

# GREATER PORTLAND METROPOLITAN AREA HOSPITALS AND AMBULANCE PROVIDERS AMBULANCE DIVERSION GUIDELINES

Approved: Oregon ED Managers and EMS Providers Group 5/26/00

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## I. OVERVIEW

The Greater Portland Metropolitan Area has experienced steady growth patterns over the past several years. Ambulance providers, emergency departments, and hospitals struggle with increasing patient volumes and acuity at times reaching crisis proportions. As a result, the emergency health care system is being challenged to provide access and service to the community. The Ambulance Diversion Guidelines exist to provide guidance for emergency departments and ambulance providers during capacity times. The guidelines are a collaborative effort between affected hospital emergency departments, ambulance providers, County Emergency Medical Services (EMS) agencies, and the Oregon Association of Hospitals and Health Systems (OAHHS).

## II. PURPOSE

To effectively manage situations in the Greater Portland Metropolitan Area where the diversion of a 9-1-1 EMS ambulance may be necessary due to temporary shortages of hospital emergency department (ED) resources and when such diversions may have an adverse effect on patient care or the EMS system as a whole.

## III. PHILOSOPHY

To promote the underlying philosophy that the Greater Portland Metropolitan Area hospitals will make every effort to avoid the diversion of 9-1-1 EMS ambulances because ambulance diversion may result in:

- Transporting patients away from their hospital or physician of choice.
- Prolonged pre-hospital care for unstable or critically ill patients.
- Unacceptably prolonged transport times.
- Attempts by field personnel to predict the specific diagnostic and therapeutic resources needed by individual patients.
- Reduced ED availability to the community.
- Reduced ambulance availability to the community.

## IV. OBJECTIVES

- A. To promote efficient and effective provision of 9-1-1 EMS ambulance services in accordance with County Codes, as well as State and Federal Regulations.
- B. To provide definitions and agreed upon procedures if ambulance diversion is determined to be necessary.
- C. To identify hospitals utilizing these guidelines and their respective geographical zones in the Greater Portland Metropolitan Area that may be impacted by ambulance diversion.
- D. To identify a zone management system when multiple hospitals attempt ambulance diversion simultaneously.
- E. To identify a system of accountability and quality improvement by providing ambulance diversion data to all participants on a monthly basis.

**V. DEFINITIONS**

- A. 9-1-1 EMS Ambulance Diversion – The diversion of a 9-1-1 EMS ambulance from an intended receiving facility to an alternate receiving facility due to a temporary lack of emergency department resources such as staffing or space.
- B. Inter-Facility Transfers – Hospital destination is pre-determined by physician-to-physician communication as a formal transfer.
- C. Regional Hospital – A medical facility designated to coordinate MCI or disaster situations co-located with Trauma Center Communications (TCC) and Medical Resource Hospital (MRH) which provides online medical control for Multnomah and Clackamas counties. This is currently located at OHSU.
- D. Zone Manager - a medical agency or facility authorized to provide coordination to pre-hospital care providers and hospitals during times of zone wide diversion.
- E. Advanced Diversion System (ADS) – computerized system that the hospitals and ambulance providers use to designate emergency department status.
- F. HOSCAP([www.oregonhospitals.org](http://www.oregonhospitals.org)) - Region-wide web-site for distribution of hospital status information and incident management.
- G. Diversion Status Categories
1. GREEN - The ED is able to accept patients transported from 9-1-1 EMS calls and unscheduled EMS transports, except those patients they do not normally treat.
  2. YELLOW - The ED is unable to accept patients transported from 9-1-1 EMS calls which require the following resources:
    - a. CT SCAN – The ED is unable to take patients who may need a CT scan, examples include, but are not limited to:
      - Any brain CT (i.e., stroke, acute neurological deficit)
      - Suspected aortic aneurysm (Including abdominal and/or thoracic)
      - Isolated abdominal injury which would not otherwise meet criteria for Trauma System entry.
    - b. ED CRITICAL CARE – The ED is unable to take unstable patient(s). Examples of chief complaints include, but are not limited to:
      - Acute abdomen, non-traumatic
      - Chest pain
      - Coma/Sustained Altered Mental Status
      - Respiratory distress
      - Shock
      - Status seizures
      - Acute Neurologic Deficit
      - A patient with a 12 Lead ECG that indicates a STEMI. (Contact Hospital to determine ability to accept patient.)
  3. RED – The ED is unable to accept patient(s) transported from a 9-1-1 EMS call, except:
    - Uncontrolled airway
    - Non-trauma patient too unstable to transport to another facility
    - Patient refuses alternate facility
    - Prearranged inter-facility transfer
    - Pregnant patients >20 weeks gestation or illness or injury which could have a potential life threatening effect on the mother and/or the fetus.
    - A patient with a 12 Lead ECG that indicates a STEMI. (Contact Hospital to determine ability to accept patient.)
  4. Trauma Red – A designated trauma hospital will divert to another trauma hospital when it has exceeded its capacity of personnel, equipment, or facilities to assess and care for trauma patients.

