

EMERGENCY DEPARTMENT POLICIES		
<b>SUBJECT:</b>	<b>Overcrowding and SURGE Management Plan</b>	NO. 5.2 PAGE NO. 1 of 4

Original Date of Issue: 5/06

<b>Reviewed:</b>							
<b>Revised:</b>							

Patient Population

Neonate	
Pediatric	
Adolescent	
Adult	√
Geriatric	√

**Policy Statement :** There are three (3) levels of patient care mangement strategies for over-census control : ED Overcrowding, Hospital SURGE, Emergency Preparedness/Plan E.

**I. ED OVERCROWDING PLAN:**

**Definition:**

- **40** patients in the adult ED,
- 8 patients listed without ready beds at any time, or
- 10 patients waiting to be seen (including WR).
- In addition, 12 patients admitted without bed assignments/without ready beds, irrelevant to ED volume, at anytime

**Communication Plan:**

- The Charge Nurse or Coordinator will notify:
  - ED CNM during business hours **(917-218-4258)**
  - Nursing administrator 6pm to 8am
  - A communication will be sent out by Nursing Management to Directors of Nursing for Medicine and Surgical/Sub- specialties ; Assistant Director of PAS; Operational Supervisor of PAS; Director of Advanced Practice Nursing (related to MAR/NPs); Supervisor of Building Services
- Once nursing administration has been notified, turn the Ibex field yellow.
- Registrar will notify PAS
- Non-monitored patients with assigned dirty beds may go to the floor
- A period of 2 hours will follow, during which we will ascertain the capacity to create mobility of patients from the ED to inpatient units.
- If, after 2 hours, there is limited ability to decompress the ED vs. incoming patient volume, the ED will consider the necessity of diversion and request an active hospital surge.

**Reassessment:**

- If at any time, an ED staff member is concerned that the ED is becoming too crowded, there has been an inadequate response to efforts to reduce crowding:
  - During business hours, call Dwayne Raymond **(917-218-4258)**
  - During off hours page the Nursing Administrator.
  - If there is still inadequate response, Page director on call: **917-506-8180**; if no answer contact Clinical Director at 917 453-1115 or 917 252-6582

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- If at any time, the ED has become seriously overcrowded and diversion should be considered, Page director on call: **917-506-8180**; if no answer contact Clinical Director at 917 453-1115 or 917 252-6582

## **II. HOSPITAL SURGE PLAN:**

**Definition:** When there are 50 patients in the ED with 10 admitted without ready beds, and without reasonable possibility for rapid decompressions, the ED may request Hospital SURGE implementation through the Vice President, Nursing/designee (add blackberry #).

When the med/surg census is greater than 95%\*, a Hospital SURGE will be considered for implementation.

\*Note: This census excludes GP11 west and CRC beds. Admissions requiring telemetry contribute to the overall need for admission, but will not be sent upstairs unless a telemetry bed is available on the floor. The ED attending should use the ED Chest Pain Unit for patients requiring telemetry.

### **Hospital Communication Plan:**

- Vice President Nursing/designee
- Nursing Administrator covering ED (off shifts)
- Vice President, Support Services/designee
- Chief Medical Resident # 9999
- Teaching Resident #2125
- Chief Surgical Resident
- Director of Inpatient NPs/HMP
- PAS x47461
- Building Service Manager - use page number on the on call list
- Food Service Manager x32252
- Chief Medical Officer

### **Nursing Communication Plan:**

- The Decision to call a FULL HOSPITAL SURGE is initiated by the ED Attending, the ED CNM/designee in collaboration with the Vice President Nursing/designee.
- Vice President, Nursing/designee will blackberry all Directors and email all CNMs with this message.
- Each Director/designee will initiate an F/U page to personally notify each CNM of this plan and the Director of Respiratory Therapy.
- Each CNM/designee will hold staff meetings for all day/evening/night staff to explain the SURGE procedure

### **SURGE Clinical Procedure:**

- Over-census will go into effect for non-telemetry patients and for patients without oxygen and ventilation requirements.
- Options for over-census patient placement include:
- off service placement
- unit patient lounges. For this choice – a member of the Assistive Staff (NA, PCA, BA, etc.) must be assigned outside the room

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- private rooms that can accommodate a double occupancy
- A “99 A – E” ghost bed is built into Cerner to accommodate this over-census admission/transfer.
- Additional supplies include dinner bells for call bells (PAS), privacy screens(Bldg. Service) and additional stretchers and beds (Bldg. Service)
- TDS, EDR SCC, PXYIS, Pathology, Blood Bank, Radiology, Pharmakon and QS Fetal Monitoring are to be utilized in the routine manner (Do not use the Down-time procedure). **All these Systems are fully functional.**
- Bed Board System does have an option for “99 Beds” but must be called to TURN ON this option at 44357 and ask for the Bed Board Support Team.
- Desktop Bed Board application will show “99” beds at the end of the patient list but the Unit Bed Board may not show these “99” patient depending on space limitations.
- “99” beds do generate room and board charges on the Eagle System.
- Proceed to arrange for additional RN staff as necessary (OT/per diem)

**SURGE Reassessment:**

Situation will be reassessed every 4 hours-

Key information to be determined:

- Open Beds per plan
- Staffing issues/needs
- Supply needs- stretchers/beds/oxygen
- Assess staffing needs in the PACU/ED
- Food for the ED patients
- A dedicated Building Service staff member and a Transporter will be sent immediately to the ED.

Consider use of additional staff- to relieve the nursing staff of non- clinical tasks and provide support to patients/family in the ED

- Medical Students
- Ambassadors, Volunteers
- RNs in non nursing roles

**III. EMERGENCY PREPAREDNESS - Plan E**

**Definition:** Situation consisting of significant impact affecting the movement of more than 75 patients.

**Communication Plan:**

- Incident Command Center to be established in GP2C.
- Follow Emergency Preparedness plan.

**Alternate Patient Care considerations:**

**Isolation Rooms**

11E

GP6 PCICU, PCSICU

**Intensive Care or increased monitoring**

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Cardiac Cath Recovery Area - GP5E

Cystoscopy

PACU, ORs

**Triage for Mass Casualties**

GP Atrium

Rehab Gym

**First Aid**

Anbg Clinics for First Aid

Primary Care Building - First Aid

**ED Expansion**

Relocate Urgent Care to Primary Care Building

Relocate Peds ED to 1184 5<sup>th</sup> Ave

**Stable Discharged Patients who can not get home**

Hotel/Guest Residence

Cancer Treatment Center

GP- 2GP ( 13 exam rooms) GP-11 W

5 East 98<sup>th</sup> Street

E: hospital surge plan policy\_3/27/06