
AMBULANCE DIVERSION (# 5700)

AUTHORITY: *California Administrative Code, Title 13, Section 1105 (c): "In the absence of decisive factors to the contrary, ambulance personnel shall transport emergency patients to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patient."*

1. PROTOCOL PHILOSOPHY

Receiving hospitals may divert patients from their emergency departments when certain pre-established conditions exist that negatively and profoundly impact the facility's ability to provide safe patient care. It is the intent of this policy that all hospitals participating in the EMS system abide by equally strict internal procedures for diversion that result in a fair and equitable system.

Ambulance diversion by basic emergency departments shall only occur as the result of circumstances that result in a disruption of essential hospital services. The ultimate goal of this protocol is to ensure patient safety and maximize efficiency during times of over-load.

- 2. DIVERSION CATEGORIES** - The Emergency Medical Service system allows ambulances to be diverted when certain predetermined conditions exist. Partial diversion may occur only under specific patient circumstances. Complete diversion is permitted for all transported critical care patients, except as indicated under 2.3 below. The following definitions for system-wide diversion criteria apply. (*See the table at the end of this policy for a summary of diversion categories and actions to be taken*)

- 2.1 PARTIAL DIVERSION** – A hospital may request partial diversion under the following circumstances:

- ✓ **Computerized Tomography scanner (CT) failure** - If the CT scanner is inoperative, patients demonstrating neurological signs/symptoms of stroke or acute head injury (e.g. critical trauma patients) may be diverted
- ✓ **Trauma Center Overload – If the Medical Director of Trauma Services determines their trauma center** is unable to meet the established criteria of a Level 1 or Level 2 Trauma Center in Alameda County, patients may be diverted.

- 2.2 COMPLETE DIVERSION** – If a hospital desires to divert patients in one of the complete diversion categories, all such patients, except those indicated in section 2.3 below, will be diverted to the closest most appropriate hospital.

- ✓ **Emergency Department (ED) Saturation/ Critical Patient Overload (CPO)** - The hospital's emergency department and/or critical care resources are fully committed to critically and/or severely ill/injured patients and are not available for additional critical patients; all critical care monitoring capability (including ICU, ER, PAR etc.) has been depleted
- ✓ **Physical Plant Casualty – An unforeseeable physical or logistical situation/ circumstance** (e.g., fire, bomb threat, power outage, etc.) that curtails routine patient care and renders continued routine ambulance delivery unsafe. A receiving hospital or trauma center may divert any patient, including critical trauma patients (CTP) as deemed necessary by the facility.

- 2.3 EXCEPTIONS (EXCLUSIONS)**- the following patients **may not** be diverted:

- ✓ **Obstetric patients who may require imminent delivery** (e.g. - if baby is crowning, patient exhibiting delivery complications, etc.).
- ✓ **Sexual assault patients** (see policy #7006 for destination information pertaining to sexual assault). Specialized teams are available at Highland, Valley Care and

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Washington's emergency department.

- ✓ **Direct admits- Receiving hospital MD has accepted the patient as a direct admit with an assigned hospital bed.**
- ✓ **Patients with any uncontrollable problem in whom diversion would be life/limb threatening.** (e.g. - unmanageable airway, uncontrolled hemorrhage, unstable cardiopulmonary condition, full arrest etc.)
- ✓ **Unstable patients who** in the judgment of the paramedic **may experience greater risk** by being transported past a hospital on diversion. The patient should be transported to the closest most appropriate facility regardless of the diversion status.
- ✓ **Any patient who requests a specific facility.** Field personnel should explain the hospital's diversion status and that a wait for service is a possibility; however, if the patient continues to insist on transport, the patient should be transported to the hospital on diversion.

3. **RECEIVING HOSPITAL INTERNAL DIVERSION PLAN** – The hospital's responsibilities prior to requesting diversion are indicated below:

3.1 **Internal measures** - The facility must exercise all measures to resolve the condition(s) resulting in the diversion request, according to its internal diversion plan. These include but are not limited to:

- ✓ Increase in department staff
- ✓ Increase in physician staff
- ✓ Review of attempts by department/ administrative supervisors
- ✓ Increase in ancillary staff
- ✓ Activation of backup patient care areas
- ✓ Cancellation of elective surgical procedures

3.2 **Facility authorization** - Prior to requesting ambulance diversion, the hospital must obtain authorization from all of the following:

- ✓ Emergency department supervisor or house supervisor/designee
- ✓ Emergency department physician director/designee
- ✓ Senior administrative officer on duty

3.3 **REQUESTING AND MAINTAINING DIVERSION STATUS** – Receiving Hospitals that request diversion must make the request on ReddiNet in the "STATUS" module. To be able to go on diversion, the requesting facility must have met the requirements as listed in 3.1-3.2 and in addition, must have updated the following data in ReddiNet as indicated:

- ✓ patient census within the last 24 hours
- ✓ alert status within the last 8 hours
- ✓ number of patients who are waiting in the ED/lobby/waiting room
- ✓ number of patients who are waiting in ambulances awaiting transfer to ED
- ✓ number of admitted patients who occupy med/surg beds
- ✓ number of admitted patients who are awaiting ICU/TCU beds

4. **After the hospital enters its diversion request, if all the criteria above are not met, the hospital will be advised, via ReddiNet, that diversion is declined.**

4.1 The diverting hospital must update ReddiNet, as prompted, every two hours regarding their diversion status. Failure to do so will result in denial of further diversion status.

