

 <p>University of Missouri HEALTH CARE <i>The care you deserve from the team you trust.</i></p>	Subject: Triage and Diversion of Patients	Number: PC-6
	Function: Provision of Care, Treatment and Services	Previously I-A-23
	Applies To: Corporate <input checked="" type="checkbox"/> CRH <input checked="" type="checkbox"/> MRC <input checked="" type="checkbox"/> UHC <input checked="" type="checkbox"/> UP <input checked="" type="checkbox"/>	Revised: 10-31-08

OBJECTIVE: To provide a means for identifying when University Hospitals and Columbia Regional Hospital does not have the appropriate personnel, equipment or space available to meet the demands for patient care and to implement an action plan to ensure ongoing safe patient care.

DEFINITIONS:

1. **Open:** University Hospital services are open to all ambulance traffic and all walk-in business. All medical services are available.
2. **Trauma Diversion:** Level I trauma center may close to referred patients who meet criteria (this does not include scene traumas)/
3. **Medical Service Unavailable:** A specific medical service is unavailable (ex. orthopedic services unavailable, etc).
4. **Inpatient Diversion:** One or more inpatient units closed to admissions due to staffing or bed shortages.
5. **Out of Service:** University Hospital has suffered structural damage, loss of power, an exposure threat or other condition that precludes the admission and care of any new patients. Institutional life safety or other systems have failed and the ability of University Hospital to provide one or more necessary services is compromised.
6. **Discharge Alert:** The notification, by the House Manager to hospital staff and physicians that the hospital or any particular unit is getting close to full capacity. This Alert requests physicians to discharge or transfer patients out in order to provide capacity for incoming admits or post-ops to avoid Inpatient Diversion.

POLICY:

1. Under normal operating circumstances, University Hospitals accepts all patients.
2. As the hospitals near capacity, steps will be implemented to ensure maximum utilization of resources and appropriateness of care.
3. When medical service demands exceed University Hospitals' resources, it may be necessary to divert patients to other facilities to allow for prompt and safe care.
4. During any period of diversion, all patients arriving at the Emergency Center (EC) will be registered and receive a medical screening examination and necessary stabilization treatment for their medical condition.
5. If the hospital lacks the capacity to meet the care and service needs of the patient after the patient has been examined and stabilized, an appropriate transfer of the patient may be initiated.
6. The EC is always open unless the physical facility is unable to support the delivery of patient care.
- 7.

PROCEDURE:

1. Discharge Alert
 - A. A Discharge Alert will be triggered by the following guidelines:
 1. Adult ICU - 1 bed open and all other ICU beds have been maximized
 2. Pediatric ICU -1 bed open and all other beds have been maximized
 3. Adult Med/ Surg - all adult medical/surgical beds have been maximized
 4. Pediatrics/Adolescent - Two (2) beds open and all others are maximized
 - B. Discharge Alerts will be communicated by:
 1. Beeper page to Leadership Team and Physicians (see addendum)
 2. Email to “UHC Hospital Diversion Group” (see addendum)
 3. Re-notification will occur at a minimum of every eight (8) hours (except during night shift) until the Alert has been lifted
 4. During Discharge Alerts, nursing and ancillary managers/supervisors, as well as medical triage officers, are encouraged to attend twice daily “bed briefings” led by the House Manager in 4W-01.
2. Triage - Alternatives to be Considered When Near Full Capacity
 - A. 7 West, Outpatient Procedure Unit (OPU), will be utilized for overflow of outpatients (Observation patients, and Same Day Surgery patients) who require a bed.
 - B. For 23 Hour Observation patients that are temporarily bedded on 7 West.
 - C. Admissions Advisors will notify Case Management of placement and the Case Manager will evaluate all 23 Hour Observation patients sent to 7 West for appropriate level of care.
 - D. House Manager will give the patients priority status for placement in a bed made available by a discharge after 1700 hours.
 - E. For patients who entered the system for a same day procedure (UOSS) who are in the Post Anesthesia Care Unit (PACU) with orders to be admitted as an inpatient, the following overflow arrangements may be considered.
 - F. Case Manager will evaluate PACU patient with I/P orders for clinical appropriateness and if patient appropriate for O/P level of care, obtain change in MD order and consider placement on 7 West
 - G. For patients who are appropriate for in-patient care, hold patient in PACU until general care bed becomes available OR.
 - H. Transfer patient to an ICU bed as a temporary measure (if ample ICU beds available).
 - I. The Symptom Evaluation Unit (SEU) located on 5 East may be used to bed patients. This should be coordinated in collaboration with the Department Manager/House Manager. These patients must be moved out of SEU to inpatient beds by midnight.
 - J. Place discharged patients awaiting transportation either on 7 West or in the 4 East Generations Rooms. This should be coordinated in collaboration with the Department Manager/House Manager.
 - K. CRH will be considered as an alternative within UMHC for patients requiring hospitalization and this will be facilitated using the following two processes:
 1. When calls come in from referring physicians into the Admission Advisor (AA) phone line (888-884-6836), the AA asks caller what service is needed.
 2. If the medical care requested is for Trauma, Pediatrics, Burn, or Acute STEMI, the call should be processed using a UMHS physician.
 - L. If the service requested is Family Practice, Cardiology (excluding acute MI care), or a

