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## CONTINUED DEACTIVATION OF HOSPITAL-INITIATED EMERGENCY DEPARTMENT AMBULANCE DIVERSION

The county's emergency healthcare delivery system is experiencing significant stress, intensified by staffing shortages, increases in COVID and non-COVID patient volumes and acuities, and a pandemic surge. These conditions have placed extreme demands on the county's entire healthcare continuum. To preserve critical resources and the ability to provide emergency healthcare to the county's residents and visitors, the County of San Diego EMS Medical Director has extended the temporary deactivation of hospital-initiated ambulance diversion for Emergency Department (ED) saturation.[1]

County EMS has implemented multiple strategies and tactics to manage healthcare system strain, facilitate load leveling, and to provide optimal patient care. These include:

- referring stable patients to alternate sources of care rather than transporting to the ED,
- safely and rapidly transferring patient care from EMS to ED staff,
- deploying ambulance strike teams, and
- managing ambulance patient destinations.

While the rise in case numbers appears to be decelerating, hospitalization numbers are a lagging indicator, and we can expect increases in the near term. County health systems continue to report severe capacity stresses exacerbated by high patient volumes and admitted patients boarding in the ED. Likewise, patient volumes and acuities remain high in the EMS system. We recognize and appreciate the expertise and dedication displayed by the frontline teams caring for patients in our prehospital system, hospitals, and other components of the healthcare system.

Historically, emergency department ambulance diversion has been useful to address a time-limited surge in resource needs that is specific to a particular facility. With a short period of ambulance diversion, an individual emergency department can decompress and return to baseline operations. When multiple emergency departments simultaneously experience increased patient loads and initiate ambulance diversion, this results in excessive resource demands on the few facilities not diverting incoming ambulances. This situation led to the temporary suspension of hospital-initiated ambulance diversion on January 12. Preliminary data

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[1] Per County EMS Policy S-010, ED saturation is defined as "a sudden, unanticipated, temporary inability to receive any additional 9-1-1 patients due to critical lack of ED capacity."

indicate this action resulted in improvements in some system metrics, including the availability of ambulances to respond to 9-1-1 calls.

Following consultation with the Health Services Capacity Task Force Operational Core Group and the Emergency Care Committee's Executive Board, effective 0800 January 27, 2022, **deactivation of hospital-initiated emergency department ambulance diversion is extended for an additional 14 days**. This deactivation may be modified or extended, as needed. Other elements of County EMS Policy S-010 including specialty diversion, internal disaster diversion, and Duty Officer-initiated ambulance diversion remain in full force and effect.

Thank you to all our healthcare partners for the outstanding care you provide to our patients, day in and day out. We recognize and appreciate your dedication during the special conditions of this pandemic.

Respectfully,

Kristi Koenig

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