

CONNECTICUT VALLEY HOSPITAL OPERATIONAL PROCEDURE MANUAL

SECTION I:	PATIENT FOCUSED FUNCTIONS
CHAPTER 2:	Provision of Care, Treatment and Services
PROCEDURE 2.54:	Psychiatric Hospital Beds
REVISED:	(New)1/7/19; 1/14/2019
Governing Body Approval:	1/24/2019

PURPOSE: To establish facility guidelines that ensures the safe and effective use of Psychiatric Hospital Beds.

SCOPE: All Clinical Staff

POLICY:

CVH employs a limited inventory of Psychiatric Hospital Beds. These beds should only be used when a patient's medical condition and/or care requirement necessitate this level of support. Psychiatric Hospital Beds inherently present a higher level of ligature risks than the platform beds routinely utilized at CVH. Therefore, whenever possible staff should employ platform beds and adaptive devices (wedges, pillows, etc.) whenever possible to meet patient needs. Whenever a Psychiatric Hospital Bed is deployed they are subject to increased monitoring requirements.

PROCEDURE:

1. Psychiatric Hospital Bed Placement

- A. On Detox Units (Merritt 4B and Blue Hills Detox) some medical beds are routinely assigned to support patients experiencing significant medical symptoms during their detoxification process. The medical provider writes an order for the bed's use. If census requirements result in the use of a Psychiatric Hospital Bed by a patient not meeting this level of medical necessity a suicide assessment (at time of admission) or suicide reassessment (at latter points in care) must be completed to ensure the safe use of the bed. If additional Psychiatric Hospital Beds are required they are ordered through the procedure described below.
- B. In all other locations Psychiatric Hospital Beds are only assigned based on the determination of medical need by a medical provider (MD, DO, PA or APRN). The medical provider writes an order for the bed's use, verification of which is sent to Equipment Control. The Equipment Control staff will deliver and install the bed. A medical necessity reassessment and renewal order is required every month for sustained use. When no longer required Equipment Control should be notified to remove the bed and install a regular hospital platform bed.

2. Ligature Risk Mitigation

The increased ligature risk associated with the beds is mitigated by the following procedures:

- a. Staff performance of continuous environmental safety rounds.
- b. Whenever possible, securing of bedrooms when not in use.
- c. Staff control of the bed power/charging cord which is only attached when active patient care involving the Psychiatric Hospital Bed is being delivered or when the bed's battery is being actively charged at which time the bed is either secured or under constant observation.

3. Ergonomic Positioning

A. Provision of Care

During the provision of care the staff should raise or lower the bed to the height that best ergonomically supports the care activity being provided.

B. Patient Entrance/Exit

Staff needs to ensure that the bed is properly elevated whenever patients are getting in or out of the bed, either independently or with staff assistance. For the average woman, the bed should be at nineteen inches (19"), and for the average man, the bed should be at twenty-one inches (21"). The bed should never be below eighteen inches (8") when assisting the patient in or out of bed. The recommended height provides a proper ergonomic position for the patient, and decreases the risk of falls. Keep in mind that there may be exceptions to these standard heights based on specific patient conditions as documented by a Physician, APRN, or Physical Therapist.

4. Bio-Medical Testing

A. All Psychiatric Hospital Beds will have completed documented bio-medical testing prior to placement on a patient care unit.

B. All Psychiatric Hospital Beds are subject to annual Bio-Medical testing.

5. Psychiatric Hospital Bed Failure

Any time a bed fails to operate per the manufacturer's instructions the Unit/Department reports the issue to the Nursing Supervisor and submits a report via e-mail directly to MHA-CVH-BIOMED-MAIL. In addition the unit may submit a work order directly to equipment control to expedite pick up of the broken bed, and the provision and installation of a replacement unit. The unit should make plans for providing continued care to the assigned patient until repairs are completed, or a replacement bed is made available.

The e-mail and work order should include the following information:

- Identification of the broken equipment as a Psychiatric Hospital Bed (affects transport resources)
- Specific location of the bed (Building, Unit, Room #, and side of room if multiple beds)
- Claflin ID # on the bed (White Tag).

- Details of how the equipment is damaged/ malfunctioning.

The bed should be:

1. Tagged as broken, with a brief description of the problem, with tag signed and dated.
2. Reported out on the cross shift report as out of service, with a status report on notification process for repair/replacement.

Equipment Control will bring a replacement bed and transport the broken bed to Central Medical Supply.