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**MEDICAL HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

DATE: December 5, 2022

TO: EMERGENCY RECEIVING CENTER HOSPITALS
AMBULANCE PROVIDERS
911 PARAMEDIC PROVIDERS
CONTROL ONE SUPERVISORS
LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES

FROM: CARL SCHULTZ, MD *COS*
EMS MEDICAL DIRECTOR, ORANGE COUNTY HEALTH CARE AGENCY

**SUBJECT: REVIEW OF CURRENT OCEMS POLICIES AND DIRECTIVES IN EFFECT TO
MANAGE INCREASING DEMAND FOR EMS SERVICES**

Orange County is experiencing another surge in demand for EMS services. Multiple policies and directives are currently in effect to help distribute and load-level this demand more evenly amongst hospitals, ambulances, and 911 providers. However, it may be difficult to remember all these interventions, as many have been in place for several years. Therefore, a brief reminder of these practices is warranted as we move into another surge.

- ED diversion for Los Angeles County
Initially implemented in January of 2021 by the EMS Medical Director and subsequently suspended, this practice is again in effect for three, Orange County hospitals only: St. Jude Medical Center, La Palma Intercommunity Hospital and Los Alamitos Medical Center. If any of these hospitals are overwhelmed, they can call the EMS Duty Officer and request placement on diversion for ALS patients only originating from LA County. This diversion will remain in place for 4 hours, and then end. To continue diversion, another phone call to the EMS Duty Officer is required. This diversion will not apply to stroke, myocardial infarction or cardiac arrest patients.
- Mandatory Placement of Hospitals on 2-hour Diversion for APOTs > 60 minutes
If a hospital's 90% APOT exceeds 60 minutes, the EMS Duty Officer can be called and will place them on diversion for 2 hours if the hospital has not done this already. (See EMS Medical Director memo dated November 4, 2021)
- Suspension of Diversion when the Three Closest Hospitals Are all on Diversion
When a 911 provider needs a destination hospital, and the three closest facilities are all on diversion, then for that one run, none of them are on diversion and the paramedic should take that patient to the closest hospital. (Policy #310.96)

- Systemwide Suspension of ED Diversion
If the total number of hospital diversion hours for a 24-hour period exceeds 200 for three consecutive days, the ability for all hospitals to initiate diversion will be suspended until the situation stabilizes. This practice was implemented several times in 2020 and 2021 by the EMS Medical Director to manage excessive hospital diversion.
- Placing Patients in the Waiting Room or on Cots; Ambulances leaving for other Hospitals
Patients waiting in a hospital ED on an ambulance gurney being supervised by the ambulance crew may be placed on a cot after 60 minutes if a second ambulance from the same company arrives and is not placed in ED bed. Patients who met criteria can also be placed in the waiting room if held in the ED for more than 60 minutes. Patients held in ambulances and not unloaded for more than 60 minutes may be transported by the ambulance crew to another hospital. (See Policy #310.96)
- Stroke Neurology Receiving Centers Required to Accept Stroke Patients from Spoke Hospitals when on ED Diversion
When an ERC goes on diversion, it automatically places the SNRC on diversion. The exception to this policy is if a spoke hospital needs to transfer a stroke patient to the SNRC hospital for a higher level of care. Under these circumstances, the SNRC must accept the patient from the spoke hospital. (See Policies #310.96 and #650.00)