GUIDELINES AND PROTOCOLS

Lyndon B. Johnson General Hospital Trauma Services Department

Guideline/Protocol Number: D13

Guidelines and Protocols

TITLE: DIVERSION

PURPOSE:

To provide guidelines for the diversion of ambulance patients at Lyndon B. Johnson General Hospital

PROCESS:

I. DIVERSION
   A. LBJGH will communicate diversion status via EMResource Computer software in collaboration with the SouthEast Texas Regional Advisory Council (SETRAC).
   B. The Nursing Supervisor will manage diversion status and the Administrative Director for Emergency & Trauma Services will report diversion activity as delegated responsibility of Hospital Administration.
   C. The revised Phoenix Formula shall be used to determine saturation in the EC.
   D. Diversion shall automatically be implemented for a maximum of 4 hours unless otherwise directed by Hospital Administration when one of the following occurs:
      1. Critical Medical Saturation
         a. No Critical Care Beds are available
         b. Lack of a combination of ICU, IMU or floor beds
         c. Unable to maintain minimal staffing requirements according to established guidelines
         d. Unable to maintain medical staffing according to established guidelines
      2. Emergency Room Saturation
         a. Capacity of 180% or greater in the EC
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3. Caution will be implemented when: there are no IMU or floor beds
   a. Critical Medical Diversion: No IMU or Floor are available
   b. Emergency Room Saturation: Capacity of 150%-179% in the EC
   c. Critical Trauma Saturation: Lack of CT Scanner

E. Diversion shall be implemented for maximum of 4 hours with the approval of the Administrative Director on call when the following occurs:
   1. Critical Trauma Saturation
      a. Lack of available Operating Rooms
      b. At the request of the Trauma Faculty, when the environment will not allow Trauma standard to be met
   2. Critical Medical Saturation for services other than Trauma and Critical Care to include but not limited to:
      a. Pediatrics
      b. Labor and Delivery
      c. Neonatal Service

F. Trauma Diversion requires approval of the Trauma Medical Director, Program Manager, on call Trauma faculty surgeon, or Administrative Director of Emergency and Trauma Services

G. Internal disaster must be approved by the Senior VP or Hospital Administrator or on call as appropriate
II. DEFINITIONS

A. Divert – A procedure put into effect by a facility to insure appropriate patient care when that facility is unable to provide the level of care demanded by a trauma patient’s injuries, a medical patient’s illness or when the facility has temporarily exhausted its resources.

B. Critical Medical Saturation – The facility does not have the capacity or capability to accept additional critical medical patients at this time. Critical Trauma Saturation – The facility does not have the capacity or capability to accept additional critical trauma patients at this time.

C. Emergency Center Saturation – The Emergency Center is heavily saturated at this time and non-critical patients will have to wait an excessively long period of time before receiving treatment.

D. Internal Disaster – An environmental or physical plant situation that disrupts the staff’s ability to provide care, such as utility outage, unsafe situation in the hospital, etc.

E. Caution – Open with some limitations.

F. Open – Hospital is able to accept all incoming traffic

III. MEDICAL DIRECTORS, CHIEF OF SERVICES, OR DESIGNEE (S)

A. Assesses patients for discharge, admission, transfer, etc.

B. Conducts inpatient rounds for potential discharges or transfers within safe medical practice guidelines.

C. Collaborates with Nursing Supervisor regarding patient census, acuity bed/equipment needs and reason to start or continue with diversion status.

D. Assures minimum staffing standards as appropriate
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IV. EC DIRECTOR MANAGER, NURSE CLINICAL MANAGER, NURSING SUPERVISOR, DESIGNEE(s)

A. Provides the following information to the Nursing Supervisor:
   1. Number of patients pending admission.
   2. Number of patients pending evaluation.
   3. Number of patients in waiting room.
   4. Staffing availability for shift.

B. Updates Hospital/Nursing Administration on patient census and acuity as necessary.

C. Coordinates with Service Chief(s) and/or Medical Director(s), the disposition of EC patients by discharge, admission, or transfer.

D. Documents pertinent facts and circumstances of diversion on shift report.

E. Notifies Hospital Administrator of lack of beds and/or inability to meet staffing needs or other needs for diversion.

F. Initiates Request for Diversion worksheet.

G. Notifies the date/time when diversion STARTS and STOPS via EMS Diversion System.

H. Maintains Diversion worksheets and diversion log.
REFERENCES / BIBLIOGRAPHY:

OFFICE OF PRIMARY RESPONSIBILITY:

LYNDON B. JOHNSON HOSPITAL TRAUMA SERVICES

REVIEW / REVISION HISTORY

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