SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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DIVERSION POLICY – EMSAC June 2022

I. PURPOSE

To establish procedures for hospitals to divert 911 ambulance patients.

II. HOSPITAL STATUS DEFINTIONS

Open: A hospital is able to receive patients transported via 911 ambulances.

Ambulance Diversion: A hospital is temporarily closed to select patients transported via 911 ambulances due to an overload of patients in the Emergency Department.

Internal Disaster: A hospital is completely closed to ALL patients transported via 911 ambulances due to a compromised specialty center function or when an internal disaster status with the Hospital Incident Command System (HICS) is activated.

Diversion Suspension: A temporary halt to the use of ambulance diversion.

III. POLICY

A. *ReddiNet* is an internet-based communications system that is used to communicate a hospital's diversion status to the EMS System (911 Dispatch [Division of Emergency Communications (DEC)], hospitals and ambulances). Each EMS organization shall have personnel trained to operate ReddiNet on-duty 24 hours a day, seven days a week.

B. EMS personnel shall utilize *EMS Agency Policy #5000 Ambulance Destination* to determine a hospital destination for ambulance transported patients. The Base Hospital Physician is the final authority in determining a destination for a patient during an ambulance transport.

C. **Ambulance Divert / Diversion** may only be declared by a hospital when its Emergency Department has an overload of patients and it cannot safely provide care to any additional 911 ambulance patients. A hospital may NOT declare Diversion due to the lack of staff or in-patient medical/surgical or critical care beds.

D. Ambulance Diversion **ONLY** applies to general medical patients. Diversion does **NOT** apply to:
   1. Critical airway patients
   2. Adult critical medical patients,
   3. Patients meeting the following Specialty Care triage criteria (listed below **except** in the instance of APOT or diversion mitigation measures are in effect):

a) Pediatric Medical
b) Pediatrics Critical Medical
c) STAR (STEMI and/or Post Arrest with ROSC)
d) Reimplantation (Microvascular Surgery)
e) Burns
f) Obstetrics
g) Stroke
h) Trauma
i) LVAD
j) Post-Sexual Assault

4. Patients originating from a hospital-based clinic. Such patients shall be considered to have arrived on hospital property and must be transported to that hospital's Emergency Department.
5. Patients who are incarcerated or in police custody that are taken to Zuckerberg San Francisco General Hospital.

E. **Internal Disaster** is the declaration of a complete closure of the Emergency Department to ALL 911 ambulance traffic due to a compromised specialty center function (e.g. cardiac catheterization lab is down and not available for a 911 ambulance patient) OR when an internal disaster status with the Hospital Incident Command System (HICS) is activated.
1. A hospital may not declare an internal disaster due to the lack of staff or in-patient medical/surgical or critical care beds or Emergency Department beds.
2. The following physical plant issues must exist during a declared internal disaster status:
a) Compromised power supply,
b) Fire,
c) Flooding,
d) Hazmat (contamination of patient care areas), or
e) Safety and security compromised (e.g. imminent threat of violence or active violent incident), **and**
f) Hospital Incident Command System (HICS) is activated.
3. A hospital declaring Internal Disaster is REQUIRED to notify the Department of Emergency Management (DEM) Duty Officer. The DEM Duty Officer must be contacted through the 911 Dispatch [DEC].

IV. DIVERSON SUSPENSION

A. Diversion Suspension is a temporary halt in the use of ambulance diversion. Diversion suspension requires Receiving Hospitals to accept all 911 ambulance transported patients. The intent of Diversion Suspension is to "open up" hospitals that are on diversion to allow for the safe and efficient function of the EMS system.

B. Diversion suspension is initiated by automatically via ReddiNet when **four (4)** or more of the following full Receiving Hospitals* are on Diversion:

1. San Francisco General Hospital
2. CPMC-St Lukes
3. UCSF – Parnassus
4. St Mary's Medical Center
5. Kaiser San Francisco
6. CPMC – Van Ness
7. CMPC – Davies Campus
8. St Francis Memorial Hospital
9. Chinese Hospital

**"Full Receiving Hospitals" receive both critical (Code 3 lights and sirens) and non-urgent (Code 2 non-lights and sirens) 911 ambulance traffic.*

C. When diversion suspension is initiated, it shall remain in effect for a **four-hour** time period.

D. If four (4) or more full Receiving Hospitals are on Ambulance Diversion at the end of the four-hour diversion suspension, will continue the diversion suspension for another **four-hour** time period.

