PURPOSE

Surge Capacity activities are initiated:

I. In the event that overcrowding and congestion and/or unusually high acuity in an Emergency Department have the potential to compromise client safety.

II. In the event that a number of staff is unable to report to work due to illness/other,

This protocol does not replace Emergency Preparedness measures.

APPLICABILITY

This policy and procedure applies to all Covenant Health facilities, staff, members of the medical staff, volunteer, students and any other person acting on behalf of Covenant Health.

PROCEDURE

I. Initiation Criteria

The Surge Capacity Protocol can only be initiated by the Site Administrator or Admin on Call

II. Procedure

- ER physician, ER Manager/Charge Nurse contact Admin on Call to activate Surge Capacity Protocol upon completion of the criteria check list and determination that no other strategies will resolve the congestion in ER at that time.

- The reasons for initiation Surge Capacity Protocol (criteria chosen) are documented on the worksheet and signed by the ER physician and the ER Manager/Charge Nurse. This is the official START TIME for the Surge Capacity Event.
DEFINITIONS

Hospital Capacity:
The day to day availability of people, processes, equipment, and pathways that support the effective management of how clients move through the health system. By and large, ‘hospital capacity’ is about the number of available beds on a daily basis, the occupancy rate, and the people, the supplies and the infrastructure required in order to efficiently delivering care.

Hospital Surge Capacity:
The ability of a hospital to expand capacity during peaks in demand; particularly in an Emergency Department. Hospital Surge Capacity may be the state that a hospital is functioning within at any given time based on average occupancy rates and length of stay.

Surge Capacity Protocol:
A series of activities that are initiated to offer strategies and decision support toward managing episodes when the system is experiencing a surge of clients “beyond manageable levels”.

Admin On-Call
The Site Administrator or the designated Admin-on-Call person for the site.

RELATED DOCUMENTS
Covenant Health Rural Acute Surge Plan
Worksheet

A) The Emergency Department must meet triggers for acuity, volume and staffing.

**0700-2300:** Must meet any 3 of the following triggers to initiate Surge Capacity

**2300-0700:** Must meet any 2 of the following triggers to initiate Surge Capacity Protocol

<table>
<thead>
<tr>
<th>Surge Capacity Triggers</th>
</tr>
</thead>
</table>

**Acuity Triggers**

- ☐ 2 or more CTAS 1 or 2 patients in the department with no expectation of transferring out within the next hour
- ☐ 2 or more patients in the department requiring physician ordered continuous cardiac monitoring
- ☐ 2 or more patients requiring close observation (examples are altered LOC, c-spine pts, disruptive mental health patients)

**Volume Triggers**

- ☐ 5 admitted and/or hold patients in ER
- ☐ 2 or more transfer patients currently in the ER (waiting transfer to a higher level facility)

**Staffing Triggers**

- ☐ Staffing challenges are affecting ability to see new patients
- ☐ Unable to arrange for additional physician support

B) The Hospital may be triggered to initiate the Surge Capacity Protocol when there is:

- ☐ Increase in volume of patients at the site
- ☐ Increase in acuity of patients at the site
- ☐ Number of staff unable to attend work due to illness or other circumstances

SIGNATURES:

ER MANAGER/ CHARGE NURSE ____________________________
ER PHYSICIAN ______________________________
Date:________________ Time:_____________

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Appendix A

Admin-On-Call Checklist

1. **Ensure Triggers have been met, Activate Surge Capacity Protocol.**

2. **Contact Site Administrator/ Designate**
   - 76 funded beds
   - 4 over capacity
   - 4 unfunded in the Ambulatory Care Unit (for stable patients awaiting discharge require supervision of regulated health care professional)

3. **Site Administrator/Designate**
   - Notify Senior Director Operations (SDO)
   - Notify IPC Practitioner, if applicable
   - Notify Site Medical Director
   - Work with Unit Managers, Charge Nurses, CLC to:
     - Identify potential discharges.
     - Create phantom spaces for discharged patients to wait.
     - Determine if unfunded bed spaces are required.
     - Determine if elective surgical cases should be cancelled (required SDO notification).
     - Meet with Stakeholders every 30-60 min until resolved.
Appendix B

St. Mary’s Hospital Surge Capacity Protocol

Date: ____________________ Time on: ____________ Time off: ____________

Nurse in Charge: ______________________________________
ER Physician: _______________________________________

CHARGE NURSE CHECKLIST:

