



SKAGIT COUNTY EMS SYSTEM



January 23, 2023

Margie Campbell, Director
Emergency Department
Island Hospital
1211 24th St
Anacortes, WA 98221

Mark McGahan, Manager
Emergency Department
PeaceHealth United General
2000 Hospital Drive
Sedro-Woolley, WA 98284

Nathan Wahl, Manager
Emergency Department
Skagit Valley Hospital
1415 E. Kincaid St
Mount Vernon, WA 98273


Dear Hospital Partners,

Since implementing our EMS System Hospital Diversion Policy in January 2022 we have continued to experience an increase in diversion and ongoing challenges with communication in accordance with our policy. This has created confusion for EMS personnel in the field and has resulted in patients ending up at facilities that are not appropriate for the level of care or services they require. Patients and family members become frustrated during an already difficult situation when a patient is diverted from their preferred destination. The most common request for hospital diversion is for “ED Saturation” and unfortunately this has become a frequent occurrence. When weighed against the capabilities and capacity of surrounding facilities and needs of the geographic area served by our EMS system, we do not believe diversion for “ED Saturation” is an effective practice or that it serves the best interests of the patient.

Diversion requests for “ED Saturation” create downstream consequences for our EMS system, for communities, and for patients. Increased travel times place communities and citizens at increased risk due to limited resource availability and extended response times to subsequent emergency calls. For this reason, effective **February 1, 2023** we will be issuing a revision to our Hospital Diversion Policy (attached to this letter) that removes “ED Saturation” as a diversion reason. We recognize that there are times that internal hospital disaster and the unavailability of specific pieces of equipment and/or services may necessitate a diversion request, and we will continue to recognize those as outlined in the policy.

We appreciate your understanding and continued partnership and hope that you will share this message with applicable staff in your organization. We remain committed to working closely with you, the Department of Health, and other relevant stakeholders to manage the ongoing patient surge.


Respectfully,


[Joshua C. Pelonio \(Feb 8, 2023 10:55 PST\)](#)


Josh Pelonio, Director
Skagit County EMS


[Tony Smith \(Jan 26, 2023 08:05 EST\)](#)

Tony Smith, Director
Aero Skagit


[Robert W. Toth \(Feb 2, 2023 11:01 PST\)](#)

Robert Toth, Fire Chief
Burlington Fire Department


[Frank Wagner \(Feb 2, 2023 13:19 PST\)](#)

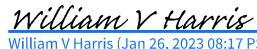
Frank Wagner, Fire Chief
Sedro-Woolley Fire Department


[Helen M. Rasmussen \(Feb 8, 2023 09:47 PST\)](#)


Helen Rasmussen, Director
Skagit 911


[Matthew F Russell \(Jan 24, 2023 11:20 PST\)](#)

Matthew F. Russell, M.D.
Medical Program Director
Skagit County EMS


[William V Harris \(Jan 26, 2023 08:17 PST\)](#)

Bill Harris, Fire Chief
Anacortes Fire Department


[Bryan Brice \(Feb 2, 2023 13:11 PST\)](#)

Bryan Brice, Fire Chief
Mount Vernon Fire Department



Wood Weiss, Fire Chief
Skagit County Fire District #13



SKAGIT COUNTY EMERGENCY MEDICAL SERVICES SYSTEM

STANDARD OPERATING GUIDELINE	EFFECTIVE DATE: 02/01/2023	SOG NUMBER: 5103	SUPERSEDES DATE: 01/01/2022	PAGE: 1 of 6
SUBJECT:		Hospital Diversion		

PURPOSE

To provide guidance to EMS Providers in the setting where a receiving facility would like to request diversion of EMS patients to alternate destinations in the setting of major hospital equipment or facility infrastructure failure due to internal disaster.

AUTHORITY/ REFERENCE

[DOH Cardiac Triage Tool](#)
[DOH Stroke Triage Tool](#)

[DOH Trauma Triage Tool](#)
[Emergency Medical Treatment & Labor Act \(EMTALA\)](#)

DEFINITIONS

- I. **Full Diversion Request**—Means the requested re-routing of all ambulance traffic.
- II. **Limited Diversion Request**—Means a normally available service, procedure, or piece of equipment is temporarily unavailable and results in the requested rerouting of specific patients dependent on the reason for diversion. Limited diversion is limited to one of the following:
 - 1. CT scanner downtime
 - 2. Cardiac cath lab downtime (Skagit Valley Hospital)
 - 3. Operating room downtime

Note: ED Saturation is no longer a condition recognized by this divert policy.