- general care adult patient, the AA will inquire if they may route the call to CRH and assist the caller with facilitating the admission to CRH.
- M. When patients present at University Hospital's ER and could potentially be transferred to CRH for hospitalization:
 1. The patient will first be stabilized.
 2. The UH ER physician determines if the patient can transfer to CRH for admission.
 3. The UH ER physician will discuss the option for transfer with the patient.
 4. The UH ER calls 875-9000 and coordinates through the CRH operator to speak with the hospitalist on call.
 5. The UH ER physician secures acceptance of the patient by a CRH physician for admission to CRH.
 - N. Requests from an outside ER for transfer to the University Hospital ER are accepted without question.
 - O. Access to the ER will not be denied.
 - P. Requests from an outside ER for an inpatient admission will be accepted unless the hospital has been officially placed on diversion.
 - Q. When Inpatient Diversion is threatening, we will use PACU for overflow of a limited number of inpatients (1 to 3 patients still on ICU or step-down level of care).
 - R. The hospital will work through the Medical Directors to identify which patients are most appropriate to temporarily house in this location.
 - S. The decision on who moves in consultation with the patient's Attending Physician who will remain the physician of record regardless of this temporary relocation.
 - T. The EC will be considered for overflow of inpatients.
 - U. The hospital will work in collaboration with the ER Attending, ER management and the patient's Attending Physician to identify appropriate type and number of patients to temporarily hold in this location until a bed can be made available.
3. Diversion - Consideration to implement Diversion will be based on the following:
- A. When the inpatient beds in the hospital are at capacity or personnel resources are depleted, the discussion to close a unit to admissions will include the unit manager and/or house manager, unit medical director/designee (for the adult ICUs the designated ICU triage officer coordinates for all 3 adult ICUs and the Adult Step Down Unit), trauma/SICU attending surgeon on call, and the Administrative Officer on Duty (AOD).
 - B. The AOD will consult the CEO before a decision to divert is implemented.
 - C. The University Hospital is committed to the care of the injured patient as a Level I Trauma Center In situations when the demand exceeds the capacity to care for additional patients, all regional/Boone County scene traumas are still accepted by University Hospital.
 - D. If University Hospital is unable to provide extended services, the patient is stabilized and transferred to an accepting facility.
 - E. In situations when institutional life safety or other systems have failed and the ability of University Hospital to effectively provide one or more necessary services to patients is compromised, procedures outlined in the hospital's **Emergency Action Plan** (which can be found on DocuShare or in the Yellow Emergency Action Plan Manuals on each unit) will be implemented.
 - F. If two of the three acute care hospitals located within the immediate Columbia area declare diversion status, then the University Hospital shall cancel the diversion

