

EMS Unit Diversion/ EMTALA

Purpose: To promote optimal patient care through the coordinated efforts of the EMS and hospital systems and to allow for proper patient destination based on patient request and facility status during times when the facility staff feels it is temporarily incapable of providing optimal care to additional patients minimizing EMTALA risk to hospitals by EMS transport units.

ALL hospital systems must remain open to receive patients UNLESS the hospital is on "BLACK DIVERT"

- "BLACK DIVERT" includes
 - Critical Infrastructure Failure (i.e., facility mechanical/electrical supply failure, loss of critical imaging capabilities or treatment capabilities)
 - Building structure or safety compromise (i.e., fire, active shooter, building collapse, flood, etc.)
 - Any "BLACK DIVERT" declared will be bannered on EMResource

Current protocol for patient destination should be maintained including patient request and closest hospital.

If a circumstance arises when a field EMS provider feels it is mandatory to go to a diverting hospital (except for "BLACK DIVERT") because of risk to the patient or provider, they should advise the receiving hospital that they are overriding closed status and give a med report and ETA.

These cases will prompt mandatory QI reporting to the appropriate medical director.

Hospitals may divert within their own system.

Hospitals can transfer patients between hospital systems, as long as an agreement exists to receive the patient.

It is expected that all hospitals will adhere to current status that is reflected in the EMS system window for ED and inpatient statuses.

When circumstances arise and an EMS transport unit is on a hospital's property, the EMS unit will not divert to another hospital. Please note that while the VA is a federal hospital, the organization follows the rules/regulations of EMTALA

If you get a divert order from the facility and you are on their property, you will advise the facility that you are on their property and will not be diverting.

Upon arrival, advise the staff of the EMTALA risk and tell them that an internal quality assurance will be generated and will be reviewed by the medical director.

Radio reports will be done as early as possible during transport to minimize EMTALA risk.