

HOSPITAL OVERLOAD

SCENARIO

It is November, and the projections for a heavy flu season have been accurate. For the last five days, all hospital beds, including critical care, telemetry, medical-surgical, pediatrics and specialty beds have been 100% occupied. At least 75% of the Emergency Department (ED) beds are holding patients waiting to be admitted and inpatient orders are being initiated by the ED staff. Due to the high census, there are long delays in laboratory and radiology procedures, delaying patient diagnosis and treatment.

The hospital has postponed elective surgical admissions and outpatient procedures. All area hospitals are experiencing the same patient overload and therefore, ambulance diversion is not permitted. Patients continue to flow into the EDs. Staffing is impacted due to fatigue and illnesses, compounding the hospital overload.

Clinics and private physician's offices are also overwhelmed and patients are being diverted to the ED, especially after clinic or office hours. Local Public Health officials have issued health advisories encouraging ill people to seek medical care prudently and recommend self care at home measures.

Health care providers are concerned that patient care may be compromised under the current conditions. Patients and their families are complaining about the delays and are frightened about their medical care. Media inquiries about the hospital's ability to provide safe care for the community continue to overwhelm the hospital PIO. Local Public Health estimates that it will be several weeks before there is a decrease in cases. The hospital administration has been meeting regularly about the situation and implementing high census measures, as feasible. The hospital CEO orders immediate and long term activation of the Emergency Operations Plan and the Hospital Command Center.

HOSPITAL OVERLOAD

INCIDENT PLANNING GUIDE

Does your Emergency Management Plan Address the following issues?

Mitigation & Preparedness

- Does your hospital have a hospital capacity overload plan that includes:
- A procedure for canceling elective surgeries, procedures and clinic appointments?
 - A procedure to determine the ED saturation rate?
1. Facilitation of early discharges and transfers out of the facility?
 - A system to obtain current bed status/availability and patients waiting to be admitted?
 - A procedure to evaluate and activate ED diversion status?
 - A procedure to enforce patient discharge times and a holding area for discharged patients to wait until transportation arrives?
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2. Does your hospital have a plan for prioritizing essential patient care and resources and triggers for implementing altered standards of care (austere care)?
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3. Does your hospital have a continuity of operations plan for long term events?
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4. Does your continuity of operations include a line of succession when administrative staff are unavailable?
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5. Does your hospital maintain a database (registry) of available health care providers in your area, or know the process of requesting volunteers from local, regional or state registries (e.g., the Emergency System and Advanced Registration of Volunteer Healthcare Personnel) to supplement services?,
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6. Does your hospital have a policy for the use of solicited and unsolicited volunteers that includes verification of licensure and certification?
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7. Does your hospital have a plan to supplement staffing including use of registry nurses and other licensed health care professionals?
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8. Does your hospital integrate planning with the local health department and emergency management to ensure coordinated response and use of resources?
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9. Does your hospital have plans to supplement supplies, equipment and medications for long-term operations with communitywide, regional, state or national impact?
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10. Does your hospital have a procedure for requesting resources and assistance from local emergency management agency and/or local Emergency Operations Center?
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11. Does your hospital have a procedure for communicating with other hospitals and emergency medical services on hospital and ED diversion status?
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12. Does your hospital have a plan to activate alternate care sites, and provide appropriate supplies, equipment and staffing to supplement patient care?
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13. Does your hospital have a policy to notify local Public Health of infectious disease outbreaks?
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14. Does your hospital have a plan for employee food, water and rest areas?
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15. Does your hospital have agreements with other healthcare facilities to provide and share resources and information?
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HOSPITAL OVERLOAD

INCIDENT PLANNING GUIDE

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16. Does your hospital have a plan to provide dependent care for staff to ensure they will report to duty?
 17. Does your hospital have pre-scripted risk communications and situation status messages for patients, families, and staff?
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Response & Recovery

