DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSPITAL)

SUBJECT: **GUIDELINES FOR HOSPITALS REQUESTING DIVERSION OF ALS/BLS PATIENTS**

REFERENCE NO. 503

PURPOSE: To outline the procedure for receiving hospitals and EMS providers to request diversion of advanced life support (ALS) and basic life support (BLS) patients.

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

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 requirements outlined in Ref. No. 1200, Treatment Protocols, et al.

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.

PRINCIPLE:

1. A receiving hospital may request diversion of 9-1-1 ALS and/or BLS patients away from its emergency department (ED) when unable to care for additional patients due to inadequate staffing, equipment, and/or critical systems or infrastructure.

2. An EMS provider agency may request diversion of 9-1-1 ALS and/or BLS patient away from an ED that is unable to assume care of the patient due to prolonged ambulance patient offload time as outlined in Ref. No. 503.1

3. Base hospitals will honor diversion requests based on patient condition and available system resources.

4. Hospital diversion data are used in EMS system analysis, and to formulate critical early indicators of syndrome-specific illness outbreaks within the County.

POLICY:

I. In general, diversion requests shall be communicated through the ReddiNet system.

II. Each hospital shall maintain a current diversion policy which requires the decision to request diversion be made jointly by representatives of the hospital's administration, emergency department, specialty services, and nursing. The name and title of the authorizing hospital administrator or designee are required to complete the diversion request process.

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Director, EMS Agency

Medical Director, EMS Agency

III. EMS Agency staff may perform unannounced site visits to hospitals requesting diversion to ensure compliance with these guidelines.

PROCEDURE:

A. Receiving hospitals are responsible for maintaining and updating ReddiNet diversion status to ensure that accurate information is available for patient destination decisions. Telephone communication is necessary when the ReddiNet system is not operational or when a hospital is requesting diversion due to ED BLS or internal disaster. The Medical Alert Center (MAC) shall be notified via telephone at (866) 940-4401.

B. Diversion Request Categories

1. ED Saturation (ED ALS, ED BLS, Provider ED) – ED resources (beds, equipment and/or staff are fully committed or are not sufficient to care for additional incoming ALS and/or BLS patients. The procedure for requesting diversion due to ED saturation shall be in accordance with Ref. No. 503.1, Diversion Request Requirements for Emergency Department Saturation. ED BLS Diversion requires approval by the EMS Agency Administrator On-Duty (AOD) via the Medical Alert Center.

2. Computerized Tomography (CT) Scanner – Hospital is unable to provide essential diagnostic procedures due to lack of a functioning CT scanner.

3. Trauma (trauma centers and pediatric trauma centers only) – Hospital is unable to care for additional trauma patients because the trauma team is fully committed caring for trauma patients. The rationale for a temporary diversion request shall be communicated via the ReddiNet system using the applicable reason code. Reason codes include the following:

a. Critical Equipment Unavailable: Diversion may be requested when critical equipment essential to definitive diagnosis or treatment of trauma patients is unavailable.

b. Operating Room (OR) Unavailable: Diversion may be requested when both the primary and the back-up ORs and staff are fully encumbered caring for trauma patients to the extent that the care of additional trauma patients may be jeopardized.

c. Trauma Team Encumbered: Diversion may be requested when trauma resources, including the trauma surgeon, are fully encumbered to the extent that the care of additional trauma patients may be jeopardized.

d. Other: For any other circumstances in which the trauma center may become temporarily unable to meet contractual requirements, to the extent that the care of certain trauma patients may be jeopardized, the trauma center shall contact the EMS Agency to request a waiver in advance of the diversion. If a waiver is granted, the hospital and the MAC will jointly ensure that affected base hospitals and EMS provider agencies are properly advised of the nature and extent of the waiver.

4. Pediatric Medical Center (PMC) – Diversion may be requested only when critical equipment essential to definitive diagnosis or treatment of critical medical pediatric patients is unavailable. Lack of available Pediatric Intensive Care Unit beds alone is not sufficient cause to request PMC diversion.

