

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 547.1
Subject	Hospital Diversion of Ambulance Patients	Page 1 of 3
Reference	American College of Emergency Physician's Position Paper	Effective 02/15/93

I. POLICY

Ambulance patient destination shall be determined consistent with EMS Policy #547 - "Patient Destination". However, patient destination may be modified based upon medical equipment failure (e.g., CT scanner). Diversion of ambulance patients shall not occur as a unilateral decision, rather it may occur, consistent with approved procedures.

II. PURPOSE

This policy has been developed to provide an organized approach to ambulance diversion by providing the framework for communication between hospitals and EMS provider agencies. Ambulance diversion is the temporary redirecting of patients from the desired hospital to another destination due to conditions that may reduce that hospital's ability to provide appropriate patient care. Diversions are temporary and can be only utilized in the event of equipment failure. Diversion is different from triage or bypass policies, which are on-going preset protocols to route patients to facilities capable of providing a more sophisticated level of care for a particular situation, such as trauma or burns.

III. DIVERSION STATUS AND DEFINITIONS

Hospitals shall be limited to the following hospital status':

- A. "Open Status" - A hospital is on "open" status when it is available to receive ambulance patients consistent with the destination criteria outlined in EMS Policy #547.
- B. "Case-by-Case Status" - A hospital is on "case-by-case" status when, consistent with approved procedures, it is diverting patients on an individual or on a case-by-case basis for equipment failure. When a receiving hospital determines that, due to a specific equipment failure, receiving additional ambulance patients that may require the use of the equipment would be unsafe. Therefore, the receiving hospital is diverting ambulance patients that may potentially require the failed equipment.
- C. "Closed Status" - A hospital is on "closed" status when circumstances within a receiving facility requires closure of its doors and is diverting all patients (general public, walk-ins and ambulance patients) away from the facility for a temporary period of time. This would include a massive failure in a hospital's ability to provide emergency services (electrical failure, work action, etc.). Prior to considering general diversions, a hospital must exhaust internal responses to the overload (e.g., backup staff or equipment).

Approved By EMS Division Manager	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	04/19/2005

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- D. Trauma and Burn Patients – Trauma patients meeting trauma criteria and burn patients shall not be diverted by a trauma center or burn center unless prior approval is received by the EMS Agency.

IV. PROCEDURE

- A. The diversion of ambulance patients is strongly discouraged and shall not be utilized as a means of selecting patients based upon financial status or as a mechanism for relieving a hospital of its obligation to provide emergency services under applicable federal and state laws.
- B. The diversion of ambulance patients may be appropriate due to the failure of hospital equipment (e.g. CT scanner). In this situation, case-by-case diversions may be appropriate if there is a nearby facility which provides a similar level of service.
- C. Each receiving hospital shall have an internal written policy or protocol which defines the point at which either case-by-case diversion or general diversion ("closed status") should be considered internally by the hospital.
- D. In order to implement either case-by-case or closed status diversions, the following procedure shall be followed:

1. The diverting hospital's designated contact person shall make all appropriate internal notifications and receive all necessary internal approvals for seeking a diversion, consistent with the hospital's internal protocol regarding diversion of patients.

NOTE: If the cause of the diversion allows for some advance notice (such as a scheduled power outage due to construction or a possible work action), contact EMS Agency on-call staff as soon as possible to advise them of the situation.

2. The diverting hospital shall advise the EMS System of diversion status using the StatusNet hospital communications system and advise of intent to divert patients. For general diversions, the ambulance dispatch center will immediately notify the EMS Agency person on-call who shall make contact with the designated contact at the requesting facility to discuss the initiation of the diversion plan.
 3. The diverting hospitals will update the Ambulance Dispatch Center every six hours if their diversion status is unchanged. The Fresno County EMS Communications Center will notify Fresno and Kings County provider agencies as appropriate and notify the ambulance dispatch centers for Madera and Tulare Counties. The ambulance dispatch center in Tulare County shall notify the Tulare County provider agencies as appropriate and notify the Fresno County EMS Communications Center.
 4. When a diversion process is being discontinued, the diverting hospital shall promptly advise the EMS system of diversion status using the StatusNet hospital communications system and advise of discontinuation of diversion. The Fresno County EMS Communications Center will notify Fresno and Kings County provider agencies as appropriate and notify the ambulance dispatch centers for Madera and Tulare Counties. The ambulance dispatch center in Tulare County shall notify the Tulare County provider agencies as appropriate and notify the Fresno County EMS Communications Center..
- E. During case by case diversions, transporting ambulances shall contact a Base Hospital using the diversion call-in format described in EMS policy #530.02. If a patient requests a hospital that is on diversion the on-duty Base Hospital Physician will make the destination decision based on the call-in. The Base hospital will then notify the receiving hospital. A patient may refuse to be diverted to a facility that is not their

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primary choice. The ambulance crew will explain to the patient the reason for diversion. If the patient continues to refuse to be diverted, the ambulance crew will consult with the base hospital, have the patient sign an Refusal of Medical Care and Transport (RMCT) form, transport the patient to the hospital of patients choice (unless the facility is on General Diversion), and document the event on the patient care report. EMS Units should continue to prepare patients for transport and begin transport while waiting for Base Hospital response (i.e. diversions). Under No circumstances should EMS units wait on scene with stat patients for a Base Hospital decision for patient destination

- F. The EMS Agency may open hospitals in a diversion status when three or more hospitals are on a specific diversion status, or when the EMS Agency feels that continuing diversion status would be detrimental to the overall system. The situation may occur where non-diverting hospitals are unable to accept diverted patients because of their own internal problems in providing care. When the EMS Agency discontinues diversion for a diversion status, patients will not be diverted and will be transported to the appropriate emergency department according to the normal destination policy. The only exception would be in the case where a hospital is on general diversion and has completely "closed" to all walk-in, ambulance, and direct admit patients.
- G. Hospital Bed Inventories shall be conducted at the request or approval of the EMS Agency on-call staff.