

EMERGENCY DEPARTMENT POLICIES

SUBJECT:	Emergency Medical Services Diversion Protocol	NO. 7.2 PAGE NO. 1 of 3
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Original Date of Issue: 1983

Reviewed:	6/89	6/91	5/94	3/97	3/99	1/00	6/01
Revised:	6/88	6/93	3/98	3/98	6/01	4/03	4/06

Patient Population

Neonate	√
Pediatric	√
Adolescent	√
Adult	√
Geriatric	√

PURPOSE: To provide guidelines when requesting 911 EMS diversion

POLICY: EMS diversion should be requested when the number and / or acuity of patients in the emergency department reach a level where patient care is threatened; see Hospital Policy on ED Overcrowding and Hospital Surge.

Diversion categories include: Critical Adult, Critical Pediatrics, Psychiatric, Ob-Gyn, or Total.

Before diversion can be requested, the Clinical Nurse Manager or Clinical Coordinator or Nursing Administrator must be called for consultation.

Only those individuals whose titles are on the Diversion Authorization List may request diversion of Emergency Medical Services (EMS). This list is updated annually or more frequently as identified by the EMS Medical Director.

When a request to notify EMS to divert patients is received by one of the authorized employees, he/she shall complete and sign the EMS Diversion Form. This form must remain on file in the Emergency Department after completion (see attached form).

Diversion status must be entered in IBEX by going to PulseCheck and selecting Bypass under Emergency Status. A copy of Pulse client and Bed Board status should be attached to the diversion form.

CANCELLATION OF DIVERSION STATUS:

In the event that EMS had been notified to divert patients, and the “Divert Criteria” has been lifted, an authorized individual will then call EMS again and cancel the request to divert. See attached FDNY 911 Operating Policy 115-001.

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SUBJECT:	Emergency Medical Services Diversion Protocol	NO. 7.2
		PAGE NO. 2 of 2

IMPLEMENTATION:

Effective February 1999, EMS has revised their diversion categories. Under this new policy, there are 4 types of EMS diversion:

1. Critical Diversion - To be called when:
 - Non-availability of medical personnel to treat critical patients.
 - Non-availability of stretchers, equipment or monitors.
 - Non-availability of ICU or Inpatient beds. (This cannot be the only reason for diversion).

DURING CRITICAL DIVERSION, NONCRITICAL PATIENTS WILL CONTINUE TO BE BROUGHT TO THE ED. EMS DIVERSION FOR CRITICAL CASES WILL BE TERMINATED AT THE COMPLETION OF EACH EMS SHIFT (8AM, 4PM, 12AM)

2. Critical Diversion Except Pediatrics - To be called when above criteria with the ED having capability to care for critical children.
3. Obstetrical Diversion - To be called when obstetric/newborn unit is not capable of adequately caring for either mother or newborn.
4. Pediatric Diversion- To be called when there is no ability for the ED to care for critically ill children.
5. Total Diversion - To be called when there:

- Major functional problem of the ED such as floods, electrical outages, strikes, fire.
- Medically related total diversion for shortages of staff, stretchers or medical equipment and at least 15 patients waiting for admission.

THERE WILL BE AN ON-SITE EVALUATION OF TOTAL DIVERSION REVIEWED BY EMS FOR EVERY TOTAL DIVERSION REQUEST.

DATE _____

DIVERSION

TIME _____

OFF ON	D NO BED ASSIGNED	ED BED EADY	NDER EVAL			WAITING TIME TO BE SEEN		E TO RE
						TIME	NUMBER	

(18) 416-7000

EMS Operator _____ Hours of Diversion _____

AMBULANCE COMPANIES

Contact

NURSING HOMES

Contact

_____ (719) 994-8800
Associated Ambulances (718) 543-5100
_____ Metropolitan (718) 251-8888

_____ Florence Nightingale (212) 410-8717
_____ Jewish Home (212) 870-4945
_____ Daughters of Jacob (718) 293-1500
X+402-401

_____ h (212) 387-1750
_____ re (718) 346-6900

_____ Hebrew Home (718) 405-8848
_____ Concourse Nursing Home (718) 681-4000
x+212

_____ Keefe (212) 988-8800
_____ (516) 371-2622

_____ Terence Cardinal-Cooke (212) 360-3900

DIVERSION: Call all above numbers.

EMERGENCY DIVERSION: Call Ambulance companies and Terence Cardinal -Cooke only.