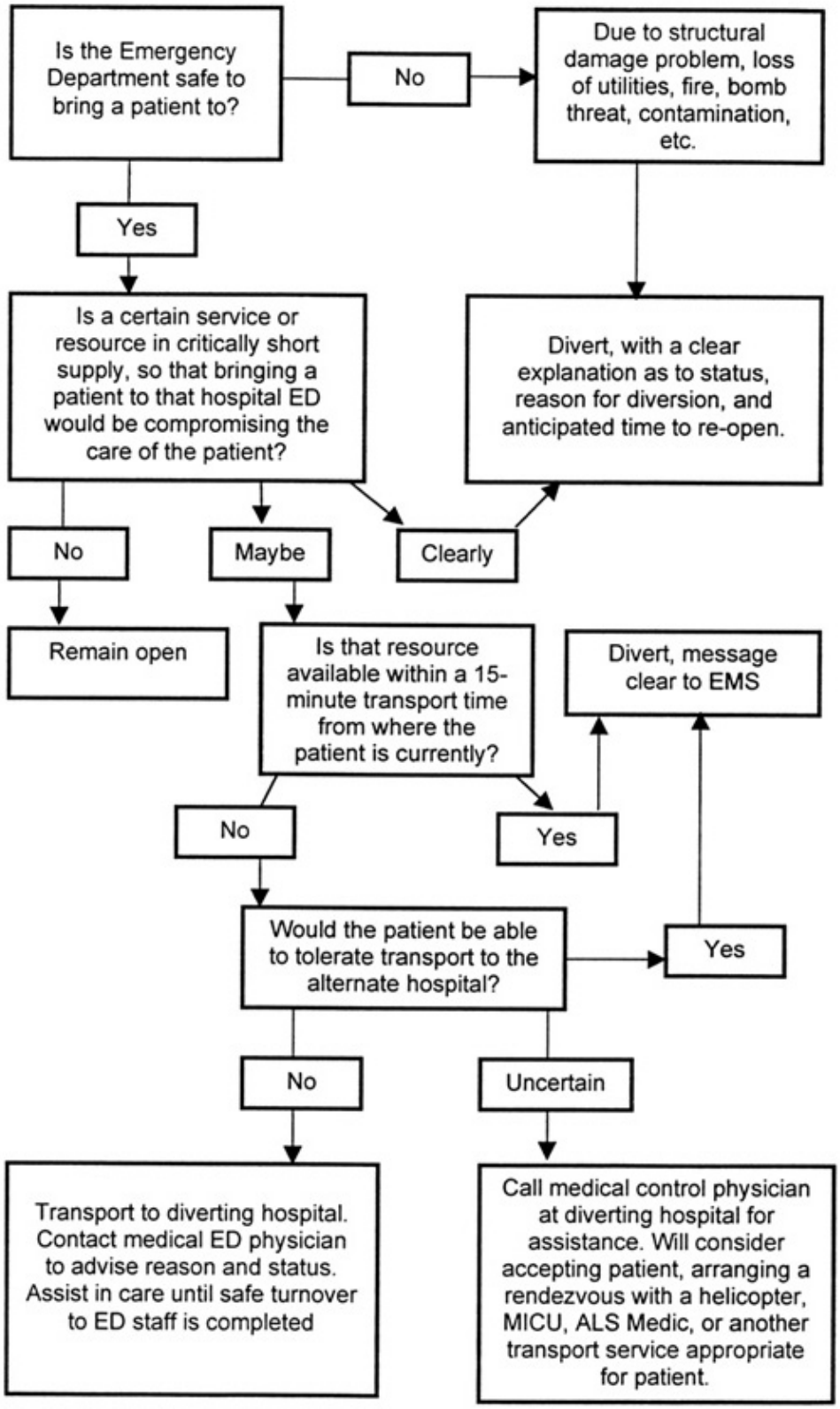
Diversion Decision Diagram



Source: Premier Health Care Services, Dayton, OH.

The Communication of a Diversion Message

Why is diversion occurring?

- Safety reasons
- ED compromised
- Certain hospital services unavailable
  - CT scan
  - Monitored beds
  - Critical care beds
  - Dialysis, etc.
  - Labor and delivery
- A "nearby" hospital not compromised in its ability to deliver care

Who is diverted?

- All patients
  - Care can take place temporarily in "parking lot" with rendezvous with on-site transport vehicles
  - No care can occur, facility and ED staff fully compromised
  - Message must go out by EMS channels plus to the general public through the media
- EMS patients
  - All EMS patients
  - Patients who have an identified need that EMS personnel can recognize
    - All monitored patients
    - All trauma patients
    - All critical care patients
    - All patients who may require CT scan (strokes, head injury)
    - All patients utilizing a special hospital service, such as dialysis and labor and delivery, which is compromised

How large a population and EMS system will be affected?

- A regional referral center, such as the children's hospital, the trauma center, or the burn center, will need to be communicated widely
- A hospital isolated in a large geographic area will be more difficult to divert

What are the legal implications?

- Care compromise is not as defensible if uncompromised care is available for a patient within a reasonable transport time
- Diversion policy must be developed and applied consistently, and not subject to real or perceived financial motivation
- Diversion, rendezvous, and transfer incidents each have EMTALA implications. Documentation should support medical judgement, clear communications, consistency, and lack of financial motivation

How long will diversion last?

- A foreseeable and predictable time frame that is short (hours)
- An unknown but short time frame (hours)
- An unknown and lengthy time frame (structural collapse from an earthquake)

How will message be communicated and to who?

- Other surrounding ED's (by phone, fax, radio or electronic interchange)
- Local EMS
- Regional EMS
- General public media
- Physician offices

Is the ED physician medical control able to override the diversion decision?

- No, as in situations where the ED is unsafe
- Yes, where ED physician can assist in patient care "in the parking lot"
- Yes, where ED can accommodate the patient, then arrange transport to another hospital
- Yes, where ED physician can arrange a rendezvous with a skilled transport vehicle (helicopter or MICU)
- Yes, where the patient will be evaluated in the ED and then further disposition decisions are made

Is there a specific site to divert to?

- Yes, (all children under the age of 14 are being diverted to _____ hospital)
- No, but call us and we may be able to help make decisions with you
- No, and we cannot help make decisions (phones, radio and/or staff are unavailable)

Is rendezvous in the parking lot an option?

- ED and/or hospital compromised, but parking lot available to transfer patients to another hospital with a higher level of care
- A vehicle placed in parking lot with appropriate staff to perform rendezvous
- ED staff available in parking lot to assist in evaluation, urgent treatment, and then destination decision
- EMTALA implications addressed by good documentation