PURPOSE: To establish an overall management plan for Proctor Hospital resources to provide appropriate and consistent management of inpatient access when medical and health needs exceed the existing resources.

SCOPE: Departmental Organizational

POLICY: Proctor Hospital will monitor census, patient acuity and staffing levels and make operational adjustments to ensure safe, quality patient care. Each weekday at Daily Briefing census and resources are discussed to identify potential issues with bed management and/or staffing. (linked: Patient Flow)

High census/surge alert is defined as census above planned, staffing insufficient to meet the needs of the patients, an unexpected influx of patients, or any combination of the three events. A high census/surge alert is initiated to manage services proactively to continue to serve the community while maximizing use of resources.

The Vice President, Chief Nursing Officer or the Administrator on Call is notified if there is a surge in census or there is a surge of patients presenting for treatment. Only the Vice President, Chief Nursing Officer or the Administrator on Call can activate Level II or Level III of the Peak Census Plan. The Chief Nursing Officer or Administrator on call should also issue a Code 1/Emergency Management Plan (linked Code 1 Policy).

PROCEDURE:

1) The Peak Census Plan is implemented in three tiers and involves a bed management component and a staffing component. The tiers are:

a) Level 1 – normal day to day operations (linked to Patient Flow Policy)

b) Level II – when only 10% bed availability, patient acuity higher than planned or staffing insufficient to meet patient needs;

c) Level III – when only 5% bed availability or acuity high or staffing insufficient to meet patient needs)
2) As census and patient acuity can change rapidly, the following components of the tiers may be used to assist with patient placement and appropriate care.

a) **Level II (when only 10% bed availability or acuity high or staffing insufficient to meet patient needs)**

   i) **Nursing Supervisor (or designee):** When census surges:

   (1) Notify Vice President, Chief Nursing Officer or Administrator on Call (AOC) of the census, available beds, and patients waiting for bed assignment and staffing issues; and as needed:
   (a) Notify Director of Laboratory to ensure sufficient staff available to ensure throughput and rapid turnaround of results to ensure timely discharge;
   (b) Notify Director of Food Service to ensure adequate staffing and meals available for increased census;
   (c) Notify Director of Housekeeping to ensure sufficient staff available for rapid turnaround of beds to facilitate patient placement;
   (d) Double occupancy may be required on some units based on availability of private rooms and admission type at this census level.
   (e) Review “outpatient in a bed” location to determine need to move these individuals to an alternate location
   (f) Report to IDPH Hospital Health Alert Network the current bed status
   (g) Contact personnel for future shifts. Nursing Supervisor may assign this task to clerical personnel (linked to nursing policy)
   (i) ED: board 2 critical OR 4 medical/surgical
   (ii) PACU: board 2 post-surgical

ii) **Nurse Managers/Case Managers/ Charge Nurse**

   (1) Develop a list of potential discharges and as needed:
   (a) Pharmacy needs, confirm transportation arrangements and make any other arrangements necessary for discharge.
   (b) Comprehensive Care: identify patients ready for step-down to general care beds; contact physicians for orders and implement in-house transfer request
   (c) Assist with care delivery as required
   (d) Conduct briefings/huddles throughout shift to identify changes in census levels

iii) Based upon direction from the Vice President, Chief Nursing Officer or Administrator on Call (AOC) the Vice President, Chief Medical Officer will be contacted to assist in evaluation of the census and determination of the need to cancel/postpone elective admissions.

3) **Level III (when only 5% bed availability or acuity high or staffing insufficient to meet patient needs)**

   i) **Nursing Supervisor (or designee)**

   (1) At daily briefing and/or when census surges notify Vice President, Chief Nursing Officer or Administrator on Call (AOC) of the census, available beds, and patients waiting for bed assignment and staffing issues.
   (2) Notify Director of Materials Management regarding potential supply issues
(3) Notify Director of Pharmacy to ensure sufficient supply of medications and sufficient Pharmacist to assist with Discharge Medication Reconciliation/

(4) Per direction of AOC post notification in Physician Lounge regarding census management and potential postponement of elective admissions as directed

(5) Reassign non-direct licensed personnel in Patient Services to Patient Care Units to assist with care delivery

(6) Notify all contingency staff of potential need to report to assist with care delivery not assume total patient care

(7) Based upon direction from the Vice President, Chief Nursing Officer or the AOC notify the Vice President, Chief Medical Officer to assist in evaluation of the census and determination of the need to cancel/postpone elective admissions.

(8) The Vice President, Chief Medical Officer will contact physicians to evaluate and triage bedded patients for potential discharge.

(9) Contact designated nurses to report to Patient Services Administration for assignment to a Patient Care Unit upon direction of Vice President, Chief Nursing Officer or AOC

(10) Conduct briefings/huddles throughout shift to identify changes in census levels

(11) In the event that the census of the unit does not allow patient placement contingency placement will be made using the Birthing Center (short-stay, uninfected females), critical care patients may be placed in PACU.

4) In the event that the hospital is at or beyond capacity the POD will be contacted for potential assistance. (See also System Wide Crisis Policy)

5) If all criteria are met consider hospital diversion BYPASS: Bypass will be the last intervention to be implemented and will be determined by the Administer on call during off shifts.

   i) All available inpatient beds are filled and
   ii) No Emergency Department monitored beds are available
   iii) Please see BYPASS policy.