should be communicated through the online electronic diversion notification system.

4. **McGuire VA Hospital diversion -** The ODEMSA region recognizes that McGuire Veteran Administration (VA) Hospital operates under national guidance and may not have EMTALA obligations like the other hospitals in our region. Refer to appendix A for VA diversion plan.

D. **Emergency department status to accept interfacility patients**

Emergency departments may develop policies to limit interfacility transfers during time of emergency department overcrowding and lack of capability and/or capacity to safely care for patients. Emergency departments that need to limit interfacility transfers should notify other facilities through the online electronic diversion notification system.

E. POLICY ELEMENTS:

1. **EMERGENCY DEPARTMENT GUIDELINES** – Emergency departments may become overwhelmed by excessive patient volume or acuity. Emergency departments should enact internal policies and procedures to alleviate this temporary situation and ensure optimal care for all patients.

    a. Hospitals shall not divert non-interfacility EMS transports unless facility is on special advisory or closed status.

    b. Hospitals shall inform EMS agencies of special advisories or closed status through the online electronic diversion notification system.

    c. Hospitals shall inform EMS agencies of the status of ED capacity through the online electronic diversion notification system.

    d. If, however, EMS staff disregards the emergency department's status and transports the individual onto emergency department's property, the individual is considered to have come to the emergency department. (42 CFR 489.24 Special responsibilities of Medicare hospitals in emergency cases)

    e. In order to provide optimal care to EMS patients and to enhance the ability of EMS personnel to provide emergency response services to the community, emergency departments shall make every attempt to facilitate transfer of patient care to hospital staff within a reasonable timeframe (i.e., within 30 minutes of EMS arrival).

    f. EMS and emergency department personnel will work collaboratively to excecute a safe, timely, and efficient transfer of patient care. Emergency departments that do not facilitate the timely transfer of care of an EMS patient do not thereby delay the point in time at which their EMTALA obligation begins. Emergency departments that fail to facilitate timely transfer of care of an EMS patient may also find themselves in violation of 42 CFR 482.55, the Hospital Condition of Participation for Emergency Services, which requires that hospitals meet the emergency needs of patients in accordance with acceptable standards of practice.

2. **EMS GUIDELINES** - EMS patient destination decisions are under the authority of the EMS agency and its operational medical director. EMS agencies should develop agency procedures in collaboration with their operational medical director related to transport destination decisions. Final determination of the patient's destination rests with the agency.

    a. EMS agencies may institute "soft diversion" when EMS offload times at a particular hospital are prolonged. Soft diversions are managed at the agency level.

3. **EDUCATION** - EMS personnel and hospital staff, particularly those working in emergency departments, should maintain familiarity with this guidance.

4. **LEGAL RESTRICTIONS** - When following this guidance, it is recognized that emergency departments within the region are regulated by state and federal laws and regulations regarding care and transport of patients including the federal Emergency Medical Treatment & Labor Act (EMTALA).

    Information about EMTALA may be obtained from the Centers for Medicare and Medicaid Services (CMS) website:
    https://www.cms.gov/regulations-and-guidance/legislation/emtala

5. **NOTIFICATION PROCEDURE**

    The following recommendations relate to communication of emergency department statuses. Proper notification procedures are essential to ensure timely transport and treatment of patients and to promote the health and safety of our communities.

    a. Healthcare facilities should develop and publicize, in conjunction with ODEMSA, processes to ensure EMS agencies are notified of any change to their open status.

        i. Notification processes should address local EMS agency notification as well as agencies that routinely transport to the facility.

        ii. Emergency departments should perform timely updates regarding changes in their status in the appropriate online electronic notification system(s). EMS agencies should obtain access to and routinely monitor for the status of emergency departments in the region.

        iii. Emergency departments should routinely monitor the status of surrounding area facilities using the electronic notification system.

6. Patient Distribution center

The Patient Distribution Center (PDC) is designed to distribute patients during natural or man-made mass disasters or events of a high impact, but short duration. The intent is to efficiently distribute transport units from the incident(s) across the region during the event. If the event happens during high EMS transport volumes, the PDC may be used to distribute all EMS traffic including those not affected by the event. The PDC is not intended or designed for prolonged operations more than 48 hrs. See appendix B

F. PLAN UPDATE AND REVIEW

This EMS Patient Transport Destination Plan is reviewed annually and updated as needed to address any identified regional needs.

Authority to review and make recommendations concerning this plan is completed by the ODEMSA Diversion Committee. This committee is comprised of representatives of acute care hospitals and prehospital EMS agencies.

The plan is approved by the Old Dominion Emergency Medical Services Alliance Board of Directors at their regularly scheduled meeting. Proposed major revisions and/or amendments to this document, will be implemented no later than 60 days after the ODEMSA Board of Directors approval.

