

## Hospital Diversion

### Standard:

This standard establishes the conditions under which a System hospital may go on diversion and the process by which this should be implemented and discontinued.

### Purpose:

- This standard was developed in cooperation with the hospital networks, the medical community and the Travis County Medical Society ED/EMS committee
- The ATCEMS System employs a general no diversion policy for the transport destination of EMS patients with few exceptions discussed below.

### Application:

1. All hospitals are to remain open to EMS patients at all times except in the conditions described herein or in extraordinary circumstances with approval of the Medical Director.
2. Black-Internal Disaster:
  - a. If a hospital with a specialized designation such as a "Stroke Center" experiences failure of critical equipment needed to meet that requirement (i.e., CT Scanner) then they may close to EMS transports for that particular patient category
  - b. If a hospital experiences an "Internal Disaster" such as Fire, Utility Failure or other significant infrastructure failure they may close to EMS transports (and all other services)
3. Hospitals which need to close due to Internal Disaster as described above will contact ATCEMS Emergency Communications Supervisor at 512-978-0410. They will advise the supervisor of the Internal Disaster and/or the critical equipment failure that has led to the closure
4. Any attempt to divert patients due to reasons other than those listed above should result in notification of the on-call Division Commander and the on-call Medical Director.
5. In each case listed above Transport units, Commanders, Medical Director(s) and other individuals will be notified of the change in hospital status via AWACS page to the "EMS-Hospital Closure" group indicating that, *Hospital XX has an Internal Disaster and is diverting the corresponding EMS traffic until further notice.* The page will indicate the affected hospital, the reason for the diversion and that the facility is on diversion until further notice.
6. The patient should be informed of the need and reason the hospital is diverting EMS patients and; in the absence of a time critical or unstable patient condition the EMS provider(s) should recommend that a patient be transported to another network hospital where possible. When a time critical or unstable patient condition exists the closest appropriate facility should be recommended that is not on diversion.
  - a. If the patient refuses the recommended destination the EMS unit should transport the patient to a facility (not on diversion) of their choosing.
7. If a patient insists on being transported to a facility on diversion providers should explain the reason for the diversion status and that transport to that facility may result in significant delays in their care, worsening of their condition, or even death. Providers should attempt to convince the patient of the need to go to an alternate facility. This includes, but is not limited to, contacting a supervisor or on line medical control at the diversion facility. If a patient insists on transport to that facility and the only alternative is refusal of transport the EMS provider(s) should have the patient sign a refusal acknowledging the explained risks of transport to that facility and transport the patient to their destination of choice. If that

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hospital is unable to care for the patient due to a lack of equipment or expertise (e.g. STEMI to non-PCI facility, Stroke to facility without CT capabilities, etc) the EMS providers should advise their Supervisor of the situation and upon arrival at the destination remain immediately available for transfer of the patient. The length of this availability is to be determined in consultation with the EMS Supervisor. The provider should thoroughly document their description of the risks and their efforts to convince the patient to go elsewhere.

8. If a hospital has closed to all patient traffic including walk-ins due to catastrophic loss of capabilities or potential threat to the safety of both providers and patients then the hospital is no longer considered an approved receiving hospital until the condition is removed. Patients should be informed that the hospital is closed and that they will be denied access to the facility. The patient should be transported to another appropriate facility in accordance with #5 above. If a patient still wishes to refuse transport they should be informed of the risks and a refusal obtained in accordance with the Refusal of Treatment/Transportation Standard.
9. If an EMS Supervisor encounters a condition/situation at a hospital that may place providers at risk (i.e. riot, gang violence, hostage situation etc.) the Supervisor may close the hospital to EMS traffic pending resolution. The Supervisor should contact communications to advise all transport providers of the hazardous condition. Communications should immediately notify the on call Medical Director and Division Chief.