

Attachment 6

BIRMINGHAM REGIONAL EMERGENCY MEDICAL SERVICES SYSTEM

HOSPITAL DIVERT GUIDELINES

Hospital Divert Standards for Hospitals

Medical:*

1. The purpose of divert is to allow a hospital which is experiencing a temporary overloading of its facilities or staff to notify the EMSS of its need to have patients who have a **medical** emergency and are arriving by ambulance to not arrive at its facility.
2. A hospital may choose to divert in any or all of the medical categories and must renew the medical area divert each eight hours.
3. One person (position) per shift is to be recognized who will be the responsible party for placing a hospital on or off divert. The person(s) will be so designated and BREMSS will be provided the name(s) of the persons and their positions.
4. The responsible person upon determining the need to divert medical patients must notify the Alabama Trauma Communications Center (205-975-2400). The following information should be given:
 - A. Hospital name
 - B. Caller's name
 - C. Type of divert (must be on chart)
 - D. Length of time needed (if known)
5. LifeTrac.....
6. If the hospital is the resource or an associate hospital medical direction functions will be continued.
7. On-line Medical Direction hospitals will offer medical direction, which assists in patients **not** being transported to a hospital that is on divert.
8. The Alabama Trauma Communications Center (ATCC) will notify EMS providers of any hospital diverts by phone, fax, e-mail, or other electronic messaging as requested.

* Medical for purposes of this standard is **any** patient other than patients who meet trauma system, stroke system or STEMI system criteria.

Trauma:

When a trauma system hospital is unable to accept trauma **system** patients the following will occur:

- 1) Use the LifeTrac computer and change to RED **all** of the areas under Trauma and Stroke System Resources that would affect a trauma system patient, which are unavailable. The hospital should designate only certain people to change the computer.
- 2) **Do not** use the divert system for trauma patients, its use is **only** for medical patients.
- 3) **Do not** notify **any** EMS provider of the hospital's trauma status. Notifications as to hospital availability will come **only** from the ATCC when a patient is entered into the trauma system.
- 4) If an area of the hospital is unavailable such as ICU or ED, which would affect trauma and medical patients, the LifeTrac computer should be changed to RED for that area under Hospital Diverts, and the ATCC should also be called to extend this divert to medical patients.

Stroke:

When a stroke system hospital is unable to accept stroke **system** patients the following will occur:

- 1) Use the LifeTrac computer and change to RED **all** of the areas under Trauma and Stroke System Resources that would affect a stroke system patient, which are unavailable. The hospital should designate only certain people to change the computer.
- 2) **Do not** use the divert system for stroke patients, its use is **only** for other medical patients.
- 3) **Do not** notify **any** EMS provider of the hospital's stroke status. Notifications as to hospital availability will come **only** from the ATCC when a patient is entered into the stroke system.
- 5) If an area of the hospital is unavailable such as ICU or ED, which would affect stroke and medical patients, the LifeTrac computer should be changed to RED for that area under Hospital Diverts, and the ATCC should also be called to extend this divert to medical patients.

STEMI:

When a STEMI system hospital is unable to accept STEMI **system** patients the following will occur:

- 1) Use the LifeTrac computer and change to RED **all** of the areas under Trauma or Stroke System Resources that would affect a STEMI system patient, which are unavailable. The hospital should designate only certain people to change the computer.
- 2) **Do not** use the divert system for STEMI patients, its use is **only** for other medical patients.
- 3) **Do not** notify **any** EMS provider of the hospital's STEMI status. Notifications as to hospital availability will come **only** from the ATCC when a patient is entered into the STEMI system.
- 6) If an area of the hospital is unavailable such as ICU or ED, which would affect STEMI and medical patients, the LifeTrac computer should be changed to RED for that area under Hospital Diverts, and the ATCC should also be called to extend this divert to medical patients.

Hospital Medical Divert Standards for Alabama Trauma Communications Center (ATCC)

1. Upon notification by the hospital responsible party that a hospital is on divert, ATCC will:
 - 1) Send a hospital divert message by phone, fax, e-mail, or other electronic messaging to all EMS providers who are subscribed to receive hospital divert notifications.
2. Upon notification by the hospital responsible party that the hospital is no longer on divert, ATCC will:
 - 1) Send a hospital divert message by phone, fax, e-mail, or other electronic messaging to all EMS providers who are subscribed to receive hospital divert notifications.

Hospital Divert Standards for Transporting EMSPs

1. Your dispatch or medical direction hospital will make the hospital medical divert status known to the EMSP when asked or at the time when the destination of the patient is

communicated.

2. The ATCC will notify the EMSP of trauma and stroke hospital status when contacted to enter the patient in the trauma or stroke system.
3. The EMSP should call their dispatch or ATCC as early as possible (prior to leaving the scene) to inquire about hospital availability.
4. The EMSP should use the attached information about patient definition for divert areas. The definitions should be used as a general guide. If the EMT is unsure about whether a patient will need a bed in the area being diverted, on-line medical direction or the receiving hospital may be contacted.
5. The Patient's Rights guideline (from BREMSS MDA Plan) should always be followed. **The patient's wishes must be followed.** The patient should always be informed of the hospital destination.
6. "Psychiatric secure beds" divert only affects those patients who have a civil hold (mental health) placed upon them by a police officer. Patients who exhibit altered mental status will continue to be treated by the appropriate protocol and transferred to the hospital which is closest to the patient scene or the hospital of patient choice. No hospital or pre-hospital provider should consider psychiatric secure bed availability as a reason to divert a patient from the closest or chosen hospital unless a police officer has placed a civil hold on the patient. It is a police officer's responsibility to determine hospital destination on civil hold (mental health) patients.

Hospital Divert BREMSS Responsibilities

1. Provide the communications function through the ATCC.
2. Records divert activity within the region and provide specifics to the Medical Direction and Accountability Committee, the Executive Committee and the Birmingham Regional Council of the Alabama Hospital Association:
 - a) hospital
 - b) type of divert
 - c) date
 - d) time of day
 - e) length of divert
 - f) reason (if available)
 - g) any other pertinent system information
3. Act as liaison if issues arise.

4. Offer guidance and technical assistance to hospitals, EMS communication centers, EMS provider organizations and the EMS user.

Hospital Divert Status

GUIDELINES

Critical Care (CC): Any unstable adult patient who's condition which may require admission to a critical care bed, i.e.:

- 1) **Respiratory**-respiratory distress possibly requiring intubation
- 2) **Cardiac**-chest pain suggestive of acute myocardial ischemia or infarction, unstable cardiac rhythms
- 3) **Shock**, i.e., G.I. bleed
- 4) **Coma** (does not include those patients responsive to the altered mental status or seizure protocol)

Labor and Delivery (L&D): All L&D patients including third trimester bleeding.

Medical/Surgical(Med/Surg): Any patient who may require admission to a medical/surgical ward bed but not to a critical care bed.

CT Scan (CT): Any patient potentially needing CT scan, i.e.:

- 1) Patient not responding to the altered mental status or seizure protocol
- 2) Patient with focal neurological signs

Psychiatric Secure Beds (Psych): Police officer or civil hold (mental health) patients

Emergency Department: Any patient who is not a direct admit to the hospital. (Does not affect Level 1 trauma center availability)