Eisenhower Medical Center

High Census Plan

Eisenhower Medical Center (EMC) in Rancho Mirage has been struggling with bed capacity for at least four years. Patient volumes keep climbing. Hospital strategies are working but new ones must be implemented constantly to keep up with growing demand. While construction of new beds eventually helps, it is accompanied by periods of disruption and bed reduction in other areas. Single rooms have been changed back to doubles; the number of licensed beds has expanded from 253 to 289.

One of the first hospital-wide strategies was to enact a High Census Plan to outline a systematic response at specified utilization and hospital resource levels. Three census levels were defined for the ED with specific criteria as follows:

**Census Level 1:** Hospital resources are nearing maximum utilization on both ED and inpatient sides demand expected to increase.
- LOS in ED lobby at 2 hours and rising
- More than 5 patients in ED lobby
- More than 60 minute wait for physician evaluation
- All ED beds occupied
- 20% or 6 beds occupied by patients awaiting inpatient bed placement
- Limited inpatient bed status
- Incoming ambulance traffic

**Census Level 2:** Hospital resources are at maximum utilization with 100% ED and inpatient bed capacity reached. Additional resources are needed to meet demand.
- LOS in ED lobby exceeds 3 hours
- More than 10 patients in the ED lobby
- More than 2-hour wait for physician evaluation
- No inpatient bed capacity
- 30% or 9 ED beds occupied by patients awaiting inpatient bed placement
- High volume ambulance traffic
- No beds or cardiopulmonary monitoring capability for incoming patients
- Insufficient staff to care for acuity level 1 and 2 patients
- Ancillary resources have reached capacity: lab and x-ray turnaround time greater than 1 hour; registration time greater than 20-minute wait per patient

**Census Level 3:** Hospital resources are insufficient to provide service to existing and continued demand. ED and inpatient capacity exceed 100% with no immediate solution. EMC’s disaster plan activated.
- No available beds, nursing or physician resources, inpatient or alternate capacity; ancillary resources exhausted

When most or all of the criteria for a level are met, the ED, in collaboration with Nursing Administration, initiates the alert via phone grouping and overhead page. EMC’s High
Census Policy then lists specific responses for each level by department, covering case management, central staffing, critical care, education, environmental services, surgical services, laboratory, radiology, and others. Specifying each department’s responsibilities enables everyone to know who will call physicians about discharging inpatients, who will call registries or ask existing staff to stay past shift end, who will see if ICU patients can be transferred to other units; when elective surgeries will be canceled, when staff need to report to nursing units, and when SNFs and surrounding hospitals need to be contacted for transfer. The flow charts below show action steps for nursing supervisors when the ED census is high and either no beds or no nurses are available.

What is particularly interesting is how flexible staff must be at these critical times. Some literally have to “drop what they are doing,” switch gears, and spring into action. For example, environmental services staff may have to concentrate only on ED beds or be prepared to turnaround an inpatient bed in 15 minutes. Education staff may have to cancel classes and report to nursing units. Volunteers may be called to copy charts for patient transfers.

**Results.**

- Greatest advantages have been the collaboration of all departments in supporting the ED’s volume challenges. Every ED needs all areas of the hospital to work at maximum efficiency to manage the increasing patient flow challenges.  
- Since implementation of the High Census Plan, EMC’s ED-to-admission times have declined by 5%. However, a 45% increase in valley residents has led to escalating ED volumes, which, in turn, as seen this time savings begin to erode.

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NURSING SUPERVISORS STEPS FOR HIGH CENSUS IN ED & NO NURSES

ED is full & unable to admit patients due to no nurses.

In house beds available? No

Admissions Case Managers called to hold direct admits and lateral transfers

Case Managers called to expedite discharges and transfers

All Directors notified

Yes

Is inhouse staff available by pushing ratios and/or lead/coord. takes pts to float? Yes

Float to areas with beds available.

Transfer pts. from ED

No

Staffing Office instructed to call staff

Staff Found? Yes

Admit pts to unit

No

Can pts. be absorbed in less intensive areas? Yes

Physicians called to triage pts to less intensive areas

No

Call on-call Administrator to explore options

Options found? Yes

Implement option identified

No

Confer with on-call Administrator if ok to divert

ED hold or divert pts as directed
NURSING SUPERVISORS STEPS FOR
HIGH CENSUS IN ED
NO BEDS AVAILABLE

ED is full & unable to admit patients due to no beds.

ACM called to hold lateral and direct admits
Case Managers called to expedite discharges and transfers
All Directors Notified

Assess patients in on each unit for possibility of downgrading to lower level of care.

Can Critical Care patients be downgraded to lower level of care?
Can patient discharges be expedited?
Reassess ED patients holding for admit, appropriate level of care.

Are patient still holding in ED? Confer with Ed physician and Administrative Director.

Is PACU / Special procedures open to hold post-op / procedural cases? Consider cancellation of surgical & procedural cases.

Hold post-op and procedural patients in respective areas until inpatient beds become available.

Can ED hold patient until beds become available?

YES

Hold until beds become available, all available resource available will be sent to ED.

NO

Consider the following:

Does ED need to go on diversion?

Does ED need to triage patient to other facilities?

Confer with Director of Emergency Room / ED Doctor / Nursing Supervisor RE: going on diversion. Follow procedure for diversion.

Confer with Director of Medical Staff & Director of Case Management to begin process for transferring patient to other facilities.