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# Electronic Bed Manager Procedure

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Effective: 14 February 2017

## 1. Guiding Principles

The effective and efficient communication of patient-specific information through the use of the Electronic Bed Manager (EBM) enables various users to access the same information simultaneously, ensuring up to date and timely display of patient specific information. This is a live document designed to assist the communication and to support other patient record processes. Electronic Bed Manager is the title of this program and is available on desktop to select users.

## 2. Procedure

The EBM is for use by multiple user groups to assist them with patient care and support, and is available on the desk top. Line managers are required to approve employee access along with the requirements of use, and have either 'edit' access (update capabilities) or 'view' access (read only) granted. An IT request is needed to enable access to the EBM icon on your desk top.

The EBM is to be used to track an admitted patient's location, identify alerts and referral groups that are influencing patient care, communicate with kitchen staff regarding dietary requirements, and assist nursing staff with patient care. The EBM does not replace documentation in patient notes and is not to be used as a sole source of communication.

### 2.1 General Information

- For support and problem solving, log IT request online and contact WACHS IT 1800 794 748. For computer and display board problems, log IT request and contact WACHS IT 1800 794 748.
- Always press the 'update' tab before use, to ensure the display screen is up to date.
- Patients with the same name automatically display as green.
- More than one user can edit information in the EBM. If two people are editing at the same time a warning screen will appear stating 'which version do you want to save', priority is given to the Bed Allocation Display Board followed by the shift coordinator.
- The EBM program is required to be closed down when not in use (hourly as a minimum).
- To discharge a patient, press the green DC button and follow the prompts. Do not highlight the line and delete as this corrupts the program.
- The update button will only save information if you have edit access.

### 2.2 Estimated discharge date (Est DC)

- All patients must have an Est DC
- If patient is 'long stay' or requires aged and community care services, the Est DC is to be in line with the 35 day 'Acute Care Certificate'

- If the Est DC is before current date it will appear in purple. It is the responsibility of the shift coordinators, bed allocators and discharge coordinators to ensure all Est DC are up to date on the EBM.

### 2.3 Bed Allocation Display

This is the monitor located in the nurses' station on the main ward:

- Bed Allocation Display Board is to be on 'board view' only (due to patient confidentiality, please edit on desktop computers).
- To clean the screen and surround, minimise the display and wipe with screen cleaner. **Do not use alcohol wipes.**
- The computer attached to the Bed Allocation Display Board needs to be turned off each Sunday afternoon and re-started and is the responsibility of the shift coordinators to ensure this happens.

## 3. Definitions

### 3.1 Traffic Light system

- When the colour Red is displayed the anticipated patient length of stay is greater than five (5) days.
- When the colour Amber is displayed the anticipated patient length of stay is three (3) to five (5) days.
- When the colour Green is displayed the anticipated patient length of stay is less than two (2) days.
- The Est DC column will turn purple when the Est DC is in the past.

### 3.2 Board notes

- Note section is not to be utilised for the recording of clinical information.

### 3.3 Identifying patients to come in

- TCI (to come in) is to be used to identify patients that have not yet arrived at their destination.
- (TCI) is not to be included in the count function therefore not populating patient list.
- (TCI) is to be highlighted in a colour other than black.
- When (TCI) is written, it must be in brackets and capitals as per example.
- (TCI) is to be entered by the Bed allocator on AM shift, ward coordinators on PM shift and senior nurses/AHM on ND shift in the patient destination.
- The patient's information is to be entered on the EBM to identify the patient's actual location by the current department.
- At time of transfer, the receiving department is to transfer the patient to new location on EBM and update details by those outlined in roles and responsibilities.

### 3.4 Alerts

- The EBM allows the use of three (3) alerts.
- Ensure alerts are recorded from left to right utilising column one (1) first.

- If there are more than three alerts, the third column is to read as multiple.
- It is the responsibility of the nurse coordinator to ensure all alerts are on the EBM.
- An alert used in the EBM that may not be familiar to user groups is “STAFF SAFETY”. This alert is to be used to indicate that staff need to take care. The person who adds this alert to a patient’s information needs to document in the patient notes the reason for its use. The EBM user group will need to refer to the patient notes to identify the reason for its use.

### 3.5 Diet Comments

- Diet comments are to be used for additional information pertaining to patient’s dietary requirements.
- Diet changes for lunch need to be made before 1100 hrs.
- Diet changes for dinner need to be made before 1600 hrs.

### 3.6 Diet, texture, fluid

- Always ensure that diet codes are entered on admission.
- The code must be updated as patient requirements change.
- It is the responsibility of the speech pathologist to complete the texture and fluid consistency.
- It is the responsibility of the shift coordinator to ensure the diet is on the EBM.

