



☒ Entity(s): Adventist Health Bakersfield

☒ AH Bakersfield

☐ AH Specialty Bakersfield

Facility Policy No. 14326

Department: NICU

FACILITY POLICY: NICU ESCALATION DURING HIGH VOLUME PERIODS

POLICY SUMMARY/INTENT:

Adventist Health Bakersfield Hospital (AHBD) strives to ensure efficiency and safety. In the case of NICU overcrowding, AHBD will implement this criteria based procedure that allows patients admitted to NICU to be cared for in alternative areas. The intent of this policy is to provide criteria for determining when the NICU is at census saturation/full capacity and the actions required to maintain safety and possibly resolve the issue.

DEFINITIONS:

1. **Census** - Number of admitted patients
2. **CDPH** - California Department of Public Health

AFFECTED DEPARTMENTS/SERVICES:

1. NICU (Neonatal Intensive Care Unit)
 2. Normal Newborn Nursery (NBB)
 3. Pediatrics (Med/Surg/Peds)
 4. Care Management
 5. Bed Coordinator
 6. House Supervisor
 7. Administrative & Medical Staff Leadership
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POLICY: COMPLIANCE - KEY ELEMENTS

A. Census Saturation Level 1: Busy

1. Criteria:

- a. Census of (9) admitted patients in NICU.
- b. Adequate discharges or transfers occurring at a rate that will meet input demands.
- c. AHBD NICU is currently licensed for (9) beds. When patient census is at 9, the procedure below is to be initiated.

2. Action Plan

- a. Charge RN/Shift Leader or designee will be responsible for the following actions.
- b. Contact NICU Manager to assess situation and upcoming needs.
- c. Have routine discussion with MD to determine if there are any infants medically ready for discharge.
- d. Contact Case Manager as usual to evaluate new admits to determine if any are eligible for inter-facility transfer for continuing care at another facility.
- e. Be ready to open NNB area if new admissions arrive, have (2) emergency beds prepared.

B. Census Saturation Level 2: Overcrowded

1. Criteria

- a. Level 1 criteria remains after initial actions.
- b. Census of 10 - 13 patients in the NICU/NNB area for greater than 12 hours.
- c. Over Capacity - When criteria is met, the procedure below is to be initiated.

2. Action Plan

- a. Charge RN/Shift Leader or designee: Contact Women & Childrens Service Director/NICU Manager and House Supervisor.
- b. House Supervisor: Send text to Leadership indicating change to Level 2 status.
- c. Bedside RN: Initiate discharges or transfers timely.
 - i. Charge RN/Shift Leader or designee:
 - I. If there are patients able to be intra-facility transferred to Pediatrics area, contact Bed Coordinator for possible bed availability.
 - II. Use Teletracker to enter a bed request
- d. NICU Manager or designee: Contact CDPH for Increased Patient Accommodation (see Documentation below).
- e. Charge RN/Shift Leader or designee: Contact Case Manager to evaluate new admits. If transferring orders are received, parental consent signed, and an accepting hospital located, then begin the transferring process

3. Patient Care Space and Staffing:

- a. Utilize NNB as first Alternative Area.
- b. Documentation
 - i. Complete the Over Census- Over Ratio form accordingly and turn into Risk Management.
 - ii. Document all calls or messages made to NICU Staff for staffing needs and place in Assignment binder.
 - iii. When all available alternatives have been exhausted and the census still remains greater than 9, fill out the "AFL 06-33 Attachment A Temporary Permission for Increased Patient Accommodations Request Review and Approval Sheet" located in the CDPH binder in the unit.
 - I. Fax to AHBD Regulatory department as instructed in the binder.
 - II. Send original sheet to Risk Management and place a copy in the CDPH binder.
- c. **NOTE: This documentation is to occur on a daily basis (or as granted by CDPH) for Levels 2, 3, 4**

C. Census Saturation Level 3: Severely Overcrowded

1. Criteria

- a. Greater than (13) patients residing in NICU/NNB area.
- b. Level 2 criteria still remains.
- c. When criteria is met, the procedure below is to be initiated.