H. Life Flight Network Status

- Green – Available
- Yellow – On stand-by for another patient
- Red – Unavailable

I. Destination Hospital/Services Abbreviations

1.	DC	Doernbecher Children's Hospital (located within OHSU ED)	Portland
2.	EM	Legacy Emanuel Hospital	Portland
3.	EC	Legacy Emanuel Children's Hospital (located in Emanuel's ED)	Portland
4.	FG	Tuality Forest Grove Hospital	Forest Grove
5.	GS	Legacy Good Samaritan Hospital	Portland
6.	MH	Legacy Mt. Hood Medical Center	Gresham
7.	MP	Legacy Meridian Park Hospital	Tualatin
8.	SC	Legacy Salmon Creek Hospital	Vancouver
9.	PA	Adventist Medical Center	Portland
10.	PM	Providence Milwaukie Hospital	Milwaukie
11.	PR	Providence Portland Medical Center	Portland
12.	SK	Kaiser Sunnyside Hospital	Clackamas
13.	SV	Providence St. Vincent Medical Center	Portland
14.	SW	Southwest Washington Medical Center	Vancouver
15.	TH	Tuality Hospital	Hillsboro
16.	UH	Oregon Health Sciences University Hospital	Portland
17.	VA	Veterans Administration Hospital	Portland
18.	WF	Willamette Falls Hospital	Oregon City
19.	LF	Life Flight Network	Hillsboro and Aurora
20.	MW	Metro West Ambulance	Hillsboro
21.	EMS	Washington County EMS Office	Hillsboro

**VI. AMBULANCE DIVERSION POLICY**

- A. Ambulance diversion is not initiated because of:
- Lack of in-patient staffing or beds
  - Key resources being reserved for anticipated elective patient care, i.e. elective surgical cases or radiological studies.
- B. The ED staff and ED physician determines that the emergency department is reaching capacity and attempts to accommodate by following their internal plan.
- C. The ED staff and ED physician determines that ambulance diversion is necessary in order to safely take care of patients in the emergency department because:
- Critical/unstable patients occupy all suitable ED beds.
  - There is not enough staff to safely care for additional unstable patients in the ED.
  - There is a loss of CT scanner capability.
  - There is an in-house disaster, i.e. fire, flooding, electrical power outage, etc. which compromises patient care/safety.
  - Trauma resources are unavailable (for designated trauma centers).
- D. The objective of the Trauma System is that only one of the designated Level 1 Trauma Centers may divert at a time: OHSU or Legacy Emanuel.
- E. When one of the Level 1 Trauma Centers goes on ambulance diversion status, notification of divert status to the other designated trauma center must occur. Trauma patients will then be diverted to the other Trauma Center.

- F. When both Level 1 Trauma Centers are at capacity, the Trauma Center Communications will be notified to begin rotating trauma patients between the two trauma hospitals until the situation has stabilized or either hospital is able to return to standard operations. The Regional Hospital may also need to do an "All Call" to other community hospitals activating the MCI or disaster system in order to coordinate distribution of trauma patients.
- G. Designated ED staff changes their status on the Ambulance Diversion System computer screen.
- H. In the event a hospital is unable to change their status on the Ambulance Diversion System screen, i.e. connection problems, the hospital may contact the zone manager to authorize the zone manager to change the hospital status on the Ambulance Diversion System screen.
- I. A hospital's Ambulance Diversion System status at the time ambulance transport begins with a loaded patient will determine the ability of the hospital to accept patients. To insure the up-to-the-minute ability of a hospital to accept a patient, a transporting unit will contact dispatch requesting the status of the preferred destination hospital when the patient has been loaded and as they are preparing to depart the scene. Diversion of an ambulance shall not occur after the transport has begun.
- J. Every effort will be made to reopen to green status as soon as possible.

