AMBULANCE REROUTING

AUTHORITY: California Administrative Code, Title 13, Section 1105 (c*): "In the absence of decisive factors to the contrary, ambulance personnel shall transport emergency patients to the most accessible medical facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patient."*

1. **PROTOCOL PHILOSOPHY**

A specific subset of patients may be rerouted from an emergency department when certain pre-established conditions exist that negatively and profoundly impact the facility's ability to provide safe patient care. It is the intent of this policy that all hospitals participating in the EMS system abide by equally strict internal procedures for diversion that result in a fair and equitable system.

In the event "specialty services" are not available due to catastrophic event or equipment failure, Alameda County Emergency Departments shall reroute patients who may be immediately affected and only occur as the result of circumstances that result in a disruption of specific and essential hospital services. The ultimate goal of this protocol is to ensure patient safety and ensure patients are taken to the most appropriate hospital for care.

2. Reasons for rerouting of ambulances - The EMS Agency system allows hospitals to reroute patients to alternate facilities when certain predetermined conditions exist. The following definitions apply. (*See the table at the end of this policy for a summary of categories and actions to be taken)*

- ✓ **Computerized Tomography scanner (CT) failure -** If the CT scanner is inoperative, patients demonstrating neurological signs/symptoms of stroke or acute head injury (e.g. critical trauma patients) may be transported to the closest most appropriate hospital providing similar services. The hospital must come off diversion immediately upon resolution of the issue.
- ✓ **Trauma Center Overload – If the Medical Director of Trauma Services determines their trauma center** is unable to care for additional trauma patients because the trauma team is already fully committed to caring for trauma patients in either the operating room (OR), ED or CT. The hospital must come off diversion immediately upon resolution of the issue.
- ✓ **STEMI Diversion** STEMI/Cardiac Arrest Receiving Centers may divert due to diagnostic or treatment equipment failure or scheduled maintenance for patients experiencing acute MI or post cardiac arrest. The hospital must come off diversion immediately upon resolution of the issue.
- ✓ **Stroke Center Diversion-** Certified Stroke Centers may divert due to diagnostic or treatment equipment failure or scheduled maintenance for patients exhibiting signs of acute stroke symptoms/stroke alert. The hospital must come off diversion immediately upon resolution of the issue.
- ✓ **Physical Plant Casualty (Internal Disaster) – An unforeseeable physical or logistical situation/ circumstance** (e.g., fire, bomb threat, power outage, etc.) that curtails routine patient care and renders continued routine ambulance delivery unsafe. A receiving hospital or trauma center may divert any patient, including critical trauma patients (CTP) as deemed necessary by the facility during this type of incident. The hospital must come off diversion immediately upon resolution of the issue.

2.1 The EMS Agency system allows EMS transport provider supervisors to reroute patients to alternate facilities when certain predetermined conditions exist. The following definitions apply. (*See the table at the end of this policy for a summary of categories and actions to be taken)*

- **Bypass-** In the event a hospital is holding two or more ambulances for more than thirty (30) minutes, incoming ambulances may be rerouted and facility placed on bypass by an EMS transport provider supervisor for all non-critical patients until ED resolves transfer of care issues with ambulance service provider(s).

2.1.a EXCEPTIONS- the following patients **<u>may not</u>** be rerouted when a hospital is placed on bypass:

- ✓ Patients requiring "**Specialty Center**" services (i.e. Trauma, STEMI, Stroke)
- ✓ **Obstetric patients who may require imminent delivery** (e.g. - if baby is crowning, patient exhibiting delivery complications, etc.).
- ✓ **Sexual assault patients** (see policy #7006 for destination information pertaining to sexual assault). Specialized teams are available at Highland, Children's and Washington EDs.
- ✓ **Direct admits- Receiving hospital MD has accepted the patient as a direct admit with an assigned hospital bed.**
- ✓ **Patients with any uncontrollable problem in whom diversion would be life/limb threatening**. (e.g. - unmanageable airway, uncontrolled hemorrhage, unstable cardiopulmonary condition, full arrest etc.)
- ✓ **Unstable patients who** in the judgment of the paramedic **may experience greater risk** by being transported to an alternate hospital than the hospital on temporary bypass. The patient should be transported to the closest most appropriate facility in accordance with the Alameda County EMS Transport Guidelines policy.
- ✓ **Any patient who requests a specific facility**. Field personnel should explain the hospital's circumstances and that a wait for service is possible; however, if the patient continues to insist on transport, the patient should be transported to the hospital on bypass (excluding specialty interventions).

