



	<b>Standard Operating Procedure</b>  <b>Standard Process for Regional Discussion while Maternity Program is on Diversion</b>	Doc. No.	BCD-11-16-40004
		Rev.:	00
		Rev. Date:	N/A




<b>SITE APPLICABILITY:</b>		
VCH, PHSA, PHC		
<b>PURPOSE:</b>		
<p>VCH/PHSA/PHC sites with planned maternity services may need to divert patients due to COVID-19 positive admissions to their labour units. They anticipate that the workload for those patients will be increased and will stretch their capacity to provide safe care to non-COVID-19 positive patients.</p> <p>This diversion might fall outside the usual criteria for diverting labouring patients but still must be done in a safe manner.</p>		
<b>SCOPE:</b>		
<b>Process Summary:</b> <div style="text-align: center;">  <pre> graph LR     A[CONTINUOUS SURGE MANAGEMENT] --&gt; B[PUTTING MATERNITY PROGRAM ONTO DIVERSION]     B --&gt; C[MANAGEMENT WHILE ON DIVERSION]     C --&gt; D[CONTINUOUS MONITORING &amp; RE-ASSESSMENT]     D --&gt; E[TAKING MATERNITY PROGRAM OFF DIVERSION]           </pre> </div>		
<b>RESPONSIBILITIES:</b>		
<p>To ensure that diversion of <b>low risk labouring</b> patients is initiated and terminated in a timely fashion and appropriately when patient demand exceeds capacity.</p> <p>VCH sites with planned maternity services may also need to divert patients due to COVID-19 positive or Patients Under Investigation for COVID-19 (PUI) admissions to their labour units. Leadership at VCH sites anticipate that the workload for those patients will be increased and will stretch their capacity to provide safe care to patients not on isolation.</p> <p>In the COVID-19 diversion scenario, consideration may need to be given to an earlier transfer than would routinely occur –if indicated, the patient may be discharged home until active labour and then asked to present at another hospital. The patient will be provided instructions about who the receiving provider will be.</p> <p><b>**Note:</b> Patients that are requiring transfer in (i.e. planned home delivery requiring admission) will be diverted to other sites as required using the standard PTN process by provider from home.</p>		
<b>PROCEDURE:</b>		
<b>PUTTING MATERNITY SITE ON DIVERSION</b>		
<b>1</b>	<b>Notify regional maternity site</b>	The <b>Manager, PCC, Admin On Call, or Site Supervisor</b> sends out standard email to inform site and regional leaders about Diversion Status. Email to be sent to the <b>Regional Operations Maternity Leads Distribution List</b> ).

**Note:** This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

  	<b>Standard Operating Procedure</b>  <b>Standard Process for Regional Discussion while Maternity Program is on Diversion</b>	Doc. No.	BCD-11-16-40004
		Rev.:	00
		Rev. Date:	N/A

	<b>leaders re: Diversion</b>	<p>(For BCW: Also send to <b>_BCW_Diversion Distribution List</b>)</p> <p>(For RH Also Send to #RHS - Staff Support Coordinators &amp; #RHS - Admin On Call)</p> <p><b>‘Diversion Email’ Content: (FREQUENCY: SEND 1 PER SHIFT)</b></p> <p><b>Subject Line:</b> _____ Program and Hospital on Diversion</p> <p><b>Diversion was initiated at (time and date).</b></p> <ul style="list-style-type: none"> <li>• Please be aware patients MAY BE diverted.</li> <li>• Refer to Diversion Standard Process <ul style="list-style-type: none"> <li>○ See Appendix B for Email Template including Diversion Criteria</li> </ul> </li> <li>• Updates will be provided via email (FREQUENCY – once/shift)</li> <li>• Questions and concerns may be brought forward via site leadership</li> </ul>
2	<b>Contact Patient Transfer Network (PTN)</b>	<b>CN, CNL, PCC, or Site Supervisor</b> Updates the Patient Transfer Network (PTN) that unit on diversion.
3	<b>Notify Providers and NICU</b>	<p><b>CN, CNL, or PCC</b> Notifies appropriate people for site:</p> <ul style="list-style-type: none"> <li>• Maternal Fetal Medicine</li> <li>• Level One Obstetrician</li> <li>• Onsite/On Call Obstetrician</li> <li>• Pediatrician On Call</li> <li>• NICU PCC</li> <li>• NICU Neonatologist On Call</li> <li>• NICU Flow Coordinator (days)</li> <li>• Midwifery</li> <li>• Manager/ Admin on Call</li> </ul>
<b>MONITOR UTILIZATION WHILE ON DIVERSION</b>		
#	Major Steps	Details/Pictures/Visuals
4	<b>Update Utilization Status</b>	<p><b>Manager, PCC, Admin On Call, or Site Supervisor</b> sends email update to <b>Regional Operations Maternity Leads - PHC/VCH/PHSA</b></p> <p>(For BCW: Also send to <b>_BCW_Diversion Distribution List</b>).</p> <p>(For RH Also Send to #RHS - Staff Support Coordinators &amp; #RHS - Admin On Call)</p>

