Sierra – Sacramento Valley EMS Agency Program Policy			
Ambulance Patient Diversion			
	Effective: 12/01/2024	Next Review: 10/2027	**508**
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PURPOSE:

To establish circumstances/requirements for hospital diversion of ambulance patients.

AUTHORITY:

A. HSC, Div. 2.5, § 1797.67, 1797.88, 1797.204, 1797.206, 1797.218, 1797.220, 1798, 1798.100, 1798.102, 1798.150, 1798.160, 1798.161, 1798.162, 1798.163, & 1798.165.

B. CCR, Title 13, § 1105(c).

C. CCR, Title 22, Ch. 3.2 & 3.2.

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 as well as patients/family members and has a high potential to negatively impact patient care. Diversion must only be considered when conditions exist that negatively and profoundly impact the hospital's ability to provide safe/timely patient care, and after all appropriate diversion avoidance measures have been taken.

B. Causes for ambulance patient diversion include any of the following:

1. Inoperable Computed Tomography (CT) Scanner Diversion: If the CT scanner is inoperative, patients with neurological signs/symptoms of a possible acute stroke or head injury may be diverted to the next closest hospital providing similar services.

2. Trauma Diversion: Trauma receiving centers may divert patients meeting trauma triage criteria under either 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 Diversion: STEMI receiving centers may divert suspected STEMI patients under either 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. Patient Surge Diversion: If a hospital is unable to safely care for additional patients due to a surge event, they may request/initiate ambulance patient diversion pursuant to the following procedures:
   - Hospital staff/administration must exercise measures to resolve the conditions resulting in the need to initiate diversion, including but not limited to:
     - Increase in ED and/or other hospital staff.
     - Activation of backup patient care/diagnostic areas.
     - Cancellation of elective surgical procedures, expedited patient discharges and patient transfers to other facilities (when appropriate).
   - Diversion authorization must be obtained from all of the following entities:
     - ED supervisor/designee or house supervisor/designee.
     - ED physician director/designee.
     - Trauma and/or STEMI physician director/designee (if applicable).
     - Hospital CEO/designee.
     - S-SV EMS Duty Officer (DO).
   - The S-SV EMS DO will complete the following prior to authorizing a diversion request:
     - Review the information from the requesting hospital to confirm that appropriate diversion avoidance measures have occurred, and that diversion is necessary.
     - Contact the ED supervisor of the next closest hospital to assess their current status and what impact the diversion would have on their facility.
   - Any of the following will result in denial of a diversion request:
     - The hospital did not submit an ‘Ambulance Patient Diversion Form’.
     - The hospital has not taken adequate diversion avoidance measures.
     - The next closest hospital is unable to absorb the anticipated additional impact resulting from approving the diversion request.
   - The following types of patients shall not be diverted by a hospital on patient surge diversion, when they are the time closest hospital/specialty patient receiving center to the incident location:
     - Cardiac arrest
     - Unmanageable airway
     - Shock, not responsive to field treatment.

- OB patients with imminent delivery.
- Trauma patients meeting trauma triage criteria (if the hospital is a designated trauma receiving center and is not on trauma diversion).
- Suspected STEMI patients (if the hospital is a designated STEMI receiving center and is not on STEMI diversion).
- Suspected acute stroke patients (if the hospital is a designated stroke receiving center and has an operable CT scanner).

5. Internal Disaster:
   - Any hospital may initiate diversion during an internal disaster incident.

C. EMResource Utilization:

Any hospital that initiates diversion shall update their status on EMResource as follows:

1. Inoperable CT Scanner:
   - Update EMResource status to 'Advisory', indicate the CT scanner is inoperable.
   - Update EMResource status to 'Open' when the issue has been resolved.

2. Trauma Diversion:
   - Update EMResource status to 'Trauma Diversion'.
   - Update EMResource status to 'Open' when the issue has been resolved.

3. STEMI Diversion:
   - Update EMResource status to 'STEMI Diversion'.
   - Update EMResource status to 'Open' when the issue has been resolved.

4. Patient Surge Diversion:
   - Update EMResource status to 'Diversion' and add appropriate comments.
   - Update EMResource status to 'Open' when the issue has been resolved.

5. Internal Disaster:
   - Update EMResource status to 'Internal Disaster' and add appropriate comments. The S-SV EMS DO 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.

D. Documentation

Any hospital that initiates diversion shall complete and submit the 'Ambulance Patient Diversion Reporting Form' (508-A) to S-SV EMS as follows:

1. Inoperable CT Scanner: Complete/submit the form by the end of the next business day (only if CT scanner is inoperable ≥24 hours, otherwise no reporting is required).

2. Trauma Diversion: Complete/submit the form by the end of the next business day.

3. STEMI Diversion: Complete/submit the form by the end of the next business day.

4. Patient Surge Diversion: Completed/submit the form prior to initiating patient diversion. An updated form shall be submitted every three (3) hours until the incident is resolved.

5. Internal Disaster: Complete/submit the form as soon as possible.

E. Additional Diversion Procedures:

1. If a hospital is on patient surge diversion, and an adjacent hospital requests to initiate a similar type of diversion, both hospitals will be required to submit an updated 'Ambulance Patient Diversion Form' describing their current status/census. If the S-SV EMS DO determines that both hospitals have taken appropriate diversion avoidance measures, and that diversion by both hospitals would unreasonably impact the EMS system, both hospitals will be required to re-open/remain open to ambulance patients.

2. Any hospital on patient surge diversion is required to re-open in the event of a confirmed MCI or declared disaster requiring patient distribution to their facility.

3. A hospital will only be allowed to remain on patient surge diversion for a maximum of six (6) hours total (re-evaluated by the S-SV EMS DO every 3 hours), at which point they will be required to re-open for a minimum of a subsequent six (6) hours.

4. Hospitals shall come off diversion immediately upon resolution of the issue.

5. The S-SV EMS DO shall retain authority to update the EMResource status of any hospital as needed to reflect their appropriate approved status.