Temporary Capacity Acceptance Plan

5/10/2024

Due to the increase in volume of transfer requests and limited physical bed capacity and to continue the mission of St. Dominic Hospital ("St. Dominic's"), the following criteria for the acceptance of patient transfers will be in effect until the capacity challenges have normalized.

St. Dominic's capacity status and requested patient transfers will be reviewed every six (6) hours by service line directors and hospital administration, and notification of changes to this process will be made via email and in meetings with healthcare partners and agencies.

The most up-to-date Temporary Capacity Plan (TCP) is located at www.stdom.com\access.

All patient transfers will be coordinated via the PACE center at 601-200-2777. Coordinators will take information and will provide a capacity screen based on the below criteria. If the patient transfer meets criteria or patient access nurse/paramedic has questions, they will connect the sending provider with the listed Emergency Department provider in the following examples. Escalation to the CMO or designee physician is at times necessary in complex cases.

Transfers will be accepted base on hospital and Emergency Department bed availability (Capacity).

Based on the healthcare capacities in the State of Mississippi and the unique healthcare specialists at St. Dominic's, St. Dominic's will accept the following patient transfers under this temporary capacity plan:

1. Patients that have been concluded to require services provided only at St. Dominic's or at a very limited number of hospitals in the state.
2. Complex patients that have had recent surgical or medical procedures (including wearable devices or monitors) at St. Dominic's and the continuum of care is vital to the healthcare of this patient. Defined as having been recently hospitalized at St. Dominic's within last 2 months or had inpatient surgery within the last 4 months confirmed by EPIC records
3. Patients that need medical-surgical capability as defined in this plan.

This notice excludes behavioral health patients. Behavioral health capacity and Labor and Delivery are separate and sending providers should contact the Patient Access Center for current St. Dominic's capacity.

Medical-Surgical Transfers/Admissions

- If not accepting patient to the ED for medical surgical cases- will not be accepting direct admits. All efforts will be made to accommodate these patients with outpatient, informed emergency department referrals or other ways that limit acute inpatient bed utilization.
- Med-surgical classification of patients is determined by the sending physician/provider
- The following patients that are commonly borderline at community hospitals are generally considered Med-Surg patients at St Dominic Hospital
    - Non-intubated NSTEMI'
    - GI Bleed with stable vitals and mental status

- Those patients that have an established complex medical or surgical history as defined above.

Intensive Care Transfers/Admissions

- Complex Medical/Surgical Patients
    - Those patients that have an established complex medical or surgical history as defined above.
    - If no capacity for immediate transfer, especially in the middle of the night, PACS will take name/number and will call back during daylight hours to determine alternative plans that would be safe for the patient.

Neuroscience Patients

(Contact Neurologist on Call for clinical direction)

- Non-Traumatic subarachnoid hemorrhages (SAH) Acute Ischemic Stroke with Large Vessel Occlusion (LVO) in patient within 24 hours of last known well. (Interventional Stroke candidate)
    - Hospitals unable to do a CTA, the neurologist on call will discuss case with the sending provider to determine other metrics and criteria for interventional candidate in decision to accept.SEPAdmitted In-patients within the tPA window or have a confirmed LVO are treated like an emergency patient and accepted according to this plan.

- Post-tPA patients where local specialist care is not available:
    - Online assistance will be offered for post tPA patients and recommendations for local admission and monitoring for those hospitals that are otherwise able to keep them. Suggested that these hospitals follow provided recommendations. Post-tPA patients that follow this process will be accepted if any hemorrhagic conversions are noted.
- Intracranial Hemorrhages
- Isolated Subdural Hemorrhages – without clinical or radiographic evidence of additional trauma.

Cardiovascular Patients

(Contact Emergency Medicine Physician for ED transfers involving vascular needs and the CV Surgeon on call for emergency CABG/Value issues)

- ST Elevation Myocardial Infarction (STEMI)
- Urgent/Emergent CV Surgical Cases (CABG/Valve)
- Urgent Vascular Case(s)- non-traumatic

Direct Admits

- Will follow the plan outlined above for direct admits.
- No preference is provided for patients that are established patients unless they meet this plan
- All efforts will be made to consider outpatient therapy, referral to home health or delayed admission
- All direct admits will be reviewed by hospital observation physician to ensure clinical criteria are met

Outpatient - Wait and Return

- Inpatients/Observation or Emergency Department patients that need specialized medical care or procedure (GI, Cardiac, orthopedic, etc.) and would require an overnight stay may be considered for acceptance to complete the procedure and recovery then returned to the referring hospital for recovery and discharge.
- Case-by-Case basis based on patient's clinical condition. This should not be for emergency procedures but for those procedures that are or might be needed and present a barrier to local admission. To activate this process, please email capacityclient@stdom.com or call PACS to initiate this process.

1 NSTEMI is a troponin twice the upper normal value with an upward trend (requires 2 troponin values) with a HEART Score > 4, no ST elevation on EKG and a creatinine < 2.0.

*Temporary Note: Will have some weekends this fall without Vascular coverage- please contact the PACE center (formally PACS) for more details on dates and restrictions. Questions or Comments: Email Capacityclient@stdom.com or call 601-200-6957 ----------

Special Note: 12/16/2021 (updated 9/16/2022) Revised capacity limitation for placement of AV Dialysis fistulas or managing complications (clot, infection, etc.) There is capacity to place tunnel catheters under interventional radiology to manage renal failure patients. This mainly impacts AV fistula complications and infections. Highlighted areas are changes from previous versions.