	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	5060.16
	PROGRAM DOCUMENT: **Hospital Diversion**	Initial Date:	04/11/96
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Signaure on File	Signature on File
EMS Medical Director	EMS Administrator

Purpose:

A. To delineate the status of receiving hospitals and provide standardized terminology for hospitals that wish to divert patients when the hospital loses key resources. The goal of this protocol is to ensure patient safety and maximize efficiency during times of temporary loss of emergency care services (partial or full), or during severe Emergency Department overcrowding.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9
C. California Administrative Code Title 13 Section 1105 (c)

Definitions: `

A. OPEN- Open to all ambulance traffic
B. ADVISORY- Partial closure based on temporary limited service:
   1. CT scanner unavailable
   2. Cath Lab unavailable
C. Trauma Diversion - Trauma centers that cannot provide critical trauma services due to staffing or operating room availability may request temporary trauma diversion.
D. Diversion- CLOSED- Decompression Status. Hospitals must meet criteria as outlined under procedures.
E. Internal Disaster- CLOSED - Facility disruption that makes ED unsafe for any patient care (active shooter, flood, etc.), closed to all ambulance traffic.

Procedure:

A. Any change in facility status shall be communicated through the facility status on EMResource.
B. Medics will verify receiving status of destination facility upon leaving the scene.
C. Any planned service outage AND any outage expected to last more than 12 hours, must also be communicated by email and phone call to the SCEMSA to ensure communication of status to all stakeholders.
D. ADVISORY - Partial closure based on temporary limited service:
   1. CT scanner unavailable: Prehospital personnel will transport a non-immediate patient to the next most appropriate facility with CT services if the patient has any of the following signs or symptoms:
      a. Any patient with a Cincinnati Prehospital Stroke Scale (CPSS) > 0.
      b. Sudden onset of “worst headache of their life.”

c. Unexplained new altered level of consciousness: [Glasgow Coma Scale (GCS) <12] without response to glucose, Glucagon or Naloxone.
d. Head injuries with GCS < 14, any head injury on anticoagulants, or any penetrating head injury.

2. Cath Lab unavailable: Prehospital personnel will transport a non-immediate patient to the next most appropriate facility if the patient has any of the following signs or symptoms:
   a. ECG indicating acute STEMI.

E. Trauma Diversion- Trauma centers that cannot provide critical trauma services due to equipment failure, or staffing or operating room availability may request temporary trauma diversion.
   a. The trauma services medical director or designee shall determine when the facility is unable to care for additional trauma patients.
   b. Prehospital personnel will transport all critical trauma patients to the next most appropriate trauma facility.

F. Diversion- CLOSED- Decompression Status
1. Hospitals must meet criteria as outlined below:
   a. The number of patients seeking care in the ED exceeds 175 percent of designated ED bed capacity including patients in the waiting room; AND
   b. The NEDOCS score reaches or exceeds 220 (black); AND
   c. 40 percent of designated ED beds are boarding medical and/or behavioral health holds; AND
   d. The authorized senior administrator and ED Medical Director concur that decompression is appropriate and shall have consulted with the Medical Health Operational Area Coordinator (MHOAC).
2. Trauma centers closed for ED overcrowding, can ONLY receive critical trauma patients who meet the following trauma triage criteria:
   a. Physiologic (step 1), OR
   b. Anatomic (step 2) criteria
3. Critical trauma patients who meet special considerations criteria shall be diverted to another SCEMSA trauma center.
4. UC Davis will remain open to Burn and Pediatric Trauma, when closing for ED Overcrowding.
5. Exceptions: The following patients may not be diverted for ED overcrowding:
   a. Cardiac arrest.
   b. Unable to establish airway.
   c. Shock as defined by policy #8038, not responsive to field treatment.
   d. Third trimester Obstetric patients with imminent delivery (Facilities which receive obstetric patients directly to labor and delivery units bypassing the ED may continue to do so when the ED is closed for ED overcrowding).
6. Medical/Health Operational Area Coordinator (MHOAC) monitoring and oversight of diversion for ED overcrowding:
   a. Maximum closure time of two (2) hours for ED overcrowding.
   b. No more than six (6) hours of closure allowed in any twenty-four (24) hour period.
   c. A hospital must remain open for two (2) hours before it can go on diversion for ED overcrowding again.
   d. No more than two (2) facilities can be closed at any one time across the EMS system.
   e. No more than one (1) trauma center can be closed at any one time for ED overcrowding as outlined in SCEMSA PD# 5053.

f. No more than one (1) facility within a two (2) mile radius can be closed at any one time.
g. If a hospital meets diversion criteria and wants to close, but doing so would violate (d) or (e), they shall notify the MHOAC, who will then open all facilities to ambulance traffic.
h. A hospital on diversion due to ED overcrowding will be required to reopen to all ambulance traffic in the event of a confirmed MCI or declared disaster requiring patient distribution to their facility.

G. Internal Disaster - CLOSED - Facility disruption that makes ED unsafe for any patient care (active shooter, flood, etc.), closed to all ambulance traffic.
    a. Facilities will update EMResource a minimum of every two hours, and coordinate needs and expected time of reopening with the MHOAC.

Monitoring and Review: The diverting facility shall perform an internal review of the diversion and submit a written critique to SCEMSA within seventy-two (72) hours that includes

A. Facility name
B. Date of diversion
C. Reason for diversion
D. Times on and off diversion
E. Name of hospital administration authorizing diversion
F. Summary of attempts to mitigate conditions requiring diversion
G. Any problems associated with patient care for diverted patients

Cross Reference: PD #5053- Trauma Triage Criteria
PD #5050- Destination
PD #8025- Burns
PD # 8030- Discomfort/Pain of Suspected Cardiac Origin
PD #8060- Stroke