

Jackson County Medical Control Authority
SYSTEM
TRANSPORT DESTINATION AND DIVERSION

Initial Date: 5/1/2024
Revised Date: 5/19/2026

Section: 8-3

Transport Destination and Diversion

Purpose: To define the decision-making process regarding EMS destination.

I. Transport Destination Decisions

- A. In matters of imminent threat to life or limb, transport to the closest appropriate facility.

Closest appropriate is a facility capable of providing definitive care or, if definitive care is not readily available, resuscitative care for the patient's condition in consultation with on-line medical control or as defined by MCA specific protocol.

- B. Patients that are stable will be transported according to the following ranking given below unless the patient becomes unstable during transport:

1. Patient request
2. Family request
3. Patient's personal physician request

- C. No other individuals are permitted to determine destination of patient without prior approval of on-line medical control: (police, fire, bystander physician, etc.)



- D. Exception: If transportation to the requested facility removes the EMS vehicle from the service area for an extended time, Consult medical control and an alternative may be considered

II. Transportation Procedure

- A. Priority 3 patients (medical or trauma): Shall be transported to an Emergency Facility of the patient's or patient's family choice

- B. Priority 1 and 2 (medical) Patients: shall be transported to the closest appropriate facility, based on the following guidelines:

- C. ST Elevation Myocardial Infarction (STEMI)

1. Transport to a facility capable of interventional cardiac care.

- D. Return of Spontaneous Circulation (ROSC)

1. Transport to a facility capable of interventional cardiac care. Notify receiving facility, as soon as possible and give ETA.

- E. Stroke



1. Notify closest MCA approved stroke center as soon as possible if Cincinnati Stroke Scale or other validated MCA approved stroke scale is abnormal with "Stroke Alert" and ETA

- F. **Trauma Patients – follow** Adult and Pediatric Trauma Triage-Treatment Protocol

1. A patient may be transported to a Provider Based Emergency department if they are:

- i. Priority 3 patient who requests transport to the Provider Based Emergency department.

2. All other patients will be transported to a trauma center.

- i. A stable patient (priority 2) who has been approved by medical direction for transport to a Level III or IV Trauma Designated

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- Emergency department . Otherwise transport to a Level I or Level II Trauma Designated Emergency department
- ii. An unstable Priority 1 trauma patient should ideally be transported to the closest Level I or Level II Trauma designated facility. However, if the EMS providers caring for a patient deem that a patient is too unstable for transport to the closest Level I or Level II designated facility AND there is a closer provider based Emergency Department that can provide additional care not available in the ambulance, the patient can be transported that facility for treatment. (the primary example is a patient being transported by an ALS unit with an airway that cannot be secured or maintained by EMS personnel).
- iii. A trauma patient with minor injuries such as sprains and minor fractures without deformity or without high velocity mechanism may be transported to a who requests transport to the Level III or IV Trauma Designated Emergency Department if requested.

- G. Documentation of destination will be the reason the facility was chosen (specialty care, trauma center). Closest facility will only be indicated when the facility is geographically the closest facility.

III. Patient Diversions

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**).

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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 actives hooter/bomb in the ED.

- 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:

- **Jackson County Dispatch via email at Dispatcher@mijackson.org and Jhamman@mijackson.org**
- **HVA/JCA Dispatch 517-787-5700.**
- **MDOC 517-780-5911**
- **Survival Flight 800-822-2233**
- Each EMS agency will in turn notify their on duty and oncoming personnel.

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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.

Note: Each facility has the authority to develop and administer written policies concerning the temporary closing of emergency departments, however a facility on diversion must notify the MCA of the diversion status. By statute, the medical control authority, based on needs of the EMS system, may determine the destination of the patient thus overriding the diversion status.

Protocol Source/Reference: Michigan 8.3 Transport Destination and Diversion; Version 1/27/23.