



Division 05

Emergency Medical

Chapter 09 – Hospital Diversion

March 2009

POLICY

This General Order describes the “MIEMSS Hospital Alert Status System”. EMS providers have struggled to deal with the Alert Status of area hospitals. This system was developed to allow both hospitals and EMS systems to render the best quality care to all patients in the timeliest manner. In order to make the best decision regarding which receiving facility can best handle the patient, EMS providers must have the knowledge of what each alert status means.

hospital Diversion is necessary due to EMS units being unable to transfer care to the emergency department (ED) in a timely manner. Timely is defined to be within 20-30 minutes.

Trauma Bypass (Fly By) – A facility is unable to function as a trauma center due to capacity or staffing issues.

DEFINITIONS

Red Alert – The hospital has no electrocardiogram (ECG) monitored beds available and requests patients who are likely to require this type of care, not be transported to their facility.

Yellow Alert – The hospital’s emergency department (ED) is overwhelmed by the amount of beds or level of staffing available to safely manage incoming priority 2 or 3 patients.

Blue Alert – The EMS jurisdiction is taxed to its limits due to extraordinary conditions such as multi-casualty incidents, snow, icing, or flooding.

Mini Disaster – The hospital is experiencing emergency physical plant problems such as electrical, water or oxygen failure, or a hazardous material, security or bomb incident.

Re-Route – The EMS jurisdiction chooses to have all EMS units diverted from a particular

PROCEDURES

1. Red Alert

A hospital goes on Red Alert when there are no inpatient cardiac monitored beds in the hospital into which a patient can be admitted. Therefore, the emergency department cannot take a patient that requires ECG monitoring. This status does not necessarily describe the condition of the ED. The definition of a patient that requires ECG monitoring is based upon the pre-hospital definition, not the receiving hospital’s definition.

- If a Basic Life Support (BLS) unit is transporting a patient, it should be a patient that EMS has defined as not needing ECG monitoring.
- On the occasion that a BLS unit is transporting an Advanced Life Support (ALS) patient because of proximity to the hospital or the patient’s condition warrants not waiting on the scene for and ALS unit, the closest hospital should **not** be bypassed.



- BLS units should not bypass a hospital solely based upon their “Red Alert” status.
- There should not be many circumstances when a BLS unit bypasses a hospital on “Red Alert”.
- ALS units should take into consideration the patient’s best interest when deciding to bypass a hospital that is on “Red Alert”. ALS personnel should use their knowledge and training when determining if ECG monitoring would be beneficial to the patient.
- It is very important to remember a Priority 1 patient needs to go to the closest appropriate hospital regardless of their alert status.
- If the two closest hospitals are on “Red Alert,” the provider will disregard the alert status and transport to the closest facility.
- If one of the closest hospitals is on “Red Alert” and one on “Yellow Alert”, the patient will be transported to the hospital on “Red Alert”.
- If a provider is transporting to a hospital on “Red Alert” status please make sure to advise ED staff the exact reason transport was continued to their facility in spite of the alert status. **Communication is often the key factor in mutual understanding.**

2. Yellow Alert

A hospital goes on “Yellow Alert” when it is requesting that no Priority 2 or 3 patients be transported to that facility. This type of alert is initiated because the ED is experiencing a temporary overwhelming overload such that priority 2 and priority 3 patients may not be managed safely. Once again, transport decisions must be based on what is best for the patient. If a hospital is on “Yellow Alert”, it is saying that patients will have to

wait for treatment and care resulting in extended time in the ED. In most cases, it is best for the patient to go to another hospital that is better able to handle the patient’s needs.

