



<small>SUBJECT</small>	<small>POLICY NO.</small>	<small>PAGE</small>
POLICY TITLE PRE-DIVERSION AND DIVERSION	DRAFT	1 OF 5
<small>SOURCE</small>	<small>POLICY OWNER</small>	<small>EFFECTIVE DATE</small>
CLINICAL	EMERGENCY DEPARTMENT MANAGER	DRAFT

“We believe in the dignity of all and the promotion of human wholeness.”

1 POLICY STATEMENT

 1.1

2 PURPOSE

 2.1 To establish internal criteria in order to avoid ambulance diversion and assist with the decision to divert ambulance traffic from the Emergency Department.

3 DEFINITIONS

 3.1 Diversion is the closure of the Emergency Department to all incoming transfers through the Emergency Department and the inability to accept incoming ambulance traffic.

 3.2 Code Diversion is an internal procedure that allows the mobilization of resources to alleviate an overcrowding issue in order to prevent the organization to go on diversion status.

4 PROCEDURES

 4.1 Code Diversion

 4.1.1 The Emergency Department Clinical Supervisor will notify the House Manager when the Emergency Department is nearing saturation. Saturation can be established by referring to the guidelines listed below:

 4.1.1.1 Unable to bed a critical patient.

 4.1.1.2 Greater than fifteen (15) patients in the waiting room.

 4.1.1.3 Staffing ratios exceeded.

 4.1.1.4 Greater than four (4) hour wait times.

 4.1.1.5 Greater than three (3) patients enroute.

 4.1.1.6 Greater than three (3) ICU patients in Zone 1 that are unable to be relocated to Zone 2 for holding.

 4.1.1.7 Greater than twenty (20) minutes to see the Triage RN and all available resources are committed.

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- 4.1.1.8 Two hospitals inn the Central sector are currently on diversion.
- 4.1.2 The House Manager will notify the Administrator on call that the Organization is nearing capacity
 - 4.1.2.1 A decision to call a Code Diversion will be made by the Administrator on call.
 - 4.1.2.2 The House Manager will notify the Emergency Department Clinical Supervisor of the decision.
- 4.1.3 When a Code Diversion is called, The House Manger will notify the Hospital Operator who will initiate a mass page announcing "The hospital is at 100 % capacity. Please follow your posted diversion protocols. The first bed capacity meeting will be at ____ time"
 - 4.1.3.1 The timeframe should be within 45 minutes of the code diversion announcement.
 - 4.1.3.2 The Emergency Department Clinical Supervisor and House Manager will co-chair the code diversion meeting.
 - 4.1.3.3 The Emergency Department Clinical Supervisor will ensure the following steps have been followed prior to initiating a code diversion based on Emergency Department Saturation:
 - 4.1.3.3.1 Discuss potential admits and timeframes with all Emergency Department physicians.
 - 4.1.3.3.2 Discuss potential discharges with all Emergency Department Physicians and expedite the process.
 - 4.1.3.3.3 Move patients to chairs that are awaiting simple disposition as able.
 - 4.1.3.3.4 Evaluate the possibility of providing care to the non urgent patient population in the sub waiting room.
 - 4.1.3.3.5 Assess the possibility of expediting patient movement during upcoming Physician shift change.
 - 4.1.3.4 The following areas will send a Supervisor or Manger to all code diversion meetings.
 - 4.1.3.4.1 All Clinical Units
 - 4.1.3.4.2 Environmental Services



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4.1.3.4.3 Laboratory

4.1.3.4.4 Radiology

4.1.3.4.5 Case Management

4.1.3.4.6 Transportation

4.1.3.5 Each Clinical Unit will report the next two available beds on their unit and an estimated time frame for disposition along with any barriers to the disposition.

4.1.3.6 The Emergency Department Clinical Supervisor will report the following information:

4.1.3.6.1 Quantity and type of known admissions in the Emergency Department.

4.1.3.6.2 Quantity and type of predicted admissions in the Emergency Department.

4.1.3.6.3 Quantity of potential admissions based on the waiting room census.

4.1.3.6.4 Consults from outside physicians that are impacting patient movement in the Emergency Department.

4.1.3.6.5 Current wait time in the Emergency Department and number of patients in the waiting room.

4.1.3.6.6 Ancillary Service needs that could impact patient movement.

4.1.3.6.7 Case Management needs that could facilitate patient movement.

4.1.3.6.8 Any miscellaneous issues that are impacting patient flow (ie: equipment, staffing, Information Services)

4.1.3.7 All ancillary departments will assist with facilitating the upcoming dispositions by prioritizing the needs of these patients.

4.1.3.8 The entire team will meet every 45 minutes to 1 hour until the saturation point is relieved.

4.1.3.9 The House Manager in consultation with the Emergency Department Clinical Supervisor will advise the Administrator on call when the code diversion can be terminated.



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4.1.3.10 The House Manager will notify the Hospital Operator that the Code Diversion is all clear.

4.1.3.11 The Hospital Operator will announce overhead that the code diversion is all clear as well as mass page the all clear.

4.2 Diversion Status Closed

4.2.1 The Emergency Department Clinical Supervisor will notify the House Manager when the Emergency Department has reached saturation and been placed on diversion.

4.2.1.1 Saturation will be determined by the ability to meet three of the criteria described in 4.1.1

4.2.1.2 The Emergency Department Clinical Supervisor will complete the on line EMS form to officially place the organization on diversion.

4.2.2 The House Manager will notify the Emergency Department Clinical Supervisor when the organization is at 100% capacity and there is a need to go on diversion.

4.2.3 The House Manager is responsible for notifying the Administrator on call and Neurosurgery resident that the Emergency Department has been placed on diversion.

4.3 Diversion Status Open

4.3.1 The Emergency Department Clinical Supervisor will notify the House Manager when the Emergency Department re-opens.

4.3.2 The House Manager will notify the Emergency Department when the internal capacity issues are resolved to allow the Emergency Department to re-open.

4.3.3 The House Manager is responsible for notifying the Administrator on call and the Neurosurgery resident that the Emergency Department has been re-opened.

4.3.4 The Emergency Department Clinical Supervisor is responsible for ensuring the completion of all required documentation regarding closure and re-opening. See Attachment A

5 ATTACHMENTS

5.1 Emergency Department Closure form.



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REVISIONS/APPROVALS

Original Policy: Emergency Department Committee - 00/00/00
 Clinical Policy Committee - 00/00/00
 Quality Council - 00/00/00
 Medical Executive Committee - 00/00/00
 SJHMC Community Board of Directors - 00/00/00