- status and coordinate with the other hospitals to place direct patients to the most appropriate hospital according to available resources within the Columbia community.
- G. Per 19 CSR 30-20.021, *Organization and Management for Hospitals (VII)*, “ Include that all other acute care hospitals within a defined service area will be notified upon the actual implementation of the diversion plan.
 - H. For defined service areas with more than two (2) hospitals, if more than one-half (1/2) of the hospitals implement their diversion plans, no hospital will be considered on diversion.
 - I. For a defined service area with two (2) hospitals, if both hospitals implement their diversion plans, neither will be considered on diversion.”
4. When Diversion implementation is determined to be necessary, the following must be done:
- A. Upon direction from the AOD to implement diversion, the House Manager notifies the following individuals in person or via telephone: University Ambulance Communication Specialist, EC Attending Physician on duty, EC Management and Admissions Advisors.
 - B. The Emergency Services Communication Center completes the following:
 1. Immediately notifies all regional helicopter services in order to ensure appropriate transfer of trauma patients (when applicable)
 2. Pages out the Diversion to all persons on the diversion list.
 3. The Emergency Services Manager (or designee) maintains the list.
 4. The page will be repeated to reconfirm Diversion status every 8 hours in coordination with House Manager.
 5. Updates the EM System with appropriate information to notify all referring facilities of the Diversion status.
 6. Generates a group email regarding Diversion status (see addendum).
 7. The email will reconfirm Diversion status at 0800, 1600, and 2400 every 8 hours (except during night shift).
 8. If the Emergency Center is put on Diversion, the Department of Health and Human Services will be notified immediately after completion of the previous steps. Law requires this for Emergency Center Diversions only.
 9. The Admissions Advisors notify requesting physicians of Diversion status when they call to request a bed.
 10. The Admissions Advisors also notify the Bed Board-during regular business hours.
 11. Once a unit is closed to admissions, ongoing efforts to triage patients will continue and the unit will open at the earliest opportunity.
 12. OR Triage - Decision for OR cancellations when on, or nearing Diversion status will be made by the Medical Director of Anesthesia or Day Director of Anesthesia on weekends.
 13. Decision on whether or not to proceed with an elective surgery which will require an ICU or Step-down bed post operatively will be made on a case by case basis when on, or nearing diversion.
 14. Care of operative patients will continue while the hospital is on or nearing Diversion for ICU/Step-down.
 15. Patients may be triaged or rescheduled as needs dictate.
 16. Procedure Triage - the procedural department manager and Medical Director will

- make Decision for procedure cancellations on a case-by-case basis in collaboration with the House Manager.
17. All Diversion implementations and terminations are entered into an electronic database.
 18. The data entry is done by the on-duty Communication Specialists in the Communication Center of the Emergency Center.
5. When Diversion status is cancelled, the following must be done:
 - A. When the AOD determines Diversion status can be terminated, the House Manager notifies the appropriate personnel.
 - B. Notification of appropriate parties by the Emergency Services Communication Center will be done using the same methods used when initiating Diversion status (including the Department of Health and Human Services if the diversion included the Emergency Center).
 - C. The Emergency Services Manager (or designee) completes a Diversion Report (which includes data from both the Emergency Services Communication Center and the Call Center) quarterly.
 - D. The written report will be forwarded to:
 1. CEO/COO
 2. Director of Nursing
 3. Director, Patient Financial Services
 4. Trauma Committee for discussion and reflected in the minutes which are forwarded to the Executive Committee of the Medical Staff.

Key Content Expert: Chair, Provision of Care Committee

Approved:



10-31-08

Anita M. Larsen, Interim Chief Operating Officer
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Date

ADDENDUM 1

1. **E-mail Distribution List for Bed Alerts and Diversion Notification:** (This distribution list can be accessed from any UMHS Outlook address book by the name "UMHS ES Diversion Notification List").
2. **Members:**
 - A. UMHS Hospital Management
 - B. Referral Phone Line Supervisor
 - C. Medical Directors
 - D. Department Chairs
 - E. Chief Resident, Internal Medicine
 - F. NOTE: Any physician wishing to be added should contact ER Management at 882-6005.

ADDENDUM 2

1. **Group Pager List for UHC Hospital Diversion:** (This group is found on the Pagemaster software on the primary dispatch computer in 1S-27)
2. **Members:**
 - A. Charge RN, UHC EC
 - B. UHC Flight Crew
 - C. Lake Ozark Flight Crew
 - D. UHC Trauma Team
 - E. Emergency Services Manager
 - F. Emergency Services Asst Manager
 - G. Emergency Services Asst Manager
 - H. Chief Flight Nurse
 - I. UHC Ambulance Service Coordinator
 - J. Director of External Affairs
 - K. UH Call Center Supervisor
 - L. CHTS Transport Coordinator
 - M. UHC House Managers
 - N. On-duty Charge Medic, Boone Hospital Center, BHC, Ambulance Service
 - O. BHC House Managers
 - P. BHC ED Supervisor
 - Q. BHC ED Supervisor
 - R. CRH House Managers
 - S. CHTS on-duty transport crew
 - T. Registration Manager