

Sierra – Sacramento Valley EMS Agency Program Policy

Ambulance Patient Diversion

	Effective: 04/01/2016	Next Review: 03/2019	508
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PURPOSE:

- A. To establish circumstances under which hospitals may divert ambulance patients.
- B. To establish the requirements for hospitals diverting ambulance patients.

AUTHORITY:

- A. California Health & Safety Code, Division 2.5, § 1797.67, 1797.88, 1797.220 & 1798.
- B. California Code of Regulations, Title 22, Chapter 4, § 100169 and 100170.
- C. California Code of Regulations, Title 13, § 1105(c).

DEFINITIONS:

- A. **Diversion** – The closure of a hospital’s emergency department (ED) from receiving ambulance patients, including any specialty services.
- B. **Internal Disaster** – An unforeseeable physical or logistical situation/circumstance (fire, flood, facility damage, loss of critical utilities, hazmat, highly infectious patient, active shooter, bomb threat, patient surge resulting from an unprecedented incident, etc.) that curtails routine patient care and renders continued ambulance patient delivery unsafe.

POLICY:

- A. Ambulance patient diversion often causes significant impacts on the EMS system (both prehospital providers and other system hospitals), patients and their family members, and has a high potential to negatively impact patient care.
- B. Ambulance patient diversion must only be considered when conditions exist that negatively and profoundly impact the hospital's ability to provide safe patient care, and after all hospital diversion avoidance measures have been implemented.
- C. It is the intent of this policy that all hospitals in the S-SV EMS region abide by equally strict internal procedures for diversion that result in a fair/equitable system.

D. Causes for diverting ambulance patients include any of the following:

1. Computed Tomography (CT) Scanner Failure:

- If the CT scanner is inoperative, ambulance patients with neurological signs/symptoms of stroke or acute head injury may be diverted to the next closest most appropriate hospital providing similar services.

2. Trauma Patient Diversion – Trauma receiving centers may divert ambulance patients meeting trauma triage criteria under one of the following circumstances:

- Critical diagnostic/treatment equipment failure.
- The trauma services medical director/designee determines their hospital is unable to care for additional trauma patients because the trauma team is already fully committed to caring for trauma patients.

3. STEMI Patient Diversion – STEMI receiving centers may divert ambulance patients meeting STEMI criteria under one of the following circumstances:

- Critical diagnostic/treatment equipment failure or scheduled maintenance.
- The STEMI services medical director/designee determines their hospital is unable to care for additional STEMI patients because the STEMI team is already fully committed to caring for STEMI patients.

4. Internal Disaster:

- Any hospital may divert ambulance patients during this type of incident.

5. Patient Surge:

- If the hospital determines that they are unable to safely care for additional ambulance patients due to a patient surge (unrelated to a specific/unprecedented incident), they may divert ambulance patients only upon meeting all of the additional requirements contained in the following 'Specific requirements for diverting ambulances due to patient surge' section of this policy.

E. Specific requirements for diverting ambulances due to a patient surge:

1. Hospital administration and staff must exercise measures to resolve the condition(s) resulting in the anticipated need to divert ambulance patients according to its internal surge plan. These include but are not limited to the following:

- Increase in ED and/or other department staff.
- Review of mitigation attempts by department administrative supervisors.

- Activation of backup patient care/diagnostic areas.
 - Cancellation of elective surgical procedures.
 - Expedited patient discharges (as appropriate).
 - Patient transfers to other facilities (as appropriate).
2. Prior to diverting ambulance patients, hospital staff must obtain authorization from all of the following:
- ED supervisor/designee or house supervisor/designee.
 - ED physician director/designee.
 - Trauma and/or STEMI physician director/designee (if applicable based on hospital designation).
 - CEO/designee.
 - S-SV EMS Agency representative (Duty Officer, Associate Director or Executive Director).