**Note:** This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

  	<b>Standard Operating Procedure</b>  <b>Standard Process for Regional Discussion while Maternity Program is on Diversion</b>	Doc. No.	BCD-11-16-40004
		Rev.:	00
		Rev. Date:	N/A




		<ul style="list-style-type: none"> <li>Updates will be provided via email (FREQUENCY – once/shift or if diversion status changes sooner)</li> </ul>
5	<b>Regional Coordination</b>	<p>Maternity program on diversion organizes <b>PMs/PDs</b> to connect via skype/teleconference to discuss regional impacts and coordination of patient flow when:</p> <ul style="list-style-type: none"> <li>diversion of a site persists greater than 12hours and other sites significantly impacted, or at mutually agreed upon time (i.e. next morning)</li> <li>Local EOC triggers this direction</li> </ul> <p>Regional meeting agenda:</p> <ol style="list-style-type: none"> <li>Review diversion status and estimated timeline if known</li> <li>Communication process for impacted provider/department groups</li> <li>Review regional site capacity to accommodate</li> <li>Determine if assistance outside region is required</li> </ol>

## TAKING MATERNITY UNIT OFF DIVERSION or UPDATE

#	Major Steps	Details/Pictures/Visuals
6	<b>Notification re: Hospital Off Diversion</b>	<p>The <b>Manager, PCC, Admin On Call, or Site Supervisor</b> sends standard email to <b>Regional Operations Maternity Leads - PHC/VCH/PHSA (see appendix A)</b>.          (For BCW: Also send to <b>_BCW_Diversion Distribution List</b>)          (For RH Also Send to #RHS - Staff Support Coordinators &amp; #RHS - Admin On Call)</p> <p><b>‘Diversion Update Email’ Content:</b></p> <p><b>SUBJECT LINE:</b> _____ Program at (Hospital) Remains [ON DIVERSION / is OFF DIVERSION]</p> <p>(note: no further message in the email body required).</p> <p><b>The Manager, PCC, Admin On Call, or Site Supervisor informs PTN that diversion has ended.</b></p>




### REFERENCES/ASSOCIATED DOCUMENTS:

- [Appendix A: Clinical Criteria for Diversion of Low Risk Patients \(Labouring\)](#)
- [Appendix B – Diversion Email Template](#)

  	<b>Standard Operating Procedure</b>  <b>Standard Process for Regional Discussion while Maternity Program is on Diversion</b>	Doc. No.	BCD-11-16-40004
		Rev.:	00
		Rev. Date:	N/A

