

## **Surge Planning**

### **Immediate response to creating surge capacity**

The first steps of surge planning is estimating the volume and duration of the surge of sick patients while setting up hospital Incident Command (IC) to support the needs of the estimated surge.

The Sheridan Memorial Hospital Surge Plan uses multiple data models to estimate statistically the surge volumes and duration of potential covid 19 patients. We created a model that determines the most likely trajectory of the surge by looking at what's happening in different populations throughout the world, nationally and in Wyoming. As the data changes it is entered into the model to continually update our estimated trajectory.

Surge planning looks at expected high volumes of sick patients entering our healthcare system. The surge plan predicts what those volumes might look like and then addresses all needs to care for those patients. Those needs include number of rooms, number of beds, bed placement throughout the organization, staffing, equipment, supplies, pharmaceuticals and many other areas of need.

We use the Incident Command framework to manage all of those needs and assign individual accountability for managing those needs.

The Surge Plan is an operational narrative of how the hospital will manage the predicted volume of sick patients.

### **SURGE PLAN**

The following plan outlines the framework to effectively manage a surge of patients into Sheridan Memorial Hospital. The framework is meant to work in conjunction with the Hospital Incident Command system (IC).

The surge plan stages patients in three phases. Phase 1 are the beds on the main floor of the hospital and is designed to handle the initial surge of covid 19 patients. Phase 2 are beds on the east end of the second and third floors of the hospital that can serve both active and recovering covid 19 patients. Phase 3 beds are the last phase of beds that can serve both active and recovering covid 19 patients.

Med/Surg north has been designated as a clean pod to meet the needs of the hospital for non-covid 19 patients that require inpatient care. There are eight rooms and 16 beds if double occupied.

Phase 2 and Phase 3 usage was determined by the number of available bathrooms and other potential needs such as convalescing patients. The Phase 2 pods are placed to utilize the rooms that have best access to bathrooms.

## **DEFINITIONS**

Airborne infection isolation room (**AIIR**). Formerly, negative pressure isolation room, an **AIIR** is a single-occupancy patient-care room used to isolate persons with a suspected or confirmed airborne infectious disease.

AIIR rooms are defined as single occupancy but will be doubled or warded if patients are positive for the same infectious disease (covid 19).

## **Capacity and Use**

Floor plans have been created that addresses the following:

- Phase 1 AIIR rooms
- ICU AIIR rooms
- ED AIIR rooms
- Labor and delivery AIIR rooms
- Phase 2 rooms
- Phase 3 rooms
- Non-infectious rooms

In summary the floor plan is a visual representation of the entire first, second and third floors and the status of all rooms in regard to covid 19 use and intentions.

## **Management and Operation**

Planning, Operations and Logistics have been assigned and report through Hospital IC.

## **Equipment and Supplies**

Hospital IC has assigned individuals that are currently tracking, procuring and reporting current and surge equipment and supply needs daily. Any and all requests new or old come through the assigned individuals.

Supply model that forecasts PPE burn rate in place and can be used to help understand usage.

Hospital IC has oversight for donation and collection of donated PPE and supplies

Pharmaceuticals will be supplied to all first floor locations per current process. Phase 2 and Phase 3 pharmaceuticals will be supplied in drawers by patient in locked areas on 2<sup>nd</sup> and 3<sup>rd</sup> floors.

Nursing supplies will be stored in current locations on first floor and in to be designated areas on 2<sup>nd</sup> and 3<sup>rd</sup> floors.

## **Staffing**

Hospital IC has assigned individuals to track all employees, their skill set, availability, forecast education needs and train specific need areas.

- Labor Pool Activation
- Identification of staffing by staffing type, service area and staffing ratios
- Staffing plan identifies minimum staffing needs and prioritizes critical and non-essential services

- Maintain up to date staff contact information and ensure availability to Hospital IC and individuals responsible for making staff contacts
- Staff notification and call-back protocols including responsibilities.
- Cross training and re-assignment of staff to support critical/essential services
- Establish just-in-time training for key areas to allow staff to be assigned where most needed

Hospital IC has a comprehensive list of all employees that is used to identify and assign individuals to specific areas of need as requested through the Labor Pool.

Minimum staffing needs for Phase 1, 2 and 3 are as follows:

- Phase 1 – 88 nurses
- Phase 2 – 16 nurses
- Phase 3 – 16 nurses
- Total – 120 nurses

The staffing needs do not include Med/Surg North clean pod, Surgery, Women's Health or Emergency Room. These numbers are minimum staffing and do not take into consideration sick, quarantine or no show.

### **Bed Placement**

#### **Phase 1 Med/Surg**

- Patients identified with positive or ruling out covid 19 and needing admission will be admitted to rooms in the isolation area of South Med Surg. A total of 30 patients can be managed in this area with a combination of semi-private and private rooms. Patients will be bedded starting in the 20's pod as single occupancy then doubled until 20's pod is full. Once the 20's pod is full patients will be bedded starting in room 102 of the Med/Surg isolation area and bed additional patients moving toward the Med/Surg South nurses station. Increasing surge of Covid-19 patients will then be bedded in the 30's hall until full. This will give a total of 44 beds in the Med/Surg pod.

#### **ICU**

- ICU patients will be bedded starting in room 11 and moving to room 6 in the ICU. Rooms 1 – 5 can be added giving a total bed count in the ICU at 22 with double occupancy.

#### **Phase 2**

- Phase 2 beds are identified on the east end of the second floor in a designated pod that would include ward rooms 205 and 209 and double occupancy rooms 202, 204, 206 and 208. Also on the east end of the third floor in a designated pod that would include ward rooms 305 and 309 and double occupancy rooms 304, 306 and 308. In total this would add an additional 11 rooms and 40 beds.

#### **Phase 3**

- Phase 3 beds are identified on the west end of the second floor in a designated pod that would include ward rooms 223, 221 and 214. Also on the west end of the third floor in a designated pod that would include ward rooms 325, 324, 321 and 314. In total this would add an additional 10 rooms and 34 beds.

#### Non-infectious

- Surgical and non-infectious patients will be cared for in the Med/Surg North pod and bedded by clinical and physician guidance.

#### Pediatric

- Pediatric patients will be cared for in Pediatrics pod. Bedding of patients will begin with room 151 and progress as determined by physician and clinical staff guidance.

#### Considerations

- Contingency Plans, such as transferring TCU patients out of SMH, cohorting same-infectious patients, moving surgical patients to a different location, such as WH may need to be considered and determinations made by physician and clinical guidance.