



New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes/Updates: 98-15

No. 06-01

Date: January 11, 2006

**Re: Emergency Patient
Destinations and
Hospital Diversion**

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As prehospital care becomes more sophisticated and hospital care more specialized, it is important to clarify the responsibilities of ambulance services to transport their patients to the appropriate medical facility destination. EMS services are required by either state or regional EMS medical advisory committees to transport patients to hospitals with special designations.

BACKGROUND

While Article 30 of the New York State Public Health Law defines ambulance service, it does not require ambulances to transport patients to specific hospital destinations. However, the New York State Emergency Medical Services Council has made the following statements concerning the transport of emergency patients:

- All ambulance patients can expect to be informed of the need to be taken to a medical facility capable of providing appropriate emergency medical care¹.
- The triage and transport of out of hospital patients must be based upon established principles of emergency medical practice, including pre-established state and regional medical protocols and guidelines. For any given patient, the appropriateness of the receiving facility to provide emergency care is a medical decision. Therefore, the direction or redirection of a transporting vehicle cannot be made without medical approval based upon established Regional Emergency Medical Services System protocols².

Also, the NYS Basic Life Support Protocols, which Part 800 regulations require all Emergency Medical Technicians to comply with specify:

- Major Trauma Protocols – If the patient meets any one of the criteria delineated in the protocols, they must be transported to a regional trauma center³.
- Suspected Stroke – A. Transport the patient to the closest New York State Department of Health designated Stroke Center if the total prehospital time is less than two hours⁴.

Additionally, a Regional Medical Advisory Committee (REMAC) may have developed treatment and transport protocols that address local conditions and require that patients be transported to specific facilities in certain situations.

POLICY

Based on the mechanism of injury, assessment findings, treatment, state and local protocol, a patient, in need of emergency medical care must be taken to the nearest appropriate health care facility capable of treating the illness, disability or injury of the patient. Ambulance services are under no obligation to transport patients to medical facilities not licensed under Article 28 of the Public Health Law. It is expected that the EMS provider will consult with a medical control physician, should there be questions of protocol, policies, procedures and transport destinations.

In non-emergency situations, ambulance services *may* make transports to facilities such as physician's offices, diagnostic and treatment centers (DT&C), free standing emergency clinics or other destinations. However, the ambulance crew must be aware of the emergency care capabilities of such facilities at the time of the patient request.

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 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. In such cases, the EMT should fully document the patient's request and the reasons for the alternate destination decision, including any medical control consultation.

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. A diversion request does not mean the hospital ED is closed, but usually means the current emergency patient load exceeds the Emergency Department'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. The hospital may not refuse care for a patient presented. Should an issue arise, the EMS provider should consult with a medical control physician.

Endnote:

1. Ambulance Patient's Bill of Rights, NYSEMS Council, 1998 Emergency Medical Services Plan
2. Access to Emergency Care in a Managed Care Environment, NYSEMS Council, 1998 Emergency Medical Services Plan
3. Adult and Pediatric Major Trauma Protocols, T-6, T-7, May, 2004
4. Suspected Stroke Protocol, M-17, January, 2005