

PURPOSE: The purpose of this policy is to establish the requirements under which receiving hospitals may divert ambulance patients, and when receiving hospitals must divert ambulance patients.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220; & 1798 et seq

DEFINITIONS:

- A. "Receiving Hospital" means a licensed acute care hospital with an emergency permit that is approved by the EMS Agency to receive ambulance patients.
- B. "Beds" means licensed beds and non-licensed temporary emergency department (ED) treatment stations including but not limited to chairs, gurneys and cots.
- C. "Capacity" means the total number of permanent and temporary ED beds, including those created as a result of a receiving hospitals diversion avoidance protocol.
- D. "Capture of Emergency Ambulance Services" means that one or more emergency ambulances are unable to transfer prehospital patient care to the receiving facility and return to service.
- E. "Critical" means a patient requiring vasoactive drips, fibrinolytics, management of ventricular arrhythmia, mechanical ventilation, or immediate infusion of more than two units of packed red cells or whole blood, and who will be admitted to an intensive care unit (ICU.)
- F. "Disaster" means an event(s) that causes the receiving hospital to activate their emergency management plan.
 - a. "Internal Disaster" means an event occurring within the hospital facility or on the hospital campus (i.e. physical plant breakdown, fire, security threat, infrastructure damage, loss of critical utilities).
 - b. "External Disaster" means an event occurring off site of the hospital campus, which is or has the potential to impact the hospital's operations (i.e., terrorist attack, large influx of patients, influenza pandemic).
- G. "Immediate patient" means a patient with an uncontrolled airway, uncontrolled hemorrhage, an absence of pulses, or other life-threatening condition that in the opinion of the attending paramedic or emergency medical technician necessitates transport to the closest emergency department.
- H. "Saturation" means no beds or treatment areas are available in the ED including what may be developed as a result of the diversion avoidance protocol.

POLICY:

- I. Diversion is the temporary redirecting of ambulance patients from the desired hospital to another destination due to conditions that may reduce the desired hospital's ability to provide appropriate patient care or results in the capture of emergency ambulance services. Diversion is a temporary event and distinctly

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different from pre-established triage policies that direct patients to facilities capable of providing a more sophisticated level of care for a particular patient condition such as burns, neurosurgery, obstetrics or trauma.

II. In order to be eligible for diversion a receiving hospital shall on a daily basis utilize the EMSResource™ regional communication system continually maintaining the receiving hospital's current emergency department status using the following categories:

- A. Open – Accepting all ambulance patients.
- B. Advisory – Full hospital services not available, i.e. CT scanner down for maintenance.
- C. Diversion – Closed to ambulance traffic except immediate patients.
- D. Internal Disaster/Closed – Closed to all ambulance traffic including immediate patients; occurs only when an internal disaster has been declared due to a physical plant breakdown (i.e. fire, bomb threat, structural collapse, complete loss of main and back-up power) and the occurrence has been reported to the appropriate representative of the California Department of Health Services.

III. Diversion Avoidance:

- A. Receiving hospitals are required to develop and maintain on file with the EMS Agency an up-to-date internal hospital Diversion Avoidance Protocol that includes a standard checklist of activities and capacity strategies designed to increase capacity and avoid the need for diversion.
- B. A receiving hospital begins to exceed capacity when:
 - 1. The number of patients in the ED (beds and waiting) reaches 150% of ED capacity; or
 - 2. Critical patients account for 10% of ED capacity and there is reason to believe that the inpatient admissions process will be delayed; or
 - 3. Delays in the transfer of prehospital patient care from ambulances to the emergency department exceeds 30 minutes; or
 - 4. It is otherwise determined that the receiving hospital will likely need to go on diversion within the next 60 minutes.

IV. Hospital Initiated Diversion Event:

- A. A receiving hospital is eligible to be on diversion when:
 - 1. Critical patients account for 20% of all patients in the ED and there are no open ED beds including those identified and put into service during the diversion avoidance effort.
 - 2. Yield from the diversion avoidance effort is insufficient to decompress the

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- ED from its saturated status.
3. Patient care is in imminent danger of being compromised.
 4. The delay in transferring prehospital patient care from ambulances to the emergency department exceeds 30 minutes.
 5. Patients remain on ambulance gurney and the patient is undergoing a medical screening exam or is being treated by emergency department personnel.
- B. The on-duty or on-call hospital administrator shall be notified for all pre-diversion events and shall approve the reasons for the diversion and the decision to go on diversion, and shall be kept informed of the specific efforts being taken by the hospital staff to mitigate the diversion event. This responsibility may not be delegated to emergency department or nursing supervisory personnel.
- C. Before placing itself on diversion, the receiving hospital shall use a checklist to ensure that it does everything possible to minimize the need for diversion and its length, if it should occur. The checklist shall outline a specific chain of events, including capacity building strategies during which key departments and staff coordinate activities during times of high census.
- D. The diversion event may last no longer than three hours, at which time the receiving hospital must go off diversion and remain off for at least twelve hours. A hospital may, with the approval of the EMS Agency Duty Officer, extend their diversion event beyond three (3) hours or request an additional diversion event during the twelve (12) hour period.
- E. Receiving hospitals shall continue to actively engage in diversion avoidance efforts during a diversion event.
- F. Receiving hospitals shall document each diversion event using EMResource™.
- G. Receiving hospitals shall have flexibility in determining the need to go on diversion for unique events. The expectation is that a hospital will not place itself on diversion for non-patient safety issues.

V. EMS Agency Duty Officer Initiated Diversion Event:

- A. The San Joaquin County EMS Agency Duty Officer or authorized designee may place a receiving hospital on diversion based one or more of the following:
1. One (1) or more emergency ambulances are waiting to transfer patient care responsibilities to emergency department staff for more than one (1) hour.
 2. Two (2) or more emergency ambulances are waiting to transfer patient care responsibilities to emergency department staff for more than forty five (45) minutes.
 3. Three (3) or more emergency ambulances are waiting to transfer patient care responsibilities to emergency department staff for more than thirty (30) minutes.
 4. Ambulance gurneys are being used by the emergency department to treat

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- patients brought in by ambulance.
5. EMS Duty Officer determines that such action is necessary to mitigate the capture of emergency ambulance services.
 6. The three hour diversion limitation may be exceeded if the EMS Agency Duty Officer determines that such action is necessary to mitigate the capture of emergency ambulance services.

VI. Accountability:

- A. EMS agency staff may perform unannounced site visits to receiving hospital to ensure compliance with the hospital's Diversion Avoidance Protocol and EMS Agency policy.
- B. The on-duty EMS Agency Duty Officer may cancel a diversion event and open a receiving hospital, if the Duty Officer determines that continuing the diversion event jeopardizes overall patient safety.