COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

SUBJECT: **DIVERSION REQUEST REQUIREMENTS FOR EMERGENCY DEPARTMENT SATURATION** REFERENCE NO. 503.1

PURPOSE: To outline the minimum requirements for hospitals to be placed on diversion of advanced life support (ALS) and/or basic life support (BLS) patients due to emergency department (ED) saturation.

DEFINITIONS:

Advanced Life Support Patient (ALS): A patient who requires paramedic assessment and/or intervention listed in Ref. No. 803, Los Angeles County Paramedic Scope of Practice, this includes but not limited to patients meeting Base contact criteria outline in Ref. No. 1200, Treatment Protocols, et al.

Ambulance patient offload time (APOT): Time interval between the arrival of an ambulance at the location outside the hospital ED where the patient will be unloaded from the ambulance and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes responsibility for care of the patient. The APOT Standard in Los Angeles County is an offload time within 30 minutes, 90% of the time. Currently, the data source for APOT is the EMS Providers' electronic patient care report completed by the transporting unit.

Basic Life Support Patient (BLS): A patient who **only** requires Emergency Medical Technician (EMT) assessment and/or intervention as listed in Ref. No. 802, Emergency Medical Technician (EMT) Scope of Practice.

Diversion: Hospital Diversion is a request by a hospital or an EMS provider agency to have ALS/BLS patients bypass a facility for a limited period of time and should be requested only when necessary. This is **not** an absolute **closure** (see Principle 7).

ED ALS Diversion Threshold: All ED treatment bays are full and 30% or greater of the ED has patients who fall into one or both categories below, including ED beds occupied by admitted patients but excluding fast track beds and waiting room patients.

(1) Resuscitative (unstable condition): the patient is hemodynamically unstable, requires an immediate airway or emergency medications. Other criteria: already intubated, apneic, pulseless, severe respiratory distress, acute mental status changes or unresponsive

(2) Immediate/Emergent (requires timely treatment): the patient has symptoms indicative of a potential threat to life and their condition is likely to change to "resuscitative" without aggressive intervention. Examples include but are not limited to the following: stable but active chest pain; stroke symptoms; abdominal pain in pregnancy or suspected pregnancy; suicidal or homicidal ideation; new onset confusion; lethargy or disorientation; severe pain

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ED BLS Diversion: This is implemented on a case-by-case basis during periods of extreme surge of patients being transported via the 9-1-1 system (i.e. disease outbreak/epidemic/ pandemic) and requires the approval of the EMS Agency via the Medical Alert Center. The EMS Agency will evaluate the region to determine whether BLS Diversion is warranted.

EMS Provider Agency Diversion Threshold (Provider ED Diversion): Three ambulance crews (ALS and/or BLS) have each been waiting for over 30 minutes to transfer their patient to hospital equipment (gurney, wheelchair, chair, etc.).

Special considerations: Unusual circumstances that overwhelm ED resources and are documented by hospital administration.

PRINCIPLES:

1. High quality emergency medical services (EMS) is the result of prehospital care providers, emergency departments and hospitals working together as a team to care for ill and injured patients.

2. Prolonged diversion and APOT are not an emergency department problem alone; it is a hospital and EMS systemwide issue, both have negative impacts to the EMS providers' ability to respond to subsequent 9-1-1 calls which results in prolonged response times and may affect public safety and patient outcomes.

3. Each hospital shall have a diversion policy and a multidisciplinary team approach to ensure the ability of the facility to remain open and to flex to Surge Capacity, thereby preventing or minimizing time of hospital diversion and APOT.

4. As per EMTALA, the responsibility for patient care lies with the receiving facility once the patient being transported via ambulance arrives at the hospital property. Hospital staff shall make every effort to offload patients from ambulance gurneys as soon as possible.

5. Hospitals that have a consistently prolonged APOT should assign appropriate personnel to remain with patients while awaiting for an ED treatment bay in order to release EMS personnel back to the community.

6. Hospital personnel shall acknowledge and provide a visual assessment of patients arriving via ambulance within 10 minutes of arrival in the ED to determine whether the patient needs an ED treatment bay or can be sent to other areas of the emergency department.

7. In accordance with Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients, final authority for patient destination rests with the base hospital handling the call. Whether the diversion request will be honored depends on available system resources.

8. The State of California Emergency Medical Services Authority has adopted Standardized Methods for Data Collection and Reporting of APOT. The APOT Standard for Los Angeles County is 90% of all ambulance transports have an APOT of 30 minutes or less.

9. The accurate documentation by EMS providers of the time metrics for APOT is imperative to appropriately evaluate and monitor APOT.

