



## STATEMENT ON AMBULANCE DIVERSION

### 1. PURPOSE AND SCOPE

- 1.1 This document is a statement of the Australasian College for Emergency Medicine and relates to the use of ambulance diversion.
- 1.2 This statement is applicable to all Australasian Emergency Departments, acute hospitals with emergency departments and pre-hospital services.

### 2. POLICY AND CONTENT

- 2.1 The Australasian College for Emergency Medicine (ACEM) believes that patients have a right to equitable access to quality emergency care. Access to emergency medical services requires a timely response, appropriately trained personnel, and transport to appropriate health care facilities.
- 2.2 Hospital resources, including emergency services may occasionally be overwhelmed and may not be able to provide optimal patient care. Contributing factors may include a shortage of qualified health care providers, lack of hospital-based resources, disaster situations and planned infrastructure closures.

### 3. PROCEDURES AND ACTIONS

- 3.1 Hospitals and Ambulance Services should have working agreements between themselves to optimize patient access to emergency care. Clear lines of communication and responsibilities must be defined. Ambulance medical directors and Directors of Emergency Medicine must be an integral part of the development of diversion policies.
- 3.2 Diversion criteria must be based on the prospectively defined capacities and capabilities of hospitals.
- 3.3 When all emergency departments in a region are on diversion, all hospitals must accept ambulance patients.
- 3.4 Ambulance diversion should occur only after the hospital has exhausted all internal mechanisms to avert a diversion, which may include calling in staff, opening additional beds and placing over census patients on inpatient wards.
- 3.5 Hospital diversions should not be based on financial decisions. Hospitals should not go on diversion to save beds for either elective admissions or potential deterioration of hospitalized patients.
- 3.6 The decision for diversion should be made in close consultation with the responsible emergency physician in conjunction with nursing and/or managerial staff.
- 3.7 Diversion must be temporary. Automatic return to normal status in a predetermined time is the preferred mechanism.

- 3.8 Highest priority and trauma patients should not bypass an appropriate hospital irrespective of diversion status.
- 3.9 Stakeholders will participate in quality review processes including identification of patient harm or policy violation. Longer term objectives of review processes will include development of strategies to minimize diversion.