COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

SUBJECT: **HOSPITAL DIVERSION REQUEST REQUIREMENTS FOR EMERGENCY DEPARTMENT SATURATION** REFERENCE NO. 503.1

PURPOSE: To outline the minimum requirements for hospitals to participate in hospital diversion via the ReddiNet due to emergency department (ED) saturation.

DEFINITIONS:

Diversion: Hospital Diversion is a request by a hospital to have advanced life support (ALS) patients bypass a facility for a limited period of time and should be requested only when necessary. This is **not** an absolute **closure** (see Principle 5). Basic life support (BLS) units may not be diverted with the exception of diversion due to internal disaster.

Diversion Hour: Hospitals may request diversion to ED Saturation for any amount of time up to 60 minutes. If the hospital has not re-opened by the end of the 60 minute period, it will be automatically re-opened by ReddiNet.

Hospital diversion threshold categories: All ED treatment bays are full and 30% or greater of the ED has patients who fall into one or both categories below, including ED beds occupied by admitted patients but excluding fast track beds and waiting room patients.

(1) Resuscitative (unstable condition): the patient is hemodynamically unstable, requires an immediate airway or emergency medications. Other criteria: already intubated, apneic, pulseless, severe respiratory distress, pulse oximetry <90, acute mental status changes or unresponsive.

(2) Immediate/Emergent (requires timely treatment): the patient has symptoms indicative of a potential threat to life and their condition is likely to change to "resuscitative" without aggressive intervention. Examples: stable but active chest pain; stroke symptoms; abdominal pain in pregnancy or suspected pregnancy; suicidal or homicidal ideation; new onset confusion; lethargy or disorientation; severe pain.

Special Considerations: Unusual circumstances that overwhelm ED resources and are documented by hospital administration.

PRINCIPLES:

1. High quality emergency medical services (EMS) is the result of prehospital care providers, emergency departments and hospitals working together as a team to care for ill and injured patients.

2. Diversion is not an emergency department problem alone; it is a hospital and EMS system-wide issue.

3. Each hospital has a diversion policy and a multidisciplinary team approach to ensure the

APPROVED: Director, EMS Agency; Medical Director, EMS Agency

ability of the facility to remain open and to flex to Surge Capacity, thereby preventing or minimizing time of hospital diversion.

4. There is a national trend for hospitals to utilize a triage scoring tool that groups patients at triage by assigning a number from level 1 (most urgent) to level 5 (least urgent). The use of a triage scoring tool promotes improved ED operations by standardizing patient categories.

5. In accordance with Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients, final authority for patient destination rests with the base hospital handling the call. Whether the diversion request will be honored depends on available system resources.

POLICY:

I. Responsibilities Prior to reaching Hospital Diversion Threshold

A. ED Charge Nurse

1. Identifies that all ED treatment bays are occupied and patients are waiting for an open treatment bay.

2. Consults with all ED team members to determine if patient discharges or admissions can be expedited.

3. Ensures that all ED treatment bays are appropriately utilized.

4. Notifies the Laboratory and Radiology departments to expedite orders.

5. Notifies the Nursing Supervisor that the ED is near threshold.

B. Hospital Administration (CEO or administrative designee)

1. Consults with the ED physician and ED charge nurse.

2. Performs a walk-through of the ED and reviews options that can be utilized to prevent hospital diversion (CEO or designee).

3. Assesses the ED for special considerations.

4. Activates the hospital's internal multidisciplinary diversion plan.

5. Assesses the Medical/Surgical, Intensive Care and Telemetry units for available beds and possible discharges.

6. Expedites environmental services, ancillary services and patient admissions as necessary.

7. Approves diversion to ED saturation via the ReddiNet when ED capacity reaches the defined diversion threshold.

8. Reassesses ED capacity during diversion with the goal of remaining open.

9. Monitors hospital diversion hours.

10. Includes diversion in the ED performance improvement process.

C. Diversion Audits

The EMS Agency reserves the right to conduct unannounced diversion audits as indicated.

CROSS REFERENCE:

Prehospital Care Policy Manual:
Reference No. 502, **Patient Destination**
Reference No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Patients**