GUIDELINES FOR ERC REQUEST FOR DIVERSION STATUS

I. AUTHORITY:

California Health and Safety Code, Division 2.5, 1797.220; 1798 (a) (b)

II. APPLICATION:

This policy defines the Emergency Receiving Center (ERC) and Specialty Center procedure for requesting diversion when it is no longer safe for that facility to accept ALS and BLS ambulance-transported patients.

ERCs and specialty centers shall minimize the duration and occurrence of diversion. No patient can be diverted for "ED Sat" prior to posting ERC diversion status on the ReddiNet® System.

III. OBJECTIVES:

A. To assure the transport of a patient with an emergency medical condition to an appropriate ERC that is safely staffed, equipped, and prepared to provide emergency medical care.

B. To provide standard definitions for ERC closure and diversion requests.

C. To provide a mechanism for ERCs to:

1. Temporarily divert ambulance-transported patients when unable to safely provide emergency medical care;
2. Advise EMS system participants of diversion status; and
3. Identify the conditions which made the diversion request necessary.

D. To assure service provider units (fire, ambulance) are not unreasonably removed from their area of primary response when transporting patients to a ERC.

IV. CLOSURE CATEGORIES:

A ERC or specialty center may request diversion of ambulance-transported patients for the following reasons and using the following terminology:

1. Closed: ED Saturation - ED resources are fully committed and it is unsafe to accept additional in-coming patients.

2. Closed: Trauma (TRAUMA CENTERS ONLY) - Trauma center is unable to provide trauma care for incoming trauma victims due to lack of an available trauma surgeon, trauma team, or surgical suite because of commitment to another trauma patient.

3. Closed: Internal Disruption – A physical problem exists at the ERC which would make it unsafe for the facility to accept any additional patients. (*e.g.*, fire, bomb threat, power outage, flooding, telephone outage)

4. Closed: CT Scanner – CT scanner is unavailable or out-of-service.

V. MECHANISM:

Request for ERC diversion status:

1. Notification of diversion will be made by the ReddiNet® system.

2. The following questions (on ReddiNet®) will be answered accurately:

a. Empty Emergency Department beds
b. Admitted patients in Emergency Department beds
c. Other patients in ED beds
d. Patients waiting in ED lobby/waiting room

3. The ReddiNet® comment section shall be utilized to include the estimated time of re-opening the Emergency Department.

4. The last names of the Emergency Physician, Emergency RN, and ReddiNet® Operator will be filled in as the diversion authorizers.

5. ERCs shall make every effort to reopen as soon as possible. Upon immediate improvement in capacity to provide emergency care, the Emergency Department will reopen and use ReddiNet® to alert the EMS system.

6. After two (2) hours of diversion, the ReddiNet® system will generate an audible alarm, alert light, and a popup window with questions that the ReddiNet® Operator must answer for the ERC to continue on diversion. If additional diversion is required, the ERC will update facility diversion status and answer diversion questions (# 2 above) and provide the name of the Hospital Administrator notified of the situation in the comment section.

B. Specialty Centers – Trauma, Cardiovascular, and Stroke-Neurology Receiving Centers:

1. Destination for specialty center patients is determined by Base Hospital contact. The contacted Base Hospital has authority for final destination determination.

2. Trauma criteria patient destination should be to the nearest open Trauma Center. This includes a Trauma Center that is open for trauma but closed due to ED Saturation.

3. Acute myocardial infarction ("Acute MI") criteria patients should be routed to the nearest open ERC that is an OCEMS designated Cardiovascular Receiving Center with an available cardiac catheter laboratory.

4 911 Stroke-Neurology triage criteria patients should be routed to the nearest open ERC that is an OCEMS designated Stroke-Neurology Receiving Center. Transfers of acute Stroke-Neurology patients to a Stroke-Neurology Center from one of that Center's spoke hospitals should be accepted for rapid or direct admission by the Stroke-Neurology Center if closed due to ED Saturation.

C. Special Circumstances

1. If the three receiving centers most accessible to an incident location are reporting "Closed: ED Sat", the diversion request of each ERC will not be honored and the patient will be transported to the most accessible appropriate receiving center, regardless of its open/closed status.

2. If the two closest Trauma Receiving Centers are reporting "Closed: Trauma" and an ALS unit estimates an extended transport time to the next open Trauma Receiving Center, the Base Hospital will determine and authorize transport to the most appropriate receiving Trauma Center.

VI. PROCEDURE:

A. RECEIVING CENTER RESPONSIBILITIES

1. Each OCEMS receiving hospital must have a written ERC-wide response plan which addresses the steps to be followed and the appropriate ERC administrative staff to be notified when high patient volume within the ED or other situations as identified in Section IV necessitates temporary diversion of additional ambulance-transported patients.

2. Orange County ERCs must use the ReddiNet® system to notify all Orange County ERCs and Orange County Communications (OCC) of the reason(s) for closure, using only the terminology specified in Section IV of this document. Should the ReddiNet® system not be functioning, telephone notification is acceptable.

B. OCEMS RESPONSIBILITIES

1. OCEMS shall monitor the frequency and duration of ERC requests for diversion of ambulance-transported patients and prepare a summary of ERC closures and distribute to all system participants on a periodic basis.

2. OCEMS may perform periodic, unannounced site visits of ERCs requesting bypass of ambulance-transported patients to ensure compliance with all guidelines. Frequency of site visits will be at the discretion of OCEMS.

C. ReddiNet® /H.E.A.R. CENTRAL POINT RESPONSIBILITIES

Upon request, OCC shall advise fire dispatch, ambulance dispatch, ALS, and BLS providers of a ERC's current status.

D. BASE HOSPITAL RESPONSIBILITIES

1. Final authority for paramedic-escorted patient destination rests with the Base Hospital physician. The BH physician will honor an ED or specialty center diversion request provided that the ALS unit estimates that it can reach an "open" facility within a safe period of time.

2. Utilizing the Orange County Medical Emergency Data System (OC-MEDS) Base Hospitals will identify and evaluate the electronic patient care records of prehospital patients that were diverted from the nearest ERC and track the reason for diversion.

Approved:

OCEMS Medical Director

OCEMS Administrator

Effective Date: 08/31/2012
Reviewed Date(s): 04/01/2014
Original Date: 06/1988