5. ST Elevation Myocardial Infarction (STEMI) (STEMI receiving centers only) – Diversion may be requested only when all cardiac catheterization laboratories (cath labs) are fully encumbered caring for STEMI patients, to the extent that the care of additional STEMI patients may be jeopardized. ED saturation is not sufficient cause to request SRC Diversion. The SRC may request STEMI diversion under any of the following conditions:

    a. The SRC is unable to perform emergent percutaneous coronary intervention because the cardiac cath staff is already fully committed to caring for STEMI patients in the cath lab. STEMI patients should be transported to the most accessible open SRC regardless of ED diversion status.

    b. The SRC experiences critical mechanical failure of essential cath lab equipment. SRCs must notify the EMS Agency SRC System Program Manager directly at (562) 378-1652 as to the nature of the mechanical failure or equipment issue if the anticipated diversion is expected to exceed 24 hours.

6. Stroke

    a. Primary Stroke Center (PSC): Diversion may be requested only when there is no means to perform diagnostic brain imaging – CT scan or MRI. The reason for diversion must be documented in ReddiNet. ED saturation is not sufficient cause to request PSC diversion.

    b. Comprehensive Stroke Center (CSC): Hospital is unable to care for additional stroke patients because the stroke team is fully committed caring for stroke patients. The rationale for a temporary diversion request shall be communicated via the ReddiNet system using the applicable reason code. Reason codes include the following:

        i. Critical Equipment Unavailable: Diversion may be requested when critical equipment essential to definitive diagnosis or treatment of stroke patients is unavailable.

        ii. Interventional Radiology (IR) Room Unavailable: Diversion may be requested when both the primary and back-up IRs and staff are fully encumbered caring for stroke patients to the extent that the care of additional stroke patients may be jeopardized.

        iii. Stroke Team Encumbered: Diversion may be requested when stroke resources, are fully encumbered to the extent that the car of additional stoke patients may be jeopardized.

7. Extracorporeal Cardiopulmonary Resuscitation (ECPR) – Diversion may be requested when the hospital has no means to perform ECPR due to lack of available qualified personnel, lack of critical resources or no pumps. ED saturation is not sufficient cause to request ECPR diversion. ECPR diversion does not divert patients in cardiac arrest with the exception of patients meeting ECPR criteria for whom another ECPR receiving facility is available within the 30-minute transport time.

8. Internal Disaster – Diversion of both ALS and BLS patients may be requested when a facility disruption threatens the ED or significant patient care services, to the extent that care of additional patients may be jeopardized.

    a. A hospital requesting diversion due to internal disaster must notify the MAC by telephone and provide the name of the administrator authorizing the diversion and the rational for internal disaster. Appropriate rational include:

        i. Power outage impacting patient care, which cannot be sufficiently mitigated by emergency generators

        ii. Critical infrastructure or systems failure impacting patient care, which cannot be sufficiently mitigated by emergency back-up procedures

        iii. Fire

        iv. Bomb threat/explosion

        v. Flooding

        vi. Water disruption/contamination

        vii. Hazardous materials contamination of patient care areas

        viii. Other – Must be approved by the EMS Agency through the MAC or Health Facilities Inspection Division of the Department of Public Health. **Internal Disaster does not apply to work actions.**

    b. For situations in which a hospital knows in advance that it will need to divert to internal disaster, hospital shall notify the EMS Agency in writing, well in advance of the scheduled diversion. It is the responsibility of the hospital to notify area base hospital(s) and all affected EMS provider agencies.

    c. Upon request by the EMS Agency, a hospital shall submit an after-action report within 60 days of the incident when a hospital's diversion due to internal disaster is greater than four (4) hours.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 502, **Patient Destination**
Ref. No. 503.1, **Diversion Request Requirements for Emergency Department Saturation**
Ref. No. 503.2, **Diversion Request Quick Reference Guide**
Ref. No. 506, **Trauma Triage**
Ref. No. 508, **Sexual Assault Patient Destination**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 511, **Perinatal Patient Destination**
Ref. No. 512, **Burn Patient Destination**
Ref. No. 513, **ST Elevation MI Patient Destination**
Ref. No. 516, **Cardiac Arrest Patient Destination**
Ref. No. 802, **Emergency Medical Technician (EMT) Scope of Practice**
Ref. No. 803, **Los Angeles County Paramedic Scope of Practice**