**VII. ZONE MANAGEMENT**

- A. Occasionally, multiple hospitals will go on ambulance diversion at the same time. This poses a challenge to other hospitals trying to stay open to serve their community.
- B. Hospitals are grouped into the following geographical zones:

**West Zone**

Providence St. Vincent MC  
 Legacy Meridian Park Hospital  
 Tuality Community Hospital  
 Tuality Forest Grove Hospital

**Central Zone**

Oregon Health Sciences University  
 Providence Portland MC  
 Legacy Good Samaritan Hospital  
 Legacy Salmon Creek Hospital  
 Veteran's Administration Hospital  
 SW Washington Medical Center  
 Legacy Emanuel Hospital

**East Zone**

Adventist Medical Center  
 Kaiser Sunnyside  
 Legacy Mt. Hood Medical Center  
 Willamette Falls Hospital  
 Providence Milwaukie Hospital

**Zone Manager:**

Metro West Ambulance

**Zone Manager:**

Regional Hospital

**Zone Manager:**

Regional Hospital

- C. Management of the hospital resources for any zone may begin if there is only one green hospital in the West or East Zones or two green hospitals in the Central Zone. Zone management may apply even when hospitals are closed to critical care.
- D. Zone Management Steps:
  1. If hospital resources meet the criteria for zone management as specified in item C, the zone manager will initiate "Active Zone Management" for the zone(s) affected.
  2. The zone manager will initiate an "all call" via the 800mHz radio to hospitals informing them of the "Active Zone Management" status.
  3. Local transporting EMS agencies/ dispatch centers will notify their respective EMS units that zone management is in effect for the defined zone(s) and that their units are to contact the zone manager to obtain hospital destination(s).

4. Under zone management, the zone manager will determine the destination of all EMS transporting units within the affected zone(s). EMS may transport to any hospital outside of the affected zone if it is green status.
  5. Ambulances may go outside their zone during Zone Management as long as their destination hospital is green and as long as the transport does not significantly impact an ambulance provider's ability to provide coverage in their area. This includes honoring previously agreed upon destinations.
  6. Rotation will continue with one patient per hospital as determined by the zone manager. Each zone has identified "small hospitals" (West – Tuality Forest Grove (FG); East – Providence Milwaukie (PM). These hospitals will be skipped in the rotation every other time. The VA will be included (for Veterans only) at the discretion of the zone manager. Note: the rotation will not apply to the trauma hospitals for trauma entry patients.
  7. Prior to discontinuing zone management, the zone manager will monitor key area hospitals and emergency transport agencies. When system resources are above the activation threshold the zone manager may discontinue zone management. When appropriate, the Multnomah County EMS Medical Director will participate in this discussion for the Central and East zones.
- E. Disaster Management (Epidemic, Pandemic, Multiple Patient Incident or Mass Casualty Incident) Hospital destinations will be coordinated by Regional Hospital through HOSCAP and according to regionally and locally adopted emergency medical services protocols.

### **VIII. ACCOUNTABILITY AND QUALITY IMPROVEMENT**

- A. The hospitals shall develop:
  - An internal system and resources to avoid ambulance diversion.
  - An internal policy related to ambulance diversion.
  - Internal mechanisms to monitor ambulance diversion including number of hours and reasons why.
- B. Hospitals are encouraged to track their own ambulance diversion hours via a report from the Ambulance Diversion System.
- C. Multnomah County EMS will report number of hours and category of divert to all East and Central Zone participants and Washington County EMS for the West Zone participants.
- D. A Greater Portland Metropolitan Area Ambulance Diversion Committee shall be established to address 9-1-1 EMS ambulance diversion issues including monitoring diversion hours and categories. This committee will be a cooperative effort between involved EMS agencies, hospitals, and ambulance providers.
- E. Problems related to the implementation of these guidelines should be forwarded to the Ambulance Diversion Committee.

