UNIT 1: SUPPORTING THE PATIENT THROUGH THE HEALTH CARE SYSTEM

Subject:	Full Hospital Policy and Utilization of Over Capacity Beds		
Approval:	NAC – November 2017	Date:	June 2017
		Review, Revision Date:	
			October 2017
Level:	Interdependent		
Specific to:	RN, RPN		

Purpose:
To facilitate the admission of patients requiring acute care hospitalization when the hospital is at or near full capacity. Admitting the right patient into the right bed the first time to ensure safe and effective patient care, while minimizing patient moves, remains the primary goal.

Policy:
Utilization of overcapacity beds described below is at the final discretion of the Flow Coordinator, Hospital Coordinator or Emergency Department Charge Nurse (after-hours).

Definitions:
Overflow Condition:
An overflow condition occurs when a unit is accommodating patients beyond the normal capacity of the unit (see chart page 2), and these additional patients can be managed with normal staffing complements. The unit Director has the discretion to assign additional staff based on the unit's acuity.

Surge Condition:
A surge condition occurs when all normal capacity and overflow beds are occupied and a unit is accommodating patients beyond the overflow capacity of the unit (see chart page 2), requiring additional staffing complement.

Normal, Overflow and Surge Capacity by Unit:

UNIT	NORMAL CAPACITY	OVERFLOW CAPACITY	SURGE CAPACITY
L500 Mental Health	16	17 to 18	19 to 20
M200 Acute Medicine	18	19	NA
M300 Rehabilitation	22	NA	NA
2100 Complex Continuing Care	21	NA	NA
2200 Acute Medicine & Palliative Care	27	28 to 29	NA
2300 Acute Medicine	12	13 to 14	15 to 16
2400 Surge Unit	0	0	9
2500 Surgical	16	17 to 18	NA
2600 & 2800 Maternal Child & Women's Health	14	15 to 16	NA
2900 Critical Care Unit	12	NA	13 to 14

Protocol:

Overflow condition:

a. Consideration should be given to transferring patients from a unit at or near capacity to another unit with available beds if the patient meets the admission criteria for the receiving unit (e.g. CCU to Mental Health or Acute Medical-Surgical to Rehabilitation)
b. Patients may be assigned to overflow beds
    I. When all normal capacity beds for the desired inpatient service are occupied, OR
    II. To avoid admitted patients from being held in the Emergency Department, OR
    III. To avoid surgical cancellations, OR
    IV. To ensure repatriation of patients within the established time targets
c. Patient Flow Coordinator or Hospital Coordinator may request an emergency bed meeting if required.
d. An email notification utilizing Appendix A or the Hospital Coordinators evening communication report will be sent to directors and the VP of Patient Services by the Patient Flow Coordinator or Hospital Coordinator to advise of the overflow condition. This information will also be communicated to the administrator on call

Surge condition:

a. Patient Flow Coordinator or Hospital Coordinator may request an emergency meeting with the inpatient charge nurses, directors, VP of Patient Services, administrator-on-call and lead hospitalist when a fifth Medical Surgical overflow bed is utilized and the number of anticipated admissions exceeds the number of anticipated discharges plus available beds. The anticipated use of a sixth or seventh overflow bed and the need for call-in staff will be discussed at this time
b. Call-in staff (for 2300/2400 surge) will be identified and placed on-call. These staff may be activated at the discretion of the Unit Directors or Hospital Coordinator depending on patient acuity and anticipated admissions

c. An email notification utilizing Appendix A or the Hospital Coordinators evening communication report will be sent to directors and the VP of Patient Services by the Patient Flow Coordinator or Hospital Coordinator to advise of the overflow condition. This information will also be communicated to the administrator on call
d. Bed alert (Appendix B) to be communicated to partner hospitals by the Patient Flow Coordinator or Hospital Coordinator
    I. Tillsonburg Memorial Hospital
    II. Alexander Hospital

Guidelines:

1. Admitting the right patient into the right bed the first time to ensure safe and effective patient care remains the primary goal
    a. Medical patients admitted to M200, 2200 or 2300
        i. COPD patients admitted to 2200
        ii. Palliative care patients admitted to 2200
    b. General Surgical patients admitted to 2500
    c. Gynecologic or Pediatric patients admitted to 2600
    d. Bariatric patient-specific rooms are M217, M223, 2217, 2223. If these rooms are not available, a bariatric patient can be accommodated in any standard hospital room
2. General Surgical patients from Tillsonburg Hospital and Alexandra Hospital will be accepted as per the existing Memorandum of Understanding
3. All efforts should be made to repatriate “Code STEMI” and “Code Stroke” patients according to established time targets
4. Hip fracture patients that have had surgical intervention at another facility must be repatriated within established time targets
5. Gender cohorting of patients, if necessary, is at the discretion of the leadership team
6. Hospital Coordinator will communicate the after-hours admission plan to charge nurses to be in effect between the hours of 2300-0800 on weekdays and 2300-1300 on weekends using the iFlow application.
7. Unit Directors or Hospital Coordinator to consider reallocating staff from lower-occupancy units to accommodate increased patient workloads in other clinical units
8. When medical-surgical patients are admitted to CCU as a result of capacity issues, efforts should be made to utilize the CCU surge beds (semi-private, see below: Surge Plan for CCU/Criticall) to accommodate these admissions
9. The capacity of CCU to admit medical-surgical patients is limited: use of overflow beds on acute medical-surgical units should be considered before assigning the last available private room in CCU, which ideally should be reserved for a patient requiring critical care level nursing

