California ED Diversion Project

Best Practice Initiative: County-Wide Diversion Policy

Name:
King County EMS

Address:
401 5th Avenue, Suite 1200
Seattle, WA 98104-2333
206-296-4693

Contact:
David Flemming, MD
Director and Health Officer, Public Health

Problem to be Resolved:
Hospitals in King County were on diversion about 30 percent of the time.

Tools Provided:
- Central Region ED Saturation Policy

Key Words:
- Diversion policy

Lessons Learned:
When King County EMS created a policy forbidding ambulance diversion for all critically ill patients, the hospitals in the region had no choice but to comply. In doing so, they were able to improve patient throughput and reduce crowding, making it easier to accept all patients, not just the critically ill.

Reason for Change:
A website tracking diversion at each hospital in King County, Washington, revealed that hospitals were on diversion approximately 30 percent of the time. The Central Region Emergency Medical Services and Trauma Care Council met to discuss the problem, and voted unanimously to eliminate ambulance diversion.

Implementation:
King County EMS now enforces a policy of "no diversion" at all of the hospitals within the county. According to this policy, all patients who are critically ill must be taken to the nearest hospital, or their preferred hospital, regardless of whether or not that hospital has available capacity.

This new policy forced each hospital in the county to look at their own internal problems, and figure out how to fix these problems so that they could always be ready to accept a critically ill ambulance patient. As a result, patient flow has improved at each of these hospitals and crowding has decreased.

Results/Impact:
Under King County's new diversion policy, hospitals still have the ability to go on "ED saturation." When on "ED saturation," hospitals may still divert lower-acuity patients; however this means nothing for critically ill patients who are still brought to the nearest ED, regardless of its status. Because of the improvements that hospitals have made in order to always be able to accommodate these critically ill ambulance patients, hospitals rarely become crowded enough to go on "ED saturation."

Supported by the California HealthCare Foundation, based in Oakland, California.

Appendix I Hospital Diversion

Central Region ED Saturation Policy

Adopted March 8th 2006 - Revised 5-09-2007

OPEN

Resource open - no restrictions

No Critical Care Beds

No Critical Care beds available: Hospital is able to receive all patients. Critical care patients will be treated and transferred to closest appropriate hospital with Critical care capacity. (will time out in 24 hours)

ED Saturated

Emergency Department Closed: hospital has exhausted the capacity of their emergency room to receive additional patients. No BLS or ALS transports **except** ALS critical and/or unstable patients which includes:

- Unstable patient as defined by attending paramedics:
- CPR performed or on-going,
- cathlab,
- airway problem
- acute stroke

ED may be on ED Saturated for no more than 2 hours at a time and for no more than 6 out of 24 hours. ED Saturated button will time off automatically after 2 hours.

Select services not available at this time (will time out in 8 hours)

Drop down pick list provided, choose from:

- CT down
- Cathlab down
- No OR
- Other

Update Required

Status info more than 25 hours old

Inactive

Status info more than 8 days old

Hospital

Hospital-wide Catastrophic Failure (hospital wide power failure and contamination, evacuation, and lockdown scenario)

Additional agreed upon recommendations:

- If all hospitals within a zone are on ED Saturation, all hospitals within the zone will come off ED Saturation.
- If 50% of hospitals region wide have no Critical care beds, a conference call will be initiated. Any hospital may initiate the conference call.
    - Access to conference call line and direct line to Charge Nurse to be provided
- Appropriate Website usage and adherence to Diversion Policy will be subject to formal Q/A process and may be requested by prehospital providers.
- At a minimum the ED manager should initiate the ED Saturation status.