

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

I. Title

Determining Hospital and Emergency Department Diversion (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. Determining Bed Capacity and Facility Diversion (Saturation) 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 Emergency Department/Trauma Service Physician Leadership will evaluate all data and make the final determination that UTMB will be placed on the diversion (saturation) status applicable to the circumstances existing in the facility. If UTMB is on diversion (saturation) status, transfers may not be accepted for services that are on diversion (saturation) 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.

IV. Termination of Diversion (Saturation) Status

If it is determined that the conditions prompting diversion (saturation) status have resolved, the Health System Administrator On Call, the Emergency Department Nursing Leadership, and the Emergency Department/Trauma Service Physician Leadership will evaluate all available data and make the final determination that UTMB will cease to be on diversion (saturation) status.

V. Conditions for Consideration of Diversion (Saturation)

A. Trauma Diversion (Saturation):

- 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 patients exceeds personnel available to provide care and no beds available.

B. Medical Diversion (Saturation):

- Two or more Medical ICU patients awaiting beds; or
- The number of patients exceeds personnel available to provide safe care.

C. Neurosurgery Diversion (Saturation):

- Two or more active surgeries, one of which is traumatic, consider activating neurosurgery diversion (saturation) at the discretion of the neurosurgery attending on call.

VI. 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 \(Rev. 60, 07-16-10\)](#)

VII. Related UTMB Policies and Procedures

[IHOP - 09.01.12 - Interfacility Transfer of Patients from UTMB](#)
[IHOP - 09.01.16 - Admission of Interfacility Transfer Patients](#)
[IHOP - 09.01.21 - Examination and Treatment for Emergency Medical Conditions and Women in Labor](#)

VIII. Dates Approved or Amended

<i>Originated: 09/02/2010</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>
05/03/2012	
08/04/2015	
12/04/2017	

IX. Contact Information

Emergency Services – Administration
 (409) 772-9067