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**SUBJECT:** Emergency Department Ambulance  
Diversion

**POLICY NO:** S-010  
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**DATE:** July 1, 2021

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**AUTHORITY:** Health and Safety Code, Division 2.5, Sections 1797.220, 1797.222, and 1798; and California Code of Regulations, Title 13, Section 1105 (c).

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## I. PURPOSE

- A. The goal of Emergency Department Ambulance Diversion is to transport emergency patients to the most accessible and appropriate 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, or EMS Duty Officer to initiate, Diversion of patients from an emergency department when it has been determined that the hospital is not staffed, equipped, and/or prepared to care for additional patients.
- C. To optimize emergency medical care resource use and assure prehospital provider units are not unnecessarily removed from their area of primary response when transporting patients to a hospital.
- D. To ensure that individual patients receive appropriate medical care while preserving system capacity to respond to emergencies.

## II. BACKGROUND

### A. Definitions

ALS Transporting Unit: An emergency response vehicle utilized for patient transport which is staffed with a minimum of one paramedic.

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Emergency Department  
Diversion:

A hospital status that reroutes incoming ambulances to other hospitals due to emergency department saturation and/or a lack of medical capability (i.e., lack of CT capability, lack of ED physician). Status when a hospital cannot accept any ambulance patients except for those:

- In non-traumatic cardiac arrest, or
- With unresolved anaphylaxis, or
- Who are unable to be effectively ventilated with a bag-valve-mask (BVM) (unmanageable airway), or
- With uncontrolled non-traumatic hemorrhage.

Specialty Diversion:

A hospital status that reroutes incoming ambulances with a specific type of emergency patient due to inadequate medical capabilities. The types of specialty diversion are:

- ST-Elevation Myocardial Infarction (STEMI) Diversion: Status when a hospital cannot accept emergency STEMI patients.
- Trauma Diversion: Status when a hospital cannot accept emergency trauma patients (Refer to T-712).
- Stroke Diversion: Status when a hospital cannot accept emergency stroke patients.
- Obstetrics/Labor & Delivery (OB/L&D) Diversion: Status when a hospital cannot accept emergency OB patients or emergency patients in L&D.

Internal Disaster Diversion:

A hospital cannot accept any patients through the 9-1-1 system because of a critical disruption of the ability to provide medical services (e.g., due to structural failures, infrastructure disruptions, or health and safety threats).

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Emergency Department

Saturation:

Hospital's emergency department resources are fully committed and are not available for additional incoming ambulance patients.

Ambulance Patient Offload

Time (APOT):

The interval of time between the arrival of an ambulance patient at an emergency department and the time the patient is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for the patient. Standard APOT is 30 minutes or less.

### III. POLICY

**A.** It is the expectation that all hospitals receiving 9-1-1 patients make every effort to be continuously open and available.

**B. Criteria for Diversion**

1. ED Diversion may be initiated by the hospital or by the County of San Diego EMS (CoSD EMS) due to the following:
  - a. Emergency department saturation:
    - 1) A sudden, unanticipated, temporary inability to receive any additional 9-1-1 patients due to critical lack of ED capacity.
  - b. Nonstandard (extended) APOT:
    - 1) Any 9-1-1 ambulance has an expected offload time greater than 100 minutes.
2. Specialty Diversion may be initiated when specialty care medical equipment or personnel are not currently available.
3. Internal Disaster Diversion may be initiated for structural failures, infrastructure disruptions, or health and safety threats

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### **C. Changing Diversion**

1. It shall be the responsibility of all hospitals to indicate and maintain their current availability and diversion status in LEMSIS Resource Bridge.
2. The CoSD EMS Duty Officer may initiate ED Diversion for ED saturation, or APOT exceeds 100 minutes.
  - a. Within the first hour of initiating ED Diversion, the CoSD EMS Duty Officer shall:
    - 1) Document the reason for a hospital's ED Diversion.
    - 2) Notify the hospital's ED.
  - b. For EMS Duty Officer-initiated ED Diversion, the hospital shall consult the Duty Officer before changing ED Diversion status.

### **D. To request an extension of ED Diversion beyond 4 hours, the hospital must contact the CoSD EMS Duty Officer.**

1. The requesting hospital will provide reason(s) for the continued Diversion and an estimate on the expected time of ending diversion status. The CoSD EMS Duty Officer may approve or reject the request.
2. Communication shall be made with the CoSD EMS Duty Officer every 4 hours while on Diversion

### **E. Base Hospital Direction of Ambulance Destination for ED Patients:**

When the requested ambulance receiving facility is on Diversion, the Base Hospital MICN determines hospital destination. Destination decisions shall take the following requirements into account:

**Priority 1:** Avoid hospitals on Internal Disaster Diversion.

**Priority 2:** Patient's immediate medical need for a specific facility (e.g., specialty equipment, left ventricular assist device [LVAD], recent surgery/admission).

- 1) If a patient has trauma, STEMI, stroke, or another specialty status, avoid hospitals on that respective Specialty Diversion.

**Priority 3:** Avoid hospitals on ED Diversion.

- 1) Hospitals on ED Diversion shall accept patients with uncontrollable life-threatening problems (See ED Diversion definition).

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2) ED Diversion may not be honored if there are no open/available hospitals within an additional 30-minute travel time.

**Priority 4:** Patient's request for a specific facility/medical home.

1) When the requested hospital is on ED Diversion, Base Hospital Order is required to approve the request after MICN consultation with the accepting facility.

**F.** Units transporting as Basic Life Support (BLS) shall make hospital contact per policy S-415 "Base Hospital Contact/Patient Transportation and Report."

1. If that destination is unable to accept patients due to Diversion, the transporting crew shall contact a Base Hospital to determine the destination facility and to relay patient information.

**G.** Base Hospital Physician Order is required for any exceptions to this policy and will be reported and tracked through the CoSD EMS QA/QI process.

**H.** CoSD EMS staff and/or designee may monitor and/or perform unannounced site visits to hospitals to ensure compliance with this policy.