

LAC+USC MEDICAL CENTER POLICY

Subject: HOSPITAL DIVERSION	Original Issue Date: 5/1/06	Policy # 710
	Supersedes: 4/11/17	Effective Date: 3/27/20
Departments Consulted: Department of Emergency Medicine Department of Neurosurgery Medical Center Administration Department of Medicine Nursing Services Diagnostic Services Facilities Management	Reviewed & Approved by: Attending Staff Association Executive Committee Senior Executive Council	Approved by: (Signature on File) Chief Medical Officer (Signature on File) Chief Executive Officer

PURPOSE

To delineate the process for requesting diversion of advanced life support paramedic units away from the LAC+USC Medical Center Emergency Department.

POLICY

The LAC+USC Medical Center may request to divert '911' Advanced Life Support (ALS) ambulance units away from the Emergency Department when it is temporarily not adequately staffed, equipped, or prepared to care for additional patients.

The Medical Center is considered to be open to all categories, unless the Emergency Management Services' Medical Alert Center (MAC) and area base hospitals have been informed of the diversion request.

Any requests to go on diversion must be approved by a member of the Chief Officers of the hospital, or their designees.

PROCEDURE

Diversion requests may be initiated by the following persons:

- Emergency Department (ED) Saturation----ED Attending Physician (Team Leader)
- CT Scanner-----Radiology Administration or ED Attending Physician (Team Leader)
- Trauma-----Trauma Attending on call
- Pediatric Medical Center-----ED Attending Physician (Team Leader)
- Internal Disaster----- ED Attending Physician (Team Leader)
- STEMI ----- Cardiology Catheterization Lab Attending
- Primary Stroke Center ----- Stroke Attending
- Any clinical Service Chief, Administrator of the Day, or Nursing Patient Flow Director

- Diversion requests initiated by physician leads must be approved by the Medical Officer of the Day before Diversion is activated.

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- Diversion may also be initiated separately by the Chief Medical Officer (or Medical Officer of the Day), Chief Nursing Officer (or Nursing House Officer), Chief Operating Officer, or Chief Executive Officer.
- After approval, the Medical Center shall notify the MAC and area based hospitals about the requested diversion status via the ReddiNet System, located in the Base Station.
- The diversion requests must be updated when necessary or reconfirmed a minimum of every one (1) hour. By default, the ReddiNet System will show the Medical Center as open to all categories if the diversion status is not updated within that one hour timeframe.
- In the event the ReddiNet System is not operational or the Medical Center is requesting diversion secondary to an internal disaster, communication with the MAC will be by telephone.
- In addition, the Chief Medical Officer (or Medical Officer of the Day), Chief Nursing Officer, Chief Operating Officer, or Chief Executive Officer may independently initiate Diversion.

RESPONSIBILITY

Medical Center Chief Executive Officer
 Medical Center Chief Operations Officer
 Chief Medical Officer
 Chief Nursing Officer and Nursing Administration
 Attending Physicians--- Emergency Department, Neurosurgery, Pediatrics, Cardiology, Neurology
 Trauma Director or Acting Director

REFERENCES

California Health and Safety Code, Division 2.5 Section 1797.220
 California Code of Regulations, Title 13 Section 1105 (c)
 County of Los Angeles Department of Health Services Pre-Hospital Care Policy Manual
 Reference No. 503, Guidelines for Hospital Requesting Diversion of ALS Units

REVISION DATES

May 1, 2006; October 14, 2008; February 11, 2014; April 11, 2017; March 27, 2020