F. EMResource Utilization:

1. All hospitals shall maintain the current status of their facility on EMResource, and must update their facility status no less than once every 24 hours.
2. All hospitals must respond to EMResource hospital status polls initiated by the S-SV EMS Agency (HAVBED, ED & Census, etc.) within 30 minutes.
3. Any hospital that initiates ambulance patient diversion for any reason, must update their status on EMResource as follows:
 - CT Scanner Failure:
 - Update EMResource status to 'Advisory', and select the appropriate item indicating CT scanner not available.
 - Update EMResource status to 'Open' when the issue has been resolved.
 - Trauma Diversion:
 - Update EMResource status to 'Trauma Diversion'.
 - Update EMResource status to 'Open' when the issue has been resolved.
 - STEMI Diversion:
 - Update EMResource status to 'Advisory', and select the appropriate item indicating STEMI services are unavailable.
 - Update EMResource status to 'Open' when the issue has been resolved.

- Internal Disaster:
 - Update EMResource status to 'Internal Disaster', and indicate in the comments section the reason for internal disaster. S-SV EMS staff may also update the status of a hospital on internal disaster when requested or deemed necessary.
 - Update EMResource status to 'Open' when the issue has been resolved.
- Patient Surge:
 - Update EMResource status to 'Diversion', and indicate in the comments section the reason for diversion.
 - EMResource 'Diversion' status shall be updated with appropriate information/comments a minimum of every three (3) hours.
 - Update EMResource status to 'Open' when the issue has been resolved.

G. Documentation

1. Any hospital that initiates ambulance patient diversion for any reason must complete and submit the 'Ambulance Patient Diversion Reporting Form' (508-A) as follows:
 - CT Scanner Failure:
 - < 24 hours – No reporting form required.
 - ≥ 24 hours – The form must be completed and submitted to S-SV EMS by the end of the next business day.
 - Trauma Diversion:
 - The form must be completed and submitted to S-SV EMS by the end of the next business day.
 - STEMI Diversion:
 - The form must be completed and submitted to S-SV EMS by the end of the next business day.
 - The form must be completed/submitted prior to closure for anticipated events (maintenance, etc.).
 - Internal Disaster:
 - The form must be completed and submitted to S-SV EMS as soon as possible.
 - S-SV EMS staff will determine the frequency of required updates based on the nature of the incident and specific incident details.

- Patient Surge:
 - The form must be completed and submitted to S-SV EMS prior to initiating patient diversion.
 - The form must be updated and submitted to S-SV EMS a minimum of every three (3) hours until the incident is resolved.

H. Diversion Cancellation/Resolution:

1. Hospitals shall only place themselves on “Internal Disaster” status in EMResource for incidents similar to those described in the ‘Definitions’ section of this policy (unforeseeable physical or logistical situation/circumstance that curtails routine patient care and renders continued ambulance patient delivery unsafe).
2. Hospitals experiencing a patient surge shall only place themselves on “Diversion” status in EMResource after notification/approval of the S-SV EMS Agency. This notification must include the submission of an ‘Ambulance Patient Diversion Form’, describing all of the diversion avoidance measures taken.
3. If a hospital has initiated diversion due to patient surge, and an adjacent hospital requests to initiate diversion for a similar reason, both hospitals will be requested to submit an updated ‘Ambulance Patient Diversion Form’ describing all of the diversion avoidance measures taken. If S-SV EMS staff determine that both hospitals have taken appropriate diversion avoidance measures, and that diversion of ambulance patients by both hospitals would significantly impact the EMS system, both hospitals will be required to reopen/remain open to ambulance traffic.
4. Hospitals must come off diversion immediately upon resolution of the issue.
5. S-SV EMS staff retain authority to update the EMResource status of any hospital as needed to reflect the appropriate/approved status.

I. Site Visits/Fines/Penalties:

1. Any hospital that initiates ambulance patient diversion for any reason is subject to unannounced site visits by S-SV EMS Agency representatives.
2. Any hospital that initiates ambulance patient diversion for any reason, may be subject to fines/penalties as indicated in individual hospital contracts.