

# County of Santa Clara


## Emergency Medical Services Agency

Public Health Department  
645 South Bascom Avenue  
San Jose, California 95128  
(Tel) 408.885.4250  
(Fax) 408.885.3538



March 5, 2007

**To:** Santa Clara County Hospital Emergency Departments

**From:** Josh Davies   
Prehospital Programs Section Manager

**Subject:** Emergency Department Diversion –  
Patient Volume Management Plans

Each spring, our Agency updates various plans and procedures. As part of this update, Santa Clara County Prehospital Care Policy #603 – *Emergency Department Diversion and Trauma Center Bypass* requires that each hospital submit an annual patient volume management plan to the EMS Agency for approval. We request that each facility submit a revised plan, addressing the components below, to the EMS Agency by April 6, 2007.

### Section I: Request

- A letter requesting the ability to divert 911 ambulances and a statement agreeing that the facility will follow all Santa Clara County Prehospital Care policies related to diversion.
- Contact information for the person responsible for managing diversion at the facility.
- Contact information for an after-hours manager.

### Section II: Patient Volume Management Actions

- The body of the Patient Volume Management Plan, written to include JCAHO Patient Volume Management Guidelines.
- Include copies of applicable internal policies and procedures.
- Identify progressive actions that the facility will implement prior to, during, and immediately following placing the facility on “911 Ambulance Diversion (red)” status.
- Identify the methods by which emergency department staff will rapidly triage and then transfer care from prehospital to hospital personnel (remove patients from ambulance gurneys). (See attached document from CMS).

## Section II: EMSystem Use and Training

- Include a statement that the emergency department maintains a continuous broadband or T100 internet connection to EMSystem, that EMSystem is monitored at all times, and that all alerting (audio and visual) capabilities are enabled.
- Identify redundant internet connections and computers that may be used in the event that the designed EMSystem computer fails.
- Include a schedule of EMSystem initial and recurrent training for emergency department staff. This must include a comprehensive review of Policy 603, review of how the hospital status is updated, and basic problem solving skills related to EMSystem use.

Upon receipt, the EMS Agency will review the submission and then provide a written response within thirty business days. Once the plan has been approved, the facility will be informed, in writing, of the approval and due date for the next annual plan submission.

If a plan is not approved, a description of the reasons that the plan was not approved will be provided to the facility with a resubmission due date. Facilities that do not provide a plan by April 6<sup>th</sup> may have their ability to divert 911 ambulances suspended or revoked.

If you should have any questions or concerns, please feel free to contact John Blain, Compliance Coordinator, at [john.blain@hhs.co.scl.ca.us](mailto:john.blain@hhs.co.scl.ca.us)

### Attachments

- Santa Clara County Prehospital Care Policy 603 –  
Emergency Department Diversion and Trauma Center Bypass
- Center for Medicare and Medicaid Services –  
Reference S&C-06-21



Center for Medicaid and State Operations/Survey and Certification Group

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Ref: S&C-06-21

**DATE:** July 13, 2006

**TO:** State Survey Agency Directors

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** EMTALA - "Parking" of Emergency Medical Service Patients in Hospitals

**Letter Summary**

- The Centers for Medicare & Medicaid Services (CMS) has received reports from hospital emergency departments concerning patients being left on stretchers for extended periods of time with emergency medical service personnel in attendance, possibly in violation of the Emergency Medical Treatment and Labor Act.
- CMS recognizes the enormous strain and crowding many hospital emergency departments face every day; however, this practice is not a solution.
- "Parking" patients in hospitals impacts the ability of the emergency medical service personnel to provide emergency services to the rest of the community.

The Centers for Medicare & Medicaid Services (CMS) has learned that several hospitals routinely prevent Emergency Medical Service (EMS) staff from transferring patients from their ambulance stretchers to a hospital bed or gurney. Reports include patients being left on an EMS stretcher (with EMS staff in attendance) for extended periods of time. Many of the hospital staff engaged in such practice believe that unless the hospital "takes responsibility" for the patient, the hospital is not obligated to provide care or accommodate the patient. Therefore, they will refuse EMS requests to transfer the patient to hospital units.

This practice may result in a violation of the Emergency Medical Treatment and Labor Act (EMTALA) and raises serious concerns for patient care and the provision of emergency services in a community. Additionally, this practice may also result in a violation of 42 CFR 482.55, the Conditions of Participation for Hospitals for Emergency Services, which requires that a hospital meet the emergency needs of patients in accordance with acceptable standards of practice.

A hospital has an EMTALA obligation as soon as a patient "presents" at a hospital's dedicated emergency department, or on hospital property (as defined at 42 CFR 489.24(b)) other than the dedicated emergency department, and a request is made on the individual's behalf for examination or treatment of an emergency medical condition. A patient who arrives via EMS meets this requirement when EMS personnel request treatment from hospital staff. Therefore, the hospital must provide a screening examination to determine if an emergency medical condition exists and, if so, provide stabilizing treatment to resolve the patient's emergency medical condition. Once a patient presents to the dedicated emergency department of the hospital, whether by EMS or otherwise, the hospital has an obligation to see the patient, as determined by the hospital under the circumstances and in accordance with acceptable standards of care.