## 4. Roles and Responsibilities

### 4.1 All Staff

- Accurate information needs to be entered into the EBM or provided to relevant staff to enter to maintain effective ‘real time’ data.
- Ensure that all aspects of confidentiality are maintained.
- Access to information only when essential for patient care and service provision.

### 4.2 Emergency Department

Use WebPAS as the recording tool

### 4.3 Main Ward

#### Ward Coordinator

The ward coordinator is required to:

- ensure that all fields are entered and updated to maintain effective ‘real time’ data.
- ensure that ‘maintenance’ and ‘display’ requirements of the Bed Allocation Display Board are completed.
- **AM** shift - be informed by the bed allocator in regards to bed transfers, admissions and discharges.

- **PM** shift – inform the afterhours Manager in regards to bed transfers, admissions and discharges
  - Inform the ward clerk of bed transfers, admissions and discharges.

### **Ward Clerk**

The ward Clerk is required to:

- **AM/PM** shift - be informed by the bed allocator in regards to bed transfers, admissions and discharges.
  - Update WebPAS with bed movements as identified from the bed census.

### **Clinical Nurse Manager (CNM)**

The CNM is required to:

- support, monitor and educate staff of appropriate use of the EBM.
- address any breeches of use of the EBM.
- carry out interdepartmental communications to rectify/ highlight any interdepartmental issues surrounding use of the EBM.

### **After Hours Manager (AHM)**

The AHM is required to:

- ensure that all fields are entered and updated to maintain effective 'real time' data.
- **AM** shift – update the EBM to maintain effective 'real time' data.
- inform both ward coordinators and ward clerks regarding bed transfers, admissions and discharges.
- **PM** shift – Be informed by ward coordinator of bed transfers, admissions and discharges.
- **ND** shift – update the EBM to maintain effective 'real time' data.
  - inform ward nursing staff of bed transfers, admissions and discharges
  - inform ED clerk of bed transfers, admissions and discharges for updating on WebPAS.

## **4.4 Service Providers**

Service providers are required to:

- ensure that the referral column and other specific information is completed on the EBM to maintain effective 'real time' data.
- ensure referrals are recorded from left to right utilising column one (1) first
- if there are more than four referrals, the fourth column is to read as multiple.
- it is the responsibility of the service provider to complete this section once they have commenced care.
- each service provider is responsible for updating their section and must not change other service information except in relation to the fourth column to multiple.
- once a service provider has discharged a patient from their care, they must update the referral column to reflect this using "referral DC".

### 4.5 Kitchen Staff

Kitchen staff are required to:

- log off after viewing and reopen when printing is imminent.

### 4.6 Interdepartmental

It is the responsibility of independent departments to ensure:

- support, monitor and educate staff of appropriate use of the EBM.
- address any breeches of use of the EBM.
- carry out interdepartmental communications to rectify/ highlight any interdepartmental issues surrounding use of the EBM.

### 4.7 Hospital Management Team

- Ensures appropriate training and resources to using the EBM.
- Provides resources for problem solving, support and ongoing management for the EBM.

## 5. Compliance

It is a requirement of the WA Health [Code of Conduct](#) that employees “comply with all applicable WA Health policy frameworks.”

A breach of the Code may result in Improvement Action or Disciplinary Action in accordance with the WA Health [Discipline Policy](#).

WACHS staff are reminded that compliance with all policies is mandatory.

## 6. Evaluation

Continued effectiveness of the EBM is to be monitored by the Hospital Management team.

## 7. Standards

[National Safety and Quality Health Care Standards](#): 1.6.1 – Establishing an organisation-wide quality management system that monitors and reports on the safety and quality of patient care

[EQulPNational Standards](#): 14.1.1 – Health records management systems support the collection of information and meet the consumer / patient and organisation’s needs.

## 8. Legislation

*Occupational Safety & Health Act 1984*

## 9. References

WA Country Health Service – Clinical handover – iSoBAR

WA Country Health Service – Data Entry Standards & Business Rules

Policy Statement on Internal Transfer of Patient Identified Information, Health Department of Western Australia, Policy No. A7019: 1985

Standards Australia Quality Management Systems – Requirements AS/NZS ISO 9001:2016

Standards Australia Quality Management Systems – Guidelines for Quality Management in Projects AS ISO 10006:2003

## 10. Related WA Health Policies

[Patient Confidentiality Policy](#)

**This document can be made available in alternative formats  
on request for a person with a disability**

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