APPROVALS			
VCH-PHC EOC	VCH-PHC Regional EOC for COVID-19		June 08, 2020
Director	Director, Maternal Newborn Program, BC Women's, PHSA		June 08, 2020
Director	COO of BC Women's Hospital and Health Centre, PHSA		June 16, 2020
DEVELOPERS			
Development Team	<p><b>Developer Lead(s):</b></p> <ul style="list-style-type: none"> <li>Director, Maternal Newborn Program, BC Women's</li> <li>Regional Director, Maternal Child Program, VCH</li> </ul> <p><b>Development Team members:</b></p> <p><b>Birthing Program Managers:</b></p> <ul style="list-style-type: none"> <li>Manager for Pediatric, Perinatal, Oncology, and Ambulatory Care, Acute Services, VCH - LGH</li> <li>Manager, Women and Children's Program, Women &amp; Children's Program, VCH, TRH</li> <li>Patient Care Manager - Maternity &amp; Neonatal Intensive Care, Maternity NU 3MC, PHC, SPH</li> </ul>		May 13, 2020
REVISION HISTORY			
Revision#	Description of Changes	Prepared by	Effective Date
00	Initial Release	Regional Director, Maternal Child Program, VCH	June 16, 2020

**Note:** This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.

  	<b>Standard Operating Procedure</b>  <b>Standard Process for Regional Discussion while Maternity Program is on Diversion</b>	Doc. No.	BCD-11-16-40004
		Rev.:	00
		Rev. Date:	N/A

## APPENDIX A




### Clinical Criteria for Diversion of Low Risk Patients (Labouring)

#### Inclusion:

- 37 to 42 weeks
- Cephalic Presentation
- Multips less than 3cm, Primips less than 6cm
- Normal health assessment
- Singleton fetus

#### Exclusion:

- Breech presentation
- COVID-19 Positive
- Diabetes requiring insulin
- Imminent delivery
- Increased blood pressure greater than 140/90 or evidence of pre-eclampsia
- Intrapartum hemorrhage
- IUGR less than 10% or oligo API less than 50
- Pre-existing or pregnancy related conditions affecting mother or fetus that would require more intensive monitoring during labour or postpartum e.g.
  - Active Substance Use
  - HIV positive mother
  - Identified congenital anomaly in fetus
  - Known medical illness in mother
  - New Beginnings Patient
  - Thick Meconium

  	<b>Standard Operating Procedure</b>  <b>Standard Process for Regional Discussion while Maternity Program is on Diversion</b>	Doc. No.	BCD-11-16-40004
		Rev.:	00
		Rev. Date:	N/A

## APPENDIX B - Diversion Email Template

**Diversion at (hospital) was initiated at (time and date):**

- **Please be aware patients MAY BE diverted.**
- **Refer to Diversion Standard Process**
  - See Criteria for Diversion below
- Updates will be provided via email (FREQUENCY – once/shift)

**Providers:**

- Please round to discharge appropriate patients as soon as possible
- Department heads – please ensure distribution of email to all members
- Expedite all outstanding consults and follow-ups
- Discuss all non-urgent procedures /pending admissions with CNL

**Clinical Criteria for Diversion of Low Risk Patients (Labouring)**

**Inclusion:**

- 37 to 42 weeks
- Cephalic Presentation
- Multips less than 3cm, Primips less than 6cm
- Normal health assessment
- Singleton fetus

**Exclusion:**

- Breech presentation
- COVID-19 Positive
- Diabetes requiring insulin
- Imminent delivery
- Increased blood pressure greater than 140/90 or evidence of pre-eclampsia
- Intrapartum hemorrhage
- IUGR less than 10% or oligo API less than 50
- Pre-existing or pregnancy related conditions affecting mother or fetus that would require more intensive monitoring during labour or postpartum e.g.
  - Active Substance Use
  - HIV positive mother
  - Identified congenital anomaly in fetus
  - Known medical illness in mother
  - New Beginnings Patient
  - Thick Meconium

**Note:** This material has been prepared solely for use at Providence Health Care (PHC), Provincial Health Services Authority (PHSA) and Vancouver Coastal Health (VCH). PHC, PHSA and VCH accept no responsibility for use of this material by any person or organization not associated with PHC, PHSA and VCH. A printed copy of this document may not reflect the current electronic version.