

AH3000 – ASSIGNMENT OF HOSPITAL ROOMS TO SUPPORT PATIENT PRIVACY, DIGNITY AND SAFETY

1.0 PURPOSE

To ensure that all hospital patients are placed in the most appropriate accommodation possible, to provide the best possible care and experience for the patient, and to support the patient's sense of dignity, privacy and safety.

To ensure compliance with Ministry of Health policy.

2.0 DEFINITIONS

Acute Care Hospital	an Interior Health (IH) hospital/facility that provides acute care to inpatients (<u>see Appendix A for list of facilities</u>)
Gender and gender identity	Gender and Gender identity are linked to a person's sense of self, and particularly the sense of being male, female, both, neither, or anywhere along the gender spectrum. It includes people who identify as transgender. A person's gender identity may be the same as or different from their birth assigned sex and is separate from their sexual orientation.

3.0 POLICY

3.1 Scope

This policy applies to all IH Acute Care Hospitals.

3.2 Room Assignment Decision Making

Decisions about hospital room assignment are to be based on the statements below, the resources available on the site, and the professional judgment of the staff members.

Room assignment decisions must be reviewed on a daily basis to accommodate changing patient needs, and to ensure that room assignments continue to provide the highest level of dignity, privacy and safety for individual patients.

Room assignments must be appropriate to patient clinical needs. Some patients require accommodation of a specific type or location in order to meet their clinical needs, and this is of prime importance. Examples include:

1. Privacy to provide palliative care, or where a clinical issue indicates privacy is required;
2. Enhanced observation is required (falls risk, cognitive functioning as examples); and

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3. Enhanced supervision is required (aggression, behavioural risks, as examples).

Decisions related to all hospital room assignments in acute care facilities are based on both patient and clinical care considerations described in this policy and guided by the standardized decision support tool. [See Appendix B – Hospital Room Assignment Decision Support Algorithm.](#)

3.3 Shared Room Assignment Decision Making

When assigning patients to shared accommodation, the following must be considered:

1. To maximize privacy and comfort of patients, single gender accommodation should be implemented whenever possible.
2. In situations where mixed gender accommodation cannot be avoided, patients placed in these rooms should be alert, mentally competent, and physically able to summon assistance. At no time should a single female patient be placed in a room with more than one male patient.
3. The vulnerability of child and youth patients must be recognized by ensuring that they are not placed in shared accommodation with adult patients.
4. Patients who pose a risk to others (due to known or expected violent or inappropriate behaviour) must not be placed in shared accommodation with vulnerable individuals, and must have the appropriate level of supervision.
5. A patient's cultural/religious tenets.

3.4 Roles and Responsibilities

Decisions related to mixed gender room assignment will occur at the unit level.

Unit Leader Responsibilities

Prior to assigning mixed gender accommodations, the Patient Care Coordinator (PCC) or In-Charge Nurse will:

- a. review patient room assignment options within the unit and hospital (if appropriate) and attempt to achieve single gender accommodations whenever possible
 - i. base decisions primarily on patient considerations and care needs
 - ii. If there are mixed gender accommodations, the room assignments must be reviewed and discussed with the patient and if appropriate with the family about the rationale for decision, actions taken to address the situation and measures to ensure patient privacy, dignity and safety are maintained
- b. inform unit manager of situations when a patient or family member refuses a gender mixed room
 - i. discuss possible alternative options for room assignment
 - ii. document discussion points in the patient's chart including specific patient's concerns, the plan to address the concern, and barriers to single gender accommodation.

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- iii. If there is a barrier that cannot be resolved, the PCC or In-Charge Nurse will escalate to the manager.

The manager, PCC or In-Charge Nurse will monitor mixed gender room assignments and:

- a. record in the patient's chart when they are assigned to a mixed gender room
- b. record when the discussion occurred with the patient and their family about the mixed gender accommodation
- c. review room assignment decisions daily
- d. collaborate with staff to establish single gender room assignment

Nurse Responsibilities

The nurse assigned to provide care to patient(s) in a mixed gender room will:

- a. ensure patient's privacy, dignity and safety is maintained during provision of care
- b. provide a daily update to patient(s) and family (when appropriate) on efforts to resolve situation
- c. inform manager/PCC or In-Charge nurse of any concerns raised by patient(s) and families
- d. collaborate with clinical leader and housekeeping staff to coordinate bed moves

3.5 Unusual Occurrences

For situations when the appropriate ratio of gender mixed accommodations cannot be assigned as per this policy, complete a Patient Safety Learning System (PSLS):

- Category: Resources and Organizational Management
- Details: Bed / service availability / adequacy

Notes Fields: Provide a description of the situation including specific challenges (resources, night admission/transfer), actions taken to support patient safety (constant supervision) and follow-up actions to be taken to resolve rooming assignment.

4.0 PROCEDURES

Each of the individual hospitals in Appendix A will ensure the requirements of this policy are incorporated into their existing room assignment protocols on or before October 1, 2017.

