

POLICY #154: HOSPITAL DIVERSION

I. PURPOSE

- A. To provide a system-wide mechanism for Receiving Hospital emergency departments (ED), in the County of San Luis Obispo (SLO), to initiate and terminate the divergence of emergency medical service (EMS) resources to other facilities when their ability to provide appropriate care for additional patients has been significantly compromised.

II. SCOPE

- A. This policy applies to all county Receiving Hospitals except during a declared multi-casualty incident (MCI) or local, regional or state disaster.

III. DEFINITIONS

- Complete diversion: A hospital declares an in-house disaster, which compromises patient care/safety, or when unstable ED patients cannot be immediately transferred to in-patient beds, after exhausting all in-house resources.
- Partial diversion: A hospital has a loss of a key facility or equipment resource required for care of emergent patients.

IV. POLICY

- A. All Receiving Hospitals and Specialty Care Centers will have written procedures to mitigate high-census conditions that may result in EMS diversion.
- B. A Receiving Hospital ED may initiate a complete diversion when:
 1. The hospital has declared an in-house disaster, such as fire, hazardous materials spill, flooding or loss of electrical power that compromises patient care/safety, or
 2. When unstable patients, who occupy all suitable ED beds, cannot be immediately transferred to in-patient beds after exhausting all in-house resources, and
 3. The on-call hospital administrator and the lead ED physician must be consulted and agree to the diversion. (If a designated specialty care hospital, the on-call specialty care physician or medical director must be consulted and agree to the diversion.)
 4. On duty MICN shall contact EMS Agency Duty Officer to request complete diversion. Diversion may be approved for maximum of two (2) hours. Continued complete diversion requires additional consultation with EMS Agency Duty Officer.
- C. A Receiving Hospital ED may initiate a partial diversion:
 1. When the hospital experiences the loss of a key facility or equipment resource required for care of emergent patients, such as the loss of the CT scanner, or the operating room becomes disabled for trauma patients.
 2. When a partial diversion is due to scheduled maintenance of key equipment, i.e. CT scanner, the hospital shall notify MedCom and the transporting agencies of the

impending partial diversion status and the anticipated length of the diversion as soon as they have confirmation of the maintenance.

- D. Designated Specialty Care Centers may not go on diversion for patients in their area of designation except for declared internal disasters.
- E. Designated Specialty Care Centers that declare an internal disaster must notify the nearest like Specialty Care Center(s) of their status.
- F. Base Hospital contact shall continue to be made with the intended receiving facility or Specialty Care Center for patient care and destination.
- G. Unless a declared in-house disaster has occurred unstable patients will not be diverted.
- H. Patients enroute to the hospital after Base Hospital or Specialty Care Center contact has been made cannot be diverted unless to a closer facility.
- I. A hospital must be on "declared diversion status" prior to diverting ambulances.
- J. Unless the hospital actively renews or states the duration in the initial diversion notification, the diversion status will automatically be suspended after two hours.
- K. No two hospitals may simultaneously initiate an EMS diversion without notification to and approval of the EMS Agency Duty Officer.
- L. Hospitals on diversion status will use all available resources to rectify situations in order to return to full receiving status as soon as possible, including activating the Hospital Incident Command System (HICS).
- M. Hospital ED staff will complete the Diversion Checklist and fax or email to the EMS Agency as soon as possible after the conclusion of the event.
- N. Hospitals will keep a record of all diversions and copies of their Diversion Checklists for a period of two years.

V. PROCEDURE

- A. The hospital initiating diversion will communicate the type of diversion and the estimated duration to the following:
 - a. MedCom
 - b. All other County of SLO Receiving Hospitals by ReddiNet.
 - c. The nearest like Specialty Care Center(s) when indicated.
- B. Diversions remain in effect for a maximum of two hours unless the hospital, in consultation with the EMS Agency Duty Officer, determines that its status has changed, suspended, or continued and communicates the change to the following:
 - a. MedCom

- b. All other County of SLO Receiving Hospitals by ReddiNet.
 - c. The nearest like Specialty Care Center(s) when indicated.
- C. Upon completion of the diversion status, the hospital initiating the diversion must communicate as such to the following:
 - a. MedCom
 - b. All other County of SLO Receiving Hospitals by ReddiNet.
 - c. The nearest like Specialty Care Center(s) when indicated.
- D. MedCom will immediately inform the following of any hospital diversion, renewal suspension and/or conclusion of a diversion to the following:
 - a. The on-duty ambulance supervisor.
 - b. All on-duty ambulance personnel.
 - c. The hospitals via a “simulcast” notification

VI. AUTHORITY

- California Health and Safety Code, Division 2.5, Sections 1797.204, 1797.206, 1797.220, 1797.222, 1798. (a), 1798.100, 1798.102, 1798.2, and 1798.3.
- California Code of Regulations, Title 22, Sections 100167 (a) 3 and 100168.

VII. ATTACHMENTS

- A. Hospital Diversion Checklist and Report Form

DIVERSION CHECKLIST

REASON FOR DIVERSION/NOTIFICATION
(check all that apply):

- **COMPLETE DIVERSION SHALL BE APPROVED BY EMS AGENCY DUTY OFFICER**
- DIVERSION WILL BE IN EFFECT FOR A MAXIMUM OF TWO (2) HRS.
- IF EXTENDED, UPDATE ALL FACILITIES BY LANDLINE OR REDDINET
- NOTIFICATION OF DIVERSION COMPLETION WILL BE COMMUNICATED BY LANDLINE OR REDDINET

COMPLETE DIVERSION

- A declared hospital in-house disaster, specifically: _____
- Unstable patients occupy all suitable emergency department (ED) beds and after exhausting all in-house resources, unstable patients cannot immediately be transferred to in-patient beds. ***The on-call hospital administrator, the lead ED physician & EMS Duty Officer have been consulted and agree to the diversion. * If the services of a designated specialty care hospital go on diversion the specialty program medical director or On-call specialty care MD must be consulted and agree to the diversion. *****

PARTIAL DIVERSION

- Loss of a key facility or equipment resource required for care of emergent patients, specifically: _____

HOSPITAL INITIATING: _____ DATE: _____ TIME: _____

Person Initiating: _____ Estimated Duration: _____
Name

* **Hospital administrator consulted:** _____
Name Time

* **Lead ED physician consulted:** _____

* **EMS AGENCY duty officer consulted (if complete diversion):** _____
Name Time

* **If a designated Specialty Care Center:** _____
Name of program medical director Time

MED-COM notified: (805-781-4564): _____
Name of person contacted Start Time End Time

REDDINET notice posted – please post both in “messages” and “status” areas : _____
Start Time End Time

Hospitals notified of diversion by landline or EMS radio:

AGCH 805-473-7626 _____
Phone Name of person notified Time

FHMC 805-542-6621 _____
Phone Name of person notified Time

SVRMC 805-546-7652 _____
Phone Name of person notified Time

TCCH 805-434-4700 _____
Phone Name of person notified Time

MRMC 805-739-3200 _____
Phone Name of person notified- (Shift Leader) Time

Person concluding diversion: _____ Time diversion ended: _____
Name

Delivered to EMS Agency within 24 hrs: email PH_EMSA@co.slo.ca.us or faxed 788-2715 within 24 hours: _____ / _____
Time Initials

(Remember to notify Med Com and sign off ReddiNet)