

AMBULANCE DIVERSION POLICY

PURPOSE

To define the circumstances under which ambulance traffic may be diverted from the intended receiving facility.

RELATED POLICIES

- A. Trauma Triage and Destination, #4613
- B. Destination Guidelines, GPC 04

AUTHORITY

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

DEFINITIONS

- A. **Full diversion** means a rerouting of all ambulance traffic.
- B. **Condition specific diversion** may occur when a normally available service, procedure or piece of equipment is temporarily unavailable and results in the rerouting of specific patients, dependent on the reason for diversion. Condition specific diversion may include the following:
 - 1. CT Scanner Inoperable
 - 2. Neurosurgeon Not Available
 - 3. Trauma Center Diversion
 - 4. Emergency Department (ED) Saturation
 - 5. Cath Lab Diversion

POLICY

- A. Each receiving hospital shall establish an internal hospital plan, approved by and on file with the EMS Agency. The plan shall include, but not be limited to the following:
 - 1. Definitions and standards for activation which are consistent with this policy/procedure.
 - 2. Identification of the internal approval process, including persons or positions that must be involved in the decision-making process.

3. Mechanisms for notification, on-going monitoring, removal from diversion status; identification and activation of backup ED and ICU physical space per state licensing guidelines; call-in mechanism for additional staff; identification of patients who can be safely transferred within the facility; internal review of the diversion and reporting to the EMS Agency.
- B. Full diversion may occur only if the receiving emergency department is incapacitated by a physical plant breakdown (i.e., fire, bomb threat, power outage, etc.) which renders patient care unsafe. In the event of a full diversion, **all patients will be rerouted to other facilities** as appropriate.
- C. The need to institute a Condition Specific Diversion is determined per each facility's plan, consistent with the following:
1. The following patients may not be rerouted:
 - a. Obstetrical patients in active labor
 - b. Patients with respiratory distress and unmanageable airway
 - c. Patients with uncontrolled external hemorrhage
 - d. Patients requiring ALS, but having no paramedic in attendance
 - e. Patients with CPR in progress (unless transporting to the nearest STEMI Receiving Center for patients in refractory VF)
 - f. Stable patients who insist on transport to a specific hospital. Ambulance personnel will inform the patient of the diversion status and document that the patient refused transport to an alternate facility.
 - g. Destinations of all other patients will be determined in accordance with the type of diversion.
 2. CT Scanner Inoperable:
 - a. Patients who meet Physiologic and/or Anatomic Trauma Triage Criteria with signs and symptoms of head, neck or spinal cord injury will be transported to Level II Trauma Center; if conditions preclude air transport consult with MarinHealth Medical Center Level III Trauma Center.
 - b. Patients who meet Mechanism of Injury and/or Additional Factors will be transported to Kaiser Permanente San Rafael EDAT.
 - c. Patients with the following get transported to closest facility with functioning CT scanner:
 1. Signs or symptoms of a new CVA
 2. Head injury patients not meeting trauma criteria with anticoagulant use and/or bleeding disorders
 3. Neurosurgeon Not Available:
 - a. Patients with signs and symptoms of head, neck or spinal cord trauma: transport to Level II Trauma Center; if conditions preclude air transport consult Level III Trauma Center (MarinHealth Medical Center).
 - b. Patients with signs and symptoms of CVA and/or medical conditions that may require neurosurgical intervention: transport to the closest appropriate facility in Marin County with a functioning CT scanner for initial evaluation and stabilization. Transfer, if indicated, is the responsibility of the hospital, including the maintenance of formal transfer agreements with other facilities.

4. Trauma Center Diversion:
 - a. Trauma patients will be diverted from the trauma center when the trauma surgeon and back-up trauma surgeon are encumbered with the care of trauma patients either in the operating room or emergency department.
 - b. Patients who meet Physiologic and/or Anatomic Trauma Triage Criteria shall be transported to the time-closest Level I or Level II Trauma Center by air or ground.
 - c. Patients who meet "Mechanism of Injury" and/or "Additional Factors" Trauma Triage Criteria shall be transported to the EDAT.
 - d. The following conditions DO NOT constitute acceptable grounds for Trauma Center Diversion:
 - 1) A lack of clinical specialty backup, inpatient bed space, monitored beds, or inpatient nursing staff.
 - 2) ED Saturation Diversion
 - 3) Inoperable CT Scanner (see section C.2.)

5. ED Saturation Diversion:
 - a. Ambulance traffic may be diverted due to emergency department saturation when emergency department resources are fully committed and unable to accept incoming ambulance traffic.
 - b. Trauma, STEMI, suspected CVA and OB patients > 20 weeks (with a pregnancy related complaint) or those OB patients 0-6 weeks post-partem patients will NOT be rerouted.
 - c. Under this policy, ED Saturation Diversion can occur up to four hours a day, two hours maximum at a time, and separated by a minimum of four hours.
 - d. At the beginning and end of any diversion period, a hospital must update ReddiNet.
 - e. Under no circumstance is lack of in-patient hospital beds, other than in the emergency department, grounds for diversion. Hospitals are expected to accept ALL ambulance patients and to provide emergency stabilization and appropriate transfer if necessary.
 - f. In all cases of diversion, senior management or designee must be notified and must approve activation of the diversion status.

6. Cath Lab Diversion
 - a. STEMI ambulance traffic will be diverted when a STEMI Receiving Center cath lab is unavailable because of physical plant or mechanical problems.
 - b. Cath lab diversion will not be declared when the cath lab is encumbered by routine medical care.

- D. If more than two receiving hospitals within Marin County meet their internal plan criteria and wish to activate diversion status at the same time, diversion status for all will be discontinued upon direction of the EMS Agency.

E. Initiating and terminating diversion status

1. Initiating diversion

- a. The facility shall implement the internal surge plan prior to initiating diversion status. The request to initiate status must be approved by senior management.
- b. The facility shall update ReddiNet immediately to indicate their status as being on diversion.
- c. Dispatch centers (public and private) shall monitor ReddiNet to inform providers of the hospital diversion status.

2. Termination of diversion

- a. Diversion status will be terminated as soon as possible or within two hours of initiation, whichever comes first.
- b. Diversion status is terminated when the hospital updates their status in ReddiNet to indicate that they are no longer on diversion or two hours from initiation has passed.
- c. Dispatch centers (public and private) shall monitor ReddiNet to inform providers of the hospital diversion status.

3. The Communications Center shall notify the EMS Agency of changes in diversion status.

4. EMS Agency staff is available to assist with solving system-related problems and can be reached by contacting the Communications Center.

5. The EMS Agency will track the frequency and duration of diversion, making periodic reports to system participants.

6. Any problems associated with patient care, such as delays in transfer of care or patient safety, shall be submitted to the EMS agency by either prehospital service provider or receiving facility, as applicable, per the Event Reporting Policy #2010.