



**Delaware Emergency Medical Services**  
**Hospital Diversion Policy 2013**  
**Addition of Free Standing EDs**

**Purpose**

To establish a statewide policy governing the diversion of ambulance patients from emergency departments to include diversion classification, communication channels and safeguards in order to prevent incapacitation of the entire system in the interest of public health.

**Philosophy**

The State of Delaware Emergency Medical Services intends to provide the citizens and visitors of Delaware quality emergency medical care. Patients will be provided with appropriate level of care in the timeliest manner possible. Transportation to the patient's preferred facility will always be given consideration, but may be denied on the basis of that facility's inability to provide the needed level of care at that time.

The State of Delaware Emergency Medical Services recognizes and understands that emergency departments will occasionally be so overtaxed by either critical care patients or sheer volume of patients, that they can not provide care that they believe is optimal. These conditions of emergency department overcrowding are difficult to predict and often will affect a single facility while neighboring facilities go relatively unaffected. Under these situations the State of Delaware's Emergency Medical Services believes that it is very reasonable, on our citizen's (patient's) behalf, to assist an overtaxed facility by diverting our patient to another facility that for the moment is better suited to deliver care to that patient.

Hospitals have a duty to evaluate, treat and stabilize any life threatening conditions that a patient may present with, to a facility's emergency department. Patients continue to present to emergency departments by private vehicle and foot regardless of an emergency department's diversion status. Patients that access emergency medical services should not be penalized for using good medical judgment. Hospital diversion places a burden on the entire healthcare system. Emergency department diversion has a direct effect on other healthcare facilities as well as the emergency medical services (EMS) system. Diversions result in longer transportation periods, prolonged out of hospital care when definitive in-hospital care is required, longer turnaround intervals which decrease available resource levels which in turn result in ambulance response delays for pending calls. They also add to the cost of medical care, increasing the cost of transportation for the insurer and/or patient, and often result in extreme inconvenience to family members who must travel long distances to be with their ill or injured relatives. Diversions are intended to provide improved patient care by diverting them to a facility in a better situation to provide appropriate care. There are times when the entire emergency medical system (prehospital and emergency department) is overloaded. During periods of system overload there is no advantage to a patient, the public or EMS to divert a patient to another facility. During

system overload, the EMS system (public health) must be able to override a facility's desire to be on diversion to safeguard the public's welfare.

## **Definitions**

### **Critical Divert:**

Due to internal conditions fulfilling the facilities criteria, the facility cannot accept any Advanced Life Support (ALS) priority patients. All ALS priority patients are requested to be diverted to another facility. Only Basic Life Support (BLS) priority patients are being accepted. **Cardiac arrest patients and other priority I patients (patients felt by a medical command physician in conjunction with the EMS provider to be too ill to safely make the trip to a farther away hospital), will be accepted by any facility, regardless of diversion status, unless they are CLOSED.**

### **Total Divert:**

Due to a lack of space in the facility for any additional patients, all incoming ambulance patients will be diverted to other facilities. **Cardiac arrest patients and other priority I patients (patients felt by a medical command physician in conjunction with the EMS provider to be too ill to safely make the trip to a farther away hospital), will be accepted by any facility, regardless of diversion status, unless they are CLOSED.**

### **CT Divert:**

CT scan equipment is out of service.

All patients with central nervous system (CNS) complaints (stroke, head trauma, etc.) should be diverted to another facility.

**All EMS units will establish contact with on-line medical control for direction regarding diversion destination.**

### **CLOSED:**

An event (example: terrorism, hostage situation, fire, haz-mat) has incapacitated the Emergency Department leaving them unable to treat any patients.

**No patients, regardless of condition or mode of arrival, will be received at that facility.**

### **CARDIAC CATHETER LABORATORY DIVERT (Cardiac Catheterization / Interventional Lab (CCIL) Divert):**

Due to internal conditions fulfilling the facilities criteria, the facility cannot accept any EKG proven heart attack patients or patients suffering from an EKG finding of ST elevated myocardial infarction (STEMI). All ALS patients are to be diverted to another facility with an open cardiac catheter laboratory. These diversions will be effective for a given time frame usually in increments of a half day to full weekends. These CCIL Diversions are to be announced by the dispatch centers via radio, text messaging and pagers at onset, and reported to EMS units responding to chest pain and short of breath at the time of dispatch. The termination of a "CCIL Divert t" will be announced via radio and transmitted by text messaging.

**Priority I:** Patient suffering from an immediate life or limb threatening injury or illness.

**Priority II:** Patient suffering from a potential life or limb threatening injury or illness.

**Priority III:** Patient suffering from an injury or illness that requires medical attention but does not immediately threaten life or limb.

