

			ADMINISTRATIVE POLICIES & PROCEDURES MANUAL CODE: LD:0065 RE-REVIEW DATE: (Assigned by Policy Review Committee)
SUBJECT Full Capacity Protocol			
RESPONSIBLE DEPARTMENT, DIVISION OR COMMITTEE: Medical Director's Office			
EFFECTIVE DATE ORIGINAL POLICY:	EFFECTIVE DATE REVISED POLICY: 2/22/2001	SUPERSEDES POLICY NUMBER:	
	LAST REVIEW DATE: 6/15/06	DATED:	

SUBJECT: SBUH staff facilitates the admission of patients held in the Emergency department awaiting Acute Unit Bed assignments through utilization of the Full Capacity Protocol.

SCOPE: Hospital wide

PURPOSE: To facilitate the admission of patients held in the Emergency Department awaiting Acute Unit Bed Assignment.

POLICY: When a patient requires admission to an Acute Care Unit from the Emergency Department and that area cannot accommodate the patient because of lack of sufficient beds, the patient will be admitted to the next most appropriate bed. In the event appropriate hospital bed utilization has been maximized, and the number of admitted patients holding in the Emergency Department has prohibited the evaluation and treatment of incoming patients to the Emergency Department in a timely fashion, the admitted Emergency Department patients already awaiting in house acute care bed assignments will be admitted to acute care unit hall beds.

The Bed Utilization Coordinator will facilitate this policy. When unavailable the house wide and will assume responsibility and assign hall beds in conjunction with the Bed Control Supervisor. On nights and weekends the ADN on duty serves this role.

The placement of patients to hall beds will be implemented by the Bed Utilization Coordinator only after the Emergency Department Attending Physician, the Charge Nurse and the Bed Utilization Coordinator have declared the need to implement Full Capacity Protocol. The decision of patient placement by the Bed Utilization Coordinator after discussion with the Emergency Department Attending physician (if indicated) shall be binding.

If hall bed placement has been maximized and the Emergency Department is still overcrowded the Chief Executive Officer, Chief Operating Officer and the Medical Director or their designees will be notified and make decisions on implementation regarding deferral of elective and urgent cases and Emergency Department Diversion.

FORMS: None

POLICY CROSS REFERENCES: Commissioner of Health Memo on Emergency Department Overcrowding dated December 11, 2000.

DEFINITIONS: Full Capacity Protocol identifies "full capacity" when the main department of the ED is full and admitted (E.D.) patients are awaiting in-house placement..

All unoccupied acute floor beds should be utilized before Hall beds are used, where nurse competency permits such placement.

A. Patient Priorities for Hall Bed Placement:

- 1 Patients with minimal to moderate risk factor co-morbidity will be first considered for hall bed placement.
- 2.. Adults can be considered for a Pediatric Unit if a bed is available.

Telemetry patients will be assigned to hall beds only with approval of the Emergency Department Attending Physician and it has been confirmed that the receiving in - house unit has a telemetry box and a central monitoring slot.

B. Exceptions:

1. Patients on Acute Units ordinarily will not be moved to hall beds in order to make room for patients admitted from the Emergency Department.
2. Patients being transferred out of Intermediate Care or the Intensive Care Unit beds will not be placed in hall beds.
3. If hall bed utilization has been maximized and the ICU is full, and there is one or more ICU patients waiting in the Emergency Department, the next available floor bed will go to an ICU patient transferring out of ICU (not to a hall bed patient).
4. Any "exception" to the above will be with the individual approval of the Medical Director or designee.

PROCEDURE

A. Hall Patient Placement

1. The Emergency Department Attending Physician, Charge Nurse and the Bed

Utilization Coordinator will declare full capacity. If there is disagreement between the ED and the Bed Coordinator, the Medical Director or designee will be contacted for a decision.

2. The Bed Utilization Coordinator/house wide ADN will notify the Directors of Patient Care of the activation of the Full Capacity Protocol.

3. Nursing Staffing Office will notify the inpatient units that the E.D. Full Capacity Protocol is in effect and of the need to prepare for hall bed patients. Nurse Managers will be notified that Full Capacity Protocol has been implemented irrespective of that unit receiving a patient.

4. Patients admitted to hallways on in-patient units will be assigned, as possible according to service. Ordinarily no one unit will have more than two hall patients.

B. Hall Bed Exclusions:

Admitted Emergency Department patients that will not be placed in hall beds:

1. Patient requiring the Intermediate Care Unit or the Intensive Care Unit.

2. Vented patients

3. Patients requiring Negative pressure room. Patients with an isolation code, other than those requiring negative pressure, may be placed in hallways **only** with the approval of an Infection Control Practitioner.

4. Patients requiring 4 L or greater of oxygen.

5. Patients that require suctioning.

6. Patients that have diarrhea or are incontinent of stool are poor candidates for hall placement.

C. Procedures for Discontinuation:

1. Full Capacity Protocol may be discontinued when (1) The Emergency Department no longer needs hall bed placements or (2) The Emergency Department Attending, Charge Nurse and Bed Utilization Coordinator agree to stand down from the Protocol.

2. The Bed Utilization Coordinator/designee will notify the Nursing Staffing Office. The Nursing Staffing Office will notify all units.

D. Considerations for Patients Placed in Hallways

- 1. Patients will be placed in areas that least obstruct traffic flow. (e.g.: stretcher alcoves, treatment rooms).**
- 2. Patients will be placed, whenever possible, in areas with access to a bathroom.**
- 3. A nurse call device, such as a wireless call bell (preferable) or hotel bell will be provided.**
- 4. Curtains or privacy screens must be provided.**
- 5. A written Evacuation plan, and plan for transport of patient in case of fire/fire drill must be established by units receiving these patients.**
- 6. All patients held in inpatient hallways will be sent flowers after they are placed in an actual room. Admitted patients held in the ED >12 hours will be sent flowers once admitted to an inpatient bed.**
 - a) The Nurse Manager or designee will secure a supply of Greeting cards and Vouchers from the QOWL administrative representative (call 4-1956).**
 - b) The Nurse Manager or designee will assign a staff member to bring one voucher to the Gift Shop and exchange the voucher for a flower arrangement.**
 - c) The flowers and card will be brought to the patient after they have been moved out of the hallway to a designated inpatient bed.**
 - d) Nurse Managers will renew their par levels of cards/vouchers by completing a “Flower Voucher” sign-out sheet. When all cards/vouchers are used, the sign-out sheet will be exchanged for a new set of cards/vouchers.**