I. Purpose:

To provide safe quality care for our obstetrical patients within the Women’s Patient Care Center. To outline the procedures for initiating and managing patient throughput in Labor and Delivery, OB Triage, and Maternal Special Care (MSC)
II. Policy:

The efficient management of high patient volume is essential to minimize the diversion of patients from the Tertiary Obstetrical Services at Vanderbilt University Hospital. When diversion status becomes necessary because of lack of capacity and/or capability to treat additional patients, a diversion status may initiated and managed by of advising EMS and transferring facilities of our diversion status and the need to transport Level III Maternal Fetal Medicine patients to another comparable facility. The facilities available in Tennessee are: University of Tennessee Regional Medical Center at Memphis, Erlanger Medical Center/ T. C. Thompson Children’s Hospital in Chattanooga, Johnson City Medical Center in Johnson City, and University of Tennessee Medical Center at Knoxville.

III. Definitions:

A. Diversion- To temporarily divert patients to Vanderbilt into our Labor and Delivery, Triage, and Maternal Special Care Unit due to lack of capacity and/or capability.

IV. Specific Information:

For specific information related to patient transfer, please refer to policy OP 10-40.25

V. Procedures:

A. Diversion of patients of VUH Maternal Fetal Medicine services to an alternate tertiary care center will be initiated only after other options to manage high patient volume have been exhausted and it is determined that it is necessary in the interest of patient safety. Refer to OP 10-20.05 Management of Emergent Transfers to Vanderbilt (VUH).

B. Individuals departments within the Women’s Patient Care Center at VUH must continuously evaluate resources and patient demand and implement strategies for providing continued full-service to the community and minimizing diversion status.

C. Management of Labor and Delivery Staffing will be by the L&D Charge Nurse during High Census/Acuity Adjustment. In the event that additional...
staff is required on a shift the following procedures will be utilized to increase the number of staff for that shift.

1. The Charge Nurse will call in the scheduled call person
2. The Clinical Staffing Resource Center will be notified of the need for additional staff and what shifts are available.
3. Part time staff will be offered the opportunity to work over or work an extra shift
4. Full time staff will be offered the opportunity to work over or work an extra shift
5. This will require approval by the Administrator On-Call. The Manager, Assistant Manager and Educator will be in staffing prior to mandatory stay over occurring. Mandatory stay over will be used only in the event that staffing needs cannot be met by any other method. This will only be for 4 hours and only as a last resort. After the initial rotation, mandatory stay-over will be determined by the date of the last stay over in the same manner.
6. It is the responsibility of each staff member to fill in the dates they were either called off, reassigned, or required to stay over on the designated unit based list

D. In the event the Labor and Delivery/OB Triage/MSC Unit is at the capacity of 22 beds, the L&D Charge Nurse may notify the Charge Nurse of 4 East to request additional beds. Additional patients may be triaged and or admitted to 4 East beds if there is capacity and capability. Refer to Appendix A for the Obstetric Overflow Algorithm.

E. In the event the 4 East is at the capacity of 32 beds, the L&D Charge Nurse may notify the Charge Nurse of 4 South to request availability of additional beds. Additional patients may be triaged and or admitted to 4 South beds.

F. As a State designated Tertiary Care Center for Maternal Fetal Medicine Services the Women’s Patient Care Center at VUH seeks to avoid diversion to other regions.

VI. Authority and Accountability for Diversion and Alternate Transfers
Acceptance of Obstetric Care Patients:

A. The Maternal Fetal Medicine Attending will accept all transports for high risk obstetrical services. If the high patient volume prevents acceptance at VUH, he or she will advise the transferring facility of VUH’s diversion status and recommend transport of the patient to another Regionalization Center for Tertiary Care.

B. The Maternal Fetal Medicine Attending will work collaboratively with the Labor and Delivery Charge Nurse and the Neonatal Intensive Care Unit Attending to make every effort to determine if the Obstetrical patient being transported can be accepted at VUH.
C. The Chairperson of OB/GYN will be notified, as well as, the Administrative Director and Labor and Delivery Manager whenever diversionary status requires that a patient is to be sent to another Regionalization Center.

