Proceed Without an Inpatient Bed

Frequently Asked Questions

1. **What is the purpose of this pilot project?** The purpose of this pilot project is to study the effects of allowing elective same day admissions to proceed without a confirmed inpatient bed. This is in response to regular delays in starting procedures due to the unavailability of a bed. Delaying cases cause know-on effects, resulting in case cancellations at the end of the day due to not enough time. The goal is to improve patient flow and throughput.
2. **When will this pilot project start?** The pilot project will start Thursday June 6, 2024.
3. **Which sites will this pilot be tested at?** The Halifax Infirmary is the first site that this pilot project will be tested. Additional sites will be considered in the future.
4. **Who will be affected by this policy change?** This policy change will affect all elective same day admissions requiring an inpatient ward, IMCU or ICU bed. The policy does not impact patients requiring a cardiovascular intensive care bed post-operatively.
5. **What are the exceptions to this policy?** The exceptions to this policy are designed to ensure patient safety and optimal care. The exceptions are as follows:
    - If one or more elective patients requiring a ward bed are held overnight in PACU, then subsequent cases, other than the first scheduled cases, must be discussed prior to starting.
    - Patients requiring a cardiovascular intensive care bed will continue to follow existing decision processes.
6. **How will patient safety be ensured under this new policy?** Patient safety is our top priority. Perioperative leadership will work closely with C3 to ensure there is a clear and feasible plan for post-surgical care, including where the patient will be placed if a bed is not available.
7. **How will the impact of this policy be monitored?** We will closely monitor the impact of this policy. Key metrics include the number and duration of instances when the OR is on hold due to PACU backlog, when PACU is holding patients ready for transfer to a ward, ICU, or IMCU bed that is not available, and when the PACU is kept open for part or all night to accommodate an elective patient without a bed.
8. **How will staff feedback be incorporated into this pilot project?** We value your feedback and will incorporate it throughout the pilot project. We appreciate your cooperation and dedication to improving patient care at our facility.

9 **What happens if the Post-Anesthesia Care Unit (PACU) is kept open overnight due to an elective patient not having a bed?** If the PACU was kept open overnight due to an elective patient not having a ward bed only the first elective cases the following day will proceed without a confirmed bed. Subsequent elective cases requiring a ward bed will be discussed with C3 and the perioperative departments prior to starting the case.

10 **What happens if the Post-Anesthesia Care Unit (PACU) is kept open overnight due to an ICU, IR, ED, or other type of patient not having a bed?** If the PACU was kept open overnight for any other patient type, other than a patient requiring a ward bed, all surgical cases requiring admission should go ahead without a confirmed bed.

11 **Does this also apply to patients on the wait list?** Yes, patients on the wait list who require a bed post-operatively should proceed without a confirmed bed, following the same exceptions for elective patients. Please ensure C3 is made aware of Waitlisted SDA when patient is called in for surgery.

12 **What happens is there are patients waiting overnight in PACU for ward, ICU or IMCU beds at another site in Central Zone?** Surgical cases requiring admission at HI should go ahead as planned, based on criteria outlined, regardless of holds at other sites. For example, if the Victoria General PACU held a patient overnight, procedures at HI should continue regardless of bed availability at Victoria General.

13 **What is the plan for post-surgery care if an inpatient bed is not available?** There will be a clear and feasible plan for post-surgery care, including where the patient will be placed if an inpatient bed is not available. This plan will be communicated to the patient and their care team.