



NCCU GUIDELINES

PREFACE

Section: PREFACE
Neonatal Bed Demand Management Policy
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Neonatology Clinical Guidelines
King Edward Memorial/Princess Margaret Hospitals
Perth Western Australia
Authorisation & review by
Neonatal Coordinating Group

NEONATAL BED DEMAND MANAGEMENT POLICY

This policy CODE YELLOW - NEONATAL BED DEMAND refers to situations where high bed occupancy levels and/or acuity, and/or staffing deficits threaten the safe continuation of services within the NCCU (KEMH SCN/PMH 6B).

The following terminology will be used throughout this policy:

- CODE YELLOW - NEONATAL BED DEMAND **STANDBY** (notify NCCU personnel only with the aim of putting strategies in place to internally manage demand where possible and prevent escalation).
- CODE YELLOW - NEONATAL BED DEMAND **CONFIRMED** (escalation: notify switchboard and personnel external to NCCU - WNHS emergency).

A bed management process occurs **daily** at KEMH at 0900 to discuss occupancy, staffing numbers (staff required/staff deficits) as well as confirmed and pending admissions, transfers and discharges. It is attended by:

- Nursing Director and/or Nurse Manager (Monday-Friday)
- CNC's, D/C Coordinator, Area Manager (7 days)

If this group identifies the situation is compatible with **STANDBY**, they will page the SCN2 Consultant/SR to attend a **STANDBY** meeting to discuss:

1. Overall patient numbers
 - KEMH ≥ 85 and/or
 - 6B ≥ 24 (6B on Non-Surgical By-Pass to SCN)
2. Acuity levels within the patient cohort
 - KEMH more than 35 babies requiring L3 intensive care (Clinical Services Framework L6). *Take into account the number of 1:1 ratios: HFO, Jet, nitric oxide.*
 - 6B more than 10 babies requiring L3 intensive care
3. The ability of staffing to cover all patient areas adequately
4. Whether the isolation cubicles are in use (1:1 ratios)
5. Availability of specialist equipment and resources
6. Whether an Action Plan is needed (see below)
7. **STANDBY** meeting will occur daily until the situations that threaten the safe continuation of services are resolved.
8. Complete Bed Demand STANDBY statistics for each day the unit is on **STANDBY**

ACTION PLAN FOR <u>STANDBY</u> (KEMH SCN)	BY WHO
<ul style="list-style-type: none"> Identify and arrange transfer for any infants suitable for transfer to postnatal ward or back transfer to peripheral hospitals from SCN (complete or delegate discharge exam MR410 and documentation of 'criteria met' on MR440 – inter-hospital transfer form). 	SCN2 Consultant/Senior Registrar, Discharge Co-ordinator/CNC
<ul style="list-style-type: none"> Identification of any other patients suitable for transfer from SCN3 to SCN2 whilst on respiratory support (complete weekly exam and all paperwork) 	SCN2 Consultant/Senior Registrar, to liaise with SCN3 Consultant/SR. CNC's to liaise with each nursery Nursing Co-ordinator
<ul style="list-style-type: none"> Identification of patients suitable for transfer to 6B (if 6B not on non-surgical By-Pass) (complete weekly exam and all paperwork) 	SCN2 Consultant/Senior Registrar and CNC to liaise with 6B Consultant/Senior Registrar and 6B Nursing Co-ordinator /CNC
<ul style="list-style-type: none"> Discussion with obstetric staff about timing of induction and non-urgent deliveries that are likely to need admission to NCCU. (The obstetric SR will contact the Obstetric consultant for further discussion). 	SCN2 Consultant/Senior Registrar will page & discuss with obstetric SR in the first instance.

ACTION PLAN FOR <u>STANDBY</u> (PMH 6B)	BY WHO
<ul style="list-style-type: none"> Identify and arrange transfer for any infants suitable for peripheral hospitals from 6B (complete or delegate discharge exam MR410 and all paperwork and documentation of 'criteria met' on MR440 – inter-hospital transfer form). 	6B Consultant/Senior Registrar/NETS fellow and 6B CNC/Nursing Co-ordinator,
<ul style="list-style-type: none"> Identify and arrange transfer for any infants suitable for infant ward (8A) PMH (complete or delegate discharge exam MR410 and all paperwork). 	6B Consultant/Senior Registrar/NETS fellow and 6B CNC/Nursing Co-ordinator.

ESCALATION TO CODE YELLOW - NEONATAL BED DEMAND CONFIRMED. This is a WNHS emergency, notify the following personnel:

PERSONS TO NOTIFY		BY WHO
KEMH	Switchboard - (state "CODE YELLOW - NEONATAL BED DEMAND <u>CONFIRMED</u> " Neonatology Clinical Care Unit)	Nursing Director/CNC
KEMH	Medical Executive KEMH (at weekends/out of hours notify the medical executive on-call)	Nursing Director/CNC (the A/H Hospital Manager should be notified to if this occurs during weekends/out of hours)
KEMH/ 6B	NCCU Heads of department at KEMH/6B +/- Medical Director and Duty Consultants if out of hours.	SR/Consultant SN2
KEMH	Hospital Clinical Manager/Labour Ward Co-ordinator and Theatre Co-ordinator (page 3316)	Nursing Director/CNC
6B	PMH patient flow coordinator	6B Nursing Coordinator /CNC

List the infants who could not be transferred in the preceding action plan (due to lack of available L2 beds) for possible transfer to St John of God Hospital under SJOG Buying Beds Scheme*
[*needs approval by hospital executive]

- By whom: Medical Director/HOD, Nursing Director

Each day a **CODE YELLOW CONFIRMED** is still active:

- Complete BED MANAGEMENT STATS:

To stand-down CODE YELLOW - NEONATAL BED DEMAND CONFIRMED notify the following personnel:

PERSONS TO NOTIFY	BY WHO
Switchboard - (state " ALL CLEAR CODE YELLOW - NEONATAL BED DEMAND <u>CONFIRMED</u> ").	Nursing Director/CNC
Medical Executive KEMH	Nursing Director/CNC
NCCU Heads of department at KEMH/PMH &/or Medical Director	SR/Consultant SN2
Duty Consultants if out of hours	SR/Consultant SN2
Hospital Clinical Manager/Labour ward co-ordinator and Theatre co-ordinator (page 3316)	Nursing Director/CNC
PMH patient flow coordinator:	6B Nursing Coordinator /CNC