2. Action Plan

- a. Charge RN/Shift Leader or designee:
 - i. Gather any required equipment for these patients.
 - ii. If not within mandated staffing ratios, contact NICU staff or equally trained staff for availability to come to work.
 - iii. Contact Women & Children's Service Director/NICU Manager and House Supervisor.
- b. House Supervisor:
 - i. Send text to Leadership and page to Med/Surg Charge Nurse/Shift Leader indicating change to Level 3 status.
 - ii. Meet to discuss needs within 30 minutes.
- c. Charge RN/Shift Leader or designee, MD, Pediatrician: Assess potential admits from Post-Partum and redirect to Pediatric area if criteria is met.
- d. Charge RN/Shift Leader or designee: Contact Case Manager & MD to evaluate ALL patients for potential transfers to community facility or outside of town facility.

3. Patient Care Space and Staffing:

- a. Utilize Pediatrics area as second Alternative Area.
- b. Documentation
 - i. Complete the Over Census- Over Ratio form accordingly and turn into Risk Management.
 - ii. Document all calls or messages made to NICU Staff for staffing needs and place in Assignment binder.
 - iii. When all available alternatives have been exhausted and the census still remains greater than 9, fill out the "AFL 06-33 Attachment A Temporary Permission for Increased Patient Accommodations Request Review and Approval Sheet" located in the CDPH binder in the unit.
 - I. Fax to AHBD Regulatory department as instructed in the binder.
 - II. Send original sheet to Risk Management and place a copy in the CDPH binder.
- c. **NOTE: This documentation is to occur on a daily basis (or as granted by CDPH) for Levels 2, 3, 4**

D. Census Saturation Level 4: Dangerously Overcrowded

1. Criteria

- a. Level 3 criteria remains after initial actions.
- b. Greater than 17 patients admitted, exceeding discharge orders.
- c. Both Alternative Area beds are occupied.

2. Action Plan

- a. House Supervisor: Determine the status and communicate with CNO, CEO and/or Admin on-call for approval to activate level 4.
- b. Charge RN/Shift Leader or designee:
 - i. Contact Case Manager and Med/Surg/Peds Manager to determine if more beds can be utilized for new inpatients that meet the criteria to be transferred as a Pediatric patient.
 - ii. Contact MD early am to facilitate medically ready discharges.

3. Patient Care Space and Staffing:

- a. Documentation
 - i. Complete the Over Census- Over Ratio form accordingly and turn into Risk Management.
 - ii. Document all calls or messages made to NICU Staff for staffing needs and place in Assignment binder.
 - iii. When all available alternatives have been exhausted and the census still remains greater than 9, fill out the "AFL 06-33 Attachment A Temporary Permission for Increased Patient Accommodations Request Review and Approval Sheet" located in the CDPH binder in the unit.
 - I. Fax to AHBD Regulatory department as instructed in the binder.
 - II. Send original sheet to Risk Management and place a copy in the CDPH binder.
- b. **NOTE: This documentation is to occur on a daily basis (or as granted by CDPH) for Levels 2, 3, 4**

ATTACHMENTS:
(REFERENCED BY THIS DOCUMENT)

OTHER DOCUMENTS:
(WHICH REFERENCE THIS DOCUMENT)

FEDERAL REGULATIONS:

ACCREDITATION:

CALIFORNIA:

HAWAII: Not applicable

OREGON: Not applicable

WASHINGTON: Not applicable

REFERENCES: California Department of Public Health Licensing and Certification Program, 1/2018

ADVENTIST HEALTH SYSTEM/WEST POLICY OWNER: Not applicable

ENTITY POLICY OWNER: Manager, RN

APPROVED BY:

ADVENTIST HEALTH SYSTEM/WEST: Not applicable

ADVENTIST HEALTH SYSTEM/WEST INDIVIDUAL: Not applicable

ENTITY: (01/23/2019) AHBD Governing Board (GB) Clinical Practice Subcommittee, (01/30/2019) AHBD Medical Executive Committee (MEC), (02/06/2019) AHBD Policy Review Development Committee (PRDC), (02/12/2019) AHBD Peds/Perinatal, (09/20/2022) AHBD Nursing Approval Path, (09/26/2022) AHBD OB/Pediatrics Dept Committee, (11/09/2022) AHBD Medical Executive Committee (MEC), (01/25/2023) AHBD Clinical Board (CB)

ENTITY INDIVIDUAL:

REVIEW DATE: 07/01/2014, 08/16/2022

REVISION DATE: 06/27/2014, 04/14/2015, 10/25/2017, 02/25/2019

NEXT REVIEW DATE: 08/16/2025

APPROVAL PATHWAY: None

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