| Institutional Handbook of Operating Procedures Policy 09.01.22 | |
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| Section: Clinical Policies | Responsible Vice President: EVP & COO Clinical Enterprise |
| Subject: Admissions, Transfers, and Discharges | Responsible Entity: UTMB Health System Administration |

## I. Title

*Determining Hospital and Emergency Department Diversion and/or Saturation Status*

## II. Policy

As a result of the Emergency Treatment and Active Labor Act (EMTALA) regulations, determining the capacity and the operational status of the UTMB Emergency Department (ED) and UTMB Hospitals are extremely important. Determinations regarding capacity and operational status are an on-going responsibility assigned to UTMB's Health System Administration, the Emergency Department Nursing Leadership, and the Emergency Department/Trauma Service Physician Leadership.

## III. Procedure

### A. Determining ED Saturation

The Patient Placement Center (PPC) coordinates with the Clinical Operations Administrator (COA) or equivalent, which will monitor personnel, resource, and bed availability.  If it is determined that the conditions described below are met, Health System Administration On Call and the Emergency Department Nursing Leadership will evaluate all data and make the final determination that UTMB will be placed on saturation status applicable to the circumstances existing in the facility. If the UTMB Emergency Department is on saturation status, transfers may not be accepted due to a lack of capacity and/or capability to care for the patient.  This status will be updated and documented in EMResource and re-evaluated every 4 hours.  Note: EMTALA does not require the UTMB Emergency Department to accept inpatient-to-inpatient transfers, but inpatient transfers may be accepted on a case-by-case basis.

1. ED Saturation:
   - The number of patients exceeds personnel available to provide safe care, or
   - As the need is determined by Emergency Department Nursing leadership.

### B. Determining Hospital Status

The Patient Placement Center (PPC) coordinates with the Clinical Operations Administrator (COA) or equivalent, which will monitor personnel, resource, and bed availability and update the hospital status on an as needed basis.  In the event of an internal disaster (e.g. power failure, loss of water supply, environmental conditions, fire, or any other facility catastrophes), the COA will notify the Hospital Administration and Executive Leadership On Call who will make the determination to change the hospital status. This status will be updated and documented in EMResource and re-evaluated every 4 hours.  Note: EMTALA does not require the UTMB Emergency Department to accept inpatient-to-

inpatient transfers, but inpatient transfers may be accepted on a case-by-case basis.

**C.    Determining Bed Capacity, Facility, and/or Subspecialty Diversion Status**

The Patient Placement Center (PPC) coordinates with the Clinical Operations Administrator (COA) or equivalent, which will monitor personnel, resource, and bed availability.  If it is determined that the conditions described below are met, Health System Administration On Call, the Emergency Department Nursing Leadership, and the Trauma/Medical/Neurosurgery (depending on what service is requesting diversion) Service Physician Leadership will evaluate all data and make the final determination that UTMB will be placed on the diversion status applicable to the circumstances existing in the facility. If UTMB is on diversion status, transfers may not be accepted for services that are on diversion status, due to a lack of capacity and/or capability to care for the patient. This status will be updated and documented in EMResource and re-evaluated every 4 hours. Note: EMTALA does not require UTMB to accept inpatient-to-inpatient transfers, but inpatient transfers may be accepted on a case-by-case basis.

**D.    Termination of Diversion or Saturation Status**

Diversion and saturation status will be updated and documented in EMResource and re-evaluated every 4 hours. If it is determined that the conditions prompting diversion and/or saturation status have resolved, the Health System Administrator On Call, the Emergency Department Nursing Leadership, and the Trauma/Medical/Neurosurgery Service Physician Leadership (as needed) will evaluate all available data and make the final determination that UTMB will cease to be on diversion and/or saturation status.

**E.    Conditions for Consideration of Diversion**

1. Trauma Diversion
   - Two Trauma patients requiring emergency surgery and no operating rooms available; or
   - Two critically injured (intubated) Trauma patients in the Trauma bays and no ICU beds available; or
   - The number of trauma patients exceeds personnel available to provide care and no beds available; or
   - Critical resources to care for trauma patients are not available (e.g., CT scanners, IR suite, etc.)

2. Medical Diversion
   - The number of patients exceeds personnel available to provide safe care.

3. Neurosurgery Diversion
   - Two or more active surgeries, one of which is traumatic, consider activating neurosurgery diversion at the discretion of the neurosurgery attending on call.
   - The number of patients exceeds personnel available to provide safe care.

**IV.    Relevant Federal and State Statutes**

Emergency Medical Treatment and Active Labor Act [EMTALA]--42 USC Sec. 1395dd
State Operations Manual *Appendix V – Interpretive Guidelines – Responsibilities of Medicare Participating Hospitals in Emergency Cases (Rev. 60, 07-16-10)*

**V.    Related UTMB Policies and Procedures**

IHOP - 09.01.12 - Interfacility Transfer of Patients from UTMB

**VI.     Dates Approved or Amended**

| *Originated:* 09/02/2010 | |
|---|---|
| *Reviewed with Changes* | *Reviewed without Changes* |
| 05/03/2012 | |
| 08/04/2015 | |
| 12/04/2017 | |
| 11/26/2024 | |

**VII.    Contact Information**

Emergency Services –
Administration (409) 772-9067