TITLE: CAPACITY MANAGEMENT PLAN

PURPOSE: To define a plan to minimize boarding patients in the University Hospital Emergency Department and Post Anesthesia Care Unit (PACU), and prevent EMS diversion of major adult trauma and medicine. This supersedes policy dated 08/17/14 [Key Words: diversion, capacity]

POLICY STATEMENT:

Patients will be allocated proactively within University Hospital to both minimize patient boarding in the Emergency Department and PACU and to prevent EMS diversion for major adult trauma and medicine patients.

POLICY ELABORATION:

Implementation of this plan will enhance communication among all caregivers, especially nursing and provider staff, and will allow nursing staff to take certain actions to accommodate excess patient demand.

I. CAPACITY ASSESSMENT PROCESS

A. Capacity assessment, response, and level will be determined by the House Supervisor and will drive the ongoing assessment of patient flow.

B. The Capacity Response Levels, when triggered, require initial a round of Capacity Management Meetings.

1. Level I Capacity Response (triggered when criteria “a” or “b & c” are met)

   a. Emergency Department has 10 admissions waiting more than 1 hour for bed to be assigned.

   b. PACU has 2 waiting more than 1 hour after phase 1 recovery, and
c. The House Supervisor has determined that no foreseeable action(s)/plan(s) will relieve the congestion within 3 hours.

2. Level II Capacity Response (triggered when criteria “a” or “b & c” are met)

   a. Emergency Department has 15 waiting more than 1 hour for bed to be assigned.

   b. PACU has 4 waiting more than 1 hour for bed to be assigned, and

   c. Outside transfers may not be accepted due to internal hospital bed needs.

II. CAPACITY MANAGEMENT MEETINGS

The initial Capacity Management Meeting is called when the above criteria is met and will be held at least every 12 hours. Meetings may be more frequent at the discretion of the House Supervisor, until the Emergency Department and/or PACU are no longer holding patients with admission orders and/or the capacity scores drop below trigger thresholds.

A text message will be sent to the Capacity Response Team through EverBridge from the House Supervisor and will state the time and location of the Capacity Management Meeting.

III. RESPONSIBILITIES

A. Capacity Response Team

The Capacity Response Team is the collection of supervisory hospital personnel responsible for optimizing patient flow throughout the hospital. The House Supervisor is the
designated team leader, chairing all meetings and coordinating the efforts of the team.

1. The Level I group includes the following:
   a. All hospital Nursing Directors and Patient Care Coordinators
   b. Coordinators from the Emergency Department, Inpatient Units, and Perioperative Services
   c. Representatives from Care Coordination
   d. The Transportation Supervisor
   e. The Environmental Services Supervisor

2. The Level II group includes the following:
   a. All personnel listed under the Level I group
   b. The Hospital Chief Executive Officer (CEO)
   c. The Lead Emergency Medicine (EM) Physician
   d. The Lead Trauma Surgeon
   e. The Lead Hospitalist on that day
   f. The Chief Nurse Executive (CNE)
   g. The System Chief Operating Officer (COO)

B. Hospital CEO, System CNE, and System COO

   1. Are the proponents for this policy
   2. Ensure adequate personnel and material are allocated in support of this policy
   3. Ensure the policy is reviewed at least annually

C. Chief Medical Officer (CMO):

    Coordinates and supports medical staff activities described in this plan.

D. House Supervisor(s)
Authority to accomplish the responsibilities in this policy is delegated to the House Supervisor through the Hospital CEO, CNE, and the CMO. During a capacity response, the House Supervisor acts as their agent unless otherwise stated.

The House Supervisor

1. Chairs a bed capacity management meeting every 12 hours, regardless of current hospital bed status. The meetings will focus on pre-empting bed capacity issues.

2. Using the above criteria as a guide, activates Level I or II Capacity Responses as required. These responses will add additional personnel to the recurring bed capacity management meetings and will not affect the time or location of the meeting.

3. Contacts the Hospital Operator to send a text page to the persons listed on the internal capacity response grouper. The text page will specify whether a Level I or Level II Capacity Response is being called and include information as to the time and location of the capacity management meeting.

E. Nursing Directors/Designees

1. The Nursing Directors/designees will keep the House Supervisor advised of all discharges, transfers, and beds that become available, as they occur.

2. Prior to each bed capacity management meeting, Nursing directors will:

   a. Evaluate patients for possible discharge and/or downgrade. In addition to all patient demographic information, the Nursing Director and the In House Coordinator with Case Management will document any information regarding barriers to disposition
and required actions to advance the patient to discharge or downgrade. The House Supervisor may request the information at any time deemed necessary between meetings.

b. Evaluate patients scheduled to be transferred and expedite these transfers prior to the meeting. A written list of pending transfers to all outside facilities will be provided and reviewed at the capacity meeting.

In addition to all patient demographic information, the Nursing Director will document any information regarding barriers to transfer and the name of the receiving facility. The House Supervisor may request the information at any time deemed necessary between meetings.

c. House Supervisor, along with Nursing Director will review the API Acuity System to assign admissions to staff nurses based on lowest acuity.

1) Once level one criteria is met a review of all nursing units acuity is reviewed to identify the next available nurse on each unit to accept patient appropriate for their unit. This is defined as the nurse with the lowest acuity.

2) ICU units will review acuity level and identify three patients for step down and free one ICU nurse to admit via the acuity system and discussion with attending Intensivist.

3) All discharges are to be identified and transitioned to the Transitional Care Center. Patients who refuse are to be
encouraged and informed (i.e. perhaps given a gift card to the gift shop).

REFERENCES/BIBLIOGRAPHY:

Health System Policy No. 8.01, Official Operating Bed Complement

Health System Policy No. 8.02, Admission and Discharge of Patients

Health System Policy No. 8.03, Emergency Medical Treatment and Patient Transfer

OFFICE OF PRIMARY RESPONSIBILITY:

Senior Vice President/Chief Nurse Executive