

# What's Going On?

## Medicine Assessment Bays Week of October 30, 2017

### **Why is a patient admitted to an Assessment Bay?**

Windsor Regional Hospital has opened additional acute care beds in the Medicine Program in order to be able to “pull” patients from the Emergency Department as soon as they are admitted. The purpose of the Assessment Bay is for rapid assessment, confirmation of diagnosis and development of the patients care plan. Patients are to be “pulled” from the Emergency Department as soon as they have been admitted to the unit that they will be receiving their care and treatment. The goal is to have no “admit no bed” patients in the Emergency Department.

When the patient arrives in the Assessment Bay they will be assessed by the Most Responsible Physician and required tests will be expedited in order to confirm diagnosis and treatment plan. Patients will be in the Assessment Bay no longer than 24hours. Patients will either be discharged or moved to an inpatient bed on the same unit. Patients in the Assessment Bays will be encouraged to maintain mobility and normal activities of daily living. Routine care of the patient does not change.

### **Are all patients placed on stretchers in the Assessment Bays?**

All patients are admitted to allocated rooms on stretchers. The nurse in the Command Centre in consultation with the Responsible Person (RP) will determine which room to assign the patient. Any clinical concerns related to the patient being placed on a stretcher will be discussed and a collaborative decision will be made.

Units and dedicated Assessment Bay rooms

<u>Met campus</u>	<u>Ouellette campus</u>
<b>4N</b> 4110(4)	<b>CTU</b> 575 (3)
4109 (3)	553 (2)
<b>4W</b> 4329 (2)	539 (3)
4331 (2)	<b>7M</b> 701 (2)
<b>5N</b> 5110 (4)	702 (2)
5109 (4)	703 (3)
5111 (2)	

### **What about patients with IPAC precautions in the Assessment Bay?**

All patients are treated as cubicle isolation as required by the ICRA. Only confirmed C-Diff and Airborne isolation require private rooms.

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### **What about patients who are fall risks?**

Continue to use the fall bundle just like any other patient. If it makes it easier to group fall risk patients together in the Assessment Bays for closer observation, speak to the command centre and make arrangements to do so. Create a satellite desk in the room or at the door to provide the close observation required.

### **Can patients bypass the assessment bays and go straight to an inpatient bed?**

It is essential that patients are admitted to the Assessment Bay to focus on the clinical needs of the admitted patient and to ensure good patient flow throughout the unit. Patients admitted with a confirmed C-Diff, and Airborne (Droplet) precautions must be placed in the appropriate isolation room. After receiving report and assessing the patient in the ED, if the Responsible Person (RP) feels the room assignment is not appropriate, consult with the Command Centre nurse for proper room assignment.

### **What role does the Command Centre have when determining admission to Assessment Bays?**

The Role of the Command Centre is to assign all admitted patients to the appropriate Assessment Bay/Service to ensure effective patient flow. All decisions for the assignments are a clinical decision and are made by the Command Centre Nurse.

### **Can nursing staff move patients on a stretcher?**

Yes. Transporting patients is a shared responsibility. Nurses are to go down to the Emergency Department and pick up the patient as soon as they are notified that a patient is being admitted.