

Chapter: COUNTY Of SAN DIEGO EMERGENCY MEDICAL SERVICES
Key Words: Policy/Procedure/Protocol

SUBJECT: Guidelines for Hospitals Requesting
Ambulance Diversion

POLICY NO: S-010
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DATE: July 1, 2007

AUTHORITY: Health and Safety Code, Division 2.5, Sections 1797.220 and 1798; and
California Code of Regulations, Title 13, Section 1105 (c).

I. PURPOSE

- A.** To transport emergency patients to the most accessible medical facility which is staffed, equipped, and prepared to administer emergency care appropriate to the needs and requests of the patient.
- B.** To provide a mechanism for a receiving hospital to request diversion of patients from its emergency department when it has been determined that the hospital is not staffed, equipped, and/or prepared to care for additional patients. It is the expectation that all basic emergency receiving hospitals shall make every effort to minimize the duration and occasions of closure and diversion requests, and make every effort to re-open as soon as possible.
- C.** To assure prehospital providers units are not unreasonably removed from their area of primary response when transporting patients to a hospital.

II. POLICY

A. Diversion Categories

It shall be the responsibility of the satellite hospitals to keep their Base Hospital(s) informed of their status. Satellite hospitals may request diversion; however, the final destination decision shall be made by the Base Hospital Mobile Intensive Care Nurse (MICN)/Base Hospital Medical Director (BHMD) after consideration of all pertinent factors (i.e. status of area hospitals, estimated time of arrivals (ETAs), patient acuity and condition). A hospital may request diversion for the following reasons:

1. Emergency Department Saturation: Hospital's emergency department resources are fully committed and are not available for additional incoming ambulance patients.

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2. Neuro/CT Scan Unavailability: Hospital is unable to provide appropriate care due to non-functioning CT-Scan and/or unavailability of a neurosurgeon (only for patients exhibiting possible neurological problems).
3. Internal Disaster: Hospital cannot receive any patients because of a physical plant breakdown (e.g. fire, bomb threat, power outage, etc.).

B. In the event of anticipated prolonged diversion, notification shall be made to the County of San Diego, Emergency Medical Services (CoSD EMS).

C. Units dispatched as Basic Life Support (BLS) and/or downgraded to BLS will contact the anticipated patient destination. If that destination is unable to accept patients due to diversion status, the transporting crew will contact the Base Hospital to determine destination and to relay patient information.

D. Base Hospital direction of Mobile Intensive Care Units (MICUs)

1. Base Hospitals will attempt to honor diversion requests provided that:
 - a. The involved MICU estimates that it can reach an “alternate” facility within a reasonable time, giving consideration to limiting transport time to no greater than 20 minutes.
 - b. Patients are not perceived as exhibiting uncontrollable life threatening problems in the field (e.g. unmanageable airway, uncontrolled non-traumatic hemorrhage, or non-traumatic full arrest), or any other condition that warrants immediate physician intervention. Patients meeting trauma criteria shall be transported according to CoSD EMS Policies and Procedures (see Protocols S-139 “Trauma”, S-169 “Trauma”, and Policy T-460 “Identification of the Trauma Center Candidate”).
2. If all area receiving hospitals are “requesting diversions” due to emergency department saturation, the “diversion requests” status may not be honored and the patient will be transported to the most accessible emergency medical facility within that area.

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3. MICNs and prehospital personnel will make best efforts to ensure ambulance patients will be transported to their (patient/family) requested facility.
 4. Any exceptions from this policy will be made by Base Hospital Physician Order only.
- E.** CoSD EMS staff and/or designee may monitor and/or perform unannounced site visits to hospitals to ensure compliance with these guidelines.
- F.** Issues of noncompliance should be reported to CoSD EMS.