1. Does your hospital have a procedure to efficiently and rapidly transfer patients and patient information to out of area hospitals?
 2. Does your hospital have a procedure to track patients who are transferred out of the area?
 3. Does your hospital have a process to track the costs associated with patient transfers?
 4. Does your hospital have a process to capture all costs and expenditures related to extended operations?
 5. Does your hospital have a process to facilitate rapid discharge of patients to home or alternative sites?
 6. Does your hospital have a procedure to assess employees for “fitness for duty” (e.g., temperature checks)?
 7. Does your hospital have the ability to expedite bed cleaning?
 8. Does your hospital have a process for determining the need to activate alternate care sites and provide appropriate supplies, equipment and staffing?
 9. Does your hospital have a system/process to notify EMS of alternate care sites locations and type and acuity of patients to be diverted to the alternate care site instead of hospital ED?
 10. Does your hospital have a policy for utilizing volunteer healthcare professionals, including providing an orientation to the hospital, confidentiality agreements, chain of command and supervision and assignment of duties?
 11. Does your hospital have a plan to regularly communicate with patients, families and staff about hospital status and alternate standards of care or timelines for care?
 12. Does your hospital have a plan to regularly communicate with the media, providing situation status, appropriate patient information and integrate briefings and messages with the local EOC/Joint Information Center?
 13. Does your hospital develop a demobilization plan that includes criteria for deactivation of positions and services and the return to normal operations?
 14. Does your hospital have a process to reschedule cancelled surgeries, procedures, and services in a timely but graduated manner?
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HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

Mission: To safely manage periods of limited bed capacity, facilitate the timely admission of patients, and minimize holding time in the emergency department (ED).

Directions

- Read this entire response guide and review incident management team chart
 - Use this response guide as a checklist to ensure all tasks are addressed and completed
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Objectives

- Maintain current census of ED and inpatients, number waiting to be seen, waiting for admission and pending discharges
 - Activate alternate care sites
 - Provide safe and appropriate patient care
 - Communicate situation status regularly to patients, families, staff, other hospitals and local officials
 - Evaluate diversion criteria and outpatient/urgent care clinic resources
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Immediate Actions (From Decision to Activate EOP to 2 Hours)

COMMAND

(Incident Commander):

- Activate Hospital Command Center, Command Staff and Section Chiefs, as appropriate
- Activate the Medical/Technical Specialists – Hospital Administration, Clinic Administration, Medical Staff and Pediatric Care
- Establish the operational period, incident objectives and initial Incident Action Plan

(PIO):

- Provide information to visitors and families regarding situation status and hospital measures to meet the demand
 - Activate the media staging area and provide regular briefings and updates
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HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

COMMAND

(Liaison Officer):

- Establish communications with the local Emergency Operations Center to report the activation of the Emergency Operations Plan/HCC, situation status and critical issues/needs
- Contact licensing authorities for potential need to alter staff/patient ratio's, as necessary
- Communicate with local EOC and Regional Hospital Coordination Center for local, regional and state bed availability
- Communicate with other healthcare facilities to determine:
 - Situation status
 - Surge capacity and capability
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.

(Safety Officer):

- Ensure safety practices are being used
 - Ensure that non-traditional areas used for patient care and other services are safe and hazard free
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HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

OPERATIONS

- Activate Branch Directors and Unit Leaders and brief on the current situation
 - Activate the hospital's surge capacity plan
 - Activate alternate care sites, as appropriate
 - Review all surgeries and outpatient appointments and procedures for cancellation and/or rescheduling
 - Identify inpatients for early discharge or transfer to other facilities and direct staff to expedite discharges
 - Establish a discharge area to free beds until patient can be transported
 - Assess current staffing and project staffing needs/shortages for the next operational period and 24-48 out
 - Ensure the rapid cleaning and turn-over of patient care beds and areas to expedite discharge and admission
 - Ensure the use of appropriate personal protective equipment by staff and volunteers
 - Consider extending outpatient hours to accommodate additional patient visits
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PLANNING

- Establish operational periods, incident objectives and develop Incident Action Plan, in collaboration with the Incident Commander
 - Institute patient, bed, personnel and materiel tracking and project needs for the next 24-48 hours
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LOGISTICS

- Anticipate an increased need for supplies, equipment, medications and personnel and obtain resources as appropriate
 - Ensure the operations of communication systems and IT/IS
 - Assist the Operations Section with the establishment of alternate care sites
 - Manage solicited and unsolicited volunteers
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HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

Intermediate and Extended (Operational Period 2- greater than 12 Hours)

COMMAND

(Incident Commander):

