

Jackson County Medical Control Authority
System Protocols *Emergency Protocol
DESTINATION AND DIVERSION GUIDELINES

Initial Date: 03/30/2016

Section E8-3

Destination and Diversion Guidelines

This policy allows a hospital to temporarily divert patients to another hospital who meet the criteria below. This policy is intended to act in the best interest of a diverted patient by transporting them directly to a hospital capable of meeting their anticipated immediate needs.

This system may be activated only when a hospital lacks the resources necessary to provide care that cannot be delayed without compromising the patient's outcome and when the patient's needs will be better served by diverting them to another hospital. Only one trauma hospital may be on any diversionary status at any one time. If the second Jackson County Medical Control Authority trauma hospital requests diversionary status neither hospital may divert patients. There may be circumstances where a hospital with limited resources will request diversion of a patient on-line. For this reason, it is expected that the base station hospitals will be notified as soon as possible of a patient meeting either the neurosurgical diversion or trauma diversion criteria. This advance notification is intended to enable the base station physician and ALS crew to determine the appropriate destination for patients on a case-by-case basis. This policy does not apply to mass casualty incidents (see **Mass Casualty Incidents**).

Diversion Categories:

Neurosurgical Diversion: Patients likely to require an emergency neurosurgical procedure based on the following prehospital criteria:

- Head trauma with significant change in mental status.
- Spine injury with neurologic deficit.
- Headache followed by sufficient deterioration in mental status.

Trauma Diversion: Patients meeting any of the absolute trauma criteria. If a patient requires a mechanical airway and this cannot be accomplished by prehospital personnel, the patient will be transported to the closest hospital regardless of diversion status.

Early Stroke Treatment Diversion: Patients meeting the criteria for early stroke treatment and the designated stroke center has one or more criteria for diagnosis and treatment temporarily unavailable.

Internal Disaster: If a hospital completely loses all ability to provide normal emergency care due to an internal disaster and has exhausted all internal options to rectify the disaster and avoid diversion, then they may temporarily divert patients. Examples of internal disasters would include but are not limited to extensive fire or flooding in the ED, loss of all sources of electricity or active shooter/bomb in the ED.

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- An internal disaster is not to be declared due to:
 - Lack of staffing
 - Lack of inpatient beds
 - Overcrowding of the emergency department or hospital
 - External MCI/disaster (unless system directed)

Procedure:

Implementation: Only the emergency department director or his/her designee, with input from the attending trauma surgeon may place a hospital on diversion.

Pre- notification: Diverting hospital will notify all base station hospitals of intent to divert.

Notification: A diverting hospital will notify the following of the diversion category and anticipated duration:

- Divert hospital to notify **HVA/JCA Dispatch 517-787-5700.**
- **Survival Flight 800-822-2233**
- Each EMS agency will in turn notify their on duty and oncoming personnel.

Status Updates/Resolution: The above will be updated at a minimum of every four (4) hours by the diverting hospital. This update will include the diversion category and the estimated duration.

The diverting hospital will notify the above when the diversion is to be canceled.

Patient Diversion: Upon notification, transport agencies will divert patients meeting the specific criteria from diverting hospital. The alternate destination will be selected according to existing Jackson County MCA/ State of Michigan Protocols (**Transport Protocol, Adult Trauma Triage, Pediatric Trauma Triage or Stroke Treatment & Triage**).

If uncertainty regarding the appropriate hospital destination exists, medical control should be contacted as soon as possible.

Reporting:

The diverting hospital must inform the EMS Medical Director within five (5) days of the duration and reason for the diversion.

The EMS Medical Director will report all diversions to the medical control board.

This protocol must be re-approved annually by the medical control board to remain in effect.