5.0 REFERENCES

1. Ministry of Health Assignment of Hospital Rooms to Support Patient Privacy, Dignity and Safety Policy July 2012
2. Interior Health Policy [AP1200 Preferred Accommodation](#)

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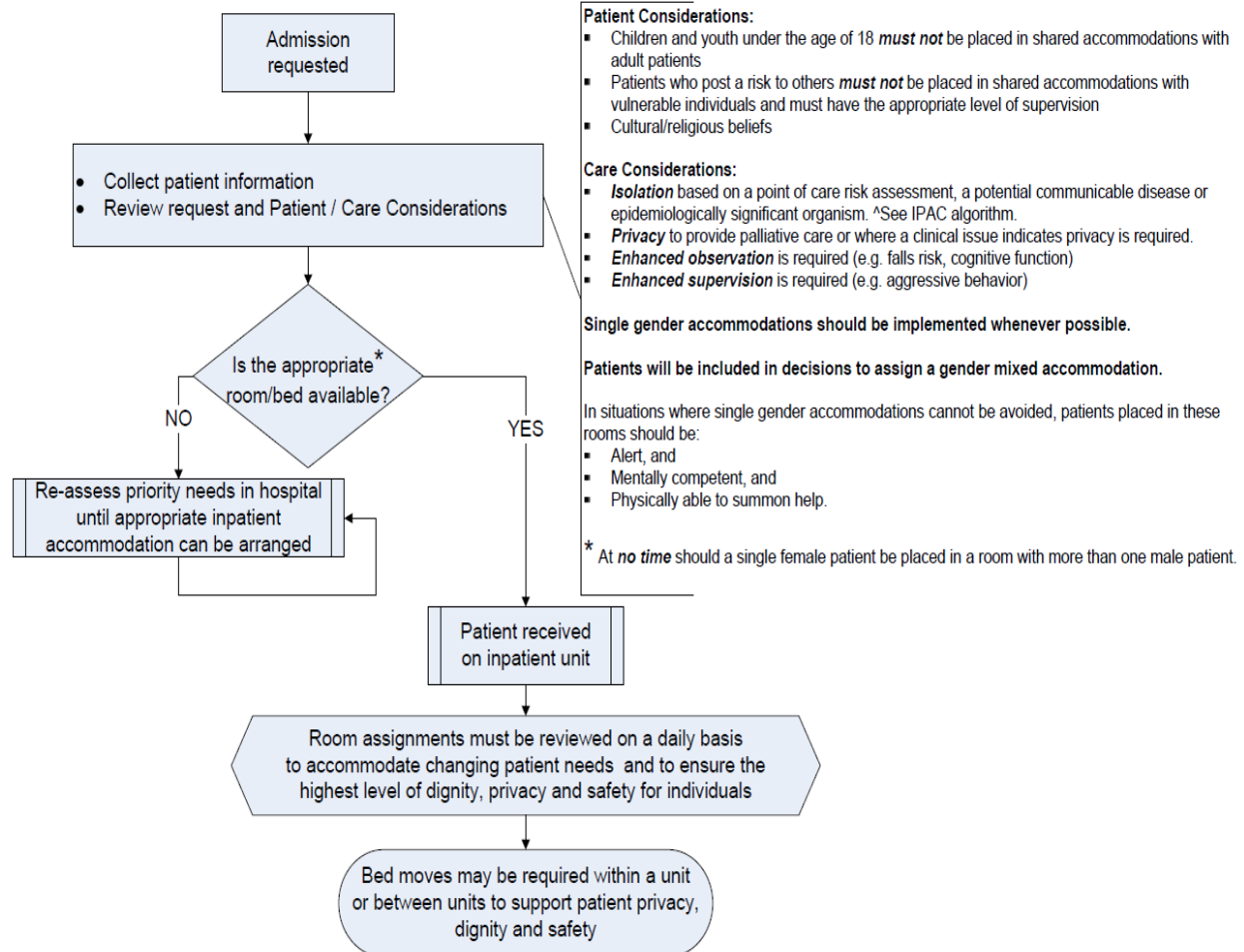


APPENDIX A

100 Mile District Hospital
Arrow Lakes Hospital
Boundary Hospital
Cariboo Memorial Hospital and Health Centre
Creston Valley Hospital
Dr. Helmcken Memorial Hospital & Health Centre
East Kootenay Regional Hospital
Elk Valley Hospital
Golden & District General Hospital
Hillside Acute Tertiary Psychiatric Center
Invermere & District Hospital
Kelowna General Hospital
Kootenay Boundary Regional Hospital
Kootenay Lake Hospital
Lillooet Hospital and Health Centre
Nicola Valley Hospital and Health Centre
Penticton Regional Hospital
Princeton General Hospital
Queen Victoria Hospital and Health Centre
Royal Inland Hospital
Shuswap Lake General Hospital
South Okanagan General Hospital
Vernon Jubilee Hospital

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APPENDIX B



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