

HARBOR-UCLA MEDICAL CENTER

SUBJECT: IDENTIFICATION OF BEDS FOR ADULT EMERGENCY PATIENTS

POLICY NO. 311

PURPOSE:

To outline the process for the identification and assignment of beds for Adult Emergency Department patients requiring inpatient admission.

POLICY:

At Harbor-UCLA Medical Center, in order to ensure the maximum availability of beds at all times, nursing staff must ensure appropriate and timely entering of patient activity in Person Management Conversation (PM Conversation) in the ORCHID electronic health record (EHR) as soon as:

- A discharged patient leaves the hospital
- A patient is transferred to another ward or unit
- A birth or death occurs

At the beginning of each shift, the Nurse Staffing Office will notify Bed Control of unit capacity of each inpatient unit. Bed Control will then reconcile the unit census with the inpatient unit nursing staff and the ORCHID EHR bed board.

PROCEDURE:

A. Identifying Adult Beds

At the beginning of each shift, the Patient Flow Facilitator (PFF) will notify the Adult Emergency Department (AED) Attending and the AED Charge Nurse of the amount of available Medical/Surgical Ward, Monitored (Telemetry and PCU), and Critical Care ICU Beds.

B. Requesting and Assigning a Bed

Once a patient is identified as requiring admission and Interqual has been met, the AED Resident Physician will contact the admitting service. After the admitting service agrees to admit the patient, the AED Resident will enter a "Request for Admission" order into the patient's chart in the EHR specifying the Admitting Service, Admitting Attending, and the level of care requested (i.e., Ward, Tele, PCU, ICU). At this point, as per Policy No. 312A, the patient is to be considered as an inpatient. The admitting team will then write "Admit to Inpatient" orders in the EHR specifying the Admitting Service, Admitting Attending, and the level of care requested.

EFFECTIVE DATE: 5/84

SUPERSEDES:

REVISED: 3/99, 2/05, 1/08, 12/16, 2/17, 2/20

REVIEWED: 9/86, 9/89, 10/92, 2/96, 3/99, 1/02, 12/16, 2/17, 2/20

REVIEWED COMMITTEE:


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- (i) If the level of care requested is Medical/Surgical Ward, the bed will be assigned by bed control staff.
- (ii) If the level of care request is Telemetry, Stepdown/Progressive Care, or Critical Care, the bed will be assigned by the PFF.
1. Bed assignment procedure:
 - a) If a Ward bed was requested and a bed is available, Bed Control will assign the bed in Teletracking.
 - b) If a Telemetry, Stepdown/Progressive Care, or Critical Care bed was requested and a bed is available, the PFF will assign the bed in Teletracking. Prior to assigning a Critical Care bed, the PFF will notify the responsible Critical Care Team for approval, but may assign the bed without approval in order to prevent a delay in care.
 2. If Bed Control staff is *unable to* locate a vacant ward bed, they will notify the PFF who will communicate the delay to the AED Attending.
 3. If the PFF is *unable to* locate a vacant Telemetry, Stepdown/Progressive Care, or Critical Care bed, they will communicate the delay with the AED Attending.
 4. If the AED Charge Nurse and the AED Attending determine that delays in bed assignment are compromising patient safety:
 - The AED Attending and AED Charge Nurse will assess the need for placing the ED on saturation on the Reddinet, and if warranted discuss the need to activate the surge plan Policy #337, with the PFF.