AMBULANCE DIVERSION

POLICY MCSA.C.1.3

Purpose

The purpose of this policy is to facilitate timely, appropriate and safe hospital bed and facility utilisation.

- To notify Emergency Medical Service (EMS) systems when a hospital's resources are not available.
- To provide safe, appropriate and timely care for those patients who use the EMS system during a diversion.
- To ensure a patient's request for transport to the healthcare facility of their choice will be considered except where the hospital's capability and bed status dictate otherwise.
- Hospital management needs to be aware of instances where their hospitals are unable to accept patients.
- To implement measures before diversion, to explore solutions for diversion and implement guidelines to avoid a recurrence.
- A hospital diversion must be viewed as an absolute operational last resort. Every attempt should be made to attempt to create capacity before a hospital goes on divert. A divert is not an action to maintain the status quo. It is a mechanism to assist an already severely constrained system, not a system that might become constrained.
- It is accepted that smaller hospitals will have lower divert thresholds than larger hospitals.

Scope

This policy is applicable to:

- Emergency centre medical/nurse practitioners
- Hospital management
- Ward and Critical Care Unit (ICU) nurse practitioners

Policy statement

Standard criteria need to be met to guide decision making regarding the diversion of patients from a Mediclinic hospital.

Unstable patients requiring life-saving interventions who are transported to the closest appropriate facility, despite facility status, should be stabilised in the Emergency Centre (EC), and referred to the closest appropriate facility once stabilised regardless of the diversion status. Life-saving interventions include any abnormal primary survey findings that would result in mortality if the EC staff did not intervene to assist to stabilise the patient in the care of EMS. This intervention can also include supplemental oxygen support to EMS crews who require extra oxygen in order to complete a safe patient transfer.

Definitions

Term	Definition
Emergency Medical Service	Also known as ambulance services or paramedic services; treating patients who require an urgent medical response, providing out-of-hospital treatment and transport to definitive care

Types of Diversions

A hospital may request that ambulances be diverted for the following reasons using the following terminology:

1. Major Incident Divert

A hospital cannot receive any patients because of an internal or external major incident declared (e.g. fire, bomb threat, power outage, flood, infrastructure collapse, natural disaster, major transport accident with mass casualties, etc.).

2. Emergency Centre Divert

The hospital's emergency centre resources are severely constrained and not able to safely attend to more patients and the EC has become congested and inundated with patients.

3. Specialist Coverage Divert

The hospital is unable to provide appropriate care due to unavailability of a specific speciality (e.g. neurosurgery), and is therefore not an ideal destination for patients likely to require these services.

4. Hospital Area Divert

The hospital's ICUs/HCUs/PUI wards etc. are saturated or there are severe resource constraints and are unable to accept further admissions, and is therefore not an ideal destination for patients likely to require these services.

5. CT Inoperative Divert

The hospital's CT scanner is not functioning and therefore not the ideal destination for patients that require imaging with this modality.

Responsibilities

Person	Responsibilities
Emergency Medical Services (EMS) staff	• Adhere to the diversion instructions received from the Mediclinic hospital
Emergency Centre Doctor	• Receives confirmation that the hospital has been placed on divert • Ensures clinical standard of care is maintained for all patients in the EC during the diversion
Nursing Manager on duty	• Confirms the reason for diversion and initiates the diversion process • Provides an indication of the diversion duration • Communicates diversion status to ER24 Contact Centre 010 2053007 and other EMS services who may utilise the hospital frequently • Documents diversions in a register using the appropriate documentation (N0160) • During the COVID-19 pandemic, obtains approval for the hospital diversion from the Hospital General Manager/Hospital Clinical Manager • Reviews the hospital divert status at 6 hours (hospital area divert) and at 4 hours (EC divert).
Hospital General Manager/Hospital Clinical	• Approves diversion status • Reviews diversion status every 6 hours between 07h00 – 19h00

Manager	and every 12 hours between 19h00 – 07h00 (hospital area divert) and 4 hours (EC divert) or can mandate Nursing Manager on duty to review. • Keeps regional management structures informed
Unit Manager	• Informs Nursing Manager of need to divert

Procedure

- If ambulance diversion is required, the Unit Manager/ Shift Leader of the affected clinical area (ICU, Ward or Emergency Centre) needs to contact the Nursing Manager on duty.
- The Nursing Manager confirms the reason for diversion, as per criteria.
- The Nursing Manager consults and obtains permission for diversion from Hospital General Manager / Hospital Clinical Manager unless they have been designated the authority to do so.
- The Nursing Manager / designated person informs all the relevant local emergency services, and contacts ER24 who will assist with the notification process.
- Clear instructions should be given to the EMS regarding the nursing unit/hospital facility on divert, reason for divert and expected duration of diversion. All specialists, as well as the EC doctors on duty, must be informed of the hospital's divert status, in order to prevent the acceptance of patients into the hospital as referrals or transfers.
- Diversions should be revised every 6 hours between 07h00 – 19h00 and every 12 hours between 19h00 – 07h00 (hospital area divert) and every 4 hours (EC divert) and the EMS instructed accordingly.
- Diverts between 19h00 – 07h00 should be actively reviewed when capacity circumstances change (e.g. patient COVID test result confirmation causing patient to be moved to another appropriate clinical area or patient demise resulting in ICU capacity etc.)
- The Nursing Manager ensures that the divert status is communicated at shift hand over.
- The ambulance diversion notification, N0160, should be completed and distributed to the Hospital General Manager, Hospital Clinical Manager (if applicable) and Nursing Manager.
- A register must be kept of all diversions and changes to the diversion status.
- No ambulances that arrive at the EC in spite of an active divert should be turned away. The patient must be triaged and stabilised before transfer to the next appropriate healthcare facility. Under no circumstances shall a patient be compromised, penalised or made to feel unwelcome due to an active diversion.
- The EC doctor or specialist should identify and contact a specialist in a private hospital in the vicinity to determine whether they can accept patients who may require admission.

