

**HACKETTSTOWN REGIONAL MEDICAL CENTER  
ADMINISTRATIVE POLICIES**

**EMERGENCY DEPARTMENT CODE 17 ALERT SYSTEM**

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**Effective Date: 6/2015**  
**Cross Referenced: AD44**  
**Reviewed Date:**  
**Revised Date:**

**Policy No: PC08**  
**Origin: Patient Care Services**  
**Authority: Chief Nursing Officer**  
**Page: 1 of 2**

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**SCOPE**

Emergency Department Medical Director; Emergency Department Staff; Hospital Staff.

**PURPOSE**

- I. To establish a hospital wide response system when conditions in the Emergency Department are such that overcrowding and placement of admitted patients adversely impacts the ability of the Emergency Department staff to care for new patient arrivals.
- II. To heighten the awareness of the organization of the status of the Emergency Department, provide support in situations of overcrowding, and facilitate movement of admitted patients and/or avoid a situation which could lead to Emergency Department diversion.

**POLICY**

- I. A High Volume Code 17 Alert System is activated in the event that the Emergency Department capacity has been exceeded due to space and/or resource availability.
- II. A Code 17 Alert System is also activated when four (4) admissions are waiting for transfer out of the Emergency Department for greater than 45 minutes, irrelevant to the Emergency Department volume at any time.

**PROCEDURE**

- I. The Emergency Department Nurse Manager or Charge RN consults with the Emergency Department Medical Director or designee to review the ED census for patient dispositions and the need to activate the Code 17 Alert System. When the decision has been made, the Administrative Supervisor will be informed and record on the Operations Report.
- II. Upon activation of the Code 17 Alert System the hospital operator will overhead page the following, "Code 17 Emergency Department".
- III. The following department heads or designees respond to the alert and assume their responsibilities:
  - A. Emergency Department Nurse Manager/Administrative Supervisor:  
An inclusive list of pending admissions is obtained and discussed with Bed Control. This includes name, age, diagnosis, type of bed needed and any special needs.
  - B. Inpatient Nurse Managers/Charge RN
    1. Once a Code 17 is activated the Nurse Manager or Charge RN on each inpatient unit will make rounds to identify which beds are immediately available, and pending patient discharges.
    2. The tally of actual beds and potential beds from these rounds is reported to Administrative Supervisor within 15 minutes.
    3. Staffing levels are reviewed and calls are initiated by the Manager for additional staff coverage if warranted.
  - C. Administrative Supervisor (Bed Control):  
Will obtain an accurate number of available beds, and potential discharges/transfers. The Emergency Department patients take priority over in-house transfers unless the in-house transfers are to accommodate ED patients.

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- D. Hospitalist:  
Reviews their patients, including the ED holds and clears beds through discharge or down grades. The anticipated number of available beds is reported to the Administrative Supervisor.
  - E. Environmental Services:
    - 1. The housekeeping supervisor contacts Administrative Supervisor and discusses beds that are ready for patients. The director or designee will determine if any extra housekeepers are needed.
    - 2. Housekeepers are directed to the floors to prioritize the cleaning of inpatient rooms.
    - 3. The housekeeping supervisor will evaluate the need for hospital beds in the Emergency Department for patients.
  - F. Transportation:
    - 1. The Administrative Supervisor will assign a transporter to the Emergency Department for the first 60 minutes of the Code 17. The Administrative Supervisor and charge RN will re-evaluate hourly.
    - 2. Transporters will bring additional beds or stretchers to the ED.
  - G. Laboratory:  
The laboratory supervisor assigns staff to complete laboratory tests on specimens sent from the ED.
  - H. Diagnostic Imaging:  
The Director/Supervisor or designee will assign extra personnel as needed to facilitate movement of patients and expediting results.
  - I. Case Manager:  
Will aggressively facilitate discharge arrangements, identify potential problems for patient discharge and assist in arranging transport of discharged patients. This information will be reported to the Administrative Supervisor.
- IV. If the situation fails to improve the Emergency Department Medical Director, in conjunction with the Chief Medical Officer, will report the status to the President who will determine the need to initiate a level of diversion. At that point refer to the Diversion Policy.