**Note:**

**General:**

- **Cardiac arrest patients and other priority I patients (patients felt by a medical command physician in conjunction with the EMS provider to be too ill to safely make the trip to a farther away hospital), will be accepted by any facility, regardless of diversion status, unless they are CLOSED.**
- Patients who insist on transportation to a facility on divert, or they will refuse service, will be transported to that facility unless the facility is CLOSED.
- For purposes of insurance disputes regarding a patient being diverted from a preferred emergency facility, the State Office of Emergency Medical Services (OEMS) will provide written verification of the diversion based on data supplied by the communication centers. EMS providers should also document reasons a patient could not be transported to their preferred emergency facility in their patient care report.
- Serious consideration should be given by EMS personnel and the medical command physician to transporting critically ill trauma patients to an equal or higher-level trauma center when the closest trauma center is on divert. Use of aeromedical transport may reduce the impact of the greater distance.
- Nothing in this policy is intended to eliminate the responsibility of a receiving hospital from their duties and obligations under EMTALA statute and/or regulations.

**New Castle County:**

- In NCC: All **priority one and two trauma** patients will be transported to Christiana Hospital or A.I. DuPont Children's Hospital regardless of status unless they are CLOSED.
- In NCC: **all potential or alleged sexual assault patients** will be transported to the Christiana Hospital or A.I. DuPont Children's Hospital regardless of status unless they are CLOSED.
- In NCC: If Christiana is CLOSED, trauma patients from the north and east are diverted to Crozer Chester Medical Center (Upland, PA). Patients from south of the C&D Canal are diverted to MIEMSS in Baltimore if air transport is available. If air transport is not available, patients should be transported to Bayhealth – Kent General Hospital or Crozer.

Delaware State Police Aviation Unit is to be notified by New Castle County Communications, regardless of time of day if Christiana Hospital goes on CLOSED.

Hospitals will be responsible to notify surrounding Maryland, New Jersey and Pennsylvania EMS communication centers of their desire for diversion.

- When Christiana Care Middletown Emergency Department (MED) is on divert, EMS patients are not to be taken there without prior authorization by MED on line medical control.
- When Bayhealth Emergency Center Smyrna (BECS) is on divert, EMS patients are not to be taken there without prior authorization by BECS on line medical control.
- In the event that **two (2)** facilities in New Castle County are on, or have requested, diversion status simultaneously, the Communications Center will immediately update the New Castle County and State EMS Medical Directors. The appropriate EMS medical director will evaluate the situation leading to the diversions and determine the best course of action for their pre-hospital patients. On the Medical Director's authority, all diversions may be discontinued.
- If three (3) facilities, including MED, in New Castle are on, or have requested diversion status simultaneously, the Communications Center will automatically and immediately discontinue all diversions pending further direction from the County or State EMS Medical Director.

**Kent County:**

- Bayhealth – Kent General Hospital (KGH) may assume total divert status, but only if Bayhealth – Milford Memorial is not on divert status.
- In the event that Bayhealth – KGH appears to be reaching diversion threshold, concerted attempts will be made to notify the Kent County Department of Public Safety Division of Communications to notify the County of an impending divert status. The Communications Center will then notify the Kent County Director of Public Safety or his/her designee.
- In Kent County: STEMI patients will be transported to Kent General Hospital regardless of status unless they are CLOSED.
- In Kent County: every effort will be made to transport **all alleged or potential sexual assault patients** to Bayhealth Kent campus regardless of status unless they are CLOSED.
- Christiana Hospital and A.I. DuPont Children's Hospital will accept all Priority I and II trauma patients regardless of status unless they are CLOSED.
- In the event that Bayhealth – Kent General assumes any level of divert status, Kent County Communications will notify the Kent County and State EMS Medical Directors and the Director of the Kent County Department of Public Safety or his/her designee.
- Kent County Communications will also notify New Castle County and Sussex County
- Communications, who will then notify their respective County EMS agencies per policy.
- On the EMS Medical Director's authority, all diversions may be discontinued.
- Hospitals will be responsible to notify surrounding Maryland, New Jersey and

Pennsylvania EMS communication centers of their desire for diversion.

- When Christiana Care Middletown Emergency Department (MED) is on divert, EMS patients are not to be taken there without prior authorization by MED on line medical control.
- When Bayhealth Emergency Center Smyrna (BECS) is on divert, EMS patients are not to be taken there without prior authorization by BECS on line medical control.
- The Director of the Kent County Department of Public Safety or his/her designee may cancel the diversion if Kent County resources fall below a functional operational level. Every attempt will be made to return resources to a functional level for diversion reinstatement should the diversion be cancelled by The Director.

