

EL PASO COUNTY PARAMEDIC AMBULANCE DIVERT POLICY

PREFACE:

Recognizing the need for a uniform diversion policy for the Colorado Springs hospitals when these facilities are stressed under particular conditions, the following policy and guidelines are proposed.

TYPES OF DIVERT:

I. CRITICAL CARE DIVERT

- A. Medical Critical Care Divert - Patients in this category would include those with serious medical problems whose in-hospital care would, in all probability, require intensive care management. Examples would include, but not be limited to, cardiac arrest, shock, coma, or chest pain of a suspected etiology requiring intensive care facilities. The hospital has determined itself unable to safely accommodate additional patients requiring these facilities.

1. Sub-categories
 - a. Adult
 - b. Pediatric (14 or under)

(A sub-category under medical divert could also be utilized by those institutions that have specific intensive care facilities such as Peds, or ICU at such times that their capabilities are similarly over burdened.)

- B. Trauma Critical Care Divert - Patients in this category would include those with major trauma, whose continued management carries a high probability of requiring emergency surgery. Examples would include, but not be limited to, penetrating injuries of the chest, abdomen, or head, massive blunt head injury, or major multisystem trauma. The intent of a trauma divert would be to redirect these patients to other appropriate facilities when a particular hospital has maximally utilized its surgical operating facilities at a given period in time.

1. Sub-categories
 - a. Adult
 - b. Pediatric (14 or under)

- C. CT Scan Divert - Patients in this category would include those with major trauma, acute intracranial pathology whose evaluation or management would include an urgent or emergent CT scan. Examples would include but not limited to blunt trauma to the head, possible acute cerebral vascular accident or status epilepticus.

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- D. Total Critical Care Divert
 - 1. Sub-categories
 - a. Adult
 - b. Pediatric (14 or under)

II. TOTAL AMBULANCE DIVERT

- A. Total Ambulance Divert - Under this condition all patients being transported by ambulance would be redirected to other facilities in the event that any particular hospital or its emergency department found itself maximally utilized and unable to accommodate additional patient load without compromising quality care.

A hospital could indeed be on both Critical Care Divert and Trauma Divert but still be capable of receiving ambulance traffic bearing patients not requiring the intensive care facilities outlined above under sections A and B. That is, a hospital could declare both critical care and trauma divert status without being on Total Ambulance Divert status.

We recommend that **responsibility** for designating and initiating a divert status at any hospital **should be that of the emergency physician** on duty at that institution. The decision to go divert may be made in conjunction with nursing supervisory staff and/or hospital's administration, but notification of the hospital's divert status shall be directed by the emergency physician in charge of the department at such time.

Any divert will be initiated and terminated by contacting:

**The Other Hospital
MED CONTROL DISPATCH: 578-6030
AMR Dispatch
Teller County Sheriff's Office**

Any divert will be updated every 8 hours.

III. ALCOHOL / PSYCHIATRIC DIVERT

- A. All patients being transported by ambulance to a specific facility with a chief complaint involving alcohol and/or a presumed psychiatric disorder will be redirected to other facilities in the event that the destination hospital, or emergency department, finds itself maximally utilized and unable to accommodate additional patient load without compromising patient care.

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This type of divert, as others listed in the divert policy, will be undertaken in conjunction with prior consultation and agreement of the other facilities in El Paso County.

In the event that a hospital feels the need to go on divert based on its current resources available, local EMS dispatch shall be contacted and advised.

IV. TRAUMA CENTERS AT PENROSE AND MEMORIAL HOSPITALS

1. The Trauma Surgeon at each of the Trauma Centers needs to contact the Trauma Surgeon at the remaining Trauma Center under the following circumstances:
 - A. The Trauma Center is on divert for more than 6 hours.
 - B. When one Trauma Center is on divert, and the second trauma center is considering divert status.
2. If specialized services at all facilities providing such services are beyond their usual capacity, then no facility may be on divert status for these services. The rationale for this is that all hospitals functioning with even limited availability is better than any one trying to cover all additional needs.
3. If a physician specialist is needed but unavailable, another facility will be called to determine potential availability of their physician specialist on-call.
4. The ED will be notified whenever a facility goes on trauma divert status and again when divert status is cancelled. It will be the responsibility of the diverting ED to notify the following agencies and organizations regarding divert status:
 - A. American Medical Response.....719-636-2333
 - B. Consolidated Medical Communications (Denver Air Medical).....303-629-3900
 - C. Teller County Emergency Medical Response.....719-687-9652

These guidelines are the result of a task force comprised of emergency services representatives from both Centura and Memorial Systems.