

ADMINISTRATIVE POLICY AND PROCEDURE

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Subject: UNIT CONSOLIDATION AND RE-OPENING

Policy No.: A135

Supersedes: March 14, 2011

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PURPOSE:

To delineate the process for the temporary closing, consolidation, and opening of patient units, thereby facilitating appropriate utilization of patient beds, and promoting effective and efficient clinical operations and services.

POLICY:

- Rancho Los Amigos National Rehabilitation Center (RLANRC) has the ability to maximize resources through the consolidation and reopening of units to meet the provision of clinical care.
- Inpatient Area Administrator(s) will collaborate with Nursing Leadership to monitor the inpatient census and other related operational issues that may contribute to the need for closing, consolidation, and opening of any patient care unit.

PROCEDURES:

I. Guidelines for Closing and Consolidating Inpatient Units

1. Nurse manager and or Administrative Nursing Supervisor (ANS) collaborates with Inpatient Area Administrator to determine the needs for closing or consolidating the Inpatient units based upon the following considerations:
 - a. Staffing patterns and needs
 - b. Census on one unit consistently (5 days or more) 50% below capacity consider distributing patients to other units.
 - c. Census of two units approximately 50% below capacity (e.g.12 on each unit), consider consolidating both units.
2. Recommendations for closing or consolidation of units will be communicated to the Chief Medical Officer, Chief Nursing Officer, and Chief Executive Officer by inpatient nursing management of the areas.
3. Final decision regarding consolidation will be made by Chief Executive Officer.
4. Once the determination for consolidation or closing of the unit deemed necessary, the unit nurse manager or ANS on duty will collaborate with the interprofessional team.
5. Each clinical department of the affected area should conduct an assessment to evaluate the temporary reallocation of staffing and resources.

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6. The Nurse Manager or ANS on duty will determine the patient unit(s) where patients will be transferred based upon acuity and service, in collaboration with Bed Control and the receiving unit Nurse Manager/designee.
7. Closing and consolidation of units will be communicated to the impacted unit staff members by the nurse manager/ANS/ designee.
8. Patients/ families will be notified about the consolidation and closure of the unit by the nursing staff and Social Worker
9. A specific time frame will be established to begin the move of patients from one unit to another.
10. To achieve optimal efficiency, consolidation will take place as quickly as possible while maintaining clinical effectiveness and minimizing patient care disruptions.
11. The impacted nursing unit will facilitate the consolidation and moving of patients, by performing the following:
 - a. The Unit Clerk will notify and collaborate with the unit support staff for assistance with transferring patients with their personal belongings and equipment to the new unit location.
 - b. The Unit Clerk will make the necessary bed allocation (bed transfers) in ORCHID and will verify that the Teletracking system is updated.
 - c. Registered Nurses (RNs) or Licensed Vocational Nurses (LVNs) from the closing unit will give the receiving unit the hand-off report on their patients' status.
 - d. When all patients have been transferred, the unit clerk from the closing unit will notify EVS for cleaning of the unit.
12. Once the patients are relocated, all refrigerated medications should be sent back to pharmacy and ensure all unit-specific supplies and devices are secured.

II. Guidelines for Re-opening Inpatient Units

1. During the time that a unit is closed, census and trends will be closely monitored and analyzed by Area Administrator, Nursing Department Representatives, and Department Chair.
2. When the units are at approximately 85% capacity, for two to three consecutive days, the area Administrator will convene a meeting to discuss re-opening of the closed unit. The Nursing leadership will discuss the re-opening of the closed area with the interprofessional leadership team. In addition to the census, pending admissions should also be considered when making a decision to re-open the units.
3. Recommendations for re-opening will be communicated to the Chief Medical Officer, Chief Nursing Officer, and Chief Executive Officer.
4. Final decision regarding re-opening will be made by Chief Executive Officer.

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5. Following the decision to re-open a unit, establish a specific time frame to begin the move. Re-opening a unit may occur over a period of time to allow for smooth transition and re-integration of patients, staff, and services.
6. Follow the communication plan described above in section A, numbers 6, 7, and 8.

III. Communication Plan for Unit Consolidation and Re-Opening

1. The Nurse Manager/ ANS/Designee will notify the following areas:

- Bed Control
- Clinical Services (Therapy Divisions, Providers, etc.)
- Environmental Services
- Laboratory
- Facilities Management
- Food and Nutrition Services
- Infection Prevention & Control
- Laundry
- Medical Imaging
- Pharmacy
- Respiratory Therapy

2. The Area Administrator will notify the following areas:

- Executive Council
- Finance Dept
- Information Systems
- Materials Management
- Medicine Office
- Neuro Rehab Office
- Orthotics
- Patient Advocate
- Public Information Officer (PIO) for Rancho Everyone Email
- Rancho Operator
- Surgery Office