

County of Santa Clara


Emergency Medical Services Agency

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August 8, 2007

To: Santa Clara County EMS System Stakeholders
American Medical Response – Santa Clara /San Benito County
Santa Clara County Communications
Emergency Department Nurse Managers
San Benito County Emergency Medical Services Agency
Monterey County Emergency Medical Services Agency

From: Josh Davies 
Prehospital Programs Section Manager

Copy: Bruce H. Lee
Director

David Ghilarducci, MD
Medical Director

Subject: Saint Louise Regional Hospital –
Emergency Department Diversion

In May of this year, the EMS Agency received a request from Saint Louise Regional Hospital to be included in the ability to participate in Emergency Department 911-Ambulance Diversion. The EMS Agency approved a 90-day trial period, which is scheduled to end on August 28, 2007.

In review of the ED Diversion data during this trial period, it is the intent of the EMS Agency to revise *Santa Clara County Prehospital Care Policy 603 – Emergency Department Diversion and Trauma Center Bypass* to permit Saint Louise to participate on a permanent basis.

Administrative Order 07082804 has been attached for your review. This Order extends the expiration date of existing trial period from August 28, 2007 to October 15, 2007. A revised *Policy 603 – Emergency Department Diversion and Trauma Center Bypass* has also been attached and posted to our website for our stakeholders review and comment. Consistent with Santa Clara County Prehospital Care Policy 109, these changes will remain open for comment for thirty-days, which will close on September 10, 2007 and then is scheduled to become effective on October 15, 2007.

Thank you for your continued support of our Emergency Medical Services System. Please submit your comments or suggestions, electronically, to John.Blain@hhs.co.scl.ca.us.

Attachments

- Administrative Order 07082804
- Draft Revised Santa Clara County Prehospital Care Policy 603



County of Santa Clara
Emergency Medical Services Agency
ADMINISTRATIVE ORDER

Number: 07082804

Title: Saint Louise Regional Medical Center –
Emergency Department Diversion Extension

Effective: August 28, 2007 @ 1700Hours through
October 15, 2007 @ 0000 Hours.

On May 22, 2007 the EMS Agency authorized Saint Louise Regional Hospital to participate in a 90-day ED Diversion trial. During this period, Saint Louise was able to divert patients in accordance with **Policy 603 – Emergency Department Diversion and Trauma Center Bypass** with the following modifications:

- Saint Louise Regional Hospital is the only facility in the Southern Diversion Zone.
- Saint Louise Regional Hospital may not be in diversion status when Kaiser Santa Teresa is in diversion status. If Saint Louise Hospital is on diversion status and then Kaiser Santa Teresa elects to divert ambulances, Saint Louise Hospital must immediately open.
- Policy 603, Section III, F “Saint Louise Regional Hospital may not divert due to the extended travel time to the next closest facility” is suspended during the term of this trial as are any other references in Santa Clara County Prehospital Care Policy that would conflict with this trial.

Based on the performance of the trial period, Policy 603 will be revised to permit Saint Louise to participate in ED Diversion on a permanent basis. This order extends the expiration date until the revised Policy 603 becomes effective on October 15, 2007.

Authorized by:

Bruce H. Lee
Director

David Ghilarducci, MD
EMS Medical Director



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

EMERGENCY DEPARTMENT DIVERSION & TRAUMA CENTER BYPASS

Effective Date
Replaces

October 15, 2007
March 13, 2007

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Resources

None

DRAFT

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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 9-1-1 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 EMSystem for maintaining availability status. As such, the following must occur:
 - a. EMSystem 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 EMSystem. 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 (PAV) Hospital is federally exempt from this requirement but would continue to receive 9-1-1 System patients who request transport to PAV. The facility will assist in the case of multi-casualty incidents/disaster situations.

- B. All hospitals in the County are able to divert 9-1-1 System ambulance traffic (not including those in-extremis).

Deleted: (exception of Saint Louise Regional Medical Center)

- 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 9-1-1 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;"><u>Northern Diversion Zone</u> Stanford University Hospital El Camino Hospital Kaiser Santa Clara</p> <p style="text-align: center;"><u>Downtown Diversion Zone</u> Regional Medical Center of San Jose Santa Clara Valley Medical Center O'Connor Hospital</p> <p style="text-align: center;"><u>Western Diversion Zone</u> Los Gatos Community Hospital Good Samaritan Medical Center Kaiser Santa Teresa Hospital</p> <p style="text-align: center;"><u>Southern Diversion Zone</u> <u>Saint Louise Hospital</u></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 when Kaiser Santa Teresa is on "Diverting 9-1-1 System Ambulances" or "Internal Disaster" status and must return to "Open" status if Kaiser Santa Teresa enters "Diverting 9-1-1 System Ambulances" or "Internal Disaster" status.
- 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.

Deleted: due to the extended travel time to the next closest facility.

- H. Each facility shall request no more than thirty-six (36) hours of 9-1-1 System ambulance diversion within a calendar month.
- I. The facility shall immediately notify County Communications of any/all changes in facility status via EMSystem. County Communications will not make any status changes by phone or radio unless EMSystem 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 9-1-1 System ambulances.

- A. Open (Green)
Accepting all 9-1-1 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. Diverting 9-1-1 System Ambulances (Red)
Diverting all 9-1-1 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.
- D. 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 9-1-1 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 9-1-1 System, ambulance will transport a patient, other than interfacility transfers and those who are in-extremis, to a facility that is on 9-1-1 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 9-1-1 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 9-1-1 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 9-1-1 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.