

PROTOCOL FOR: EMTALA: Ambulance Diversion

**POLICY:**

1. The Emergency Department will make decisions about diverting ambulances from John Dempsey Hospital based on evaluation of the capability of the department and hospital facilities and staff to deliver safe and appropriate care, and the capacity to render such care.
2. Volume and acuity of patients are key factors that must be considered in the diversion process.
3. Diversion timeframes and frequency must be kept as short and infrequent as possible.

**DESIRED PATIENT**

**OUTCOME:** Diversion of patients will occur only when, due to temporary incapability or incapacity of the Emergency Department or Hospital, diversion would be in the best interest of the patients.

**DEFINITIONS:**

Facility Capability: physical space, number of beds (ie. emergency department stretchers, inpatient beds, ICU beds), essential equipment and resources, including specialized services(ie. obstetrics, psychiatry, intensive care) needed to deliver safe and appropriate care.

Staff Capability: refers to a level of care that hospital personnel, including the on-call roster, can provide.

Capacity to render care: includes means undertaken to accommodate patients, even in excess of occupancy limits (ie. moving patients to other units, calling in additional staff, etc.)

Acuity: The degree of illness, seriousness of illness and intensity of work required to care for patient/patients.

Volume: The number of patients being cared for in a given timeframe.

CMED: Centralized Medical Emergency Dispatch is the radio dispatching command center for ambulances in our region. CMED is responsible for making a general announcement to all ambulances when a hospital is on diversion and which hospital will be accepting the diverted ambulances.

**DECISION**

**MAKING PROCESS:**

1. When the volume and or acuity of patients being cared for in the Emergency Department exceeds the capacity or capability of the Emergency Department or the hospital to care for patients safely, or if capability for staff

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to provide safe care are in other ways impacted, a discussion about going on ambulance diversion should be undertaken by the charge nurse on duty and the emergency department attending physician on duty. If collectively they decide ambulance diversion is necessary to preserve safety and quality of care, they should contact the nursing supervisor on duty to inform them of their decision.

2. If the nursing supervisor can remedy the capacity/capability issue in a timely fashion, the emergency department should not go on diversion.
3. If the nursing supervisor cannot remedy the capacity/capability issue in a timely fashion, the emergency physician should contact a nearby hospital that is willing to accept our diverted ambulances for up to but not exceeding two hours. The nursing supervisor will notify the hospital administrator on call and the clinical chief of emergency medicine.
4. The attending physician on duty should arrange for CMED to make a notification that John Dempsey hospital is on diversion and which hospital is accepting.
5. During the period of diversion, the nursing supervisor in conjunction with the emergency department staff and the hospital administrator on call will make efforts to remedy the capacity /capability issue with the hopes of discontinuing the diversion status as soon as possible.
6. CMED will be contacted and asked to make a general announcement that John Dempsey Hospital is no longer on diversion and is accepting all ambulances.
7. The nursing supervisor on duty, charge nurse and emergency attending physician on duty will complete a diversion report (see attached) at or before the end of their shift and make it available to the Emergency Department administrators for review.

**APPROVAL:** Emergency Department Standards Committee  
Emergency Department Manager and Medical Director

**EFFECTIVE DATE:** 4/06

**REVIEWED DATES:** 9/08

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Emergency Department Diversion Report

DATE: \_\_\_\_\_  
Time Start Diversion: \_\_\_\_\_  
Time End Diversion \_\_\_\_\_  
Charge nurse: \_\_\_\_\_  
Attending physician: \_\_\_\_\_  
Nursing supervisor: \_\_\_\_\_  
Administrator on call: \_\_\_\_\_

Emergency department bed occupancy \_\_\_\_/18  
Number of admitted patients in the ED \_\_\_\_\_  
Number of patients waiting for evaluation in ED \_\_\_\_\_  
ICU occupancy \_\_\_\_/ ?#  
CT scan disabled Y / N

Narrative to underscore the need for diversion including volume, acuity and facility and staff capability and capacity.

Comments.: \_\_\_\_\_  
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