- Communicate current hospital status to CEO, Board of Directors and other appropriate internal and external officials
- Regularly update and revise initial Incident Action Plan, in collaboration with Planning Section
- Consider deploying a Liaison Officer to the local EOC

(PIO):

- Continue to provide information to visitors and families regarding situation status and hospital measures to meet the demand
- Provide regular staff situation status updates and information
- Continue to provide regular briefings and updates to the media
- Establish the patient information center, if appropriate, in conjunction with the Liaison Officer

(Liaison Officer):

- Continue regular communications with the local Emergency Operations Center to report the hospital's situation status and critical issues/needs
- Continue to communicate with local EOC and Regional Hospital Coordination Center for local, regional and state bed availability
- Continue to communicate with and update other healthcare facilities regarding:
 - Situation status
 - Surge capacity and capability
 - Patient transfer/bed availability
 - Ability to loan needed equipment, supplies, medications, personnel, etc.

(Safety Officer):

- Conduct ongoing analysis of existing response practices for health and safety issues related to staff, patients, and facility, and implement corrective actions to address

HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

OPERATIONS

- Continue patient care and management activities
 - Assist with transportation of discharged/transferred patients to residences, skilled nursing facilities, alternate care sites, etc.
 - Expedite discharge medication processing and dispensing
 - Regularly reassess and reevaluate patients waiting for admission
 - Continue to review scheduled/elective procedures and surgeries for cancellation or rescheduling
 - Ensure the re-triage and observation of all patients waiting to be seen
 - Continue or implement alternate care sites
 - Consider need for and provision of alternate standards of care (austere care) and prioritization of resources
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PLANNING

- Update and revise the Incident Action Plan and distribute to Command Staff and Section Chiefs
 - Continue patient, bed, personnel and materiel tracking and reporting
 - Ensure complete documentation of actions, decisions and activities
 - Begin planning for demobilization and system recovery
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LOGISTICS

- Continue to call in additional staff to supplement operations
 - Continue to coordinate solicited and unsolicited volunteers
 - Obtain needed supplies, equipment and medications to support patient care activities for a 72 hour period
 - Provide for food, water and rest periods for staff
 - Establish a dependent care area, as appropriate
 - Ensure the rapid investigation and documentation of injuries or employees exposed to illness and provide appropriate follow up
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HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

FINANCE/ADMINISTRATION

- Facilitate procurement of needed supplies, equipment, medications and contractors to meet patient care and facility needs
 - Track all costs and expenditures of the response and estimate lost revenues due to cancelled procedures/surgeries and other services
 - Ensure the rapid investigation and documentation of injuries or employees exposed to illness and provide appropriate follow up
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Demobilization/System Recovery

COMMAND

(Incident Commander):

- Establish priorities for restoring normal operations using the hospital's continuity of operations and business plans
- Approve the demobilization plan and finalize the Incident Action Plan
- Provide appreciation and recognition to solicited and non-solicited volunteers, staff, state, and federal personnel that helped during the incident

(Public Information Officer):

- Conduct final briefings for media, in cooperation with the JIC
- Close the patient information center, if activated

(Liaison Officer):

- Communicate hospital status and final patient condition and location information to appropriate authorities (i.e., local and state public health, local EOC)

(Safety Officer): Oversee the safe and effective restoration of normal services

OPERATIONS

- Restore normal facility operations and visitation
 - Provide mental health and information about community services for patients and families
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HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

PLANNING

- Compile all documentation and forms for archiving
 - Write after-action report and improvement plan, including the following:
 - Summary of actions taken
 - Summary of the incident
 - Actions that went well
 - Area for improvement
 - Recommendations for future response actions
 - Recommendations for correction actions
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LOGISTICS

- Conduct stress management and after-action debriefings and meetings for staff
 - Monitor health status of staff exposed to infectious patients and provide appropriate medical and mental health follow up, as needed
 - Restock all supplies and medications
 - Restore/repair/replace broken equipment
 - Return borrowed equipment after proper cleaning/disinfection
 - Restore normal non-essential services (i.e., gift shop, etc.)
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FINANCE

- Compile final response expense reports, submit to IC for approval and to appropriate authorities for reimbursement
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HOSPITAL OVERLOAD

INCIDENT RESPONSE GUIDE

Documents and Tools

Emergency Operations Plan, including:

