



Policy 615: Emergency Department Diversion and Bypass

Revision 5/22/18
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I. Purpose

- A. To ensure optimum patient care and safety, this policy provides the opportunity for hospitals to briefly redirect incoming 911 ambulance traffic when they lack the capacity to care for another critically ill patient.
- B. While diversion can provide the hospital a brief opportunity to prepare for the next critically ill patient, if overused, it can also have a significant negative effect on other hospital and ambulance resources in the county, thereby causing excessive risk to other patients in the EMS system.
- C. This policy provides objective criteria in which hospitals can request EMS patients to be diverted from their facility.

II. ED Diversion/Trauma Bypass General Requirements

- A. Emergency Departments may request 911 System ambulance diversion/bypass in accordance with the following:
 1. The hospital's Emergency Department resources are fully committed to critically and/or severely ill/injured patients and are temporarily not available for additional ALS patients.
 - a) Lack of inpatient or intensive care unit (ICU) beds, or long wait times for low acuity patients, are not sufficient justification to implement ambulance diversion.
 2. All Santa Cruz County Emergency Departments must use EMResource to maintain availability status:
 - a) EMResource is continuously monitored at each facility. This will generally require a dedicated monitor that displays EMSystem status.
 - b) Facility personnel are aware of the criteria for implementing emergency department (ED) Diversion.
 3. The diversion decision should be made by the emergency physician in the emergency department in coordination with nursing and/or administrative staff. Appropriate hospital representatives should be notified as soon as possible of the diversion status. All personnel with diversion decision authority must be identified and titles prospectively communicated to the EMS Agency.



4. When on diversion, hospitals must make every attempt to maximize bed-space, screen elective admissions, and use all available personnel and facility resources to minimize the length of time on diversion.

5. A record of the diversion should be maintained by the hospital after each episode, which includes a record of appropriate approval, type of diversion and reason for it, time of diversion initiation and completion. All diversions must undergo physician review.

B. Patients not eligible for diversion (see Policy 621 *Patient Acuity Guidelines*)

1. Obstetric Patients with imminent delivery

2. In extremis patients with any uncontrollable problem such as an unmanageable airway, uncontrolled hemorrhage, unstable cardiopulmonary condition, or full arrest.

III. ED 911 System Ambulance Diversion Process

A. If more than one Santa Cruz County hospital requests 911 System ambulance diversion status while the other hospital is diverting, then both hospitals will be considered GREEN.

B. Hospitals may remain on RED ambulance diversion status for no more than two hours (120 minutes) per occurrence. A hospital that has closed to ambulance diversion must remain open for at least two hours (120 minutes) before being able to divert again.

C. When the EMS System is being negatively affected by ambulance availability, the EMS Agency may require all hospitals to become GREEN as necessary.

D. The hospital shall immediately notify NetCom of any/all changes in facility status via EMResource. NetCom will not make any status changes by phone or radio unless EMResource has failed.

IV. Emergency Department Receiving Status

A. The following 4 status conditions apply to Emergency Departments that request the diversion of 911 System ambulances:

1. GREEN (Open): Accepting all 911 System ambulance patients.

2. RED (Diverting 911 System Ambulances): Diverting all 911 System ambulance patients, except those in-extremis or obstetric patients with imminent delivery. The receiving hospital's Emergency Department is temporarily unable to accept additional patients due to the number and/or acuity of patients currently being treated.

a) Patients who are in-extremis shall be accepted by the hospital regardless of the hospital's status.



- b) A hospital's status at the time the ambulance begins transport (not when the prehospital provider contacts the hospital with a ring-down) will apply to that transport regardless of any subsequent status changes.
- 3. YELLOW (Stroke Advisory): This is an advisory status for ambulances specifically intended to be used when a CT scanner is non-operational and immediate stroke evaluation cannot be accomplished. Other patients (abdominal pain, non-specific headache etc.) that potentially need a CT scan sometime during their evaluation shall not be affected by yellow status
- 4. (Internal Disaster): A hospital may close to all patients (both walk-in and ambulance) if the facility or a portion of the facility is in a state of Internal Disaster as defined by the California Department of Health Care Services. In such cases, the facility shall attempt to change to Internal Disaster (black) status via EMResource. If it is not possible to change the status via this method, the hospital must contact NetCom immediately. The facility shall report this status to the Department of Health Care Services in accordance with applicable requirements.

V. References

- A. http://www.emsa.ca.gov/local_ems_agency_ambulance_diversion_policies
- B. <https://www.acep.org/Clinical---Practice-Management/Guidelines-for-Ambulance-Diversion/>
- C. <http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20R/PDF%20ReducingAmbulanceDiversionInCA.pdf>
- D. <http://californiaacep.org/wp-content/uploads/The-Effect-of-An-Ambulance-Diversion-Ban-on-Emergency-Department-Length-of-Stay-and-Ambulance-Turnaround-Time.pdf>