



SAIDEEP HOSPITAL HOSPITAL MANUAL

Doc No	SDH/AAC/01
Issue No	0
Rev No.	0
Date	22 July 2024
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Policy on Boarding ESI Level 2 and Level 3 Patients in the Emergency Department during Non-Availability of ICU Beds

Objective:

To ensure patient safety and appropriate care for ESI Level 2 and Level 3 patients in the Emergency Department (ED) during periods of ICU bed unavailability, maintaining patient safety and optimizing resource utilization.

Scope:

This policy applies to all staff in the Emergency Department, ICU, and administrative personnel involved in patient management and bed allocation.

Definitions:

- ESI Level 2: Patients requiring immediate, high-risk intervention or experiencing severe pain/distress.
- ESI Level 3: Patients needing multiple resources but are currently stable.
- Boarding: The practice of holding patients in the ED while they await an available inpatient bed, in this case, an ICU bed.


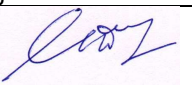
Policy:

1. Initial Assessment and Triage:

- All patients will be assessed and triaged using the ESI system upon arrival.
- ESI Level 2 and Level 3 patients will receive immediate evaluation and necessary interventions.

2. Management of ESI Level 2 and Level 3 Patients during ICU Bed Unavailability:

- Immediate Interventions:** Ensure that all necessary initial interventions are provided in the ED to stabilize ESI Level 2 and Level 3 patients.
- Assign these patients to the most appropriate and equipped area within the ED, such as the resuscitation bay or critical care area.
- Monitoring and Staffing:** Increase the frequency of vital sign monitoring and reassessment for these patients.
- Allocate additional nursing and medical staff to the ED to manage the increased acuity of care required.
- Consider the deployment of ICU-trained staff to the ED to assist with the management of these patients.

Recommended By	Signature	Approved By	Signature
Dr. Hrishikesh Kalgaonkar		Dr. S.S. Deepak	
Chief Medical Administrator		Chairman & Managing Director	



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3. Communication and Coordination:

- Internal Communication: Regularly communicate the status of ESI Level 2 and Level 3 patients to the ED head and ICU team.
- Conduct frequent huddles with the multidisciplinary team to review patient status and bed availability.
- Escalation Procedures: If the situation remains critical, escalate to hospital administration to explore additional resource allocation or activation of surge capacity plans.
- Communicate with other nearby facilities to explore the possibility of transferring stable patients if appropriate and feasible.
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4. Resource Allocation and Overflow Management:


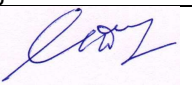
- Utilize overflow areas within the ED, such as hallways or adjacent wards, ensuring they are equipped with necessary monitoring and support systems.
- Implement a fast-track process for discharging or transferring stable patients from the ED to create space for more critical patients.
- Reassign non-critical staff from other departments to assist with patient care and logistical support in the ED.

5. Patient and Family Communication:

- Provide clear and compassionate communication to patients and their families regarding the situation, expected care plan, and efforts being made to secure appropriate inpatient care.
- Ensure that families are informed about the monitoring and interventions being provided while their loved ones remain in the ED.

6. Quality Assurance and Continuous Improvement:

- Conduct regular reviews of boarding incidents, patient outcomes, and adherence to this policy.
- Collect feedback from staff and patients to identify areas for improvement and implement changes as needed.
- Review and update the policy annually or as necessary based on audit results and best practices.

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Responsibility:


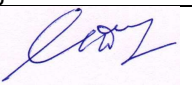
- The ED Head and ICU Head will oversee the implementation and compliance with this policy.
- All ED and ICU staff are responsible for adhering to the guidelines and ensuring patient safety.

Review:

This policy will be reviewed annually and updated as necessary based on feedback, audit results, and changes in best practices.



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