

Sierra – Sacramento Valley EMS Agency Program Policy

Ambulance Patient Diversion

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PURPOSE:

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

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.

4. Internal Disaster:

- Any hospital may divert ambulance patients during an internal disaster incident.

5. Patient Surge:

- If the hospital determines that they are unable to safely care for additional ambulance patients due to a patient surge, they may divert ambulance patients 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 conditions resulting in the anticipated need to divert ambulance patients according to their facility 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 and 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).
 - CEO/designee.
 - S-SV EMS representative (Duty Officer, Associate Director or Executive Director).
3. Prior to authorizing ambulance patient diversion, the S-SV EMS representative will complete the following steps:
 - Review the information provided on the 'Ambulance Patient Diversion Form' to confirm that ambulance patient diversion is necessary and that appropriate diversion avoidance measures have been taken by the requesting hospital.
 - Contact the ED supervisor/designee of the next closest hospital to assess their current status and what impact ambulance patient diversion will have on their facility.
4. Any of the following circumstances will result in denial of an ambulance patient diversion request:
 - The requesting hospital failed to submit a completed 'Ambulance Patient Diversion Form'.
 - The S-SV EMS representative determines that the requesting hospital has not taken appropriate diversion avoidance measures.
 - The S-SV EMS representative determines that the next closest hospital is unable to absorb the anticipated impact caused by approving the diversion request.

F. EMResource Utilization:

1. All hospitals shall maintain the current status of their facility on EMResource, update their facility status no less than once every 24 hours, and respond to EMResource hospital census polls initiated by the S-SV EMS Agency within 30 minutes.
2. Any hospital that initiates ambulance patient diversion for any reason, shall 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 representatives may also update the status of a hospital on internal disaster when requested/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 shall 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 shall be completed and submitted to S-SV EMS by the end of the next business day.
 - Trauma Diversion:
 - The form shall be completed and submitted to S-SV EMS by the end of the next business day.

- STEMI Diversion:
 - The form shall be completed and submitted to S-SV EMS by the end of the next business day.
 - The form shall be completed/submitted prior to closure for anticipated events (maintenance, etc.).

- Internal Disaster:
 - The form shall be completed and submitted to S-SV EMS as soon as possible.
 - S-SV EMS representatives will determine the frequency of required updates based on the nature of the incident and specific incident details.

- Patient Surge:
 - The form shall be completed and submitted to S-SV EMS prior to initiating patient diversion.
 - The form shall 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 approval of the S-SV EMS representative.
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 the S-SV EMS representative determines 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 all ambulance traffic.
4. A hospital on diversion due to patient surge will be required to reopen to all ambulance traffic in the event of a confirmed MCI or declared disaster requiring patient distribution to their facility.
5. A hospital will only be allowed to remain on diversion due to patient surge for a maximum of six (6) hours, at which point they will be required to re-open to all ambulance traffic for a minimum of a subsequent six (6) hours.

6. Hospitals shall come off diversion immediately upon resolution of the issue.
 7. S-SV EMS representatives retain authority to update the EMResource status of any hospital as needed to reflect their 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 representatives.
 2. Any hospital that initiates ambulance patient diversion for any reason, may be subject to fines/penalties as indicated in individual hospital contracts.