3. **RECEIVING HOSPITAL INTERNAL SURGE PLAN** – The hospital's responsibilities prior to rerouting specialty services patients are indicated below:

3.1 **Internal measures** - The facility must exercise <u>all</u> measures to resolve the condition(s) resulting in rerouting for specialty services, according to its internal surge plan. These include but are not limited to:

- ✓ Increase in department staff
- ✓ Increase in physician staff
- ✓ Review of attempts by department/ administrative supervisors
- ✓ Increase in ancillary staff
- ✓ Activation of backup patient care areas
- ✓ Cancellation of elective surgical procedures
- ✓

3.2 **Facility authorization** - Prior to rerouting patients requiring Specialty Services, the hospital must obtain authorization from the following:
- ✓ Emergency department supervisor or house supervisor/designee
- ✓ Emergency department physician director/designee
- ✓ Senior administrative officer on duty

4 FOR TRAUMA CENTER OVERLOAD – Only <u>one</u> Alameda County trauma center may be on trauma diversion at any time. If a second trauma center requests diversion, ACRECC will contact the EMS Duty Officer for resolution.

SPECIAL CONSIDERATIONS – trauma center diversion:

4.1 All Alameda County trauma centers (Children's, Eden, Highland) may request trauma diversion **if the Medical Director of Trauma Services determines his/her trauma center** is unable to care for additional trauma patients because the trauma team is already fully committed to caring for trauma patients in either the operating room (OR), ED or CT.

4.2 Pediatric trauma patients may be diverted to Highland, Eden, and/or Contra Costa County's John Muir Medical Center per policy.

4.3 Adult trauma patients should be diverted to the next closest trauma center but may not be diverted to Children's Hospital except under disaster or MCI circumstances (refer to policy # 8070).

<u>North County Hospitals</u>
- ✓ Alameda
- ✓ Alta Bates
- ✓ Children's
- ✓ Highland
- ✓ Kaiser Oakland
- ✓ Summit

<u>South County Hospitals</u>
- ✓ San Leandro
- ✓ Eden
- ✓ St. Rose
- ✓ Kaiser San Leandro
- ✓ Kaiser Fremont
- ✓ Washington
- ✓ Valley Care

5. **COMMUNICATIONS:**

6.1 Each hospital will update ReddiNet according to the Alameda County "Reddinet Utilization" policy appropriately via the "STATUS" module when requesting any patient be rerouted for a Specialty Service listed in this policy.

6.2 Alameda County Regional Emergency Communications Center (ACRECC) will inform helicopter and appropriate ambulance providers (via telephone) upon termination of specialty services diversion or bypass status.

6.3 The EMS Agency Duty Officer is on-call 24 hours per day and can be reached through ACRECC at (925) 422-7595 to assist with system related problems.

7. MONITORING AND REVIEW

7.1 The EMS Agency may request hospitals to provide summary of attempts to mitigate conditions requiring the rerouting of patients

7.2 Any problems associated with patient care will be submitted by the ambulance provider, ED charge nurse or manager to the EMS agency on an "Unusual Occurrence" report form within 1 week. (An Unusual Occurrence form can be found on our website at www.acphd.org/**ems)**

TABLE 1- ACTION SUMMARY

Reason for ambulance rerouting	Maximum time allowed	Condition	Types of patients diverted	Appropriate facilities for diverted patients
Computerized Tomography (CT) failure	Until resolved	CT inoperative	1.Acute head injury 2. CVA (aphasic, dysarthria, one-sided weakness)	1. Closest trauma center 2. Closest stroke center
Trauma Center Overload	Until resolved	Trauma resources depleted	Critical trauma patients	Closest designated trauma center
STEMI (cath lab equip. failure)	Until resolved	Diagnostic, Equipment failure or Scheduled Maintenance	STEMI/ post cardiac arrest	Closest STEMI/Cardiac Arrest Center
Stroke Center (equip. failure)	Until resolved	Diagnostic, Equipment failure or Scheduled Maintenance	Stroke patients	Closest Stroke Center
Bypass (EMS directed)**	As soon as possible	Two or more ambulances stacked at a facility waiting turnover of care >30 minutes	All except noted exclusions	Closest most appropriate facility
Physical Plant Casualty (Unsafe for patient care)	Until resolved	Physical plant breakdown (bomb threat, fire, etc.)	All	Closest most appropriate facility