HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES

MANAGING PATIENT FLOW

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Effective Date: January 2008 | **Policy No: AD85**
Cross Referenced: | **Origin: Patient Care**
Reviewed Date: 6/2013 | **Authority: Chief Nursing Officer**
Revised Date: 6/2015 | **Page: 1 of 4**

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SCOPE
All patient care areas

PURPOSE
To define strategies as well as provide guidelines for managing capacity and the flow of patients throughout the organization during an increase in patient census.

DEFINITIONS
A designation of Mild, Moderate, or High Capacity status is utilized to determine the census, flow and capacity demand:

- Mild capacity indicates a smooth patient flow.
- Moderate capacity (Phase I) indicates a challenging, but manageable patient flow.
- High capacity (Phase II) indicates that significant patient-placement difficulties could occur.

POLICY
It is the policy of HRMC to implement a plan for managing patient capacity and preventing overcrowding. Overcrowding is a system-wide problem, and not one that is limited to the Emergency Department and the Post Anesthesia Care Area. The Chief Nursing Officer or designee makes the decision to execute the Plan for increased census demands.

PROCEDURE
A. Daily Bed Huddles
Based on the established alert criteria described below, daily huddles will be instituted as needed in order to plan for improved patient flow, and act on anticipated admissions, transfers, and discharges. The Nursing Administrative Coordinator, who functions as the Bed Control Nurse, in collaboration with the Chief Nursing Officer or designee will assemble the huddle team. The team defines specific problems occurring that day and makes specific plans to solve these issues.

B. Core team members include:

- Nursing Administrative Coordinator/Bed Control Nurse
- Chief Medical Officer
- Emergency Department representation
- Administrator on-call
- OR/PACU/Vascular Lab
- Case Management
- ICU/PCU
- Environmental
- 3N/3S Medical/Surgical Units

The Bed availability huddle team shall have final accountability for processes that support patient flow. The team shall assess patient flow issues throughout the hospital, identifying impact on patient safety and implementing processes to mitigate any potentially adverse impact.
Specific areas that shall be reviewed include:

- Patients for whom no decision to admit has been made, but who are placed in "holding areas" for observation
- Processes for ambulance diversions (including the development of criteria to guide decisions about initiating diversion)
- Temporary bed locations (such as the Emergency Department and the Post Anesthesia Care Unit) for those admitted patients waiting for an inpatient bed

C. General agenda:

1. The meeting is limited to 10-15 minutes to strategize for effectiveness and efficiency flow of patients.
2. The representatives of the units identified as problematic, that day, give a brief synopsis of the state of the unit including anticipated admission, discharges and transfers.
3. Enlist the CMO to address physician issues and expedite discharges.
4. Use the bed meeting to evaluate Emergency Department divert or Operating Room cancellations. Only the CMO in collaboration with the President can approve ED diversion.
5. Additionally, the bed meeting can be used to discuss events that have occurred that have potential impact on the hospital, i.e., situations in the ED that may be addressed in the press, serious occurrences' in house, with potential for harm, and any situation that needs to be brought to the attention of administration for immediate review.

D. The plan assigns one of three levels of patient capacity that is assessed every four to six hours when an increase in patient census occurs. (The levels are outlined in an attachment.)

- **Mild capacity** indicates a smooth patient flow.
- **Moderate capacity** (Phase I) indicates a challenging, but manageable patient flow.
- **High capacity** (Phase II) indicates that significant patient-placement difficulties could occur.

E. Patient Capacity Status Designation Guidelines
Designation of a Mild, Moderate or High Capacity status level is assigned for managing census and expediting patient flow during increased census.

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Mild Capacity	Moderate Capacity	High Capacity
	Increased Census Plan Phase I	**Increased Census Plan Phase II**
Intensive Care Unit Census ≤7 Progressive Care Census ≤18 Overall Medical Surgical Census ≤ 90% capacity on the 3rd floor Potential Discharges < 10 Post Anesthesia Care Unit >5 Isolation beds considered for inclusion in overall bed availability. Consideration of patients in the Emergency Department who are potential admissions Consideration of patients in the PACU that are admissions	*Intensive Care Unit Census @8 *Progressive Care Census ≥ 19 Overall Medical Surgical Census > at 100% capacity on the 3rd floor Potential Discharges < 10 Post Anesthesia Care Unit > 5 Patients in the Emergency Department with admitting orders and no prospective bed assignment in the next 1.5 hours High Emergency Department Volume: > 14 with 2 - 4 patient admissions waiting for a bed assignment. Surgical patient being held in the PACU because of no available bed ***Critical Care Gridlock** No PCU beds available with absolutely no possibility of transfer or discharge. The annex will be open.	When the demands of an increased census and patient flow cannot be supported by Phase I of the Increased Census Plan, 4 South will be opened as a medical surgical unit. Patients currently on 3S can be moved to 4S. 3S will then be available to admit critical care patients. SDS(16 beds) may also be available to admit both medial surgical and critical care patients.

F. **Phase I** - Initiation of Phase I of the Plan for Moderate Capacity:

The Nursing Supervisor acts as the bed control representative and communicates with the Emergency Department and Nursing Administration and/or the, when the adult in-patient census has reached a point in volume that no in-patient movement can occur.

The Daily Patient Census Report is generated at 6:00 AM and 6:00 PM, and is utilized to assess the overall hospital census.

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Nursing Administration and/or the Nursing Supervisor assesses and considers the following:

The number of:
(1) Isolation patients who cannot be co-horted into another bed
(2) Patients holding in the Emergency Department who will not get a bed in one and a half hours
(3) Potential admissions in the Emergency Department
(4) Pending discharges
(5)Post-op surgical patients who will require a bed

The Nursing Supervisor notifies the Chief Nursing Officer of the situation, and the decision to activate **Phase I** of the Patient Capacity Status Designation plan is made.

Critical Care Gridlock – Annex will be open
In the case of Critical Care/PCU Gridlock, all of the steps outline in Phase I will be implemented. In addition to these steps the PCU annex will be opened on 3 South.

Upon activation of Phase I, the Nursing Supervisor notifies the Environmental Services Supervisor, who places additional beds and screens in the following designated areas:

- Create a Discharge Holding Area, recommended areas are:
  - Physical Therapy Gym
  - 3rd Floor Solarium
- Infusion Room on 3 South– 2 bed
- Room 335 – 2 beds
- Hallway on 3 North – 1 bed
- Hallway on 3 South – 1 bed
- Hallway on PCU – 1 bed

G. Phase II. Initiation of Phase II of the Plan for High Capacity:
When patient flow continues to be impeded and stabilization of the census does not seem evident, or Phase I does not meet the demands of the increased census and support patient flow, 4 South will be opened.

The Nursing Supervisor notifies the Chief Nursing Officer of the situation, and the decision to activate **Phase II** of the Patient Capacity Status Designation plan is made.

To prepare for implementation of Phase II, an additional inpatient Unit (4 South) will be opened and phone calls are initiated to determine availability of nursing staff.

Nursing Administration and/or the Nursing Supervisor notifies the Emergency Department Medical Director and the Chief Medical Officer of the current situation.

Telecommunications is notified that 4 South is opening for patient admissions/transfers.
Telecommunications will notify all other departments.

Nursing Administration and/or the Nursing Supervisor facilitates the preparation of opening 4 South, ensures readiness to accept patients and schedules nursing staff.