<table>
<thead>
<tr>
<th>Time &amp; Initial</th>
<th>PRE-SURGE TASKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consult with Admitting staff to determine:</td>
<td></td>
</tr>
<tr>
<td>Number of currently available empty inpatient beds, (unit 2, 3, 4, &amp; 5)</td>
<td></td>
</tr>
<tr>
<td>Number of patients scheduled for the next day “same day” surgery</td>
<td></td>
</tr>
<tr>
<td>If all opportunities to co-ed patients on inpatients units have been implemented</td>
<td></td>
</tr>
<tr>
<td>Instruct Admitting Clerk to call all acute care inpatient unit nurse in charge to immediately</td>
<td></td>
</tr>
<tr>
<td>Communicate urgency of situation in ER and ensure all discharge patients and room transfers are in the computer</td>
<td></td>
</tr>
<tr>
<td>Determine the number of patients who are expected to be discharged shortly and can (not “want”) wait in lounge</td>
<td></td>
</tr>
<tr>
<td>Determine the number of beds potentially available through discharge within the next 24 hours, and reported back to the ER Nurse in charge</td>
<td></td>
</tr>
<tr>
<td>Instruct ER Attendant (during office hours) to:</td>
<td></td>
</tr>
<tr>
<td>Phone all physician clinics, to alert them of immediate need for inpatient beds and the pending initiation of Surge Capacity Protocol. State: “Attention all Physicians. The ER urgently requires inpatient beds. Please contact inpatient units as soon as possible, if you have patients that can be safely discharged.”</td>
<td></td>
</tr>
<tr>
<td>When above information is gathered, if no inpatient beds can be made available within 30 minutes, and required ER SCP triggers still exist with no improvement in sight, consult with ER Physician &amp; Admin on Call for hospital to INITIATE SCP.</td>
<td></td>
</tr>
<tr>
<td>Communicate confirmed inpatient bed situation to ER physician on call for Hospital, and confirm that trigger criteria are still met.</td>
<td></td>
</tr>
<tr>
<td>Initiate Critical Support Team; Attempt to contact ER staff to report to work.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time &amp; Initial</th>
<th>SURGE CAPACITY TASKS TO BE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiate Surge Capacity &amp; sign off document with ER Physician on Call, noting time of day. Announce overhead; Surge Capacity in effect.</td>
<td></td>
</tr>
<tr>
<td>Speak with Admitting and request immediate activation of the Surge Capacity Protocol according to their checklist.</td>
<td></td>
</tr>
<tr>
<td>Instruct ER attendant to contact ambulance service to notify them we have activated the Surge Capacity Protocol. Phone #</td>
<td></td>
</tr>
<tr>
<td>Work with Admitting to move patients from ER, within appropriate guidelines.</td>
<td></td>
</tr>
<tr>
<td>Start reassessment of SCP (in discussion with ER physician) within 90 minutes of initiation to determine if congestion has improved.</td>
<td></td>
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</tbody>
</table>
### ADMITTING CLERK CHECKLIST:

<table>
<thead>
<tr>
<th>Date &amp; Initial</th>
<th>SURGE CAPACITY TASKS TO BE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0700-1500:</strong></td>
<td>Make overhead announcement “Attention physicians and hospital staff. We are now initiating surge capacity protocol. All acute care nursing units begin to prepare for one over capacity admissions.” Contact the 2828 Monday – Friday.</td>
</tr>
<tr>
<td><strong>Weekends &amp; After hours:</strong></td>
<td>Telephone all acute care nursing units. Request to speak with Nurse in Charge. Inform Nurse in Charge of SCP, and request they begin to prepare for over capacity admissions.</td>
</tr>
<tr>
<td></td>
<td>Forward this completed checklist to ER Nurse Manager/ER Charge Nurse.</td>
</tr>
<tr>
<td></td>
<td>Once SCP has been discontinued, priority of receiving appropriate inpatient beds will be given to patients who have been placed in over capacity beds, or “co-ed” situation.</td>
</tr>
</tbody>
</table>
St. Mary’s Hospital ER-Surge Capacity Protocol

Original signed copy must be forwarded to the ER Manager upon completion of Surge Capacity Event

ER Charge Nurse Data Collection

Original signed copy must be forwarded to the ER Manager upon completion of Surge Capacity Event
SURGE CAPACITY EVALUATION TOOL

Date________________________

Situation: Were you able to enact pre-surge activities

☐ Yes ☐ No

If yes, what did you do to try & alleviate overcrowding in the ER?

______________________________________________________________

______________________________________________________________

If no, explain factors contributing.

______________________________________________________________

______________________________________________________________

Background: Comment on the triggers that necessitated Surge Capacity.

______________________________________________________________

______________________________________________________________

Recommendation/ Action

Initiated at ________ hrs by ____________________________

Re-assessed at ________ hr___________________________________

Discontinued at ________ hrs by _____________________________

Were you able to reassess in a timely manner?

☐ Yes ☐ No

If yes, what did you do to try & alleviate overcrowding in the ER?

______________________________________________________________

______________________________________________________________

If no, explain factors contributing.

______________________________________________________________

______________________________________________________________

Were there any difficulties / areas for improvement in the problem?
Please provide feedback.

______________________________________________________________

______________________________________________________________

Feedback from Units/EMS/ Other Departments (to be completed ER Manager)

______________________________________________________________

______________________________________________________________