

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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DIVERSION POLICY

I. PURPOSE

- A. To establish guidelines under which Receiving Hospital Emergency Departments may divert ambulance patients.
- B. To define procedures for communicating changes in diversion status.
- C. To establish guidelines for ambulance provider operations when a Receiving Hospital is on diversion.

II. AUTHORITY

California Health and Safety Code, Section 1797.204; 1797.220; 1797.222

III. POLICY

- A. In determining ambulance destination, EMS personnel shall utilize *EMS Agency Policy #5000, Ambulance Destination Policy* which defines the patient's condition, requested hospital, and hospital capabilities.
- B. The Base Hospital Physician shall retain the ultimate authority in determining ambulance destination. The Base Hospital Physician may override an Emergency Department's Diversion status if, in his or her judgement, the patient could deteriorate as a result of bypassing a Receiving Hospital on diversion.
- C. Receiving Hospitals shall report diversion status and subsequent changes on EMS system in accordance with established procedures, as described in Section VI. of this policy.
- D. The Department of Emergency Management, Division of Emergency Communications (DEC) shall use the EMS system to obtain the diversion status of Receiving Hospitals and communicate this status to on-duty ambulance personnel.
- E. The DEC and the Receiving Hospitals shall have personnel trained to operate the EMS system on-duty 24 hours a day, seven days a week.
- F. Patients meeting Specialty Care Triage criteria (i.e., Burns, Trauma, Replantation, Stroke, Obstetrics, and Acute Medical Pediatric) shall **not** be subject to Total Diversion. San Francisco General Hospital shall **not** divert incarcerated patients or patients who are in police custody. Receiving Hospitals designated as Specialty Care Facilities shall continue to receive these patients **at all times** unless granted exemptions after successfully petitioning the Emergency Medical Services (EMS) Agency.

IV. HOSPITAL DIVERSION STATUS

- A. The ability of the various Receiving Hospitals to receive patients according to their approved capabilities under the Receiving Hospital Agreements shall be determined in accordance with the categories listed below. Ambulance providers shall transport patients to hospitals in accordance with the principles outlined below.

V. OPEN

- A. Receiving Hospitals shall be designated “OPEN” when fully capable of receiving all patients who request that facility and/or would be transported to that facility according to *EMS Agency Policy #5000, Ambulance Destination Policy*. A Receiving Hospital is Open when the EMSsystem displays their facility “OPEN”.

VI. TOTAL DIVERSION

- A. A hospital may declare Total Diversion only when the Emergency Department has an overload of patients requiring immediate attention and therefore, would not be able to safely provide care should it receive an additional patient requiring immediate intervention. A hospital shall report Total Diversion due to Emergency Department overload only, and not due to lack of staffed inpatient medical/surgical or critical care beds.
- B. A Receiving Hospital shall be on Total Diversion when the EMSsystem status screen displays their facility “TOTAL DIVERSION”. If the diversion status is NOT noted on the EMSsystem status screen, hospitals shall be considered open for receiving patients and any patient transport to that facility shall be completed. See Section VI.D. for hospital diversion procedures during an EMSsystem failure.
- C. When a Receiving Hospital is on Total Diversion, no patient shall be transported to that hospital by ambulance EXCEPT for the following circumstances:
 - 1. The patient meets the Specialty Care Triage criteria (Burns, Trauma, Replantation, Stroke, Obstetrics, and Pediatric Critical Care Centers).
 - 2. The patient is in imminent or full respiratory or cardiac arrest, or is a post-arrest resuscitation.
 - 3. The patient originates from a hospital-based clinic. Such patients shall be considered to have arrived on hospital property and shall be transported to that hospital’s Emergency Department.
 - 4. San Francisco General Hospital shall **not** divert incarcerated patients or patients who are in police custody.
- D. Immediately upon relieving the Emergency Department (ED) overload, the Receiving Hospital shall change their diversion status to OPEN on the EMSsystem computer as appropriate. Diversion status changes should be made even during periods of diversion suspension.

- E. When a Receiving Hospital is on Total Diversion, the EMS Agency Duty Officer may, at his/her discretion:
 - 1. Inquire about the status of the ED and its ability to treat critically ill patients.
 - 2. Inquire if the hospital has initiated its internal Total Diversion policy as well as what actions are being taken to return to Open status.
 - 3. Request the names of the hospital's medical, nursing, or administrative staff who were contacted to assess and to attempt to rectify the Total Diversion situation.

VII. DIVERSION OPERATIONAL PROCEDURES

A. Hospital Role in Diversion Status Change

- 1. Hospital personnel shall enter the hospital's reason for going on diversion status, the total ED census, and total number of patients awaiting admission into the EMSsystem computer. The SFGH Trauma Center will also enter the number of 900, 911 and 912 patients into the EMSsystem computer.
- 2. Immediately upon relieving the ED overload, the Receiving Hospital shall change their diversion status to OPEN on the EMSsystem as appropriate. Diversion status changes should be made even during periods of diversion suspension.
- 3. If the EMSsystem fails, hospital personnel shall immediately report the problems to the EMSsystem Support Line and follow the Back-up Telephone Procedure, described in Section VII.D.

B. Department of Emergency Management, Division of Emergency Communications (DEC) Role in Diversion Status Change

- 1. The DEC shall announce to all ambulance personnel by radio and mobile data terminals any time a change in diversion status is entered into the EMSsystem computer.
- 2. The DEC shall make routine diversion status announcements by radio and mobile data terminals to all ambulance personnel no less than every two hours.

