Re: Hallway Process

The following outlines Mount Sinai Hospital's exclusion criteria for hallway candidacy:

- Fall risks **AND** unable to follow instructions
- Ventilators, Bipap, Cpap
- Oxygen requirement greater than 4 liters
- Tracheostomies
- Infection Flag or Active Isolation Orders
- Telemetry
- Unstable Vital Signs within the last 2 sets of vital signs (SPB <90 or >160, Heart rate <60 or >100, Respiratory rate <16 or >24)
- Diarrhea **(documented 3 or more episodes in a 24 hour period)**
- Requires same day bowel prep
- Uncovered or disseminated rash of unknown etiology (i.e. disseminated Zoster, chicken pox, measles, etc.)
- Bedside procedures, including but not limited to: chest tube, hemo/peritoneal dialysis, para/thoracentesis, lumbar puncture, biopsies, arthrocentesis/joint injections, etc.
- Vasoactive IV medications **(does not include heparin)**
- Stepdown
- ICU

The following are **NOT** exclusions by themselves:

*Must exhibit one of the exclusions above to be disqualified for hallway placement.

- Blood transfusion
- Behavioral issues
- CIWA
- Elopement risks
- Fever
- Cough
- Nebulizers
- NG tube to suction
- Cellulitis

The following outlines process for approving and assigning hallway candidates:

1. At the start of each shift (7a & 7p) Throughput will confirm ED nursing participants are included in hallway secure chat message
2. Throughput reviews hallway eligible patients that are identified in Palantir Foundry and refer patient MRNs to ED nursing via Epic Secure chat. If patients are ineligible, Throughput will document a comment in Foundry
3. ED RN will review the patient charts and approach eligible patients to inform them of hallway placement. ED RN will Secure chat to Throughput for assignment
   a. If ED RN does not respond within 30 minutes, Throughput will escalate following the pathway below:
      i. ANM
      ii. Nurse Manager or Nursing Admin
      iii. Director
      iv. VP (Robin Ferrer)
      v. CNO or designee
4. Throughput will update documentation in Palantir Foundry (ineligible, consented, refused) and will proceed with hallway bed assignment
   a. **Throughput staff will assign all hallways in 15 minutes. If a bed planner is unable to assign to a hallway bed for any reason, the planner is responsible to escalate immediately to a member of Throughput Leadership.**

5. **For liver or renal specialties** (including but not limited to: Liver Transplant, Liver Surgery, Renal Transplant, Small Bowel Transplant, and Liver Medicine), throughput staff will NOT assign to hallway beds, and will escalate to throughput leadership.
6. **If at any point the primary service team is disagreeable to hallway placement**, throughput staff will escalate to leadership covering Admitting & Throughput
7. If the **ED has >30 admitted patients**, we can double up in hallways. All hallways should have at least 1 patient, prior to doubling. Any concerns regarding doubling, must be escalated to Throughput Leadership.

   The above information is meant to be used as a guideline and may not incorporate all exclusionary clinical issues.

The following units are in scope for Throughput to assign hallway beds:
- 11E
- 10C
- 10W
- 10E
- 9E
- 8E
- 8C
- 8W
- 6KCC
- 4S
- KCC 5S
- KCC5N