



I. AUTHORITY:

Health and Safety Code, Division 2.5, Chapter 4, Section 1797.220, and Chapter 5, Section 1798; California Code of Regulations, Title 13, Division 2, Chapter 5, Article 1, Section 1105(c).

II. APPLICATION:

This policy identifies the circumstances and defines the procedure for paramedic receiving centers (PRC) and specialty centers to follow when requesting bypass of ALS and BLS ambulance-transported patients (hereinafter identified as "ambulance-transported patients"). This policy does not apply to interfacility transports.

III. OBJECTIVES:

- A. To assure the transport of a patient with an emergency medical condition to the most accessible PRC which is staffed, equipped, and prepared to administer emergency care appropriate to the needs of the patient.
- B. To provide standard definitions for hospital closure and bypass requests.
- C. To provide a mechanism for hospitals to:
 - 1. Temporarily divert ambulance-transported patients to other PRCs when unable to provide for a patient's immediate medical care needs due to staffing, equipment or other defined circumstances;
 - 2. Advise EMS system participants of their diversion status; and
 - 3. Identify the conditions which made the diversion request necessary.
- D. To minimize the frequency and duration of ambulance diversions by hospitals.
- E. To assure service provider units (fire, ambulance) are not unreasonably removed from their area of primary response when transporting patients to a hospital.

IV. CLOSURE CATEGORIES:

A PRC or specialty center may request diversion of ambulance-transported patients for the following reasons and using the following terminology:

- 1. Closed: ED Saturation - ED resources are fully committed and are not available for additional incoming patients.
- 2. Closed: Neuro (APPLIES TO TRAUMA CENTERS ONLY) - Trauma center is unable to provide appropriate neurosurgical care due to the unavailability of a neurosurgeon or CT scanner.
- 3. Closed: Trauma (APPLIES TO TRAUMA CENTERS ONLY) - Trauma center is unable to provide appropriate trauma care due to the unavailability of a trauma surgeon, trauma team, or surgical suite because of commitment to another trauma patient.
- 4. Closed: Internal Disruption – A physical problem exists at the PRC which would make it unsafe for the facility to accept any additional patients. (e.g., fire, bomb threat, power outage, flooding, etc.)
- 5. Closed: CT Scanner – CT scanner is unavailable or out-of-service. (Applies only to patients requiring an emergency CT scan, e.g., symptoms of acute ischemic stroke or hemorrhage.)

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GUIDELINES FOR HOSPITALS REQUESTING BYPASS OF PATIENT

V. GENERAL GUIDELINES:

- A. It is the expectation that all paramedic receiving and specialty centers shall make every effort to minimize the duration and occasions of closure and diversion requests.
- B. No patient can be diverted for "ED Sat" prior to posting of the hospital's status on the ReddiNet system.
- C. Diversion for "ED Sat" cannot exceed two hours per occurrence. Hospitals must re-open to ambulance-transported patients for at least one hour before again reporting "Closed: ED Sat" and requesting diversion for this category.
 - 1. Hospitals unable to re-open after two hours shall notify OCEMS to request a waiver, explaining the situation, efforts to re-open, and estimated time to re-open.
 - a. During business hours (0800 - 1700 M-F) (714) 834-3500
 - b. Weekends/Holidays (0800 - 2200) (714) 237-0299 (pager)
 - c. After hours, any day (2200 - 0800) (714) 834-6239 (recorder)
 - 2. OCEMS will evaluate the request and either authorize or deny a continuing "closed" status for the PRC. Diversion requests left via recorder will be reviewed by OCEMS on the next business day, with follow-up to the PRC when indicated.
 - 3. Hospitals shall make every effort to re-open as soon as possible.
- D. Special Circumstances
 - 1. Patients exhibiting an uncontrollable problem in the field (e.g., unmanageable airway, uncontrolled hemorrhage or full arrest) will be transported to the most accessible receiving hospital. Exception: hospitals reporting "Closed: Internal Disruption".
 - 2. If the three receiving centers most accessible to the incident location are reporting "Closed: ED Sat", the bypass request will not be honored and the patient will be transported to the most accessible appropriate receiving center, regardless of its open/closed status.
 - 3. If the two closest trauma receiving hospitals are reporting "Closed: Trauma" or "Closed: Neuro" and the ALS unit estimates an extended transport time to the next open trauma receiving hospital, the following shall apply:
 - a. Patients who meet CTV criteria** shall be triaged to the most accessible trauma receiving hospital.
 - b. Patients who meet MTV criteria** will be triaged to the most accessible PRC that can appropriately meet the patient's immediate care needs, as determined by the base hospital (BH) physician.

Comment: In extenuating circumstances, the base hospital may over-ride a trauma hospital's "closed" status for MTV patients.

** REFERENCE: OCEMS P/P #310.30, TRAUMA TRIAGE GUIDELINES

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VI. PROCEDURE:

A. RECEIVING CENTER RESPONSIBILITIES

1. Each PRC must have a written hospital-wide response plan which addresses the steps to be followed and the appropriate hospital administrative staff to be notified when high patient volume within the ED or other situations as identified in Section IV necessitates temporary diversion of additional, incoming ambulance-transported patients.
2. The PRC must notify all Orange County hospitals and Orange County Communications (OCC) of the reason(s) for the closure, using only the terminology specified in Section IV of this document. Notification shall be accomplished using the ReddiNet communications system. Should the ReddiNet system not be functioning, telephone notification is acceptable.

B. OCEMS RESPONSIBILITIES

1. OCEMS shall monitor the frequency and duration of hospital requests for diversion of ambulance-transported patients and prepare a summary of hospital closures and distribute to all system participants on a periodic basis.
2. OCEMS may perform periodic, unannounced site visits of hospitals requesting bypass of ambulance-transported patients to ensure compliance with all guidelines. Frequency of site visits will be at the discretion of OCEMS.

C. REDDINET/H.E.A.R. CENTRAL POINT RESPONSIBILITIES

1. Upon request, OCC shall advise fire dispatch, ambulance dispatch, ALS and BLS providers of a hospital's current status.
2. A summary of each hospital's reported closures, listing the name of the hospital and the date, time and category for which it closed, will be prepared and forwarded to OCEMS, attention QI Coordinator, at least monthly or as requested by OCEMS.

D. BASE HOSPITAL RESPONSIBILITIES

1. Final authority for paramedic-escorted patient destination rests with the BH physician. The BH physician will honor an ED or specialty center bypass request provided that the ALS unit estimates that it can reach an "open" facility within a safe period of time, as approved by the BH physician.
2. The BH shall submit a monthly bypass report to OCEMS, attention QI Coordinator, indicating paramedic runs that bypassed the nearest PRC, reason for bypass, and the receiving center to which the patient was transported. Report may be provided from the computerized data entered by the BH for all EMS activity.

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