- Remember a Priority 1 patient needs to go to the closest appropriate hospital, regardless of their alert status.
- If the two closest hospitals are on “Yellow Alert”, the provider will disregard the alert status and transport to the closest hospital.
- If one of the closest hospitals is on “Red Alert” and one on “Yellow Alert”, the patient will be transported to the hospital on “Red Alert”.
- Remember, if a provider is transporting to a hospital on an alert status, either “Red” or “Yellow”, the provider must make sure to advise ED staff the exact reason transport was continued to their facility in spite of the alert status. **Communication is often the key factor in mutual understanding.**

3. Blue Alert

Our EMS System may utilize a “Blue Alert” status when the emergency services delivery system is taxed to its limits due to extraordinary situations such as storms, MCI’s etc. A “Blue Alert” can only be declared by the Prince Georges County Fire and EMS Department’s EMS Duty Officer. “Blue Alert” status will remain in effect until the EMS Duty Officer cancels it.

- A “Blue Alert” status overrides or suspends all “Yellow” or “Red Alert” statuses that have been declared by any hospital.
- EMS providers will transport patients to the closest appropriate facility



unless the hospital is on “Re-Route Alert”.

adjacent EMS jurisdiction, the EMS Duty Officer shall refer to the respective EMS jurisdiction.

4. Mini Disaster Alert

A “Mini Disaster Alert will be called when a hospital’s ED experiences an unexpected, in house, physical plant problem such as: water or power outages, hazardous materials incidents, bomb scares or other situations which threatens the life or health of patients and providers. This alert may also be in place due to a scheduled shut down of key services such as power or oxygen delivery systems or at the request of the Secret Service. Critical Care overloads are not considered justification for a “Mini Disaster Alert”.

- While on “Mini Disaster Alert”, the hospital will receive no patients from the EMS system regardless of priority.

5. Re-Route Alert

The EMS Systems access to a hospital’s ED must be open, uncomplicated and unrestrained. “Re-Route” was established as a system response to patient surge and overload in an emergency department. A hospital may be placed on “Re-Route” by the Prince Georges County Fire and EMS Department’s EMS Duty Officer. “Re-Route” generally occurs when an EMS provider is unable to transfer care to the ED in a timely manner. Additionally, it may be used by EMS Duty Officer should any hospital be found holding three (3) or more emergency transport vehicles with a wait of 30 minutes or greater creating a drain on the EMS System.

“Re-Route” status has no effect on the pre-existing alert status of a hospital and does not automatically override acceptance of a patient to a specialty referral center. Should a hospital needing “Re-Route” be within an

- EMS providers must remain with the patient at all times providing and documenting patient care until the patient has been transferred to a hospital bed, or chair, under the direct supervision of hospital staff.
- If an EMS provider is unable to arrange a timely transfer of care to ED staff (excess of 20-30 minutes) he/she should contact the ED Charge Nurse. If ED staff is still unable to assume care of the patient after ten (10) minutes, the EMS provider should notify the EMS Duty Officer.
- The EMS Duty Officer will contact the ED Charge Nurse to discuss the status of the delays in the Emergency Department and the utilization of “Re-Route” to assist.
- Priority 2 and Priority 3 patients should be transported to the next closest appropriate hospital.
- Priority 1 patients should be transported to the closest appropriate facility unless otherwise directed by a consulting physician. The consulting physician must be advised of the closest hospital’s “Re-Route” status. Further direction for transport should be given by the consulting physician.
- If two adjacent hospitals are on “re-Route”, EMS providers should obtain direction from the EMS Duty Officer.
- Obtain consultation to obtain direction on transport to specialty referral centers, if “Re-Route” is a factor.
- It is the responsibility of the last EMS unit detained at the “Re-Route” hospital to notify the EMS Duty Officer when they have transferred care and are able to clear the facility.



6. Trauma Bypass (Fly By)

- The trauma center will notify Emergency Medical Regional Communications (EMRC) that they are on or off “Trauma Bypass (Fly By)” status.
- EMS providers should transport trauma patients to the next closest Trauma Center.
- For patients in cardiopulmonary arrest or with unstable airway issues consideration should be made to transport patients to the nearest emergency department.

REFERENCES

MIEMSS Region V Alert Status System

FORMS/ATTACHMENTS

N/A