EMTALA obligations would also apply to a hospital that has accepted transfer of a patient from another facility, as long as it is an "appropriate transfer" under EMTALA. An appropriate transfer is one in which the transferring hospital provides medical treatment that minimizes risks to an individual's health and the receiving hospital has the capability and capacity to provide appropriate medical treatment and has agreed to accept transfer (42 CFR 489.24(e)(2)). Therefore, the expectation is that the receiving facility has the capacity to accept the patient at the time the transfer is effectuated. A hospital that delays the medical screening examination or stabilizing treatment of a patient who arrives via transfer from another facility, by not allowing EMS to leave the patient, could also be in violation of EMTALA.

CMS recognizes the enormous strain and crowding many hospital emergency departments face every day. However, this practice is not a solution. "Parking" patients in hospitals and refusing to release EMS equipment or personnel jeopardizes patient health and impacts the ability of the EMS personnel to provide emergency services to the rest of the community.

For questions on this memo, please contact Donna Smith at (410) 786-3255 or by email at Donna.Smith@cms.hhs.gov.

**Effective Date:** Immediately. The State agencies should disseminate this information within 30 days of the date of this memorandum.

**Training:** The information contained in this announcement should be shared with all survey and certification staff, surveyors, their managers, and with managers who have responsibility for processing EMTALA complaints.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management (G-5)



# Emergency Medical Services Agency Prehospital Care Manual **Policy 603**

## **EMERGENCY DEPARTMENT DIVERSION & TRAUMA CENTER BYPASS**

**Effective Date** January 22, 2007  
**Replaces** March 1, 2006

**Resources**  
None

### **I. Purpose**

Facility diversion is a management tool that may be used temporarily by local hospitals when the patient load exceeds emergency department or specialty center resources.

Facility diversion is a last resort when emergency department/specialty center resources continue to be overwhelmed after internal procedures to manage the situation have been implemented.

Facility diversion does not replace the need for effective patient volume management procedures or plans to address seasonal patient volume increases.

### **II. ED Diversion/Trauma Bypass Requirements**

- A. Emergency Departments and Trauma Centers may request 911-System ambulance diversion/bypass in accordance with the following:
  - 1. The facility shall have an Agency approved patient volume management plan that utilizes the guidelines established by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a minimum. This plan shall be revised and submitted annually for review and approval by the Agency.

2. The facility has determined, based on the approved patient volume management plan that it can no longer care for additional patients in the emergency department or specialty care areas. Lack of in-patient or ICU beds is not sufficient cause to implement ambulance diversion.
  3. All Santa Clara County Emergency Departments and Trauma Centers must use EMSsystem for maintaining availability status. As such, the following must occur:
    - a. EMSsystem must be monitored at all times in each facility. This includes ensuring audible and visual alerting tools are activated and functioning at all times.
    - b. Facility personnel must be aware of the content of this Policy including the criteria for implementing ED Diversion and Trauma Center Bypass.
- B. A hospital may close to all patients (both walk-in and ambulance) if the facility or a portion of the facility is in a state of Internal Disaster as defined by the California Department of Health Services. In such cases, the facility shall attempt to change to Black (Internal Disaster) status via EMSsystem. If it is not possible to change the status via this method, contact County Communications immediately. The facility shall report this status to the Department of Health Services in accordance with applicable requirements.

### **III. ED 911 System Ambulance Diversion Process**

- A. In order to fully realize the benefits of an ambulance diversion program, all hospitals in the County must be included in the program (excluding Saint Louise Regional Medical Center).

The Palo Alto Veterans Administration (PAVA) Hospital is federally exempt from this requirement but would continue to receive 911 System patients who request transport to PAVA. The facility will assist in the case of multi-casualty incidents/disaster situations.

- B. All hospitals in the County (exception of Saint Louise Regional Medical Center) are able to divert 911-System ambulance traffic (not including those in-extremis).

- C. One (1) facility may be on ambulance diversion (red) at any one time in a Diversion Zone. If an additional hospital within the same Diversion Zone wants requests 911-System ambulance diversion status at the same time, they must wait until the red hospital opens and then make the change through EMSsystem.

<p style="text-align: center;"><b><u>Northern Diversion Zone</u></b> Stanford University Hospital El Camino Hospital Kaiser Santa Clara</p> <p style="text-align: center;"><b><u>Downtown Diversion Zone</u></b> Regional Medical Center of San Jose Santa Clara Valley Medical Center O'Connor Hospital</p> <p style="text-align: center;"><b><u>Western Diversion Zone</u></b> Los Gatos Community Hospital Good Samaritan Medical Center Kaiser Santa Teresa Hospital</p>
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- D. Facilities may remain on ambulance diversion status for no more than 90 minutes per occurrence. A hospital that has closed to ambulance diversion must remain open for at least 90 minutes before being able to divert again.
- E. When the EMS System is being negatively affected by ambulance diversion, the EMS Agency may require a Zone or all hospitals to open as necessary.
- F. Saint Louise Regional Hospital may not divert due to the extended travel time to the next closest facility.
- G. When the facility is directed by the Agency and/or County Communications to open/remain open, they shall do so immediately. If facility staff considers the direction inappropriate, they may discuss the situation with the Agency during regular business hours; however, additional diversion time shall not be granted.
- H. Each facility shall request no more than thirty-six (36) hours of 911-System ambulance diversion within a calendar month.
- I. The facility shall immediately notify County Communications of any/all changes in facility status via EMSsystem. County Communications will not make any status changes by phone or radio unless EMSsystem has failed.

