

3.3.4.3 Designation of Treatment Facilities



YOUR ORGANIZATION
STANDARD OPERATING PROCEDURES/GUIDELINES

TITLE: Designation of Treatment Facilities

SECTION/TOPIC: Management of EMS Operations

NUMBER: 3.3.4.3

ISSUE DATE:

REVISED DATE:

PREPARED BY:

APPROVED BY:

X

Preparer

X

Approver

These SOPs/SOGs are based on FEMA guidelines FA-197

1.0 POLICY REFERENCE

CFR

NFPA

NIMS

2.0 PURPOSE

This standard operating procedure/guideline addresses coordination with facilities to receive patients.

To establish a process for involved facilities and agencies to effectively manage seasonal emergency department overloads. This procedure supports the Central Region Coordinating System Diversion Protocol.

3.0 SCOPE

This SOP/SOG pertains to all personnel in this organization.

4.0 DEFINITIONS

These definitions are pertinent to this SOP/SOG.

5.0 PROCEDURES/GUIDELINES & INFORMATION

5.1 Coordination with Facilities to receive Patients:

GOAL

The rapid delivery of definitive medical care through effective management of fire department rescues/ambulance transportation during implementation of regional guidelines on pre-hospital diversion. (Procedure xxxx).

DEFINITIONS

Diversion/Bypass are official terms used in AEMS policies to route 911 system patients away from a facility that is saturated or overcrowded to the point that emergency department resources are unavailable. **Critical patients with uncontrollable medical problems will always be triaged to the closest appropriate emergency department.**

- a. **Emergency medical condition** means a medical condition manifesting itself through presentation of acute symptoms with sufficient severity (including severe pain), such that the absence of immediate medical attention could reasonably be expected to result in the following:
 - 1. Placing the patient's health in serious jeopardy.
 - 2. Serious impairment of bodily function.
 - 3. Serious dysfunction of any bodily organ or part.
- b. **Uncontrollable medical problems** shall be defined as those pertaining to the inability to provide an adequate airway or ventilation, lack of a palpable pulse, in the non-traumatic patient.
- c. **Neighboring facilities** shall be defined as emergency departments or trauma services located in proximate geographic areas. This term applies to the cooperative effort of notification of saturation or disaster status and assuring availability of emergency care for patients prior to activation of any pre-hospital diversion.
- d. **Fully committed resources** means the health care professionals at an emergency department or trauma service are at maximum capacity providing treatment to acutely ill or injured patients and are temporarily unable to provide "safe, appropriate, and timely" medical care to patients with an emergency medical condition.
- e. **Informal diversion** shall be defined as a situation during which a pre-hospital care provider or a pre-hospital communication center contacts a facility that has not previously proclaimed a pre-hospital diversion and that care provider or communication center is instructed to divert a patient "or patients" to another facility.

DIVERSION CATEGORIES

The following are **acceptable** pre-hospital diversion categories. The declaration of diversion in one category does not place a facility on diversion in any other category.

- a. **Emergency department saturation:** An emergency department has “fully committed its resources” and is not available for any additional incoming patients with an “emergency medical condition.” They shall be listed as “open or closed” by the Dispatch Center.
- b. **Trauma service saturation:** A trauma service has “fully committed its resources” and is not available for additional incoming Level One trauma. A trauma service shall be presented as “open or closed” by the Dispatch Center for those providers.
- c. **Facility internal disaster/equipment failure:** Through policy and procedure established by the internal disaster plan of a hospital, the facility or hospital cannot receive any patients because of a physical plant shutdown (for example, fire, bomb threat, hostage situation, power outage, flood, etc.) or temporary lack of specialty equipment (for example, x-ray, CT scan). If a facility calls for any of the above reasons the Dispatch Center will notify the providers that the facility is “open or closed.”

EXCLUSIONS TO PRE-HOSPITAL DIVERSION

- a. At no time will saturation of critical care or medical beds alone be used as a reason to initiate pre-hospital diversion. The critically ill patient must be accepted by the facility, evaluated and stabilized by the emergency department or trauma service or go to surgery.
- b. Pre-hospital patients exhibiting “uncontrollable medical problems” shall be accepted by the closest appropriate facility regardless of hospital status. Critical patients shall be accepted by the closest appropriate hospital when transportation to a more distant hospital will pose a further significant risk to the patient.
- c. Serious, but stable patients may be routed or re-routed by the providers’ on-line medical control.
- d. On-line medical control shall remain available at all times from ALS Base hospitals, regardless of their diversion status.
- e. System overload:
 - 1. When the entire system is overloaded (many facilities on diversion), all facilities must open. The EMS system may then be operating in a disaster mode.
 - 2. When many neighboring facilities are on diversion the affected public safety agency(s) may request that a facility or facilities re-evaluate their status and come off diversion, in the interest of public welfare.

PROCEDURE

Emergency department facilities will have the responsibility for notification of the Phoenix Fire Department Dispatch Center of their diversion status. The emergency department charge nurse, paramedic coordinator, or other authorized management will normally make this notification.

Upon notification to the Dispatch Center, the emergency medical dispatcher will assure that the following actions are taken:

- a. Document the time of the call from the facility on the diversion form.
- b. Document the reason for diversion; trauma, ED saturation, or facility internal disaster/equipment failure.
- c. Notify the EMS transportation providers through the CAD, of hospital diversion.
- d. Follow-up with the affected hospital in three hours to reconfirm the status.
- e. The diversion form is routed through the Dispatch Center chief to the EMS office.