

PURPOSE: The purpose of this policy is to establish the requirements under which receiving hospitals may divert ambulance patients when it has been determined through pre-established criteria that the receiving hospital's emergency department cannot safely accommodate additional patients.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220;
California Code of Regulations, Title 13, Section 1105c

DEFINITIONS:

- A. "Beds" means licensed beds and non-licensed temporary emergency department (ED) treatment stations including but not limited to chairs, gurneys and cots.
- B. "Capacity" means the total number of permanent and temporary ED beds, including those created as a result of a receiving hospitals diversion avoidance protocol.
- C. "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.)
- D. "Disaster" means event(s) such that the receiving hospitals disaster plan is initiated and reported to the appropriate Department of Health Services (DHS) official.
- E. "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.
- F. "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. Diversion is a temporary event and distinctly different from pre-established triage policies that direct

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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 EMSsystem® 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 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 shall implement its internal Diversion Avoidance Protocol when the emergency department begins to exceed or reaches capacity or when ambulance transfer of care wait times exceed 30 minutes. 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. It is otherwise determined that the receiving hospital will likely need to go on diversion within the next 60 minutes.

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IV. 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 ED from its saturated status.
 - 3. Patient care is in imminent danger of being compromised.

- B. The on-duty or on-call hospital administrator (highest ranking administrative person) 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 shall last no longer than three hours, at which time the receiving hospital must go off diversion and remain off for at least twelve hours.

- E. Patient safety is the only acceptable reason for a receiving hospital to place itself on diversion. For each diversion event the receiving hospital must demonstrate the need for diversion as it relates to patient safety.

- F. Receiving hospitals shall continue to actively engage in diversion avoidance efforts during a diversion event, and shall document these efforts.

- G. Receiving hospitals shall maintain an auditable diversion log that includes for each diversion event:

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1. The factors contributing to the need for diversion as it relates to patient safety.
 2. All Diversion Avoidance activities initiated to mitigate the need for diversion, including a copy of the standardized checklist.
 3. The name of the on-duty hospital administrator and the time the on-duty hospital administrator was informed of the Diversion Avoidance activities.
 4. The time the on-duty hospital administrator approved placing the receiving hospital on diversion.
- H. Receiving hospitals shall have flexibility in determining the need to go on diversion for unique events and document such in the diversion log. The expectation is that a hospital will not place itself on diversion for non-patient safety issues.
- V. 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 EMS duty officer determines that continuing the diversion event jeopardizes overall ambulance patient safety.
 - C. All diversion events are automatically terminated after three hours or upon the declaration of a multi-casualty incident by the Disaster Control Facility or EMS Agency duty officer.

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