VII. Documentation:

In the event of high patient volume and a Maternal Fetal Medicine patient has to be transported to another Region’s Tertiary Care Center the following paperwork must be filled out by the manager or the Manager on-Call. This completed form will be submitted to the Administrative Director for the Women’s Patient Care Center. Office of Emergency Communications (OEC) maintains a record of all diversion initiations, a record of the type of diversion, date and time called and rescinded, involved individuals, and documentation demonstrating the capacity and capability resulting in the diversion.

VIII. Cross References:

VCH OP 80-10.15 Diversion at Vanderbilt Children's Hospital (VCH)
VCH OP 10-20.05 Management of Emergent Transfers to Vanderbilt (VUH)
VUH OP 10-40.25

IX. Endorsement:

OB-PCC Committee Date

X. Approval:

Bennett Spetalnick, MD Date
Medical Director

Robin Mutz, RNC, MPPM Date
Administrative Director for Women’s PCC

Howard W. Jones, III, MD Date
Profession and Chairman, OB-GYN Department
Appendix A

The flowchart below outlines the process for placing patients within the Vanderbilt Center for Women's Health. The algorithm varies for each patient type. “Plan A,” or the green level, is the first plan for overflow. “Plan B,” or the yellow level, is secondary, and so on. Implementation of the “Baby Boom Alert” may be necessary at any point in order to facilitate rapid room turnover during high census periods. Notify the AC whenever the “Baby Boom Alert” is activated.

This plan is simply an attempt to provide structure to how we place patients, and may be altered as the need arises. Alterations should involve charge nurses and management, and should be based on patient acuity, staffing needs and availability, and the most appropriate plan for ensuring patient safety.

### Overflow Algorithm

<table>
<thead>
<tr>
<th>Post Partum Patients</th>
<th>Antepartum Patients</th>
<th>Triage Patients</th>
<th>L&amp;D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan A</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L&amp;D</td>
<td></td>
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<tr>
<td>Will hold patients on L&amp;D until only 2 beds are available, then will overflow PP patients to MSC beds.</td>
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<tr>
<td>Notify Women’s Case Manager or Case Manager OVC to help facilitate patient throughout</td>
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<tr>
<td>L&amp;D</td>
<td></td>
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<tr>
<td>When L&amp;D has only 2 vacant beds, high acuity antepartum patients will be moved into PP rooms 4001-4004</td>
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<tr>
<td>Notify 4 South Charge Nurse &amp; 4 South Manager of the possibility of overflowing onto 4 South</td>
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<tr>
<td>MSC</td>
<td></td>
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<tr>
<td>All PP beds are full, L&amp;D has only 2 empty beds, and MSC is full, PP patients will overflow to 4 South</td>
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<tr>
<td>Notify L&amp;D and 4E Managers or Manager OVC of current volume status, and that overflow has reached 4 South</td>
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<tr>
<td>Post Partum</td>
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<tr>
<td>If all L&amp;D beds are full, L&amp;D has 10 beds full and PP rooms 4001-4004 are occupied, high acuity antepartum patients will overflow to 4 South</td>
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<td></td>
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<tr>
<td>L&amp;D</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When Triage, L&amp;D &amp; MSC beds are full, Triage patients will overflow to 4 South</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Triage Beds</td>
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</tr>
<tr>
<td>When L&amp;D and MSC beds are full, laboring patients will overflow to Triage beds</td>
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</tr>
</tbody>
</table>

**Manager(s) will page/contact the appropriate individuals to update on the current situation and conference call if necessary:**

- Administrative Coordinator (AC) (457-2749)
- Administrator of Women's (835-5132)
- Assistant Administrator of Women's (835-9777)
- Medical Director L&D (835-0142) & 4E (835-8961)
- Newborn Nursery/NICU Manager (831-8149) & Director (835-4882)
- Charge Nurses - L&D (835-), 4E (835-8961), NICU (835-4889)
- 4 South Nurse Manager (835-9293) & Director (835-9058)

- Attending MD in L&D (405-1410) & Triage Provider (322-0168)
- Clinic Manager (835-6948) & Access Manager (835-1826)
- Clinic Ass. Manager (835-1298)