Title: **Emergency Department Zones**	Policy No: **SJMC ED CG8.1**	Date of Origin: 01/2018
Department/System: **Emergency Department Clinical Guidelines**	Reviewed: 09/19/2022	
	Revised: 11/1/2022	

I. POLICY

This clinical guideline is unique and separate from hospital maintained policies. This clinical guideline is specific to emergency department encounters. This is a summary of expected provider behaviors that have been demonstrated to support and optimize the hospital maintained policies.

II. PURPOSE

A standardized guideline for the clinical care areas and provider assigned roles during scheduled routine shifts

III. PROCEDURE

A. BLUE, RED and PURPLE PODs: Manage patients arriving by any means of arrival and any level of acuity including patients requiring psychiatric evaluation.
1. BLUE POD patients are placed in treatment areas 1-10 and hallway gurneys. BLUE POD receives patients 24/7/365.
2. RED POD patients are placed in treatment areas 40-58. RED POD receives patients 24/7/365.
3. PURPLE POD patients are placed in treatment areas 25-30, RWLS, HW and area 39. Red POD receives patients starting a 9a Thursday-Tuesday and starting at 7a on Wednesdays. Purple POD stops receiving patients at 9p and closes at 10p.
4. All patients arriving by EMS will be announced overhead using POD color assignment. For example “Arrival EMS bay, BLUE POD”. The purpose in announcing EMS arrivals overhead is to expedite MSE evaluation and initiate appropriate clinical protocols for time sensitive diagnosis such as SEPSIS, STROKE, and STEMI.

B. Patients are assigned to BLUE, RED and PUPRLE PODS using a round robin allocation.
1. The ambulatory arrival triage nurse uses a round robin allocation for patients arriving by private vehicle
2. The EMS triage nurse uses a round robin allocation for patients arriving by EMS.
3. No additional filters or patient allocation designations are routinely used. Specically, there is NOT a round robin allocation for “codes” or a unique round robin allocation for patients seeking psychiatric care.

C. All patients in the emergency department seeking care are ultimately the responsibility of all providers on duty at the time of service. Any unincumbered physician can/should seek opportunity to assist any color POD that is falling behind expected operational metrics.

II.

A. GREEN POD: Manages ESI 4/5 patients by any means of arrival. GREEN POD patients are placed in 31-35, and STWR. Green POD receives patients 7a-3a and closes at 4a.

B. FLOAT shifts: Manage any patient in any POD. The purpose of these shifts is to decompress the overall volume of patients on the busiest days (Monday/Tuesday) during the busiest times and to preferentially offload PODs that are overwhelmed by the patients assigned.

C. If there are unfilled shifts or unexpected/atypical needs, the RED POD attending will evaluate the needs of the department in realtime and act as the “Designated Physician On-Duty”. Any adjustments to physician hours or areas of assignment will be communicated to the entire team of physicians and APCs on duty and the Department Chair. If a solution is not immediately available, obvious, or logical, the RED POD attending will attempt to contact the Department Chair to develop an action plan.

D. GREY POD: Patients that have been medically screened and cleared without any active or acute medical needs that are awaiting a disposition destination facilitated by psychiatric or social services are placed in the GREY POD. Patients in this status are typically in rooms 11-23. These patients are rounded on daily with daily progress notes by the first PURPLE POD attending of the day.

IV. REFERENCES

Supplement: 9A Splitting 3s for Fast Track
Supplement: Splitting 45s for PIT
Supplement: RME Order Sets

V. AUTHORS/CONTRIBUTORS:

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