<u>Surge Plan for CCU/Criticall:</u>

a) If unable to transfer a stable patient out of CCU, 2930-2, 2937-2, 2941-2 can be utilized as surge accommodation up to 2 additional patients. The unit Director or

Hospital Coordinator has the discretion to assign additional staff based on the unit's acuity

Surge Plan for Acute Medical and Surgical In-Patients

a) Two surge beds available on 2300 unit (2314-2, 2319-2), with three additional beds on 2400 unit (2414, 2415, 2418), will be staffed by the on-call nurse
b) Six additional surge beds are available on 2400 unit (2412, 2413, 2417-1, 2417-2, 2420-1, 2420-2) and can be utilized with additional staffing resources as discussed at the emergency bed huddle

Surge Plan for In-Patient Mental Health:

a) Current bed census for L500 is 16 plus 3 seclusion rooms.
b) If a patient is to be admitted to a seclusion room i.e. L510, L511, L512, notify admitting and a room on the unit will be closed for the patient to return to eg. L521
c) For admissions when census reaches 16, voluntary patients would be admitted and form 1 patients from WH Emergency Department, Tillsonburg, and Ingersoll admissions would go to the identified overflow beds L526-2 and L528-2
d) When census reaches 18, no longer admit voluntary patients, only admit Form 1 patients from WH Emergency Department, Tillsonburg and Ingersoll. Surge beds are assigned to L539-2 and L522-2
e) Once census reaches 20 and a certified patient from WH Emergency Department, Tillsonburg or Ingersoll needs to be admitted, the Hospital Coordinator in collaboration with the L500 charge nurse will determine which voluntary patient could be transferred off L500 and admitted to another in patient (example patient on a LOA, weekend pass or a stable Psychiatric ALC patient with impending discharge. Note certified patients would not be transferred off unit L500
f) If WH cannot accommodate the certified admission the crisis nurse will seek out other Schedule1 facilities that could accept admissions
g) The unit Director or Hospital Coordinator has the discretion to assign additional staff based on the unit's acuity

Resolution:

When hospital census returns to normal:

a) Beds are closed as patients are discharged in order to maintain normal capacity beds per unit as above
    I. Efforts should be made to vacate 2400 unit surge beds in order to minimize use of on-call staff. A regular bed can be closed instead of a designated overflow bed in consideration of the estimated date of discharge of patients occupying these beds to avoid unnecessary patient moves

Originator:	M. Worsfold RN, Director of Mental Health and Patient Flow; J. Pool RN, Patient Flow Coordinator
Current Review/Revision:	M. Worsfold, Director of Mental Health and Patient Flow, J. Pool RN, Patient Flow Coordinator, S. Baker, RN, R. Walach, RN, H. Dantes, Director of ED
Responsibility:	Patient Flow
Distribution:	Clinical Practice Manual On Line
Reference:	

Appendix A

WOODSTOCK HOSPITAL

Overflow/Surge Capacity.

Please be advised that Woodstock Hospital is currently experiencing issues with capacity. Our inpatient units are either full or in overflow. Our expected discharges are not greater than our anticipated admissions. Directors should assess their staffing levels for their units to determine if additional staffing is required. Here is our current situation.

Department	Beds Available	Expected Discharges	Staff Shortage
Emergency Department			
2100 (Complex Care)			
2200 (Acute Med)			
2300 (Acute Med)			
2500 (Acute Surgery)			
2600 (Women's Health)			
2800 (Labour & Delivery)			
2900 (CCU)			
M200 (Acute Med)			
M300 (Rehab)			
L500 (Mental Health)			

We currently have _____ (number) repatriation/s to come in with the longest wait being _____(time in hours) coming from_____ (enter facility).
We currently have _____ (number) repatriation/s to go out with the longest wait being _____ (time in hours) going to _____(enter facility).

We currently have _____(number) patient/s waiting for admission to other facilities.
If you have any questions please contact us Patient Flow at ext. 2367 or Evening Coordinator at ext. 2482.

Appendix B

WOODSTOCK HOSPITAL

Surge Capacity

Please be advised that Woodstock Hospital is currently experiencing significant capacity issues in regards to admitted patients. We are currently at ____ (enter percent) capacity. We have _____ (number) of repatriation requests waiting for beds in other facilities.

We are requesting that your facility consider other regional partners for higher care level needs and are requesting that repatriations return to home hospital as soon as possible. We will continue to provide daily updates until our capacity issues are resolved. Thank you in advance for your assistance.

Please contact Patient Flow Coordinator at extension 2367 (Monday through Friday 08:00-16:00) or Evening Coordinator (after hours and weekends) at extension 2482 if you have any questions or concerns regarding our patient access and flow challenges.