 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-I-P01-S02
	Effective Date:	04-15-2022
	Document Type:	Standard Operating Procedure ✓
	Page Number:	1 of 3
	Department/Section:	Nursing Service Division
	Document Title:	<b>CLOSURE OF A NURSING STATION OR UNIT</b>

**PURPOSE:**

1. To ensure that criteria for closure are met prior to closure order execution.
2. Designate proper authority and hierarchy of approval.

**SCOPE:**


Covers the entire Nursing Service Division, Medical Services Division, Admitting Section, Billing Section and Engineering and General Services Division (EGSD).

**PERSON RESPONSIBLE:**

Nursing Division Officer/ Nursing Director, Chief Nurse, Clinical Manager for Operations, Head Nurse


**GENERAL GUIDELINES:**

1. Closure of a unit/ nursing station may be ordered under certain circumstances with the approval of the Medical Director. The following are the criteria for closure of a unit/nursing station:
  - 1.1. No/low patient census for admission
  - 1.2. No/lack of or insufficient nursing services personnel to operationalize the station/unit.
  - 1.3. Compliance with required environmental safety protocols.
  - 1.4. Essential repairs and renovations.
  - 1.5. Threat to the health and safety of patients and health care workers (e.g. possible infection of a patient or a health care worker).
  - 1.6. Need for reasonable closure as mandated by the Management Committee for the above or any other reasons.

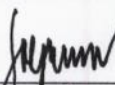

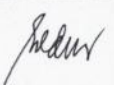


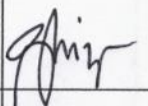


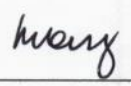
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**PROCEDURE:**


1. Review and assess the need for closure in consultation with concerned departments:
  - 1.1. IPCU for infection control,
  - 1.2. EGSD for structural works and safety concerns,
  - 1.3. Medical Services Division for health and safety concerns,
  - 1.4. HRD for personnel-related concerns
2. Inform the Medical Director of the need for closure if the rationalization originates from the Nursing Services Division.
3. Secure proper approval to effect closure implementation.
4. Cascade approval with reasons for closure.
5. Implement immediate closure.

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**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>MARIA LIZA C. PERAREN, RN, MAN</b> Nursing Director		3/31/2022
Verified by:	<b>RICHARD S. MONTILJAO, RN</b> OIC Policy Development		3/31/22
	<b>SHALAINE S. DURAN, RN</b> Nurse Manager for Operations		4/1/22
	<b>HANNAH KHAY S. TREYES, RN, MN</b> Chief Nurse		04/01/22
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		04/05/2022
Recommending Approval:	<b>NANCY B. HIZON, MS Psych, FPCHA</b> Human Resource Division Officer		4/8/2022
	<b>ENGR. NOEL P. GARBO, FPCHA</b> Engineering and General Services Division Officer		4/20
	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Officer		6/5/22
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		6.30.22
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		



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KEY TASKS	PERSON RESPONSIBLE
1. Reviews and assesses the need for closure in consultation with concerned departments.	Clinical Manager for Operations/Head Nurse
2. Informs the Medical Director of the need for closure if the rationalization originates from the Nursing Services Division.	
3. Secures proper approval to effect closure implementation.	
4. Cascades approval with reasons for closure.	
5. Implements immediate closure.	



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### APPROVAL:

	Name/Title	Signature	Date
Prepared by:	<b>MARIA LIZA C. PERAREN, RN, MAN</b> Nursing Director		5-11-22
Verified by:	<b>RICHARD S. MONTILIJAO, RN</b> OIC Policy Development		5/11/22
	<b>SHALAINE S. DURAN, RN</b> Nurse Manager for Operations		6/1/2022
	<b>HANNAH KHAY S. TREYES, RN, MN</b> Chief Nurse		06/02/2022
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		06/02/2022
Recommending Approval:	<b>NANCY B. HIZON, MS Psych, FPCHA</b> Human Resource Division Officer		6/10/22
	<b>ENGR. NOEL P. GARBO, FPCHA</b> Engineering and General Services Division Officer		6/22
	<b>HENRY F. ALAVAREN, MD, FPSMID, FPSQua</b> Total Quality Division Officer		6/23/22
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		6.20.22
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		

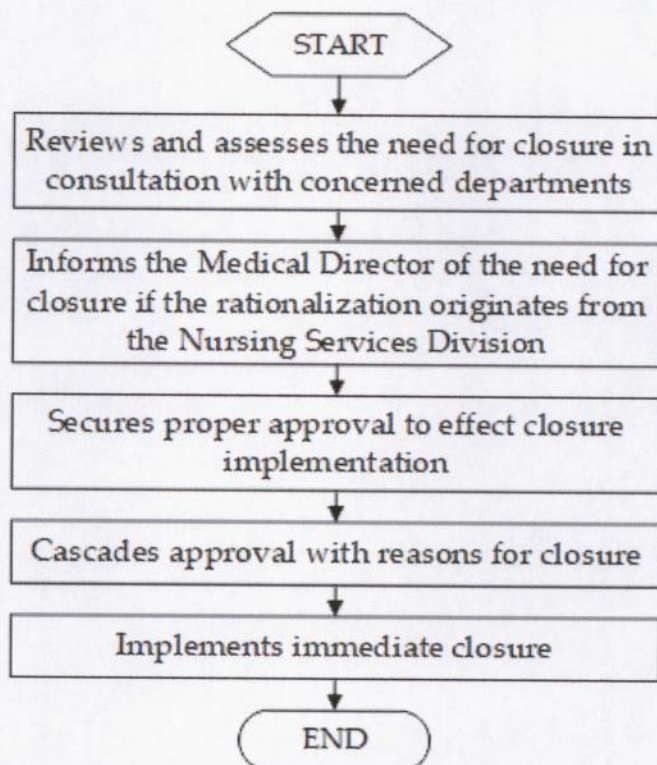


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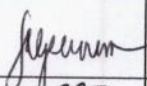

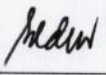


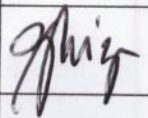
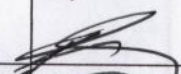
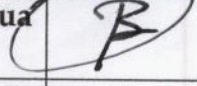
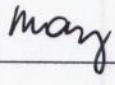
## FLOWCHART





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**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>MARIA LIZA C. PERAREN, RN, MAN</b> Nursing Director		5-11-22
Verified by:	<b>RICHARD S. MONTILJAO, RN</b> OIC Policy Development		5/11/22
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Reviewed:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		06/02/2022
Recommending Approval:	<b>NANCY B. HIZON, MS Psych, FPCHA</b> Human Resource Division Officer		6/14/22
	<b>ENGR. NOEL P. GARBO, FPCHA</b> Engineering and General Services Division Officer		6/27
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Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		