

Memo
May 28, 2004

To: Hospital Chief Executive Officers

From: Marilyn Dahl, Deputy Commissioner, Health Care Quality and Oversight

Re: Admission of Emergency Department Patients Awaiting Admission

The Department of Health and Senior Services (Department) is aware that New Jersey hospitals are under pressure to manage increasing emergency department volumes. Several hospitals and physicians have inquired about statutory or regulatory barriers to implementing a policy in which stabilized and admitted patients from the emergency department are transported to a hospital floor and monitored by nursing staff there while waiting for a bed to become available.

The hospital licensing standards at N.J.A.C. 8:43G do not contain any explicit prohibitions against transporting and holding stabilized admitted patients on the floor to which they have been admitted. These standards do require, however, that all corridors shall be kept free of obstructions (N.J.A.C. 8:43G-24.13(e)).

The Department supports the efforts of New Jersey hospitals to ensure that patients admitted as inpatients through the emergency department receive high quality care in a safe and timely manner. We also acknowledge that, for admitted patients awaiting a bed, care in the inpatient unit rather than in the emergency department while awaiting a bed may be preferable clinically.

Therefore, the Department will permit the placement of stabilized patients awaiting a bed and admitted from the emergency department on inpatient floors, so long as the hospital maintains compliance with the hospital licensing standards and has developed hospital board-approved policies and procedures addressing the following:

1. The specific placement of patients being held in the corridors must ensure that access to fire exits is not hindered and that the flow of traffic on the unit is not obstructed.
2. The hospital must have specific written policies and procedures established and approved to ensure that patient safety, security and privacy are maintained. Such policies and procedures must address:
 - The maximum number of patients which may be held on any unit awaiting a bed assignment;
 - Units which are eligible to receive patients admitted but awaiting a bed; the ICU and any other units on which patients require specialized monitoring shall be excluded as ineligible units;
 - Criteria for patients eligible (and ineligible) for transport and holding a unit. Such criteria must be solely clinical in nature and shall not reflect patient payment status or source of payment. Patients with specified communicable diseases or special monitoring shall be ineligible for holding on a unit;
 - Practices to ensure medical records security for patients held on the unit and awaiting a bed;
 - Communications protocol between the emergency department and the unit to which the patient is transported to ensure that relevant patient information is conveyed to the unit nursing staff; and
 - Patient care protocols for the ongoing monitoring and care of patients awaiting a bed, including documenting in the patient chart.

3. The acuity system and unit staffing must reflect patients being held in the corridor awaiting a bed. Patients held in the corridor of a unit must be counted in the patient census when unit staffing is determined.
4. Emergency department and unit personnel must be fully oriented and receive routine in-service education on the policies and protocols for transporting and holding admitted patients on inpatient units.
5. The hospital's quality assurance (QA) process should carefully monitor the impact on patient care and patient satisfaction of this practice.

These policies and procedures should encourage hospitals to develop an innovative and constructive approach to managing their emergency departments and, most importantly, maintaining appropriate quality of care.

Please call Assistant Commissioner Amie Thornton at (609) 292-9793 or John A. Calabria, Director of Certificate of Need and Acute Care Licensure, at (609) 292-8773 if you have further questions or require any additional information.

c:

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