C. Ambulance Role in Diversion Status Change

- 1. Ambulances enroute to a hospital must complete the transport of the patient to that facility when its Emergency Department goes on Total Diversion.
- 2. Ambulances that have arrived on hospital property (e.g., hospital clinic, hospital driveway, or hospital ambulance dock) must complete the transport of that patient to that facility when its Emergency Department goes on Total Diversion.

D. Back-up Telephone Communications if EMSsystem is Inoperable

- 1. The Receiving Hospital shall notify the DEC of any diversion status changes via telephone.
- 2. The DEC shall announce any diversion status changes to ambulance personnel by radio any time a change in diversion status is called in or make routine diversion status announcements by radio at intervals no less frequently than every 2 hours.
- 3. The DEC shall announce any diversion status changes to the Base Hospital and hospital personnel via radio when there is a change in diversion status and every 2 hours.

4. The DEC or EMS Agency Duty Officer may enter the changes in facility status into the EMSsystem computer when the staff at a facility are unable to access the web site.

VIII. SUSPENSION OF TOTAL DIVERSION

- A. DEC shall suspend Total Diversion when **4 (four)** or more full Receiving Hospitals are on Total Diversion without notification of the DEM Duty Officer. DEC may contact the DEM Duty Officer if there are concerns that suspension of diversion may have an adverse impact on the EMS System.
- B. Diversion suspension requires all Receiving Hospitals to accept all EMS transported patients. When Total Diversion suspension is initiated, it shall remain in effect for a 6-hour time period. If **4** or more full Receiving Hospitals remain on Total Diversion at the end of the six-hour diversion suspension, DEC staff shall continue the diversion suspension for another 6-hour period. The DEM Duty Officer will be available to consult with the hospital administrator or designee during periods of Diversion Suspension to assist hospitals to return to **OPEN** status.
- C. Total Diversion suspension applies **only** to hospitals within the limits of the City and County of San Francisco. Total Diversion suspension does **not** apply to Chinese Hospital, Veterans Administration Hospital or hospitals in other counties (e.g., Seton Medical Center and Kaiser South San Francisco Hospital located in San Mateo County).
- D. When Total Diversion Suspension is invoked, the DEC shall:
 1. Enter into the EMSsystem computer, both the time Total Diversion suspension is initiated and the time diversion suspension is to be lifted.
 2. Announce to all ambulance personnel by radio and mobile data terminals when Total Diversion is suspended.
 3. Make routine and regular updates on Total Diversion Suspension status announcements by radio and mobile data terminals to all ambulance personnel at intervals no less frequently than every 2 hours.

IX. EXCEPTION TO TOTAL DIVERSION SUSPENSION –TRAUMA OVERRIDE

- A. When Total Diversion is suspended, the Chief of SFGH Trauma Services or his/her designee may declare a Trauma Override of Total Diversion at SFGH only if all of the following three conditions are met:
 1. The Critical Care bed capacity at SFGH is 2 or less beds, and
 2. All SFGH internal diversion strategies have been exhausted, and
 3. There is at least 1 trauma patient in the process of evaluation or treatment in the SFGH Trauma care system (e.g., Emergency Department, CT Scanner, Interventional Radiology or Operating Room).
- B. During Trauma Override, SFGH shall continue the diversion of medical (non-trauma) patients, while continuing to accept the following patients:
 1. Patients meeting Trauma Center destination criteria.

2. Patients meeting other Specialty Care Triage criteria (Burns, Replantation, Stroke and Obstetrics).
3. The patient is in imminent or full respiratory or cardiac arrest, or is a post-arrest resuscitation.
4. Patients who are incarcerated or in police custody.
5. Patients originating from a hospital-based clinic. Such patients shall be considered to have arrived on hospital property and shall be transported to the SFGH Emergency Department.

C. During Trauma Override, SFGH shall abide by the following procedures:

1. The SFGH Emergency Department charge nurse shall enter the Trauma Override status into the EMSsystem computer according to the procedures outlined in Section VII.A.
2. Trauma Override status shall be renewed hourly by the Emergency Department Attending Physician in Charge.
3. The SFGH Trauma Service Administrator shall maintain a written policy and procedure for Trauma Override and shall provide a written report to the EMS Agency within 10 business days of a Trauma Override event detailing the rationale for invoking the Override and the total amount of time it was in effect.

D. The DEC shall follow the same procedures for communication of Trauma Override to EMS System participants as outlined in Section VII.B.

X. QUALITY ASSURANCE AND RECORD KEEPING

- A. Problems related to the implementation of this policy shall be reported to the EMS Agency through the Exception and Sentinel Events Report System.
- B. All Receiving Hospitals shall maintain on file at the EMS Agency, a copy of their internal procedures for determining diversion status and their diversion avoidance strategies.
- C. All Receiving Hospitals shall periodically critique their internal diversion procedures for appropriateness of utilization.
- D. When a hospital uses the EMSsystem to change their diversion status, EMSsystem automatically records the event in a diversion log. The EMS Agency will monitor and report monthly diversion activity for all San Francisco Receiving Hospitals.
- E. EMS Agency staff shall review hospital diversion activity and will report to the appropriate EMS Agency committee on the following diversion activity quality indicators:
 1. Unusual events reported by the Exception and Sentinel Events Report System.
 2. A Receiving Hospital is on diversion for an average of more than 15% during any consecutive 3-month period of review.
 3. A Receiving Hospital is on diversion for 30% during any one-month period.

4. A request for diversion not covered by current policies.
 5. Trauma Override usage over 10% during any consecutive 3-month period of review or 20% during any 1-month period. The percentage of Trauma Override usage will be calculated relative to the total monthly hours of diversion suspension.
- F. EMS Agency staff, at their discretion, may conduct site visits while a hospital is on diversion status.