

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL**

DIVERT

Effective Date:	06/1993	Policy No:	AD44
Cross Referenced:		Origin:	Nursing Department
Reviewed Date:	04/00, 05/05, 02/10, 07/11	Authority:	Chief Nursing Officer
Revised Date:	07/11	Page:	1 of 2

SCOPE

All clinical departments of Hackettstown Regional Medical Center (HRMC).

PURPOSE

To provide guidelines for divert utilization.

POLICY

1. HRMC will provide beds for various levels of care in accordance with the needs of our community and medical staff. Appropriate administrative policies will be made effective by the hospital administrator on call and/or the president of the medical staff and other administrative and medical personnel to meet the immediate needs of bed availability when necessary. All potential diverts must be approved by the President of the hospital or Chief Medical Officer.
2. Diversion is an advisory status, not a mandate. Critically ill patients must be seen and treated at the nearest hospital.
3. **Definitions and Thresholds:**
 - a. Emergency Department (ED) Divert: The hospital ED cannot accept any additional patients by ambulance. When the ED needs to be decompressed (all rooms and hallway full with no possibility of anyone being moved out and waiting time about two (2) hours), the ED physician will be in consultation with the Administrative Coordinator before the decision is made to go on a two-hour divert who notifies the Administrator-on-Call. The President of the hospital and/or Chief Medical Staff Officer must approve of the divert status.
 - b. Critical Care Divert: No ICU beds are available. When ICU has eight (8) patients and absolutely no possibility of a transfer.
 - c. Full Divert: The entire hospital including the ED is unable to admit any additional patients (ambulance, walk-in emergency, critical care and general admission). All Med/Surg and Step Down beds are filled with all beds in use or when there is not sufficient staff available to care for potential admissions.
 - d. Special Services Divert: Ambulances carrying patients requiring diagnostic testing when equipment is in need of repair must be diverted until such time equipment is functioning.
 - e. Facility Divert: Hospital cannot take any patients due to fire, power outage, an internal disaster, etc.

PROCEDURE

1. When a bed shortage is identified, the Director of Nursing or the Administrative Throughput Coordinator will implement the following steps:

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- a. All Physicians who have patients on the unit with the bed shortage will be called by the Unit Coordinator/Nursing Manager/Administrative Throughput Coordinator to encourage transfer/discharge.
- b. Post-op patients will be held in PACU until beds are available if potential discharges exist.
- c. If by the 11:00 a.m. time there are no Med/Surg beds available, the President of the Medical Staff and/or medical center's Administrator-on-Call will be called and may exercise the option of canceling elective admissions.
- d. Priority rounds by members of the medical staff must be completed by 12:00 noon.
2. Following assessment of the bed situation, the Administrative Throughput Coordinator/Director of Nursing will complete the following steps to divert:
 - a. Consult with the Administrator-on-Call who will speak with the President of the hospital or Chief Medical Officer to make the decision as to whether to implement a divert status.
 - b. If divert status is approved, The Administrative Throughput Coordinator/Director of Nursing will notify the area rescue squads according to the policy set up in the Nursing Office/operator.
 - c. The Admitting Office will be notified.
 - d. Area hospitals (ER's at Dover, Warren, Hunterdon and Newton and medical command at Dover and Hunterdon) will be notified.
 - e. Medical Staff President will be notified when HRMC is on Critical Care and Full Divert.
3. Whenever Divert or ED Divert status has been invoked, it must be recorded in the logbook in the nursing office.
4. As soon as one (1) bed is available in ICU or two (2) Med/Surg beds are available, Divert Status will be discontinued.
5. Regardless of the hospital's ED Divert and diversion status, no person requiring emergency care will be turned away from the Emergency Department.
6. The status must be updated every two (2) hours for ED divert, four (4) hours for any other divert or as the situation changes.
7. Quarterly the number of diverts will be reported to the ER/Special Care Committee. The data is collected in the Nursing Office.

RESOURCE:

- NJHA 2002
- Updated Hospital Diversion Guidelines