SUBJECT: ED Capacity Management, Delayed Capacity & Diversion **PAGE:** 1 of 3
UPDATED: 6/2017, 6/2018, 6/2019, 4/2022, 5/2023 **EFFECTIVE:** 5/11/2023

RECOMMENDATION(S): Kyle J. Kalkwarf, MD **APPROVAL:** 5/11/2023
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PURPOSE:

To define the process used to identify emergency department (ED) capacity and capability and to notify local Emergency Medical Services (EMS) providers and other agencies when there is a change in status. The institution has committed to providing care to specialty pathway patients in all but the most extreme circumstances. This policy describes the process used to notify EMS agencies of limited availability and delays due to lack of capacity.

DEFINITIONS:

Capability:
- The facility's ability to provide services
- Includes, but is not limited to, equipment, specialty programs, physician services, utilities, and a safe environment for patient care.

Capacity:
- The facility's ability to provide care resources, such as beds and medical and or nursing staff, for patient care

Diversion Status:
- The capability or capacity and capability of one or more services have been exceeded. Incoming ambulances will be diverted to other facilities unless the patient's condition is emergent, AND UAMS is the closest, most appropriate facility
- Does NOT apply to self-presenting or direct admit patients or to EMS patients that are already on campus
- Does NOT apply to Pathway patients or to patients for whom transport to another facility could lead to increased mortality or morbidity

ED Divert Status:
- Trauma Divert: Full diversion of EMS and Interfacility Transfers
- Forced Open: Accepting EMS, but not Interfacility Transfers.
    - This status can be determined by the hospital, or if a Trauma Region has set a metric to "Force Open" all trauma centers because of the number of hospitals in the Region being on Trauma Divert.
    - In this instance, the ATCC utilizes a "round-robin" system to load balance as best as possible given the services needed and available or not available.
- The ED has reached capacity but maintains the capability to accept EMS patients.
- Does NOT apply to ambulatory or direct admit patients or to EMS patients that are already on campus

- Does NOT apply to Pathway patients or to patients for whom transport to another facility could lead to increased mortality/morbidity

Pathway Patients:

- Patient types for which UAMS has made a statewide commitment to managing due to the hospital's unique capabilities, including aortic pathway, stroke, and trauma

POLICY:

- If the facility reaches the point of Emergency Department capacity, as determined by the ED Attending, Charge Nurse, and Assistant Director of Nursing (ADON), the following policy shall guide notification and initiation of **"TRAUMA DIVERT"** status as well as a reversion to **"OPEN"** status.

- Any change to the capability or capacity status for Pathway Patients requires the notification and consent of the responsible Chief Medical Officer. Changes to the Trauma Dashboard and Trauma Status require the concurrence of the Trauma Medical Director (TMD) and are governed by the Trauma Diversion Guideline. The ACS Division chief will serve as the "acting TMD" if the TMD is unavailable.

- Factors to be considered in the determination of ED Capability may include the following:
    1. Equipment failure (e.g., no working CT scanners)
    2. Critical infrastructure failure (e.g., weather, electrical, IT)
    3. Lack of essential services (e.g., neurosurgeon, trauma surgeon, or encumbered)
    4. Lack of bed availability

PROCEDURE:

I. Trauma Diversion:

1. The on-call Trauma Attending or delegate must notify ATCC at 501-301-1409 regarding the reason and anticipated duration of the delay.
2. The on-call Trauma Attending must contact MEMS (501-912-1907) during regular business hours or 501-912-8719 after hours). The MEMS representative will notify the MEMS Medical Director, who will approve a temporary, renewable diversion, or contact the Trauma Attending for additional discussion.
3. If Diversion status is approved, the status change will be communicated.
    i. The ADON will direct the operator to send out a Rave page to the Status Change Group (HospitalCapacityManagement@uams.edu)
    ii. The ED Charge Nurse will update the Trauma Dashboard to reflect the current status, selecting specific categories or adding notes for non-standard changes. The Trauma Dashboard will reflect the status of **"TRAUMA DIVERT."**
        1. Status changes should be re-assessed every two hours and, if not renewed, deactivated on the dashboard.

2. The ED Charge Nurse will use the RAVE system to send status change text messages and text-to-voice calls to local/local-service EMS Agencies for all diversions and delays.

4. EMS dispatchers will, in turn, notify on-duty crews of UAMS' status. Incoming callers, whether EMS or transferring facilities, will be notified of UAMS' Diversion status.
5. EMS will inform patients requesting transport to UAMS of the Diversion status and transport stable patients to other hospitals.
6. Diversion status will be re-evaluated every two hours. When no longer necessary, local EMS agencies will be notified of the updated status. The Trauma Dashboard will then be updated to **"OPEN."**

Individual Specialties may be placed on "TRAUMA DIVERT" or "FORCED OPEN" on the Trauma Dashboard at the discretion of the TMD in circumstances of an overload of a single specialty or resource.

Reference:

- UAMS Medical Center Policy MS.5.16 – Hospital Capacity Management