## **IX. ORGANIZATIONS IN SUPPORT OF THESE GUIDELINES**

### **HOSPITALS**

Doernbecher Children's Hospital  
Legacy Emanuel Children's Hospital  
Legacy Emanuel Hospital  
Legacy Good Samaritan Hospital  
Legacy Meridian Park Hospital  
Legacy Mt. Hood Medical Center  
Legacy Salmon Creek Hospital  
Oregon Health Sciences University  
Portland Adventist Medical Center  
Providence Milwaukie Hospital  
Providence Portland Medical Center  
Providence St. Vincent Medical Center  
Southwest Washington Medical Center  
Sunnyside Kaiser Hospital  
Tuality Forest Grove Hospital  
Tuality Hospital  
Veterans Administration Hospital  
Willamette Falls Hospital

### **Oregon Association of Hospitals and Health Systems**

### **County EMS Agencies**

Washington County  
Clackamas County  
Clark County  
Multnomah County

### **Ambulance Providers**

American Medical Response  
Canby Fire Department  
Camas Fire Department  
Molalla Fire Department  
Metro West Ambulance  
North Country Ambulance  
Life Flight Network

HOSPITAL	Burn Unit	Cardiac Surgery	Decon	Heli pad	Hyper baric	OB	NICU	Peds Inpt.	PICU	Psych Inpt	Trauma Center	Cath Lab
<b>Adventist Medical Center</b> 10123 SE Market, Portland OR 97216 (503) 251-6155			X	X	X	X				X		x
<b>Doernbecher Children's</b> 3181 SW Sam Jackson Park Rd Portland OR 97201 (503) 494-7551		X	X	X			X	X	X	X	X	
<b>Kaiser Sunnyside</b> 10180 SE Sunnyside Rd Clackamas OR 97025 (503) 571-4110			X			X						
<b>Legacy Emanuel Children's</b> 2801 N Gantenbein, Portland OR 97227- (503) 413-4121	X	X	X	X (2)		X	X	X	X	X	X	
<b>Legacy Emanuel</b> 2801 N Gantenbein, Portland OR 97227 - (503) 413-4121	X	X	X	X		X				X	X	x
<b>Legacy Good Samaritan</b> 1015 NW 22nd Ave., Portland OR 97210 - (503) 413-7260		X	X			X				X		x
<b>Legacy Meridian Park</b> 19300 SW 65 <sup>th</sup> , Tualatin OR 97062- (503) 692-7467			X	X		X						x
<b>Legacy Mt. Hood</b> 24800 SE Stark, Gresham OR 97030 - (503) 674-1400			X	X		X						Dx only
<b>Legacy Salmon Creek</b> 2211 NE 139 <sup>th</sup> Vancouver, WA 98686 - (360) 571-7652			X	X		X	X	X		X		Dx only
<b>Oregon Health Sciences Univ.</b> 3181 SW Sam Jackson Park Rd Portland OR 97201 (503) 494-7551		X	X	X (2)		X	X	X	X	X	X	X
<b>Providence Milwaukie</b> 10150 SE 32 <sup>nd</sup> , Milwaukie OR 97222 (503) 513-8311			x	Designated area		X						
<b>Providence Portland Medical</b> 4805 NE Glisan, Portland OR 97213 (503) 215-6000		X	X	X	X	X				X		X
<b>Providence St. Vincent</b> 9205 SW Barnes Rd. - Portland, OR 97225 - (503) 216-2361		X	X	X		X	X	X		X		X
<b>SW Washington</b> PO Box 1600, Vancouver WA 98668 - (360) 514-2064		X	X	X		X		X		X	X	X
<b>Tuality Forest Grove Hospital</b> 1809 Maple St., Forest Grove OR 97116 - (503) 357-2173			X							> age 55		
<b>Tuality Hospital</b> 335 SE 8 <sup>th</sup> , Hillsboro OR 97123 (503) 681-1111		X	X			X						X
<b>Veterans Administration</b> 3710 SW US Veterans Hosp. Rd Portland OR 97207 (503) 273-5300			X							X		
<b>Willamette Falls Hospital</b> 1500 Division St., Oregon City OR 97045 - (503) 656-1631			x	X		X						