E. Diversion suspension does **NOT** apply to:

1. The pediatric Emergency Departments at UCSF Mission Bay, or CPMC – Van Ness .
2. Hospitals located in other counties (Seton Medical Center and Kaiser South San Francisco in San Mateo County).
3. When a hospital is on "INTERNAL DISASTER the hospital remains completely closed to all 911 ambulance traffic even during a diversion suspension.

V. ZUCKERBERG TRAUMA OVERRIDE

A. ZSFG is the only Trauma Center for San Francisco. During Diversion Suspension, ZSFG may elect to invoke "Trauma Override" which continues the diversion of medical (non-trauma) patients away from ZSFG. The intent of Trauma Override is to preserve the ZSFG Emergency Department capacity for trauma patients.

B. Trauma Override does **NOT** apply to:

1. Critical airway patients,
2. Adult critical medical patients,
3. Patients meeting Specialty Care criteria listed in III.D.
4. Patients originating from a hospital-based clinic. Such patients shall be considered to have arrived on hospital property and shall be transported to the ZSFG Emergency Department.
6. Patients who are incarcerated or in police custody.

7. ZSFG will follow *Policy 5021 Trauma Bypass* for any internal disaster situation that closes it to trauma patients.

VI. HOSPITAL PROCEDURES

A. A hospital is considered OPEN for receiving 911 ambulance patients if the diversion status is not displayed on the ReddiNet status screen.

B. A hospital is on AMBULANCE DIVERT when the ReddiNet status page displays a red "ED" next to the facility name.

C. **ZSFG is on TRAUMA OVERRIDE when "Trauma Override" appears in red next to facility name on the the ReddiN**et status page

D. A specialty center designated receiving hospital or receiving hospital is on INTERNAL DISASTER when a red "IN" appears next to the facility name on the ReddiNet status page.

E. Hospitals shall change their diversion status to OPEN on the ReddiNet screen immediately upon relieving the situation that necessitated the use of any divert status. **Diversion status updates on ReddiNet should be made even during periods of diversion suspension.**

VII. AMBULANCE PROCEDURES

A. When hospital is on "AMBULANCE DIVERT," no general medical patients may be transported to that hospital. Ambulance Diversion does **NOT** apply to:
   1. Critical airway patients
   2. Critical medical adult patients, or
   3. Patients meeting Specialty Care triage criteria.
   4. Patients originating from a hospital-based clinic.

B. When a hospital is on "INTERNAL DISASTER," NO patient will be transported via 911 ambulance to that hospital. The hospital is completely closed to ALL 911 ambulance traffic even during a diversion suspension.

C. Zuckerberg San Francisco General Hospital is always open to incarcerated or in-custody patients except when an "INTERNAL DISASTER and TRAUMA BYPASS" are declared.

D. Ambulances that are en route to any hospital or have arrived on hospital property must complete the patient transport to that facility when its Emergency Department goes on Diversion except when a "INTERNAL DISASTER is declared.

E. Ambulances may go to a hospital during a declared INTERNAL DISASTER if they are needed for the evacuation of patients in that facility.

VIII. BACK UP TELEPHONE COMMUNICATIONS IF REDDINET FAILS

A. Hospitals must notify DEC via telephone of any diversion status changes.

B. DEC may enter the hospital status into the ReddiNet if the hospital is unable to access the web site.

C. All ReddiNet users (hospitals/911 dispatch) must contact their IT staff and / or the ReddiNet Technical Support line for assistance in getting the website back up.

IX. QUALITY ASSURANCE

A. The EMS Agency shall report monthly diversion activity for all San Francisco Receiving Hospitals (referred to as "Hospital Report").

B. Problems related to the implementation of this policy shall be reported to the EMS Agency through the Exception and Sentinel Events Report System.

C. Based on the Hospital Report, the EMS Agency may take action on a Receiving Facility, as detailed in Policy 5010, who have a:
   a. Monthly diversion percentage less than 30%, but greater than 20%, the EMS Agency will continue to monitor via quality improvement in subsequent months
   b. Monthly diversion percentage greater than 30% for two (2) consecutive months
      i. The EMS Agency shall refer to corrective action plan process as detailed in Policy 5010

X. AUTHORITY

California Health and Safety Code, Section 1798