GUIDELINE

- 1. The Skagit County EMS system will recognize only the two (2) types of diversion as defined above.
 - A. Full Diversion: may occur only if the receiving emergency department is essentially incapacitated or under imminent threat by a physical plant breakdown (i.e. fire, flood, bomb threat, power outage, etc.). In the event of a full diversion, **all EMS patients will be re-routed to other facilities** as appropriate.
 - B. Limited diversion: A limited diversion request is a request by a facility to take into account specific facility infrastructure or equipment limitations (not staffing) that may impact potential patient assessment, care, or management.
- 2. Stable patients should generally be transported to the hospital of their choice, unless otherwise stated in the Skagit County EMS Protocols.
- 3. Unstable patients should generally be transported to the closest most appropriate hospital based on EMS provider discretion. Diversion to another hospital may become necessary only for the indications listed above. EMS Patients will not be diverted due to a crowded ER or a lack of inpatient/critical care beds.
- 4. The receiving facility is expected to accept the patient, stabilize as needed, and then arrange for appropriate transport to another facility if required. It is not appropriate to hold or delay EMS crews to receive a patient turnover or to re-transport to another facility. The hospital may not refuse care for a patient presented to their facility in accordance with the Emergency Medical Treatment & Labor Act (EMTALA).

APPROVALS:

Joshua C. Pelonio

Matthew F. Russell, M.D.



SKAGIT COUNTY EMERGENCY MEDICAL SERVICES SYSTEM


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SUBJECT:		Hospital Diversion		

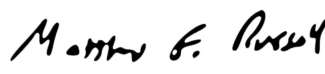
5. Upon arrival on hospital property, the hospitals EMTALA obligation begins and EMS patients should be brought inside the Emergency Department and not kept outside in the ambulance bay or in the ambulance unless extenuating circumstances exist (i.e. Isolation precautions and in-progress aerosolizing procedure).
6. EMS providers are expected to work with ED staff to communicate an appropriate hand-off of patient care and to identify patients requiring immediate care, special monitoring, and to help identify EMS patients who may be appropriately directed to triage.

PROCEDURE

1. The hospital should submit a diversion request using the [web form](#) approved by Skagit County EMS. Phone calls to Skagit 911 impact emergency operations and should be made only in rare circumstances where using the web form is not possible.
2. The hospital should also update their status in [WATrac](#) for regional EMS system awareness and update it every 2 hours.
3. Upon receipt of the web form submission, Skagit 911 will send out a CodeRED page indicating the relevant divert status reason.
4. No diversion instance shall exceed a two hour timeframe. At the end of the two hour period, the hospital must re-submit the diversion request to initiate another two hour diversion status if needed.
5. In the setting of a **Full Diversion Request**, EMS agencies and personnel should divert all EMS patients to the closest appropriate facilities.
 - EMS Providers are asked to exercise judgement and consider requesting helicopter transport for high-risk/critical patients when feasible and when extended ground transport times may result from diversion.
6. In the setting of a **Limited Diversion Request**, EMS agencies and personnel are advised to take into consideration the request for diversion. However, as there are numerous and complex factors that may be involved in choice of transport destinations, the policy for EMS agencies and personnel is for the EMS provider to exercise their best judgment when determining transport destination. If in the EMS provider's judgement, diversion to an alternate destination is reasonable and appropriate, then diversion to the closest appropriate alternate facility is authorized. The EMS provider is also authorized to override the limited diversion request if they believe it to be within the best interest of patient care.
7. In the event that two (2) or more Skagit County Hospitals activate diversion status at the same time, the diversion status for all Skagit County hospitals will be discontinued.

APPROVALS:


Joshua C. Pelonio


Matthew F. Russell, M.D.



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EMS Guidance for Specific Scenarios


A. The following patients should be taken to the nearest, appropriate facility regardless of any hospital request for limited diversion status:

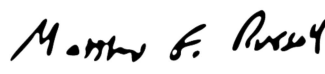
- Any unstable patient requiring physician or ED assistance (e.g. need for airway management)
- Patients with uncontrolled hemorrhage
- Patients in cardiac arrest with CPR in progress
- Obstetrical patients with a suspected obstetrical emergency including active labor
- Stable patients who insist on transport to a specific facility. EMS personnel will inform the patient of the diversion status and document that the patient refused transport to an alternate facility.
- Dialysis patients should generally be taken to a facility with dialysis capability

B. CT Scanner Downtime

- All hospitals within Skagit County have CT Scanner and Stroke patient capabilities for the emergent patient
 - For patients with Last Known Well (LKW) <6 hours or for those with profound new neurological deficits (regardless of LKW) diversion to an alternate facility with a functioning CT scanner is recommended.
- For full trauma activations– Consider early activation of helicopter transport from the field. If close to appropriate trauma facility, request air transport rendezvous at hospital destination.
 - NOTE: Skagit and Island Hospitals each have 24/7 general surgery capability and are Level III trauma designation which can receive full and modified trauma patients.
- For non-trauma, non-stroke critically ill patients for whom the EMS provider suspects CT scan is likely to be both indicated and critical to patient assessment/management, diversion to the nearest appropriate alternate facility is recommended.
- For non-trauma, non-stroke and non-critically ill patients for whom the EMS provider believes a CT scan is likely to be indicated (e.g. abdominal pain), diversion to an alternate facility is recommended.