- Infectious Patient Surge Plan and Alternate Care Site Plan
- Mass Prophylaxis Plan
- Risk Communication Plan
- Hospital Security Plan
- Patient/staff/equipment tracking procedures
- Behavioral health support for staff/patients procedures
- Mass Fatalities Plan

Infection Control Plan

Employee Health Monitoring/Treatment Plan

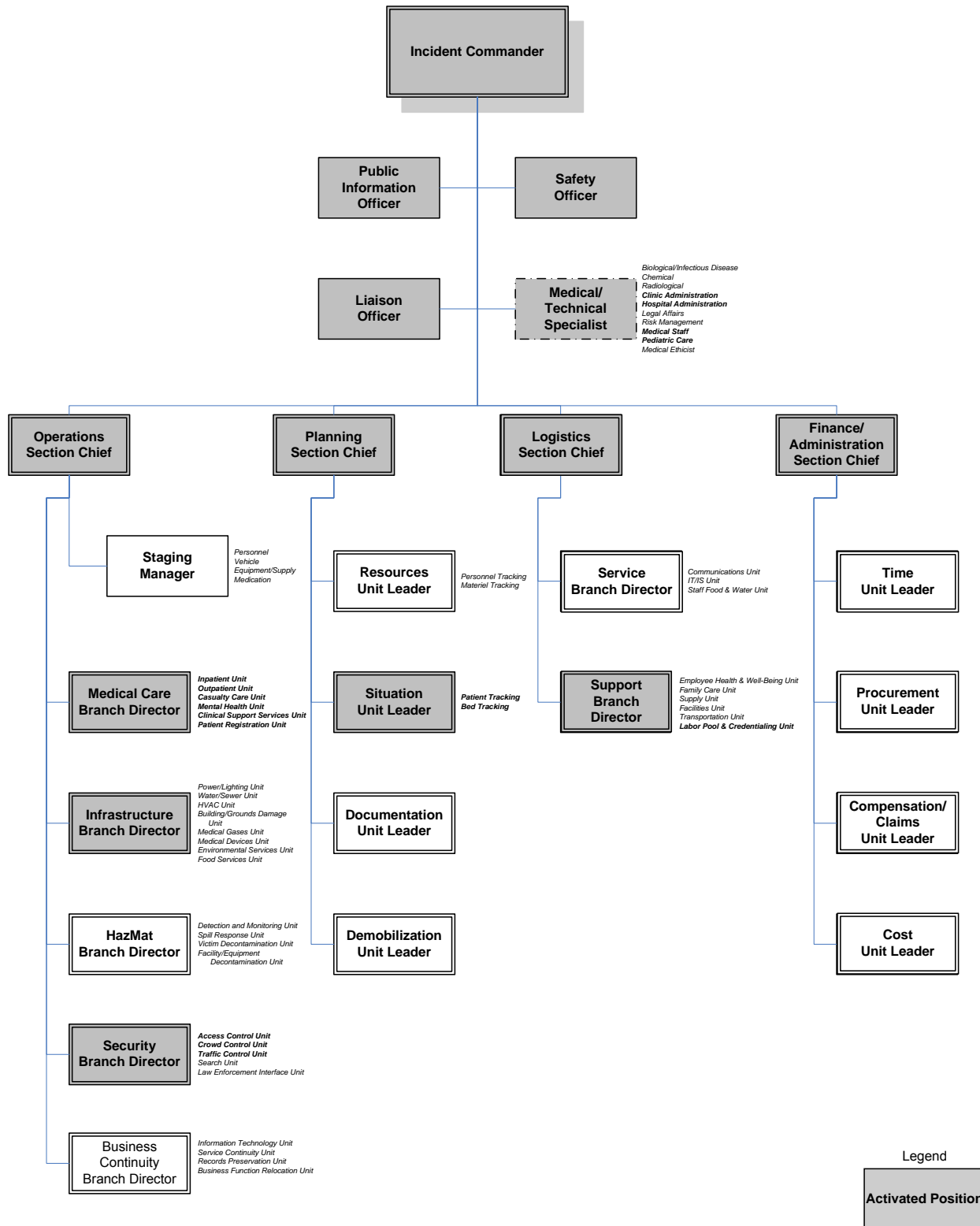
All other relevant protocols/guidelines relating to biological/infectious disease/mass casualty incidents

