

# Memo

**To:** All MedEx Team Members

**From:** Michael Pieroni, Jeff Collins

**CC:** Operations; Communications Center

**Date:** January 14, 2013

**Re:** Diversions

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This memo serves to remind everyone of our procedure regarding diversions. Anytime a patient is diverted or a crew needs to alter their planned destination, for any reason, the crew must notify dispatch by phone, using the crew hotline. Please do not hang up until dispatch has acknowledged that the patient is being diverted or that the planned destination has changed. In the case of emergency diversions, the call should be made immediately after transferring patient care.

Dispatchers will immediately notify the originating facility about the diversion and will log the diversion into the dispatch notes. Dispatchers must document the name of the staff member they informed of the diversion.

Please continue to use the radio for normal traffic.

Thank you for your cooperation. Please contact us if you have questions.

**MEDICAL EXPRESS AMBULANCE SERVICE  
HOSPITAL DIVERSION REVIEW**

DATE: \_\_\_\_\_ PATIENT NAME: \_\_\_\_\_  
TIME: \_\_\_\_\_ ORIGIN: \_\_\_\_\_  
ATTENDANT #: \_\_\_\_\_ DEST: \_\_\_\_\_  
DRIVER #: \_\_\_\_\_ DIVERTED TO: \_\_\_\_\_  
VEHICLE #: \_\_\_\_\_ RUN #: \_\_\_\_\_  
PATIENT PHYSICIAN NAME: \_\_\_\_\_

This patient was brought to your E/R because:

- ( ) Of the patient's condition
- ( ) Medical Control request

Medical Control Hospital name: \_\_\_\_\_

WE WILL TRANSPORT THIS PATIENT TO THE ORIGINALLY REQUESTED FACILITY, WHEN THE PATIENT IS CAPABLE OF BEING TRANSPORTED. PLEASE CALL US AT:

**1-847-674-9111 or 1-773-725-9111**

Patient vital signs at transport: BP \_\_\_\_\_ / \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_

Baseline vital signs from the BP \_\_\_\_\_ / \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_

transferring facility Date: \_\_\_\_\_ Time Taken: \_\_\_\_\_

Did the patient appear stable upon assessment when you arrived? \_\_\_ Yes \_\_\_ No

Did this change during call? \_\_\_ Remained the same \_\_\_ Condition Improved

\_\_\_ Condition Deteriorated - In all cases please explain.

Brief Statement: \_\_\_\_\_  
\_\_\_\_\_

What was the time (in minutes) to the original destination and to the divert hospital?

Original Destination: \_\_\_\_\_ Diversion Hospital: \_\_\_\_\_

Was Medical Control notified of the above information? \_\_\_ Yes \_\_\_ No

Did you agree with the decision to divert this patient? \_\_\_ Yes \_\_\_ No If no, please provide brief statement why: \_\_\_\_\_

What treatment or skill was provided by the divert hospital that was not available at the original hospital choice?

\_\_\_ Comprehensive care at closet hospital \_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_

Attendant Signature: \_\_\_\_\_

Driver Signature: \_\_\_\_\_

REVIEW (OFFICE USE ONLY) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_