**Sussex County:**

- Upon notification that a Sussex County hospital has requested diversion status, the Communications Center will notify:
  - The EMS Administrator on Call The EMS District Supervisors
  - The Sussex County and State EMS Medical Directors
  - All County BLS agencies
  - Appropriate Maryland EMS communications center(s) and hospitals
- When a hospital on diversion returns to “Open” status, agencies shall be notified as outlined above.
- Christiana Hospital and A.I. DuPont Children’s Hospital will accept all Priority I and II trauma patients regardless of status unless they are CLOSED.
- If two (2) facilities in Sussex County are on, or have requested, diversion status simultaneously, the Communications Center will immediately contact the Administrator on Call, the County EMS Medical Director and the State EMS Medical Director. The appropriate EMS medical director will evaluate the situation leading to the diversions and determine the best course of action for their pre-hospital patients. On the Medical Director’s authority, all diversions may be discontinued.
- If three (3) facilities in Sussex County are on, or have requested, diversion status simultaneously, the Communications Center will automatically and immediately discontinue all diversions pending further direction from the County or State EMS Medical Director.
- The County EMS Director, County and State EMS Medical Director and Administrator on Call will be immediately notified.
- Hospitals will be responsible to notify surrounding Maryland, New Jersey and Pennsylvania EMS communication centers of their desire for diversion.
- When Christiana Care Middletown Emergency Department (MED) is on divert, EMS

patients are not to be taken there without prior authorization by MED on line medical control.

- When Bayhealth Emergency Center Smyrna (BECS) is on divert, EMS patients are not to be taken there without prior authorization by BECS on line medical control.

## **Notifications**

1. The decision for a diversion status will be made according to the individual facility's standard operating procedure or protocol.
2. The designated facility supervisor will utilize the direct telephone line to the appropriate County Communications Center(s) to place the hospital on divert status.
  - a) The supervisor will identify himself or herself (name and title) to the Communications Center operator.
  - b) The supervisor must state the category of divert being requested, the reason for divert (elective, except for **closed** must be stated for public record) and an estimated termination time.
  - c) In the event that a hospital goes on "Closed" divert status, the State EMS Medical Director will notify the State EMS Director and the Chairman of DEMSOC.
  - d) The communications operator will record in a Diversion Log: the caller's name, title, diversion type and cause, initiation, and termination time.
3. The Communications Center will notify ALS and BLS agencies, County Medical Director and EMS Administration per protocols for each county

## **Diversion Limits**

- 1) *Diversion will be limited to two (2) hours.* If the communications center has not received an update from the designated facility supervisor within the two-hour time limit, the communications center will remove the facility from diversion status.
- 2) *Diversion status may be extended an additional two hours,* provided that the designated facility supervisor establishes contact with the Communications Center. There is no limit to the number of times a facility may extend a diversion status.
- 3) Every effort shall be made by the facility to lift diversion as soon as possible.
- 4) Diversion status will be statewide, and not limited to a single county.
- 5) The occurrence of a Mass Casualty Incident (MCI) or declared state of emergency shall automatically lift all diversion status in the County except CLOSED. The County and/or State Medical Director and appropriate EMS administration shall be immediately advised of the situation per County policy.

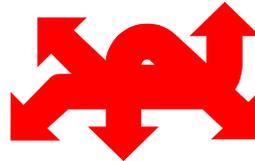
6) **CLOSED status can only be lifted by the facility and may last indefinitely.**

**Accountability**

The Delaware Office of Emergency Medical Services shall maintain a record of hospital diversions. Each EMS Communications Center shall submit a written report of each diversion incident to the State EMS Medical Director’s Office on a quarterly basis. The report shall include a record of administrative approval, type of diversion and the times that the diversion was initiated and concluded.

The State and or County EMS Medical Director will discuss any diversion problems at the county Paramedic Advisory Committee (PAC) or EMS Advisory Committee (EMSAC) meeting and include any additional information with the Communications Center’s report in the OEMS record.

The State EMS Medical Director’s Office will prepare and publish an annual State Diversion Report that will be made available to the Delaware Emergency Medical Services Oversight Committee, the Governor, the Delaware Legislature, the State Fire Prevention Commission, interested parties and the public.



**Approved by the Delaware EMS Oversight Council (DEMSOC) during the February 27, 2013 Meeting.**

**Effective March 11, 2013**