Reason for Change:
North Shore Medical Center in Salem, MA sees an average of 45,000 patients each year, including approximately 32 ambulances each day. They recognize that diversion can be very costly for the hospital, as time spent diverting patients means lost revenue. North Shore was also concerned about patients who leave without being seen (LWBS).

Implementation:
North Shore decided to address this problem from a multi-disciplinary standpoint, as the problem is not strictly an ED problem. North Shore’s solution was to create a Code Purple, a step before Code Red (diversion). Code Purple is announced hospital-wide via intercom, and is essentially a call to action for the hospital to re-focus key resources to the ED. For example, inpatient staff will prepare rooms for ED patients and decide whether or not any patients can be immediately discharged, and hospitalists go to the ED to help write orders.

Code Purple is triggered by factors including patient acuity, the number of patients waiting to be seen, and staffing.

Results/Impact:
In its first year, Code Purple was used 30 times. As a result, the hospital was able to avoid going on diversion in 45 percent of those cases. While these results are not as great as they had hoped, North Shore feels that overall it is a successful protocol. Typically within two hours of calling Code Purple the ED is able to move four patients into inpatient beds, and discharge another 12 patients. By opening up a few beds, staff are comforted knowing that they will have the capacity to handle a trauma patient should one arrive.