Comments and suggestions concerning this plan or regional hospital diversion policies are accepted on a continuous basis and should be submitted in writing to the Old Dominion Emergency Medical Services Alliance

APPENDIX A

McGuire VA Medical Center Diversion Protocol

By design, McGuire Veterans Affairs Medical Center's (MVAMC's) Emergency Department provides 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). While not technically subject to EMTALA and the regulations implementing the Act issued by the Centers for Medicare and Medicaid Services (CMS), VA complies with the intent of EMTALA requirements regarding the transfer of acute patients among health care facilities**.** MVAMC will provide an evaluation and emergency care to individual patients presenting to the ED or UCC that is consistent with all applicable standards and regulations, including compliance with the intent of the Emergency Medicine Treatment and Active Labor Act (EMTALA) 42 United States Code (U.S.C.) 1395dd.

It is recognized that circumstances may dictate the need for MVAMC's emergency department to go on diversion status periodically. Local EMS policies and agreements may dictate some of the parameters for ED and medical facility diversion status. In general:

1. A VA patient being transported by ambulance has the right to request to go to a VA ED unless the assessment by a certified EMS provider (in direct radio or telephone contact with the VA ED provider) indicates that complying with the patient's request could result in further harm to the patient from a delay in obtaining appropriate treatment, or the facility is on Internal Disaster; for example, trauma patients should go to the nearest trauma center in the area designated by local EMS protocol.

2. Advanced Life Support Diversion. Advanced Life Support (ALS) Diversion is the diversion of ambulances caring for patients that require advanced life support or advanced monitoring. An example is the diversion of patients with acute myocardial infarction or unstable vital signs because of insufficient ICU or monitored beds in the facility and the ED.

(a) The ED may close to ALS ambulances only under one of the following circumstances:

i. When all but one of the available inpatient monitored beds are occupied and only one monitored bed remains in the ED.
ii. The safe limits of treatment capacity have been reached. This means the ED is overcrowded with patients or there is not enough qualified staff to care for the patients currently in the department and the addition of any more patients would constitute an immediate danger to that patient or those already in the ED.

(b) While on ALS diversion, the ED can still receive ambulances under the following conditions:

i. The patient does not meet the criteria for ALS diversion, (i.e., the patient is a BLS patient).
ii. All EDs in the community or local region are on diversion status.
iii. The patient refuses to be transported to any other facility, i.e., the patient demands to be transported to a VA medical facility.

iv. A patient has an immediate life-threatening emergency and VA is the closest medical facility capable of providing emergency care. NOTE: This applies to all patients including those not eligible for VA care.

3. ALS and BLS Diversion. ALS and BLS Diversion is the diversion of all ambulances regardless of the need for monitoring; for example, the diversion of patients regardless of the level of care needed for treatment because facility beds are unavailable or there is an insufficient number of staff to care for additional patients. Patient demands are accepted.

(a) The ED may close to ALS or BLS ambulances under either of the following conditions:

i. When all but one of the available monitored hospital beds are occupied, all other inpatient beds are occupied, and only one unoccupied monitored bed remains in the ED.

ii. The safe limits of treatment capacity have been reached. This means the ED is overcrowded with patients, or there are not enough qualified staff to care for the patients currently in the department and the addition of any more patients would constitute an immediate danger to that patient or to those already in the ED.

(b) While on ALS and BLS diversion, the ED can still receive ambulances under the following conditions:

i. The patient refuses to be transported to any other facility; i.e., the patient demands to be transported to VA.

ii. A patient has an immediate life-threatening emergency and VA is the closest hospital capable of providing emergency care. NOTE: This applies to all patients including those not eligible for VA care

iii. Internal Disaster Diversion. Internal Disaster Diversion is the diversion of all patients regardless of the level of care needed for treatment. The facility may have lost electricity or water, may have sustained physical damage to its structure, or be overwhelmed by current patient load. Patient demands are not accepted.

APPENDIX B

CONDITION RED – EVENT DURING HIGH EMS TRANSPORT VOLUME	
Trigger:	Event has caused influx of substantial number of patients during time of increased EMS transport volume and requires centralized distribution of all EMS transports in the region (including units not directly involved in the incident).
Activation:	After recognizing that the above criteria above have been met agencies, emergency communication centers, hospitals, or RHCC should notify the PDC of the Condition Red status.
Deactivation:	After recognizing that the event is manageable at the local level, the RHCC Communications Officer notifies the PDC to demobilize.
Roles & Responsibilities:	
EMS Providers	Prior to patient transport call the PDC hotline (**1-800-276-0683**) for patient destination assistance.
ECC and EMS Agencies	In coordination with their ECC, notify operational personnel of diversion event and that patient transportation is to be guided by PDC.
Hospitals	Hospitals should enact internal mechanisms to improve patient flow and decompression mechanisms.
PDC	Distribute patients to hospitals most capable of providing the level of care required taking into account EMS wait times. Transition PDC to other entities as needed to maintain PDC operations.
	Document patient distribution assignments.
RHCC	Monitor statuses changes, if necessary. Monitor to opportunities for demobilization.
	Request bed availability updates in online electronic notification system from area hospitals.
ODEMSA	Update providers as needed through website and/or app.