

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

425



**FROM:** Riverside County Community Health Agency/Department of Public Health

**SUBMITTAL DATE:**

December 2, 2004

**SUBJECT:** Emergency Medical Services (EMS) Agency Ambulance Diversion Policy

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Receive and File the Revised Ambulance Diversion Policy

**BACKGROUND:** On January 13, 2004, Agenda Item 3.15, the Board of Supervisors received the report completed by the Abaris Group regarding Emergency Department (ED) wait times and overcrowding. The Board of Supervisors (BOS) directed the EMS Agency to hold a "summit" with Chief Executive Officers and Administrators from hospitals throughout Riverside County to discuss and develop an ambulance diversion policy to be formalized and practiced County-wide. The summit was held on April 1, 2004, and a Task Force was formed to develop a revised ambulance diversion policy.

Departmental Concurrence

(continued on page 2)

MK:lw

*Susan D. Harrington*  
Susan D. Harrington, Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	N/A
	Annual Net County Cost:	\$ 0	For Fiscal Year:	N/A

**SOURCE OF FUNDS:** N/A

Positions To Be Deleted Per A-30	<input type="checkbox"/>
Requires 4/5 Vote	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

**APPROVE**

**County Executive Office Signature**

*Dan Martin*

Policy  Policy   
 Consent  Consent   
 Dep't Recomm.: Per Exec. Ofc.:

**Prev. Agn. Ref.:** 01/13/04, 3.15,  
05/18/04, 3.5

**District:** All

**Agenda Number:**

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**BACKGROUND CONTINUED:**

Following the summit, an interim policy was developed and presented to the Board of Supervisors on 5/18/04, Item 3.5. A Task Force was formed to review the interim policy and develop a final revised policy.

The Task Force included representatives from hospital and prehospital providers in Riverside County, and from the Hospital Association of Southern California.

The Task Force met several times, and on September 1, 2004, a trial ambulance diversion policy was implemented for a two month period. On October 21, the Task Force met for the last time and voted unanimously to recommend that the EMS Agency adopt the diversion policy as written. The attached Policy #5310 was implemented as the final diversion policy County-wide on November 1, 2004. This policy has been reviewed and approved as to form by County Counsel. Some of the significant changes from the previous policy include:

- Hospitals considering diversion would notify surrounding hospitals to ensure a cohesive decision-making process based on the cooperation of all hospitals involved.
- Hospital representatives would no longer be required to contact the EMS Agency for authorization to divert ambulances.
- The criteria for patients that would not be diverted were expanded.
- Hospitals were required to exhaust all measures to resolve the condition(s) according to their internal diversion plans, which includes internal bed triage, review of resources and a hospital supervisor's review of steps made to avoid diversion.
- The policy provided standardized diversion criteria and time limits County-wide.

The EMS Agency will continue to monitor ambulance diversion hours and will re-convene the Task Force as needed to ensure that patients continue to be transported to the closest appropriate hospital for their medical needs.

**OPERATIONS: General Policy (ALS/BLS)****Policy: 5310****Date: 11/1/04**

### **AMBULANCE DIVERSION**

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1. The intent of this policy is to outline the procedures for receiving hospitals to implement diversion of advanced life support (ALS) units. Authority to regulate and monitor diversion is given to the EMS Agency in Section 1797.220, Division 2.5, of the state Health and Safety Code, and by Section 1105 (c), Title 13, of the California Code of Regulations.
2. Diversion Definitions:
  - 2.1 ED Overload

The acceptance of another patient with a life-threatening illness or injury would severely compromise patient care and safety (volume and acuity of patients at the time are the determining factors).