- J. Agency staff may perform unannounced site visits to hospitals to ensure compliance with these requirements.
- K. Failure to fulfill these requirements may result in the facility losing its diversion privilege.

#### **IV. Emergency Department Receiving Status**

The following status conditions apply to Emergency Departments that request the diversion of 911-System ambulances.

A. Open (Green)

Accepting all 911-System ambulance patients.

B. Service Limitation Advisory - CT Scanner Not Available (Orange)

Identifies that the CT scanner is not available, allowing prehospital personnel to make a destination determination for patients having a need for immediate CT scans. Stroke Alert patients shall not be transported to facilities without CT scanner services.

C. Census Level Advisory (Yellow)

Census levels are high and the patient may expect delays in service at the facility. In such cases the prehospital care providers shall advise the patient of alternate destinations (when the patients condition permits alternatives).

D. Diverting 911-System Ambulances (Red)

Diverting all 911-System ambulance patients, except those in extremis. The receiving facility's Emergency Department is no longer able to accept additional patients due to the number and/or acuity of patients currently being treated. Patients who are in-extremis shall be accepted by the facility regardless of the facility's status.

- E. A facility's status at the time the ambulance begins transport (not when the prehospital provider contacts the hospital with a "ring-down") will apply to that transport regardless of any subsequent status changes.

Facilities may not direct ambulances to other facilities or refuse to accept the patient for any reason other than those in Section 2-B.

- E. If a facility is diverting 911-System ambulance traffic, no EMS team will communicate with the facility to determine their ability to accept a patient or to request exceptions except the EMS Duty Chief/Agency.

Exception: An ambulance transporting an in-extremis patient to a “red” facility will notify that hospital of their pending arrival.

- F. No 911-System, ambulance will transport a patient, other than interfacility transfers and those who are in-extremis, to a facility that is on 911-System ambulance diversion.

## **V. Trauma Center Bypass Process**

- A. One facility may be on Trauma Bypass status (red) or the same Service Limitation status (orange) at the same time.
- B. In the event that a second Trauma Center requests Bypass status, the Trauma Center Medical Directors and the EMS Agency must agree to an interim patient management solution prior to the second Trauma Center executing Bypass status. This option shall be reserved for extreme circumstances only as the countywide impacts may be significant.

The requesting facility shall notify the EMS Agency Duty Chief of the intention to use “Bypass”. The EMS Duty Chief will discuss the rationale for the request including verification that the status cannot be addressed through an Advisory Status (Orange) or Internal Disaster (Black). If not, then the EMS Duty Chief will then contact the Trauma Center currently on Bypass and determine if they are able to open earlier. If not, the EMS Duty Chief may authorize a second Trauma Center to be on Bypass at one time.

The EMS Agency will then consult with the Trauma Center Medical Directors and take any appropriate actions to ensure the safety and welfare of the public.

- C. A Trauma Center may not remain on “Bypass” for more than (60) sixty minutes. A Trauma Center must remain open for at least (60) sixty minutes before they may execute Bypass status subsequent times.

## VI. Trauma Center Receiving Status

The following statuses apply to Trauma Center availability:

### A. Open (Green)

Accepting all 911-System ambulances as directed by clinical protocols and Trauma Center Catchments Areas.

### B. Service Limitation Advisory (Orange)

The Trauma Center must identify which of the following limitations are in effect.

1. No available operating rooms, **or**:
2. No Neurosurgery

Advanced Life Support personnel (flight crews and paramedics) shall consider the specific type of service limitation and may either (1) continue transport to the destination or (2) bypass the facility and go to the next closest and most appropriate Trauma Center. Paramedics shall evaluate the need for helicopter or ambulance transportation with red lights and siren, if appropriate, to honor service advisories.

### C. Bypass (Red)

Diverting all 911 Ambulance Traffic (except those in extremis).

- D. A Trauma Center's status at the time the ambulance begins patient transport (not when the prehospital provider contacts the hospital with a "ring-down") will apply to that transport regardless of any subsequent status changes.

Facilities may not direct ambulances to other facilities or refuse to accept the patient for any reason.

- E. If a facility is diverting 911-System ambulance traffic, no EMS team will communicate with the facility to determine their ability to accept a patient or to request exceptions except the EMS Duty Chief/Agency.

Exception: An ambulance transporting an in-extremis patient to a "red" facility will notify that hospital of their pending arrival.