- The ER24 Contact Centre team should assist to establish whether other nearby facilities are able to assist with receiving patients. Contact ER24 on 010 205 3007 or notify on the WhatsApp groups of the diversion.

Divert Check-lists

Only EC and Hospital Area Diverts need to have completed checklists. All actions need to be completed before divert can be activated.

EC Divert check –list

Before an EC can go on divert, the following actions must be completed:

- All EC patients have been assessed by EC shift leader and EC doctor to confirm status and possibility of transfer of care (e.g. green patients transferred to GPs)
- Where possible, all EC patients for admission had been decanted into ward beds.
- The second-on-call system has been activated to increase human resource capacity.
- EC discharges are prioritised and expedited.
- Only patients requiring a bed are occupying an EC bed.
- Support services (pathology and radiology) have been informed of the EC pressure and they are prioritising services to the EC.
- Staff in other areas of the hospital have been identified to assist in EC to relieve pressure.

Hospital Area Divert check-list

Before a specific area in a hospital can go on divert, the following actions must be completed:

- Check and confirm level of care of all patients in the specific hospital area
- Confirm that none of the patients can be moved elsewhere
- Confirm and check surrounding facilities for availability of specialised beds / services
- If all surrounding resources are under severe constrain, triage principles for scarce resources should be implemented

Communication of Divert status

Communication of any divert status must include the following information:

- The affected hospital.
- The type of divert.
- The time of divert activation.

- The time of divert review.
- Make mention that the EC is available to stabilise and transfer (unless the divert activation is for the EC or a major incident has been declared at that hospital).
- Staff member name and designation must be included.

Revisiting of diversion status

All diversions have to be revisited every 6 hours between 07h00 – 19h00 and every 12 hours between 19h00 – 07h00(hospital area divert) or 4 hours (EC divert) by the Nursing Manager on duty.

Any hospital area divert extended after 6 hour review or at shift handover the next day if divert was activated after hours must be communicated to the Regional Clinical Manager on the next business day.

Any hospital divert extended twice (i.e. 12 hours in total during office hours or after handover review the next day if divert was activated after hours for hospital area divert) must be communicated to the Regional Clinical Manager and the Regional Operational Executive on the next business day.

An EC may not be placed on divert for longer than 4 hours.

Divert Monitoring

The hospital management team, should review diversions on a monthly basis and provide information to the regional management team on the following:

All hospitals with greater than 2 diverts per week that breach12 hours (between 07h00 – 19h00) or shift hand over the next day if divert was activated after hours will need to complete an event investigation which will be sent to the Regional Clinical Manager and Regional Operational Executive. Outlier hospitals will have meetings with Regional and Corporate Office representatives so that support can be provided. ER24 will implement a validation process for outlier hospitals.

Divert during COVID pandemic

Any hospital experiencing a COVID surge can only go onto divert if the following criteria are met:

1. The decision to stop elective surgery to create extra capacity is actively monitored and managed by hospital management and the Regional Operational Executive.
2. All patients are triaged and the TEST has been activated.

All hospitals with greater than 2 diverts per week that breach 12 hours (between 07h00 – 19h00) or shift hand over the next day if divert was activated after hours **will not** need to complete an event investigation if they are currently experiencing a significant COVID surge.

It should be noted that if all facilities within a region/province are placed on divert, the diversion will automatically be cancelled, and all facilities will begin accepting those patients transported to them by EMS. The Emergency Centre should stabilise and care for patients until an alternate solution can be sourced for patient care. Under these circumstances hospitals will need to implement local solutions to provide appropriate care to patients that arrive at their facility.

Associated documents and records

Title	Number	Location
Ambulance diversion form	N0160	Intranet

History and version control

History

Version no	Effective date	Author	Details of update
1.1	2014 12 09	Dr Franco Erasmus	Initial release

New version

Contributors	Name	Designation
	MCSA COVID Task Team Members	Corporate Office representatives
Author	Melanie Stander	Emergency Medicine Manager
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Approved by

Department/ area/ group/ forum	Representative name	Signature	Designation	Date signed
Clinical	Dr Melanie Stander		Emergency Medicine Manager	2021 06 07