PRE-EVENT HOSPITAL UNIT CROSSWALK

555 WEST 57TH STREET, NEW YORK, NY 10019 • T (212) 246-7100 • F (212) 262-6350 • WWW.GNYHA.ORG • PRESIDENT, KENNETH E. RASKE

PURPOSE OF THIS CROSSWALK

The five bed categories listed below were developed by the DOHMH-GNYHA Patient Movement Workgroup, and are designed to facilitate bed matching across hospitals during emergency incidents that necessitate large-scale patient evacuation. All hospitals in New York State are asked to crosswalk the existing units within their facility to these five standardized bed categories.

INSTRUCTIONS

The left side of the table below contains definitions of the five standardized bed categories. In the table on the right list all units within your facility for which the majority of patients would fit into this standardized bed category. If there are units where patients may be split between two categories, such as Critical Care and Medical/Surgical list the unit under both categories. In the last section please list any units that are extremely difficult to crosswalk ahead of time; these units should be prioritized for attention at the beginning of any event that may require evacuation.

After completing this exercise, a copy of the crosswalk table should be maintained in the Hospital Command Center, the Bed Management office and in any other relevant location in your facility. It is recommended that the crosswalk be reviewed and updated annually.

GROUP A: CRITICAL CARE – Standard bed definition

Critical care patients require sophisticated intervention to restore or maintain life processes.

This requires:

- Providing immediate and continuous attention (usually reflected in low nurse to patient staffing ratios);
- Monitoring (telemetry must be available to provide continuous monitoring; rapid POC testing should be available);
- Specialized facilities (such as an ICU, PACU, or other critical care setting);
- Specialized equipment (such as ventilators, dialysis equipment, and readily available imaging);
- Specialized personnel (such as critical care specialists, respiratory therapists).

Hospital units whose patients would meet the CRITICAL CARE definition:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.



GNYHA is a dynamic, constantly evolving center for health care advocacy and expertise, but our core mission—helping hospitals deliver the finest patient care in the most cost-effective way—never changes.

GROUP B: MEDICAL/SURGERY – Medical/surgeical patients have medical illnesses or disorders, as well as diseases or conditions normally treated by surgery, who do not require critical care support.

Medical/surgical patients can be cared for with:

- General medical staff (including major medical and surgical subspecialists, and general medical/surgical floor nurses)
- General medical equipment, such as a standard hospital bed, medical air/oxygen, IV and medication administration supplies are sufficient for care

Patients in this category should not require telemetry during transport. If this is required, consider putting these patients into the Critical Care category.

GROUP C: PERINATAL CARE – Perinatal care patients require services related to management of pregnancy and complications of pregnancy, labor and delivery, and newborn care. Staff familiar with anterpartum and postpartum care of mother and infant must be available. Supplies required for fetal monitoring, vaginal and surgical delivery, and neonatal resuscitation must be available.

This category includes:

- Antepartum: pregnant women 24 weeks gestation and later hospitalized for management of complications of pregnancy or other medical conditions, but not requiring critical care services
- Labor and Delivery: women hospitalized for management of labor, delivery, and recovery from delivery
- Postpartum: women hospitalized during the immediate post-partum period healthy rooming-in newborns will be counted separately
- Healthy newborn: either in nursery or rooming-in on postpartum unit
- Neonatal ICU: intensive care for newborns, including premature infants (please indicate NICU levels available at your hospital)

Hospital units whose patients would meet the MEDICAL/SURGERY definition:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Hospital units whose patients would meet the PERINATAL CARE definition:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

GROUP D: PSYCHIATRY – Psychiatric patients require specialized psychiatric care, including patients with severe mental illness.

This category includes:

- Geriatric Psych (60+): patients with frailty who may have more chronic medical conditions; includes dementia, early Alzheimers
- Adult psych (18+)
- Child psych: up to age 18; must be placed in pediatric unit unless permission obtained from OMH
- Adult inpatient addiction treatment: medically managed
- Adult inpatient addiction treatment: medically supervised

GROUP E: REHABILITATION – Rehabilitation patients require comprehensive services deemed appropriate to the needs of a person with a disability, in a program designed to achieve objectives of improved health, welfare, and realization of one's maximum physical, social, psychological, and vocational potential for useful and productive activity.

UNITS THAT ARE EXTREMELY DIFFICULT TO CROSSWALK – please list these units to the right.

These units should be prioritized for attention at the beginning of any event that may require evacuation.

Hospital units whose patients would meet the PSYCHIATRY definition:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Hospital units whose patients would meet the REHABILITATION definition:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6

Hospital units that are extremely difficult to crosswalk in advance:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.