

**UAMS MEDICAL CENTER
TRAUMA SERVICES MANUAL**

SUBJECT: Emergency Department Delayed Capability or Capacity

SUPERSEDES: 6/2017, 6/2018, 6/2019

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RECOMMENDATION(S): Michael Sutherland, MD

APPROVAL: 6/1/2016

CONCURRENCE(S): Rawle Seupaul, MD

EFFECTIVE: 6/1/2016

PURPOSE:

To define the process for notification of local ambulance companies and other agencies of a change in status of the Emergency Department capability and capacity. The institution has committed to providing care to specialty pathway patients in all but the most extreme of circumstances. This policy describes the process used to notify EMS agencies of circumstances of limited availability and delays due to capacity.

DEFINITIONS:

Pathway Patients – Aortic Pathway, Stroke Pathway, STEMI Pathway and Trauma Patients

Trauma Patients – For the purposes of this policy Trauma patients are Major and Moderate Trauma patients as defined by the Arkansas State Field Triage Guideline.

Emergency Department Overload - The patient volume in the Emergency Department has exceeded the threshold which would allow for safe care of patients. This may be due to overall volume or patients being held in the department consuming resources which prevent safe care of additional patients.

Delayed Status – Diminished capacity to care for patients and a wait should be expected by the patient to receive care and potentially for admission to the hospital if that is required. Patients will be cared for as required by the severity of their illness but due to diminished capacity this still may result in a prolonged wait. EMS agencies should be aware of this to offer other destination alternatives to patients.

Open Status – return to normal operations and without restrictions or limitations

Trauma Medical Director – The Trauma Medical Director (Dr. Ron Robertson) or on Call Trauma Surgeon if unavailable.

POLICY:

- In the event that the facility reaches the point of Emergency Department Overload, as determined by the ED Attending, Charge Nurse, and ADON, the following policy shall guide notification and initiation of “**DELAYED**” status as well as reversion to “**OPEN**” status.
- Any change to the capability or capacity status for Pathway Patients requires the notification and

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consent of the responsible Administrator on Call. Changes to the Trauma Dashboard and Trauma Status require the concurrence of the Trauma Medical Director and are governed by the Trauma Diversion Guideline.

- Factors to be considered in the determination of Emergency Department Overload may include the following:
 1. There are multiple critical patients in the Emergency Department and all back-up systems are fully utilized
 2. The Emergency Department is holding multiple critical care patients and a timeline for available ICU beds is unfavorable.
 3. Nurse staffing is inadequate to provide timely care for the patients being held in the ED, the emergency patients in the department, and the patients waiting to be seen.
 4. Other Circumstances determined by the ED Attending as being unsafe for continued operation in an OPEN status.

PROCEDURE:

1. Upon determination of a situation of Emergency Department Overload, the Emergency Medicine Attending and the Emergency Department Charge Nurse will confer about the current situation and status of the Emergency Department.
2. The ADON will be notified of the change in status of the facility.
3. Telephone notifications to all of the agencies listed will be performed with documentation of Contact Name and Time for **DELAYED** notification and **OPEN** notification.
4. When determined that it is safe to resume normal services, all agencies must be called back to revert back to an OPEN status. There is no agreement for reversion to OPEN status after a preset period of time.