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- 4.2 **For All Diversion Categories except Trauma and Physical Plant Casualty** – If a second hospital in the same area requests diversion, (north and south county hospitals listed below) by ReddiNet, a message box that denies diversion will appear with instructions to notify ALCO-CMED at (925) 422-7595. The EMS on-call representative will determine the continuation of the diversion based on dialogue with the charge nurse/house supervisor or emergency department manager for the affected facilities.

North County Hospitals

- ✓ Alameda
- ✓ Alta Bates
- ✓ Children's
- ✓ Highland
- ✓ Kaiser Oakland
- ✓ Summit

South County Hospitals

- ✓ San Leandro
- ✓ Eden
- ✓ St. Rose
- ✓ Kaiser Hayward
- ✓ Kaiser Fremont
- ✓ Washington
- ✓ Valley Care

- 4.5 **For Trauma Diversion** – Only one Alameda County trauma center may be on diversion at any time. If a second trauma center requests diversion, ALCO will contact the EMS on-call representative for resolution.

SPECIAL CONSIDERATIONS – trauma center diversion:

- 4.5.1 All Alameda County trauma centers (Children's, Eden, Highland) may request diversion **if the Medical Director of Trauma Services determines his/her trauma center** is unable to meet the established criteria of a Level 1 or Level 2 trauma center in Alameda County.
- 4.5.2 Pediatric trauma patients may be diverted to Highland, Eden, and/or Contra Costa County's John Muir Medical Center per policy.
- 4.5.3 Adult trauma patients should be diverted to the next closest trauma center but may not be diverted to Children's Hospital except under disaster or MCI circumstances (refer to policy # 8070).

5. DIVERSION TIME LIMITS FOR ED/CRITICAL CARE UNIT OVERLOAD DIVERSION:

- 5.1 In general, a hospital may be on diversion for no more than 6 hours in any 24-hour period. Exceptions require the approval of the on-call EMS representative.
- 5.2 **For CT Failure, Physical Plant Casualty and Trauma Center Overload:** the hospital must come off diversion immediately upon resolution of the issue.

6. TERMINATING DIVERSION STATUS:

- 6.1 The diverting hospital will update ReddiNet in the "STATUS" module as soon as it is able to remove its diversion status.
- 6.2 ALCO-CMED will inform helicopter and ambulance providers (via telephone) upon termination of diversion status.
- 6.3 EMS Agency staff are on-call 24 hours per day and can be reached through ALCO-CMED at (925) 422-7595 to assist with system related problems

7. MONITORING AND REVIEW

- 7.1 The diverting facility shall perform an internal review of the diversion *within 72 hours*.

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The review must include:

- ✓ Date of diversion
- ✓ Reason for diversion
- ✓ Times on and off diversion
- ✓ Name of hospital administrator authorizing diversion
- ✓ Summary of attempts to mitigate conditions requiring diversion

7.2 Any problems associated with patient care for diverted patients will be submitted by the charge nurse or emergency department manager to EMS on an “Unusual Occurrence” report form within 2 weeks. (An Unusual Occurrence form can be found on our website at www.acgov.org/ems)

TABLE 1 – DIVERSION ACTION SUMMARY

	Type of Diversion	Maximum time allowed	Condition	Types of patients diverted	Appropriate facilities for diverted patients
Partial	Computerized Tomography (CT)	Until resolved	CT inoperative	1. Acute head injury 2. CVA (aphasic, dysarthria, one-sided weakness)	1. Closest trauma center 2. Closest stroke center
	Trauma Center Overload	Until resolved	Trauma resources depleted	Critical trauma patients	Closest designated trauma center
Complete	Emergency Department (ED) Saturation or Critical Patient Overload (CPO)	6 hours	Overwhelming volume of patients in ED resulting in facility’s critical care capacity exhausted	All except noted exclusions	Closest most appropriate facility
	Physical Plant Casualty	Until resolved	Physical plant breakdown	All	Closest most appropriate facility

Exclusions	Transport to:	Exclusions	Transport to:
Obstetrics (OB)	Closest most appropriate facility	Unmanageable airway	Closest most appropriate facility
Sexual Assault	Designated hospital - see policy #7006	Direct admits	Designated receiving hospital
Patient request	Hospital of choice		