EMERGENCY DEPARTMENT DIVERSION AND TRAUMA CENTER BYPASS

Effective: September 1, 2015
Replaces: July 27, 2009
Review: November 12, 2018

Resources:
None

I. Purpose

The purpose of this policy is to define the circumstances in which hospitals can request EMS patients to be diverted from their facility. 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.

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 hospital shall have an Agency-approved patient volume management plan that utilizes the guidelines established by The Joint Commission (TJC, formerly known as JCAHO) as a minimum. The hospital shall revise and submit the plan annually for review and approval by the Agency.

2. The hospital 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 inpatient or intensive care unit (ICU) beds is not sufficient cause to implement ambulance diversion.

3. All Santa Clara County Emergency Departments and Trauma Centers must use EMResource for maintaining availability status. As such, the following must occur:

   a. EMResource 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 emergency department (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 Care Services. In such cases, the facility shall attempt to change to Internal Disaster (black) status via EMResource. If it is not possible to change the status via this method, the hospital must contact County Communications immediately. The facility shall report this status to the Department of Health Care 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, designated hospitals in the County have been included in the program:

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

2. El Camino Hospital of Los Gatos is not eligible for routine 911 ambulance diversion. In the event that the hospital experiences an unusual situation where ED diversion may be indicated, the charge nurse or other designated facility administrator should contact the EMS Duty Chief through County Communications.

B. All designated hospitals in the County’s ambulance diversion program are able to divert 911 System ambulance traffic (not including those in-extremis).

C. Only one (1) hospital may be on ambulance diversion (red) at any one time in a Diversion Zone. If a second hospital within the same Diversion Zone wants to request 911 System ambulance diversion status while another hospital is diverting, they must wait until the diverting hospital opens and then make the change through EMResource.
D. Hospitals may remain on ambulance diversion status for no more than ninety (90) minutes per occurrence. A hospital that has closed to ambulance diversion must remain open for at least ninety (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. When the hospital 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.

G. Each hospital shall request no more than thirty-six (36) hours of 911 System ambulance diversion within a calendar month.

H. The hospital shall immediately notify County Communications of any/all changes in facility status via EMResource. County Communications will not make any status changes by phone or radio unless EMResource has failed.

I. EMS Agency staff may perform unannounced site visits to hospitals to ensure compliance with these requirements.

J. Failure to fulfill these requirements may result in the hospital losing their diversion privilege.

IV. Emergency Department Receiving Status

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

**Northern Diversion Zone**
- Stanford University Hospital
- El Camino Hospital of Mountain View
- Kaiser Santa Clara

**Central Diversion Zone**
- Regional Medical Center of San Jose
- Santa Clara Valley Medical Center
- O’Connor Hospital

**Southern Diversion Zone**
- Good Samaritan Medical Center
- Kaiser San Jose Medical Center
- Saint Louise Hospital
A. **Open (Green):** Accepting all 911 System ambulance patients.

B. **Diverting 911 System Ambulances (Red):** Diverting all 911 System ambulance patients, except those in extremis. The receiving hospital’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 hospital regardless of the hospital’s status.

C. A hospital’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.

D. Hospitals may not direct ambulances to other facilities or refuse to accept the patient for any reason other than those in Section II.

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.

F. Exception: An ambulance transporting an in-extremis patient to a hospital on diversion will notify that hospital of their impending arrival.

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

V. **Trauma Center Bypass Process**

A. Only one Trauma Center may be on Bypass status (red) at the same time.

B. In the event that a second Trauma Center requests Bypass, 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.

C. The requesting Trauma Center 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 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 or may not authorize a second Trauma Center to be on Bypass.

D. In the unlikely event that both pediatric trauma centers are on bypass at the same time, the paramedics will contact Base Hospital for advice as to which destination to choose. The Base Hospital will contact both trauma centers on bypass and request a destination for the pediatric patient.
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. **Bypass (Red):** Diverting all 911 Ambulance Traffic (except in-extremis patients).

C. 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.

D. Hospitals may *not* direct ambulances to other Trauma Centers or refuse to accept patients for any reason.

E. If a Trauma Center 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.

F. Exception: An ambulance transporting an in-extremis patient to a hospital which is diverting will notify that hospital of their impending arrival.

VII. **Stroke Center Receiving Status**

The following statuses apply to Stroke Center availability:

A. **Open (Green):** Accepting all 911 ambulance stroke patients.

B. **Bypass (Red):** Diverting all 911 ambulances (except in extremis patients)

1. Potential reasons for Stroke diversion:
   a. No neurologist available
   b. No CT scan available
C. If the Stroke Center will be on diversion for a prolonged period of time, the EMS Duty Chief shall be notified.

D. A Stroke Center’s status at the time the ambulance begins patient transport will apply to that transport (not when the ambulance contacts the hospital with a “ring down”) regardless of any subsequent changes.

E. A Stroke Center may not direct ambulances to other Stroke Centers or refuse to accept the patient for any reason.

F. If a Stroke Center is diverting 911 ambulance traffic, no EMS team will communicate with that Stroke Center to determine their ability to accept a patient or to request exceptions, excluding the EMS Duty Chief/Agency.

G. Exception: An ambulance transporting an in-extremis patient to a center that is diverting, will notify that hospital of their pending arrival.

VIII. STEMI Center Receiving Status

The following statuses apply to STEMI Center availability:

A. **Open (Green):** Accepting all 911 ambulance STEMI patients.

B. **Bypass (Red):** Diverting all 911 ambulances (except in extremis patients)
   
   1. Potential reasons for STEMI diversion:
      
      a. No interventional cardiologist available
      
      b. No cath lab available

C. If the STEMI Center will be on bypass for a prolonged period of time, the EMS Duty Chief shall be notified.

D. A STEMI Center’s status at the time the ambulance begins patient transport will apply to that transport (not when the ambulance contacts the hospital with a “ring down”) regardless of any subsequent changes.

E. A STEMI Center may not direct ambulances to other STEMI Centers or refuse to accept the patient for any reason.

F. If a STEMI Center is diverting 911 ambulance traffic, no EMS team will communicate with that Stroke Center to determine their ability to accept a patient or to request exceptions, excluding the EMS Duty Chief/Agency.

G. Exception: An ambulance transporting an in-extremis patient to a center that is diverting, will notify that hospital of their pending arrival.