Hospital Organization Chart

Television/radio/internet to monitor news

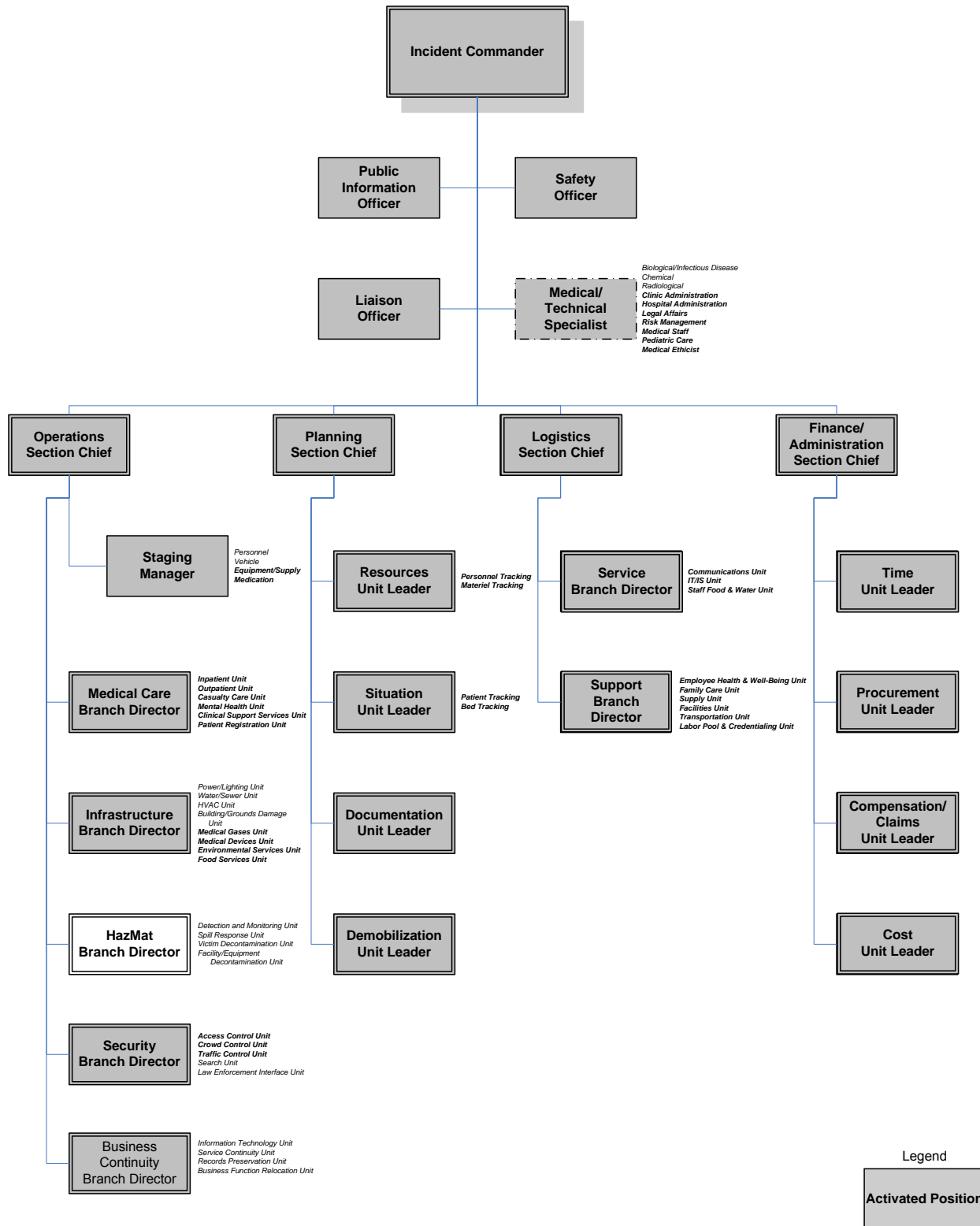
HOSPITAL OVERLOAD

INCIDENT MANAGEMENT TEAM CHART -- IMMEDIATE



HOSPITAL OVERLOAD

INCIDENT MANAGEMENT TEAM CHART – INTERMEDIATE AND EXTENDED



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INCIDENT MANAGEMENT TEAM CHART – DEMOBILIZATION