    - 2.1.1 ED overload shall not preclude a Base Hospital from providing on-line medical control.
    - 2.1.2 Neither in-patient census nor staffing may enter into the decision to divert.
    - 2.1.3 The following patients **shall not** be diverted, except during an Internal Disaster:
      - Patients with an uncontrollable problem (e.g. - unmanageable airway, uncontrolled hemorrhage, unstable cardiopulmonary condition, full arrest, etc.)
      - Any patient requesting a specific facility. Field personnel should explain the hospital's diversion status and that an extended wait for service is a probability; however, if the patient continues to insist on transport, comply with the request (Reference Policies #5700 and #5710).
      - Those patients arriving by a BLS ambulance service. This does not include patients transported by an ALS ambulance with solely BLS treatment.
  - 2.2 Internal Disaster

A utility failure, HAZMAT, or similar unusual internal situation has occurred that affects the operation of the ED.

    - 2.2.1 The EMS Agency shall be notified immediately when a hospital closes due to an internal disaster.
  - 2.3 Trauma Center Diversion

Trauma cases may be diverted if one or more of the following conditions exist:

    - Both (1st and 2nd on-call) trauma surgeons/trauma teams are being utilized.
    - Surgery is at maximum capacity and another crew cannot be mobilized. The O.R. will keep the emergency department notified of status.
    - If the CT scanner is inoperable, isolated head injuries **only** may be diverted.
    - 2.3.1 Trauma diversion will occur utilizing the same hospital specific internal authorization channels as specified in item 3 below.
    - 2.3.2 If the closest trauma center is on diversion, the patient should be transported to the next closest alternate trauma center not more than 45 minutes from the initial scene.

**OPERATIONS: General Policy (ALS/BLS)**

**Policy: 5310**

**Date: 11/1/04**

### **AMBULANCE DIVERSION**

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- 2.3.3 In cases where an alternate trauma center is greater than 45 minutes from the initial scene, the patient shall be transported to the closest most appropriate facility.
3. Hospital responsibilities prior to instituting diversion:
  - 3.1 The facility must exhaust all measures to resolve the condition(s), according to its internal diversion plan. These should include but are not limited to:
    - 3.1.1 Internal bed triage
    - 3.1.2 Review of staffing resources
    - 3.1.3 Supervisor's review of steps made to avoid diversion
  - 3.2 Hospitals considering diversion will notify surrounding hospitals to ensure a cohesive decision-making process based on the cooperative efforts of all hospitals involved. The charge nurse/designee shall be responsible for notifications.
  - 3.3 The hospital must obtain authorization from **all** of the following people prior to instituting diversion:
    - 3.3.1 Emergency Department supervisor/house supervisor/designee
    - 3.3.2 Emergency Department physician director/designee
    - 3.3.3 Administrator on-call.
4. The decision to institute diversion is made as permitted by hospital policy. The following steps should then be taken:
  - 4.1 Using ReddiNet, the charge nurse/designee will update the local ambulance dispatch center, and all local hospitals when going on and off diversion:
    - 4.1.1 Names of authorizing personnel will be entered on ReddiNet.
  - 4.2 Hospitals shall make every effort to re-open as soon as possible.
  - 4.3 The EMS Agency will have an EMS Specialist on-call at all times in case of emergency.
5. ED Diversion Parameters.
  - 5.1 A hospital is permitted to divert for a maximum of two (2) hours in an eight-hour period. The defined eight-hour periods are: 7am - 3pm, 3pm - 11pm, 11pm -7am.
  - 5.2 When the two closest hospitals to a patient are both on diversion, the ambulance will take the patient to the closest most appropriate facility regardless of its diversion status.
  - 5.3 Ambulances en route to a hospital at the time of implementation of diversion **shall not** be diverted.
6. Diversion Evaluation
  - 6.1 Any problems associated with patient care for diverted patients will be submitted to the EMS Agency on an Unusual Occurrence Report Form within 72 hours.
  - 6.2 A diversion report will be compiled by the EMS Agency for the purpose of evaluating opportunities for continuous quality improvement.

**OPERATIONS: General Policy (ALS/BLS)**

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**AMBULANCE DIVERSION**

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- 6.3 Diversion records shall become part of the Continuous Quality Improvement process within each hospital and the EMS Agency.
- 6.4 The EMS Agency may perform periodic, unannounced site visits of hospitals instituting ambulance diversion to ensure compliance with all guidelines. Frequency of site visits will be at the discretion of the EMS Agency.