PROCEDURE: Temporary Bed Map Changes

 Program Area:
 Across Care Areas
 Souther

 Section:
 General
 Souther

 Reference Number:
 CLI.4110.PR.004
 Health

 Approved by:
 Regional Lead - Acute Care and Chief Nursing Officer

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PURPOSE:

To support Manitoba Health Seniors and Long-Term Care policy directive to enable consistent reporting and communication of temporary bed closures. Temporary bed closures are defined as those with the intention to re-open and are not associated with change in funding.

Overview

Acute/Transitional Care Facilities across Southern Health Santé Sud (SHSS) are responsible to ensure:

- all beds opened and closed are communicated to Health Information Services (HIS) and entered into the Admission/Discharge/Transfer (ADT) Electronic Patient Record (EPR) seven
 (7) days a week and twenty-four (24) hours a day, in as close to real time as possible.
- > accurate information is displayed in the Provincial Capacity Management Dashboard.
- > transparency and visibility with reporting risks and operational pressures.

Closed - Isolation	Beds that are temporarily unavailable due to infection control reasons
Closed - Maintenance	Beds that are temporarily unavailable for maintenance reasons
Closed - Medical Reason	Beds that are temporarily unavailable due to medical reasons other than
	isolation i.e. end of life care
Closed - Over Census	Unused beds that are over and above the number of approved licensed
	beds
Closed - Patient Issue	Beds that are temporarily unavailable due to non-medical client issues
Closed - Reserved	Beds that are not available as they are assigned to clients coming to a
	facility for admissions
Closed - Staffing	Beds that are temporarily unavailable due to insufficient staffing levels on a
	unit

Reasons for Temporary Closures are:

DEFINITIONS:

Planned Bed Closures for a Defined Period of Time - A closure that can be anticipated in advance. They may result from plans to meet surgical volumes during different seasons of the year, construction/renovations, etc.

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Temporary Bed Closures - A short term (up to 48 hours) and unexpected bed closure related to extreme staffing shortages, increased patient acuity, infection prevention and control standards, or physical plant disruptions.

IMPORTANT POINTS TO CONSIDER:

- > A closed status is applied when a bed is not available for patient use
- > If there is a patient in the bed, the bed should not show as closed for any reason
- Closures due to staffing must be approved by Senior Leadership. For weekends and after hours, follow acute admin on call process

PROCEDURE:

Step	Description	Who	Sub- Step	Instructions
		Clinical Manager/ Designate	1.1	Performs a daily review of bed closures at each facility and or unit to determine beds that need to be closed.
1.	Determines the need to close	Clinical Manager/ Designate	1.2	Notifies Health Information Services (HIS)-Registration to enter bed closures in the ADT EPR, by providing the unit name, room, bed number and the reason for closure. Each facility to determine a consistent notification process to site HIS ie., Clinical manager calls HIS registration, or clinical manager to delegate communication via bed census reporting, etc. <u>When site Health Information Staff is not available</u> , the facility Clinical Manager or designate notifies central registration by completing the central registration request form or by calling central registration @ 204-346-9476 providing the facility, room, bed number and reason for closure When a certain amount of beds (and <i>not</i> specific beds) on a unit are required to be closed, also notify Patient Flow Coordinator/HIS Leadership at your facility to monitor (as per Step 5.2)

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Enters Bed 2. closure in ADT	HIS- Registration	2.1	Upon receipt of bed closure notification, registration clerk immediately updates the bed status in ADT EPR.	
	HIS- Registration	2.2	Locates the identified bed in ADT EPR through Location Management and updates the bed status from open to closed and assigns the reason provided.	
	Clinical Manager/ Designate	3.1	Performs a daily review of bed closures at each facility and or unit to determine beds that need to be re-opened.	
3.	3. Decision to Re-Open	Clinical Manager/ Designate	3.2	Requests HIS-Registration staff to re-open bed closures in the ADT EPR, by providing the facility and or unit name, room and bed number. <u>When site Health Information Staff is not available</u> , the facility Clinical Manager or designate notifies central registration by completing the central registration request form or by calling central registration @ 204-346-9476 providing the facility, room, bed number and reason for closure. When a certain amount of beds (and <i>not</i> specific beds) on a unit are required to be re opened, also notify Patient Flow Coordinator/HIS leadership for your facility for monitoring purposes (as per Step 5.2)
Opening 4. Beds in ADT	HIS- Registration	4.1	Upon receipt of bed opening notification, registration clerk immediately updates the bed status in ADT EPR.	
		HIS- Registration	4.2	Using the Location Management Tool in ADT EPR, registration clerk locates the identified bed(s) in ADT and updates the bed status from closed to open.

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Daily Audit 5. of bed closures		Units/HIS - Registration	5.1	Confirmation of bed status occurs at sites that perform routine bed census reporting.
	Patient Flow Lead/HIS Leadership	5.2	Performs routine audits of bed closures for each facility and validates to ensure accuracy of Provincial Capacity Management Dashboard report. At their discretion HIS Leadership may open and or close any beds to facilitate accurate data reporting i.e. maintain over census, patient admitted in a closed bed.	
	Patient Flow Lead/Clinical Managers or Designate	5.3	If discrepancies noted on Provincial Capacity Management Dashboard report, Patient Flow Lead, Clinical Manager or Designate to review with Health Information Services.	
		Patient Flow Lead	5.4	Confirms bed closures at provincial flow calls and check-ins.

SUPPORTING DOCUMENTS

CLI.4510.FORM.001 Central Registration Request Form

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