

EMS Agency Questionnaire

16 - EMS Agencies responded to the questionnaire (See attached)
10 - Agencies allowed diversion, 6 - did not

Allowed Diversion

Are hospitals required to obtain permission from the EMS Agency?

2 Yes 8 No

If permission not required, EMS Agency must be notified?

5 Yes 3 No 2 No Response

Is there a time limit?

4 1 – 2 hours/no limits 1 4 hours without limits 1 6 hrs/day
1 36 hrs/month 3 No limits

Comments:

After a closure, the hospital must open for 1 full hour prior to closing again. If they are closed for longer than 2 hours or cannot remain open for a full hour after being closed, they must notify EMS and request an extension.

All hospitals agree to accept their own (requested) patients regardless of diversion status. Diversion is documented in QA Net. When all hospitals in the area are on bypass, then none are on bypass. We have several geographic areas in which we are able to limit transports (i.e. north county [5 facilities] east county [3 facilities] south bay [5 facilities] and central city). We make every attempt to accommodate patient request and of course a patient with an unstable airway or in acute status goes to the closest facility.

We limit diversion to one hospital at a time.

Did Not Allow Diversion

4 Allowed in the past

2 Never allowed it

Comments:

The logic is pretty much inescapable: If a person arrives on hospital grounds by any other means, they must receive a medical screening exam. There is no logic that thus [that] prevents someone who has entered the health care system through 911 from receiving at least this level of care. The domino affect was also a factor. Finally, its a hospital issue, not an EMS issue.

Loss of ED's - now only tow, separated by over 35 miles, east and west sides of county.

We replaced the concept of "diversion" and implemented a System Saturation Policy. When any facility becomes significantly "saturated" they may request Level I Saturation protocols to be implemented, which caused all ambulance traffic to be routed through a control facility and evenly distributed throughout the county.

We found that was not working. The hospitals may divert away three ambulances just to get three ambulances that were diverted from other hospitals. It was causing incredible relationship issues between facilities. We conducted a study in Feb. 2003 when we discontinued diversion for 30 days (or the month of March). We found that ambulances transports to hospitals were consistent, patients were transported to the hospital of choice, families were not lost looking for patients who were diverted, and hospital to hospital relations improved immediately. Most importantly, we found no evidence that patient care decreased or was anymore delayed. Hospitals actually supported no diversion since they were receiving only their own patients and not patients form other hospitals.