Women’s Patient Care Center

Policy Title/Number: **No Diversion Policy at Vanderbilt’s Women’s Patient Care Center (VUH)**

        OB/GYN Intranet Website

Categories:

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             and Delivery.

Review Responsibility: OB PCC Committee
                     Women’s Patient Care Center Executive Leadership
                     Committee

Effective Date: August 2007

Last Revised Date: August 2007

Team Members Performing:

     X Charge Nurse
     X MFM Attending
     X Administrative Director
     X Chair of OB/GYN

Guidelines Applicable to:

     X VUH
     X VMG
     VCH
     PHV

Guidelines Applicable to:

     All patient care areas
     All inpatient areas
     Adult areas only
     Pediatric areas only
     Critical Care/Step-down areas only
     X selected areas (specify): Labor and Delivery (4N), 4 East, OB/GYN Clinic

Specific Education Requirements: Yes No

Physician Order Requirements: Yes No
No Diversion Policy at Vanderbilt’s Women’s Patient Care Center (VUH)

I. **Outcome Goal:** 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 at Vanderbilt University Hospital.

II. **Definitions:**

**Diversion**- means to alter the flow of patients into our Labor and Delivery Unit.

**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 necessary, because of lack of capacity or capability to treat additional patients, a no diversion status may be managed by arranging the placement of our Level III Maternal Fetal Medicine transport patients to another comparable facility outside of our region. The regions available in Tennessee are: University of Tennessee Regional Medical Center at Memphis, Erlanger Medical Center/ T. C. Thompson Children’s Hospital, Johnson City Medical Center in Johnson City, and University of Tennessee Medical Center at Knoxville.

III. **General Assumptions/Guidelines Principles:**

1.) Transfers (diversions) of patients from VUH Maternal Fetal Medicine Services will be avoided if possible. Alternate placement to another region’s 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.

2.) 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 alternate transports of these patients.

3.) 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 are required on a shift the following procedures will be utilized to increase the number of staff for that shift.
   A.) The Charge Nurse will call in the scheduled call person
   B.) Part time staff will be offered the opportunity to work over or work an extra shift
   C.) Full time staff will be offered the opportunity to work over or work an extra shift
D.) 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. 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.

E.) The Clinical Staffing Resource Center will be notified of the need for additional staff and what shifts are available.

F.) 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 list

4.) In the event the Labor and Delivery (4N) Unit is at the capacity of 12 beds, the L&D Charge Nurse may notify the Manager of 4 South for additional beds. Additional patients may be triaged and or admitted to 4 South beds.

5.) As a State designated Tertiary Care Center for Maternal Fetal Medicine Services the Women’s Patient Care Center at VUH seeks to avoid alternate transfers to other regions if possible.

IV. Authority and Accountability for Alternate Transfers of Obstetrical Care

1.) The Maternal Fetal Medicine Attending will accept all transports for high risk obstetrical services. If the high patient volume or acuity prevents placement at VUH he or she will personally arrange a transport of the patient to another Regional Center for Level III Perinatal Care and communicate the plan to the charge nurse for L&D and NICU, resident staff, transfer center and the accepting center’s attending/accepting physician.

2.) 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 make it possible to admit the patient being transported.

3.) The Chairperson of OB/GYN will be notified, as well as, the Administrative Director and Labor and Delivery Manager whenever a patient is to be sent to another Regional Level III Center.

V. Documentation Required:

All diversion occurrences will be recorded and maintained in an electronic log by the Transfer Center to compile data for review of trends established, and to evaluate the impact of diversion on Women’s Patient Care Center at VUH. Diversion may be reviewed by VUH Administration for appropriateness of actions and adherence to established policy and procedure.

V. Cross References:
VI. Endorsement:
Women’s Patient Care Center Executive Leadership Committee
Obstetrical Patient Care Center Committee

VII. Approval:

_________________________________________  ______________________
Larry Goldberg                                    Date
CEO, Vanderbilt Hospital

_________________________________________  ______________________
Marilyn Dubree                                   Date
Director Patient Care Services and
Chief Nursing Officer

_________________________________________  ______________________
Dr. Nancy Chescheir                               Date
Chair OB/GYN

_________________________________________  ______________________
Dr. Maureen Malee                                 Date
Director Maternal Fetal Medicine

_________________________________________  ______________________
Dr. Bennett Spetalnick                            Date
Medical Director Labor and Delivery

_________________________________________  ______________________
Robin Mutz, RNC, MPPM.                            Date
Administrative Director Women’s PCC

_________________________________________  ______________________
Beverly Scruggs, RN, BSN.                        Date
Manager Labor and Delivery