POLICY:

I. Responsibilities Prior to reaching Hospital Diversion Threshold

A. ED Charge Nurse

1. Identifies that all ED treatment bays are occupied, and patients are waiting for an open treatment bay.

2. Consults with all ED team members to determine if patient discharges or admissions can be expedited.

3. Ensures that all ED treatment bays are appropriately utilized.

4. Notifies the Laboratory and Radiology departments to expedite orders.

5. Notifies the Nursing Supervisor that the ED is near threshold.

B. Hospital Administration (CEO or administrative designee)

1. Consults with the ED physician and ED charge nurse.

2. Performs a walk-through of the ED and reviews options that can be utilized to prevent hospital diversion (CEO or administrative designee).

3. Assesses the ED for special considerations.

4. Activates the hospital's internal multidisciplinary surge plan.

5. Assesses the Medical/Surgical, Intensive Care and Telemetry units for available beds and possible discharges.

6. Expedites environmental services, ancillary services and patient admissions as necessary.

7. Approves diversion due to ED saturation via the ReddiNet when ED capacity reaches the defined diversion threshold.

8. Reassesses ED capacity during diversion with the goal of remaining open.

9. Monitors hospital diversion hours.

10. Includes diversion in the ED performance improvement process.

II. ED ALS Diversion

A. A hospital may request ED ALS Diversion via the ReddiNet for up to two hours at a time. At the end of the two hours of diversion, ReddiNet will automatically re-open the hospital to ALS 9-1-1 traffic. The hospital may request additional ED

ALS diversion time in two-hour increments. ALS Diversion includes ALS pediatric patients being transported to the Emergency Department Approved for Pediatrics (EDAP)

B. An EMS provider agency may request to put a hospital on ED ALS diversion (displayed on ReddiNet as Provider ED) when the EMS provider agency diversion threshold is met. Each EMS provider agency shall have a diversion request policy that is consistent with the following guidelines:

1. EMS provider agency personnel who are waiting to offload and transfer care to hospital staff shall contact the EMS provider agency's on-duty supervisor and provide the following information:

    a. Units waiting to offload

    b. Time of arrival at hospital of the unit waiting the longest to offload

    c. Time of arrival at hospital of the unit waiting the shortest to offload

    d. Estimated time to offload, obtain from ED Charge Nurse

2. The EMS provider agency's on-duty supervisor shall:

    a. Verify the report provided by the transport crew(s).

    b. Collaborate with the charge nurse, on-duty physician, or house supervisor to identify alternatives to facilitate the transfer of the patients from EMS personnel to emergency department staff.

    c. If the EMS provider agency diversion threshold is met, contact the Medical Alert Center and request the facility to be placed on Provider ED ALS Diversion.

3. The Medical Alert Center shall:

    a. Obtain all the necessary information to verify diversion threshold is met.

    b. Place the hospital on Provider ED ALS diversion. Diversion will be for a two-hour period. At the end of the two-hour diversion, ReddiNet will automatically re-open the hospital to ALS 9-1-1 traffic. EMS providers may request additional ED ALS diversion time in two-hour increments.

    c. Notify hospital administration or designee that the hospital has been placed on Provider ED ALS diversion.

4. Hospital Administration (CEO or administrative designee)

    a. Reassess ED capacity during diversion with the goal of lifting the diversion status.

    b. Monitors diversion hours

c. Includes diversion in the ED performance improvement process.

C. ED BLS Diversion

1. A hospital or an EMS provider agency may request to place a hospital on ED BLS diversion by contacting the Medical Alert Center. ED BLS diversion requests will be considered for approval when the BLS Diversion Threshold is met and status of system resources.

   a. If an EMS Provider is requesting ED BLS diversion, the Medical Alert Center shall verify the ED BLS diversion threshold is met.

   b. Place the hospital on ED BLS diversion.

   c. Notify hospital administration or designee that the hospital has been placed on ED BLS diversion.

2. ED BLS diversion will be approved for a four (4) hour period. At the end of the four-hour diversion, ReddiNet will automatically re-open the hospital to BLS 9-1-1 traffic. The hospital may request additional ED BLS diversion time by contacting the Medical Alert Center.

III. Diversion Audits

The EMS Agency reserves the right to conduct unannounced diversion audits as indicated.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 502, **Patient Destination**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Patients**
Ref. No. 503.2, **Diversion Request Quick Reference Guide**
Ref. No. 505, **Ambulance Patient Offload Time (APOT)**
Ref. No. 802, **Emergency Medical Technician (EMT) Scope of Practice**
Ref. No. 803, **Los Angeles County Paramedic Scope of Practice**
Ref. No. 1309, **Color Code Drug Doses**
Ref. No. 1380, **Vital Signs**

California EMSA: Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting