

	18-0101	Hospital Diversion and Reduction in Trauma Services
Nor-Cal EMS Policy & Procedure Manual		Administration
Effective Date: 10/01/2020		Next Revision: 10/01/2023
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

Authority

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

Purpose

To establish the protocols and circumstances allowing a facility to divert incoming ambulance patients, including the use of the Nor-Cal EMS [18-0101A Facility Ambulance Diversion Form](#) when required. This policy is written with the assumption that regional facilities have implemented equally strict internal measures to diversion only as a last resort.

Policy

Definitions

1. **Diversion:** The closure of a facility from receiving ambulance patients, including any specialty services.
2. **Internal Disaster:** An unforeseeable physical or logistical event (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 prohibits routine patient care and renders continued ambulance acceptance unsafe.

Documentation

[18-0101A Facility Ambulance Diversion Form](#): While not applicable to all situations, this form is crucial to determination the authorization of diversion at the regional level. It is imperative that this form is completed accurately and within a timely manner to avoid delays and potential harm to patient care. The circumstances requiring its use will be addressed in the following sections.

Considerations

1. Ambulance diversion is only considered when conditions exist inhibiting a facilities ability to provide safe patient care, and all measures to avoid diversion have been attempted. This decision is a last resort, as any loss of resources impacts all aspects of the EMS system, including, but not limited to, prehospital and hospital providers and the communities they serve resulting from a delay of care.
2. Causes for diverting ambulance patients include any of the following:
 - A. **Computer Tomography (CT) Scanner Failure:** When a facilities CT scanner is not operational, medical or trauma patients with suspected underlying neurological concerns (i.e. CVA, head injury, etc.) may be diverted to the closest facilities with appropriate care services. Submission [18-0101A Facility Ambulance Diversion Form](#) is based on the anticipated timeframe for repair.
 - a. **< 24 hours:** No form required.
 - b. **≥ 24 hours:** A completed form must be submitted to Nor-Cal EMS by the end of the next business day.
 - B. **Trauma Patient Diversion:** A designated trauma center's medical director or designated representative determines their facility is no longer capable of providing care to additional trauma patients due to a critical diagnostic or treatment failure or other appropriate circumstances as determined by a Nor-Cal EMS representative. A completed [18-0101A Facility Ambulance Diversion Form](#) must be submitted to Nor-Cal EMS by the end of the next business day.
 - C. **STEMI Patient Diversion:** A designated STEMI Center's medical director or designated representative determines their facility is no longer capable of providing care to additional acute cardiac patients due to a critical diagnostic or treatment failure or other appropriate circumstances as determined by a Nor-Cal EMS representative. A completed [18-0101A Facility Ambulance Diversion Form](#) must be submitted to Nor-Cal EMS by the end of the next business day, including for all anticipated maintenance.
 - D. **Internal Disaster Diversion:** Any hospital may divert ambulance patients during an internal disaster incident (see definition above). A completed [18-0101A Facility Ambulance Diversion Form](#) must be submitted as soon as possible.

- E. **Patient Surge Diversion:** If a facility determines that they are unable to safely render care for additional patients due to a patient surge, they may divert ambulances upon meeting all of the following requirements. A surge diversion requires submission of [18-0101A Facility Ambulance Diversion Form](#) prior to implementation and every three (3) hours thereafter.
- a. The facility must have exhausted all resources to restore care capabilities in order to receive ambulance patients according to their individual surge plans. These include but are not limited to the following:
 - Attempts were made to increase staffing to handle current patient loads.
 - Additional facility areas were considered for use as treatment areas made available by the cancellation of elective surgeries, expedited discharges, and transfers to other facilities as appropriate.
 - All options were considered and reviewed by department and/or hospital administrators and the facility has completed the required Nor-Cal EMS [18-0101A Facility Ambulance Diversion Form](#).
 - b. In the event the above criteria have been met, authorization must be obtained from the following prior to diversion:
 - ED or House Supervisor or an appointed designee.
 - ED Director or designee.
 - Trauma and/or STEMI director/designee (if applicable).
 - Hospital Chief Executive Officer (CEO) or designee.
 - A Nor-Cal EMS representative (Duty Officer, Medical Director, or Executive Officer) upon the receipt and consideration of the information contained on [18-0101A Facility Ambulance Diversion Form](#).

Authorization for Diversion

1. Prior to authorization for any diversion, a designated Nor-Cal EMS representative will:
 - A. Validate the need for diversion considerate from a completed and submitted [18-0101A Facility Ambulance Diversion Form](#) and discussion with facility designees.
 - B. Contact the ED or House Supervisor of the next, closest facility assess its capabilities to accept additional ambulance patients.
2. If approved, a facility is 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, unless there are extenuating circumstances considered and approved by Nor-Cal EMS.
3. Denial of requests for diversion are based on—but not limited to—the following factors:
 - A. A facility failed to submit an accurate and completed [18-0101A Facility Ambulance Diversion Form](#).
 - B. Nor-Cal EMS determines that a facility has not taken or considered all options to avoid diversion.
 - C. Nor-Cal EMS learns that the next, closest facility is unable to accept additional patient loads.

EMResource Utilization

1. Upon acceptance by Nor-Cal EMS, a facilities status should be quickly updated in EMResource with updates (at minimum) every 24 hours.
2. A diverted facility must respond to any Nor-Cal EMS hospital census poll within 30-minutes of receipt.
3. EMResource Status Categories:
 - A. CT Scanner Failure:
 - a. Update EMResource to “Advisory” and select the appropriate item indicating CT scanner not available.
 - b. Update status to “Open” when issue has been resolved.
 - B. Trauma Diversion:
 - a. Update EMResource to “Trauma Diversion.”
 - b. Update status to “Open” when issue has been resolved.
 - C. STEMI Diversion:
 - a. Update EMResource to “Advisory,” and select the appropriate item indicating STEMI services unavailable.

- b. Update status to “Open” when issue has been resolved.
- D. Internal Disaster:
 - a. Update EMResource to “Internal Disaster,” and indicate in the comments section the reason for internal disaster. Nor-Cal EMS representatives may also update the status of a hospital on internal disaster when requested.
 - b. Update status to “Open” when issue has been resolved.
- E. Patient Surge:
 - a. Update EMResource to “Diversion,” and indicate in the comments section the reason for internal disaster.
 - b. EMResource ‘Diversion’ status shall be updated with appropriate information and/or comments a minimum of every three (3) hours.
 - c. Update status to “Open” when issue has been resolved.

Facility Diversion Cancellation/Resolution

1. Hospitals shall withdraw diversion status immediately upon resolution of the issue.
2. Nor-Cal EMS representatives retain authority to update the EMResource status of any hospital as needed to reflect their appropriate approved status.

Additional Considerations Prior to Diversion

1. Any hospital that initiates ambulance patient diversion for any reason is subject to unannounced site visits by Nor-Cal EMS representatives.
2. Any hospital that initiates ambulance patient diversion for any reason, maybe subject to fines and/or penalties as indicated in individual hospital contracts.