

 		CLACKAMAS & WASHINGTON COUNTY EMERGENCY MEDICAL SERVICES		
EMS Clinical Notification				
EFFECTIVE DATE: 12/21/2022	NUMBER: 122122-OPS	TYPE: Clinical Guideline	REPLACES: None	PAGE: 1 OF 4
ENTER NAME/TITLE HERE (signature on line below): DR. RITU SAHNI, MD, MPH, FAEMS		TITLE: INTERIM SUSPENSION OF HOSPITAL-INITIATED DIVERSION AND ACTIVE ZONE MANAGEMENT OF EMS PATIENTS.		

Hello!

The demand on the emergency health system in our region is unprecedented. After significant discussion with regional stakeholders (Emergency Department leadership, EMS providers, and public health), a temporary change will be made to the Clackamas County and Washington County Operational Protocol 50.015:

From 0700 on December 21, 2022, to 0700 on January 4, 2023, hospital-initiated ambulance diversion will be completely suspended.

This suspension DOES NOT include:

- Specialty resources (e.g., STEMI, Stroke, Trauma, pediatrics, Unity)
- EMS initiated diversion
- Diversion due to infrastructure failure

This also includes suspension of active zone management.

Reasonable attempts will be made to prevent critically ill patients from being transported to the same hospital at roughly the same time (see FAQs).

The entire Portland Metro region is suspending diversion at the same time.

There were numerous factors that led to this decision. Some of these factors included:

- EMS volume is persistently high throughout the region.
- Diversion and active zone management are in operation for the vast majority of patient transports.
- The combination of volume and increased time on task is leading to significant periods of “Level 0” throughout the tri-county area. This means that there are instances in which there is not an ambulance available for the next 9-1-1 call.

We understand that this decision will cause increased stress, however, once implemented it will serve to ensure that resources are available to care for our patients and that patients are transported in a timely manner.

We appreciate your support and hard work during this particularly stressful time.



Ritu Sahni, MD, MPH, FAEMS
EMS Medical Director

Frequently Asked Questions

Interim suspension of hospital-initiated diversion and active zone management of EMS patients.

Q: What is the rationale for suspending ambulance diversion?

A: Ambulance diversion was created to allow one emergency department enough time to recover from a surge of patients (both in numbers and acuity) when resources were insufficient to manage the situation. It was NOT intended to manage a situation where the whole region does not have sufficient space or resources as the Portland area is currently in. It was also NOT intended to be utilized continuously. Additionally, the instances in which there is no ambulance available for the next 9-1-1 call (“Level 0”) have markedly increased in the EMS system.

Q: Without diversion, how do we reduce the number of EMS patients we get?

A: With the large volume of EMS transports right now along with continuous diversion and zone management, diversion has NOT reduced the number of patients delivered to hospitals. In fact, patients are much more likely to end up at facility that is not appropriate for them during continuous active zone management.

Q: What has caused the marked increase in “boarding at our local hospitals”

A: Multiple factors contribute to this situation. EMS volume is higher than it has ever been, and we are seeing an increased number of patients in the emergency department. Additionally, hospital staffing challenges, higher acuity, and inability to discharge patients to skilled nursing facilities or similar care homes all contribute the increased boarding.

Q: Are hospitals still allowed to divert specialty patients?

A: Yes. These specialty services are unique to each hospital and have specific patient populations. Diversion of these specialty patients has always been managed separately from standard ED divert. In Clackamas and Washington Counties, facilities will still be able to go on STEMI and stroke divert. Regionally, trauma and pediatrics facilities will still be able go on divert and MRH will manage destination determination for those patients. Unity will also be permitted by Multnomah County to go on divert.

Q: Won't we get 2 critical EMS patients at the same time?

A: In Clackamas County, AMR crews will coordinate with MRH to reduce the likelihood that hospitals get 2 critical patients at the same time. In Washington County, crews will work Metro West dispatch to also reduce this likelihood. There may still be unlikely situations where this occurs – e.g., the second patient is in very close proximity to a hospital or transport is being performed by a fire department.

Q: How many critical transports are there?

A: Washington County averages 10 code 3 return transports per day. Clackamas County data is still being analyzed, but best guess is that there are between 6-8 code 3 returns daily. This means that the likelihood of receiving 2 code 3 transports is already small and will be reduced further by implementing this system.

Q: Are the hospitals aware of this “Interim Suspension”

A: Yes. Regional EMS Medical Directors have spoken directly with ED Directors in all three counties. Additionally, regional Chief Medical Officers have been involved in this discussion. EMS is a function of Public Health and public health leadership has been briefed.

Q: What are the potential benefits of the “Interim Suspension”

A: More patients will be transported to the appropriate destination. For complex patients (e.g., postoperative, cancer, heart etc.), this is significant. This prevents the need for repatriation of the patient to that hospital. The second benefit is that it automatically allows the normal flow of patients to their hospital. When AZM exists, smaller hospitals are allocated the same number of patients as the larger hospitals. Transport times will likely be shorter, allowing for increased availability of ambulances.

Q: What are the anticipated adverse effects of this interim suspension?

A: We may see increased time to transfer care to ED staff (“Wall Time”), increased stress to ED triage staff, adverse encounters between EMS and ED staff. However, the main source of this stress is the increased EMS volume along with increased boarding.

Q: Are all the hospitals in the Portland area affected by the interim suspension?

A: Multnomah, Clackamas, and Washington Counties’ EMS system will be pausing divert simultaneously.

Q: Does this suspension also include issues related to “internal hospital disaster”

A: No, this suspension does NOT include issues related to a significant structural problem (e.g., Code Silver, loss of water, electricity, fire, etc.). Hospitals with a structural disaster will be placed on divert.

Q: Can you share more information as we do this?

A: Yes. Both Clackamas and Washington Counties are working on ways to better share the impact of EMS volume on the entire system. Data will be shared throughout the system regarding daily EMS volume and hospital destinations. We are developing those reports now.