



GUIDANCE FOR HOSPITALS AND EMS FOR AMBULANCE DIVERSION AND AMBULANCE PARKING

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Hospital resources, including emergency services, may occasionally be overwhelmed and may not be able to provide optimal patient care. Factors contributing to this problem include a shortage of qualified health care providers, lack of hospital-based resources and ongoing hospital and emergency volume in response to COVID-19 community transmission.

While many hospitals have attempted to respond to emergency department overcrowding by diverting incoming ambulances to other hospitals, diversion creates its own problems, delays patient care and further reduces our EMS system's ability to respond to calls for emergency assistance in a timely fashion. Another common strategy to mitigate emergency department overcrowding is to delay EMS from unloading a patient, a practice also referred to as EMS parking, ramping or off-load delaying.

Both diversion and EMS parking delay a patient's care, delay EMS and have the unintended consequence of leaving an entire community uncovered for 911 calls and interfacility transfers. A patient's choice of hospital or other facility should be complied with unless contraindicated by state, regional or system/service protocol or the assessment by a certified EMS provider that shows that complying with the patient's request would be injurious or cause further harm to the patient. Patient transfer can be arranged following emergency care and stabilization.

HOSPITAL DIVERSION REQUESTS

A hospital may notify the EMS system of a temporary inability to provide care in the emergency department (ED) and request ambulances divert patients to an alternate hospital facility.

A request to divert to another facility may be honored by EMS providers when patient condition and EMS system status allow.

A diversion request does not mean the hospital ED is closed, but usually means the current emergency patient load exceeds the ED's ability to treat additional patients promptly.

If the patient's condition is unstable and the hospital requesting diversion is the closest appropriate hospital, ambulance service personnel should notify the hospital of the patient's condition and to expect the patient's arrival.

This procedure should also be followed when a patient demands transport to a facility on diversion.

A hospital declaring diversionary status for EMS patients is simply a request for EMS to consider an alternate hospital destination. The hospital may not refuse care for a patient presented to their facility and is subject to EMTALA rules and regulations.

EMS PARKING AND DELAYING OFF-LOADING

CMS is very clear on the issue of EMS parking. CMS State Operations Manual, Appendix V Section 489.24(a)(1)(i), page 39, clearly states that “hospitals that deliberately delay moving an individual from an EMS stretcher to an ED bed do not delay the point in time at which their EMTALA obligation begins and that patient parking jeopardizes patient health and adversely impacts the ability of the EMS personnel to provide emergency response services to the rest of the community.”

Under extenuating circumstances it is reasonable for the hospital to ask the EMS provider to stay with the individual until such time as there are additional emergency department staff and bed space available, but just like diversion, this is a request and not a requirement of EMS personnel. Leaving a patient at a hospital is not patient abandonment per EMTALA. Hospitals are responsible for patients as soon as EMS arrives at the facility. Hospitals that “park” patients may also find themselves in violation of 42 CFR 482.55, the Hospital Condition of Participation for Emergency Services, which requires that hospitals meet the emergency needs of patients in accordance with acceptable standards of practice.