APPROVALS:


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C. Cardiac Cath Lab Downtime

- In Skagit County, only Skagit Valley Hospital provides emergent cardiac catheterization for suspected STEMI patients. For suspected STEMI patients, EMS personnel should consider diversion to PeaceHealth St. Joseph Hospital (Bellingham) or Providence Regional Medical Center (Everett).
- For some patients, locations, and EMS agencies, diversion to Bellingham or Everett for a suspected STEMI patient may not be the most appropriate destination. Under such circumstances, EMS personnel should consider transport to the nearest facility with cardiology services (for Skagit County, these would include the following hospitals: Skagit Valley Hospital, Island Hospital, United General Hospital).
- Unstable patients may always be taken to the nearest facility at the discretion of the EMS provider

D. Operating Room Downtime

- In Skagit County, both Skagit Valley Hospital and Island Hospital have 24/7 general surgery capability, while United General Hospital has limited mid-week, daytime general surgery capability.


Patient Surge & Hospital Bed Delays

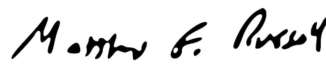
- Once a patient has been brought into the Emergency Department by EMS, any delay in transfer of patient care will be documented in the electronic patient care report.
- In times of patient surge, EMS may utilize triage tags to indicate severity and attempt to provide a verbal handoff report to the receiving facility followed by the completed electronic patient care report in accordance with [SOG# 6401](#).
- After a delay of 15 minutes EMS providers will attempt to find placement (i.e. waiting room, wheelchair, ER stretcher) for patients triaged as green or yellow and then may return to service if needed based on emergency call volume or other operational needs at the discretion of the agency.
- EMS will continue care for patients triaged as red until transfer of care can be completed, generally not to exceed 30 minutes. EMS personnel will notify EMS Office/MPD if there is any delay in transferring care of a critical patient.
- The EMS unit will expedite their return to service to be available to respond to the next incident
- Leaving a patient at a hospital is not patient abandonment per EMTALA. The hospital is responsible for the patient as soon as they arrive at the facility, regardless of any diversion status or bed delays.

NOTES:

- When EMS providers are exercising judgement as to alternative facilities, it is appropriate to take into account the **Guidance for Bypass of PeaceHealth United General Medical Center (UGH) by EMS Services for Alternate Destination** Protocol.
- Skagit County EMS will be responsible for tracking and reporting hospital diversion and bed delays on a monthly basis
- EMS providers and hospitals are encouraged to use the electronic quality assurance and sentinel event reporting tools to report any identified concerns for EMS Office and MPD follow-up.

APPROVALS:


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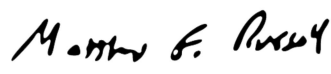
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Hospital Capability Notes

Skagit Valley Hospital			
<u>Inpatient Services</u>			<u>Alternatives in Skagit County</u>
Trauma	Level III	24/7 General Surgery, Anesthesia, Blood Bank	Island Hospital
Stroke	All Stroke Patients		Island Hospital
ICU Capacity	Yes		Island Hospital
Pediatrics	Yes		None
Obstetrics	Yes		Island Hospital
Infectious Disease	Yes		None
Orthopedics	Yes		Island Hospital
General Surgery	Yes		Island Hospital
Vascular Surgery	No		None
Renal Dialysis	Yes		None

APPROVALS:


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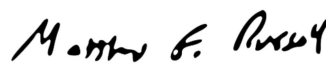
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Island Hospital			
<u>Inpatient Services</u>			<u>Alternatives in Skagit County</u>
Trauma	Level III	24/7 General Surgery, Anesthesia, Blood Bank	Skagit Valley
Stroke	All Stroke Patients		Skagit Valley United General
ICU Capacity	Yes		Skagit Valley
Pediatrics	Yes		None
Obstetrics	Yes		Skagit Valley
Infectious Disease	No		Skagit Valley
Orthopedics	Yes		Skagit Valley
General Surgery	Yes		Skagit Valley
Vascular Surgery	No		None
Renal Dialysis	No		Skagit Valley

United General Hospital			
<u>Inpatient Services</u>			<u>Alternatives in Skagit County</u>
Trauma	Level IV	No 24/7 General Surgery, Anesthesia, Blood Bank	Skagit Valley, Island
Stroke	All Stroke Patients		Skagit Valley, Island
ICU Capacity	No		Skagit Valley, Island
Pediatrics	No		Skagit Valley
Obstetrics	No		Skagit Valley, Island
Infectious Disease	No		Skagit Valley
Orthopedics	No		Skagit Valley, Island
General Surgery	Limited	Mid-week daytime	Skagit Valley, Island
Vascular Surgery	No		None
Renal Dialysis	No		Skagit Valley

APPROVALS:


 Joshua C. Pelonio


 Matthew F. Russell, M.D.











EMS System Hospital Diversion Policy Update with Letter

Final Audit Report

2023-02-08

Created:	2023-01-23
By:	Freya Peebles (freyaxp@co.skagit.wa.us)
Status:	Signed
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