I. Purpose

The purpose of this document is to provide a consistent policy base for all hospitals in the Sacramento Sierra Section of the Hospital Council of Northern and Central California on the topic of diversion, including standards for establishing and coming off a diversion event. The policy is expected to be adopted by all hospitals in the region. The ultimate goal is greater standardization and consistency among hospitals in the way they deal with diversion.

The one exception to this internal hospital policy is for internal hospital disasters. There are regional policies (e.g. trauma, burn) that are already in place, and this hospital policy does not intend to conflict with these existing policies. It is also understood that major equipment failures (e.g. CT) could lead to advisory status or limited closures (e.g. closed to neuro).

Implementation of this policy is the responsibility of each hospital. The policy is expected to go into effect by May 15, 2002.

II. Philosophy

It is understood that the safe care of emergency patients has a high priority in the hospital. Therefore, in the event that patient safety cannot be assured at a patient’s preferred hospital because its resources have been exhausted, patients are sent to hospitals that are not the primary clinical or geographical choice. This practice, known as diversion, is expected to be used only when all resources of the preferred hospital necessary for an ambulance patient to be safely managed in the hospital’s emergency department (ED) have been exhausted. In-house staffing, bed and other resource issues should not be the basis for a diversion event. This policy embraces the philosophy that diversion should be the exception rather than the rule and that providers are working to establish this philosophy as the standard. This policy is intended to enhance this outcome.

III. Objectives

a. To promote the effective and efficient provision of 9-1-1 EMS ambulance resources
b. To assure hospitals develop and adhere to diversion avoidance strategies, including high census plans and diversion avoidance protocols
c. To assure hospitals limit diversion to ED patient safety reasons and remove diversion status immediately after the patient safety issue has been resolved
d. To provide consistent definitions and agreed upon procedures to guide each hospital
e. To assure system accountability and quality improvement to facilitate the goal of limiting diversion
IV. Procedure

**Diversion Avoidance:**

A hospital will implement its internal Diversion-Avoidance Protocol when the ED begins to exceed or reaches capacity. This is to be determined using the following parameters:

- The number of patients in the ED (stretcher or waiting patients) reaches 175% of capacity (amended 2/14/03); or,
- 10 percent of ED capacity is filled by critical patients, and there is reason to believe that the inpatient admission process will be delayed; or,
- It is otherwise apparent that the hospital will likely need to go on diversion within 60 minutes.

The diversion avoidance process shall include a standard checklist of activities and capacity strategies designed to increase capacity and avoid diversion. It is understood that there may be instances when it is not possible to conduct a diversion avoidance process due to a rapid escalation of patient arrivals.

**Diversion Event:**

The hospital is eligible to be on diversion when:

- 30% 20 percent of patients in the ED are classified as critical (amended 2/14/03), and there are no open ED beds (including those identified and put into service via the pre-diversion effort), suggesting that the safety of additional critical patients could not be guaranteed
- Yield from the Pre-Diversion Protocol (e.g., temporary beds) is insufficient to decompress the ED from its saturated status
- Patient care is in imminent danger of being compromised

The hospital shall observe the following additional guidelines:

1. The hospital shall continue to actively engage in diversion avoidance efforts during the event, and it will document these efforts.

2. The on-duty “hospital administrator” shall be notified for all pre-diversion events and shall approve the reasons for diversion and the decision to go on diversion, and shall be kept informed of the specific efforts being undertaken by hospitals to avoid a diversion event. For most events, that means the highest on-duty or on-call administrative person possible. Under no circumstances shall this duty be delegated to ED or house supervisor personnel.

   - Note: It is understood that in certain circumstances multiple ambulances may arrive nearly simultaneously and may therefore place the ED immediately in imminent danger of patient care being compromised, with insufficient time to notify the hospital administrator. Diversion would be authorized for these events if all other criteria are met. These events should be documented on the ED Diversion Log.

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1 Only on rare occasions, where there is cause and it is documented, is it permissible to have unfilled and unstaffed beds and still go on diversion. The specific reasons must be documented in the hospital diversion log.
3. Checklists/Chain of Events: Before going on diversion, the hospital shall use a checklist to ensure that it does everything possible to minimize the need for diversion and its length if it should occur. The checklist shall outline a specific chain of events, including capacity building strategies such as “code purple,” during which key people coordinate at high census.

4. The diversion event shall last no longer than three hours, at which time the hospital must go off diversion and remain off for at least one hour.

5. A limit of diversion hours per month is placed on the hospital. The limit will be 50 percent of the diversion hours experienced by the hospital during the corresponding month from the previous year (2001). Each month’s limit is adjusted based on the rolling past year’s experience. This limit reinforces the overall hospital goal of a total year-end 50 percent reduction but allows for the historical seasonal variation of patient load and acuity.

V. Patient Safety as Sole Cause

Patient safety is the only reason for a hospital to go on diversion. In reports explaining each diversion event, the hospital must demonstrate the need for diversion as it relates to patient safety.

VI. Accountability

The hospital will report the specific reason(s) for each event. It is assumed that “ED Overload” is not a specific reason but rather a symptom. Potential reasons include: ED overload due to excessive admission holds, ED overload due to an unexpected influx of patients, etc.

Hospitals shall have reasonable flexibility in determining the need to go on diversion for unique events and document such in the diversion log. The expectation is that a hospital will not go on diversion for non-patient safety issues.

(Note: All hospitals must adopt the diversion documentation tool, demonstrate root-cause analysis and action plans for all trended root causes, have in place a high census plan and be able to demonstrate their own monitoring and enforcement provisions, including plans to participate in peer review should the hospital not meet the ongoing standards for continued diversion.)

VII. Definitions

- **Beds**: licensed and temporary ED treatment stations (e.g. chairs, etc).

- **Critical**: a patient requiring vasoactive drips, TPA, management of ventricular arrhythmia, mechanical ventilation or immediate transfusion of more than two units of packed red cells or whole blood, and who will be admitted to an intensive care unit.

- **Capacity**: the total number of permanent and temporary ED beds, including those created as a result of the diversion avoidance system.
- **Disaster:** event(s) such that the hospital disaster plan is initiated, and it is reported to the appropriate Department of Health Services official.

- **Saturation:** the state in which no beds or treatment areas are available, including what might be developed as a result of the diversion avoidance protocol.

VIII. Guidelines

Hospitals must maintain their status of diversion using the current notification process. Upon installation of diversion software in the hospitals, each hospital shall be responsible for updating their status every hour, or it shall be assumed they are off diversion.

IX. Performance

Hospital employees understand that diversion events that exceed three hours, or exceed the allotted hours per month, will require a root cause analysis and a report to the Diversion Monitoring Committee. In addition, the hospital may undergo a peer review process as defined by the Diversion Monitoring Committee.

Dated: April 18, 2002;
Amended: February 14, 2003