Surge Planning

Immediate response to creating surge capacity

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 a Lean management concept known as Management for Daily Improvement (MDI) and a corresponding daily huddle system 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), MDI and Tier 3 daily huddle.

The surge plan stages patients in three phases. Phase 1 are the beds on Med/Surg South and ICU. Phase 1 is designed to handle the initial surge of covid 19 patients. Phase 1 will address rehab beds for recovering Covid patients. Phase 2 are beds in the 30‘s hall of Med/Surg south and remaining ICU beds. Phase 2 will also address moving mental health rooms to rooms 137 and 150. Phase 3 would utilize any beds needed 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.

DEFINITIONS

Airborne infection isolation room (**AIIR**) formerly known as negative pressure isolation room is a 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:

AIIR rooms
ICU AIIR rooms
ED AIIR rooms
Labor and delivery AIIR rooms
Non-infectious rooms

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

Management and Operation

The planning, operations and logistics report through the hospital MDI and Tier 3 daily reporting structure.

Equipment and Supplies

SMH is 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.

A supply model that forecasts PPE burn rate is in place and is used to help understand usage.

Staffing

SMH has assigned individuals to track all employees, their skill set and availability, forecast education needs and train specific need areas. The following components are in place:

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

SMH has a comprehensive list of all employees that is used to identify and assign individuals to specific areas of need as requested by hospital leadership.

Minimum staffing needs are as follows:

Phase 1 – 48 nurses
Phase 2 – 20 nurses
Phase 3 - staffing will be driven by additional surge census, complexity of patients and bed availability
Total – 68 nurses plus Phase 3 surge overflow

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

Med/Surg

Patients identified with positive or ruling out covid 19 and needing admission will be admitted to rooms in the isolation area of Med/Surg South. A total of 30 patients can be managed in this unit with a combination of semi-private and private rooms. The bedding of patients on Med/Surg South will be determined by provider and clinical leadership to best utilize staff and resources as we progress through a surge. Rooms 102 through 122 will be utilized as both single and double occupancy for the initial surge. Increasing surge of Covid-19 patients will then be bedded in the 30's hall until full and the mental health rooms (115 and 117) will be moved to rooms 137 and 150. This will give a total of 44 beds in the Med/Surg unit.

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.

Non-infectious

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

TCU

TCU patients will be cared for in the Pediatrics unit. Bedding of patients will begin with room 151 and progress as determined by physician and clinical staff guidance. If the Pediatric unit is needed for a surge of Pediatric patients then a determination would need to be made regarding TCU patients being bedded in the Outpatient Surgery unit. It would be necessary to make decisions regarding elective or other surgeries that utilize the Outpatient Surgery unit beds In order to move TCU patients into the Outpatient Surgery unit. Those triggers and decisions by clinical staff and providers will determine the bedding process. The Outpatient Surgery unit has 10 beds.

Pediatric

Pediatric patients will be cared for on Med/Surg North or in Women's Health. In the event of a pediatric surge, pediatric patients will be bedded in the existing Pediatric Unit if deemed necessary by clinical staff and providers.

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.

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