PURPOSE
To describe the conditional redirection of ambulances from hospitals that have extended Ambulance Patient Offload Delays (APOD) to the closest most appropriate hospital that does not have an extended APOD. Extended APOD is a patient remaining on an ambulance gurney for 90 minutes or greater after arrival at a hospital. This policy is intended to be used in conjunction with REMSA Policy 4109 - Ambulance Patient Offload Delay.

AUTHORITY
California Health and Safety Code - Division 2.5: Emergency Medical Services [1797. - 1799.207.]

CRITERIA
Ambulance redirection shall only occur when efforts to offload the patient(s) to a hospital gurney, bed, or chair have failed and the patient(s) remains on extended APOD.

1. Ambulance redirection will activate when extended APOD exists.
2. Ambulance redirection will only apply to ambulances still at the scene, prior to transporting.
3. Ambulance redirection will apply to 9-1-1 paramedic ambulances from any provider.
4. Ambulance redirection will cancel when the extended APOD no longer exists.

PATIENT SAFETY
Ambulance redirection is authorized only for patients that, in the judgment of the paramedic responsible for patient care and consistent with applicable treatment protocols, are stable and can safely be transported to an alternative, closest, most appropriate hospital not presently experiencing extended APOD.

1. APOD ambulances redirection is not permitted after arrival at a hospital.
2. Specialty care patients (trauma, stroke, or STEMI) as defined by policy 5301, 4502, or 4401 will not be redirected by this policy.
3. The decision to redirect ambulances away from a hospital will be made with coordination of the ambulance provider communication center, EMS supervisors, and EMS personnel providing patient care.

PROCEDURES
Prior to activating ambulance redirection, the ambulance provider will verify with the hospital that extended APOD exists. Once extended APOD is confirmed the following procedures will be activated:

1. The affected ambulance provider is authorized to activate ambulance redirection.
2. Patients shall be transported to the closest most appropriate hospital emergency department not presently experiencing extended APOD that is best able to accept and offload patients. Hospitals experiencing extended APOD shall be identified by the ambulance provider communication center in consultation with the affected hospital(s) and other applicable communications centers.
3. Any questions or concerns regarding any hospital’s ability to accept redirected patients should be directed to the REMSA Duty Officer.
4. When ambulance redirection is activated, EMS personnel responsible for patient care must fully inform the patient(s) of the reasons for redirection.
5. When ambulance redirection is activated, EMS personnel shall note “APOD REDIRECTION” within the narrative section of the electronic patient care record (ePCR).
6. Hospitals are encouraged to call the ambulance provider once care of the patient has been transferred to the hospital in order to cancel ambulance redirection.
7. The REMSA Duty Officer shall be notified for unusual occurrences not addressed by this policy.
8. REMSA Ambulance Patient Offload Time reports will include APOD Ambulance Redirection.

ACTIVATION PROCESS
To ensure the effective activation of ambulance redirection, it is essential for each extended APOD to be accurately and rapidly confirmed. Extended APODs and EMS personnel impacted by APODs must coordinate as outlined below.

Confirmation Phase:
1. Ambulance personnel shall notify their communications center at the beginning of extended APOD.
2. Once notified, the communications supervisor will contact the ED charge nurse to confirm if a true APOD exists; and if so, when would be the projected transfer of patient care.
3. If available, an EMS supervisor should respond to the hospital ED.

Activation Phase:
1. Ambulance redirection will activate when one (1) ambulance is on extended APOD.
2. The ambulance provider communications supervisor is required to:
   a. Utilize the ReddiNet Diversion Status board to place the hospital ED on “Redirect”

Cancellation Phase:
1. Ambulance redirection will cancel when the extended APOD no longer exists.
2. Ambulance personnel shall notify their communications center at the end of extended APOD.
3. The ambulance provider communications supervisor is required to:
   a. Utilize the ReddiNet Diversion Status board to place the hospital ED on “Open.”