

## Acute Care Surge Planning Tip Sheet

The Northwest Healthcare Response Network (NWHRN), working with a focus group of response partners, have compiled planning considerations and preparedness tips that can be used in tandem with facility internal plans to support medical surge. This document is designed to support partners in their planning efforts by providing a generalized planning and response framework specific to all-hazards surge, ultimately increasing planning, preparedness, and coordination amongst partners across the region.

### Definition

**Medical Surge:** The ability to provide adequate medical evaluation and care in events that severely challenge or exceed the normal medical infrastructure of an affected community (through numbers or types of patients).

**Surge Capability:** The ability to manage patients requiring unusual or very specialized medical evaluation and care. Requirements span the range of specialized medical and public health services (expertise, information, procedures, equipment, or personnel) that are not normally available at the location where they are needed. It also includes patient problems that require special intervention to protect medical providers, other patients, and the integrity of the healthcare organization.

**Surge Capacity:** The ability to evaluate and care for a markedly increased volume of patients—one that challenges or exceeds normal operating capacity. Requirements may extend beyond direct patient care to include other medical tasks, such as extensive laboratory studies or epidemiologic investigations.

### Mitigation Strategies

#### Objectives:

The following checklist provides potential actions and mitigation strategies. “Immediate” strategies should be implemented as soon as the surge event is identified. “Longer Term” strategies are those that may take days to weeks to deploy, but still serve as a viable option for mitigation, if the surge is predicted to continue for an extended period. Consideration may be given to the following strategies.

## Immediate Strategies

Notifications/Communications	Staff	Space	Discharge
<ul style="list-style-type: none"> <li><input type="checkbox"/> Activate Incident Command and follow internal emergency operations and surge plans.</li> <li><input type="checkbox"/> Identify areas of highest impact in the hospital depending on the type of surge and create action plans to bolster capabilities—               <ul style="list-style-type: none"> <li>• need for imaging techs/US/CT</li> <li>• additional lab techs</li> <li>• prioritizing specific patients for fast track</li> <li>• requesting blood supply</li> <li>• adjusting cafeteria hours to support staff</li> <li>• environmental services support</li> <li>• finding areas for staff to sleep if needed</li> <li>• monitoring media coverage/have PIO take charge and create action plan</li> <li>• additional site security/parking lot support</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Mobilize and/or call back all available staff.</li> <li><input type="checkbox"/> Deploy both clinical and non-clinical staff as needed to appropriately support areas of greatest surge.</li> <li><input type="checkbox"/> Adjust staff work schedules (e.g., longer but less frequent shifts) if this will not result in skill deterioration and/or personal protective equipment compliance.</li> <li><input type="checkbox"/> Minimize meetings and relieve administrative responsibilities not related to the event.</li> <li><input type="checkbox"/> Extend nursing to patient ratios to accommodate active surge.</li> <li><input type="checkbox"/> Have staff support across areas of care: best case scenario would be pre-training to support job sharing situations/cross training to other units.</li> <li><input type="checkbox"/> Consider MOU's with local doctor's offices, nursing programs, urgent cares, or other healthcare agencies</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Overflow into non-patient care areas of the hospital, utilize triage tents, adjust meeting spaces and ancillary areas to support surge needs.</li> <li><input type="checkbox"/> Cohort patients, creating 'urgent care/quick care' section of triage, utilizing 'day' units that normal function only from 8-5 (consider calling in those staff)</li> <li><input type="checkbox"/> Utilization of non-traditional and non-equivalent spaced used for patient care. (i.e., cafeterias, gyms, convention centers, stadiums, etc.)</li> <li><input type="checkbox"/> Consider the impact of scheduled elective or non-urgent procedures, and adjust as possible</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Engage in rapid discharge procedures to include moving ready to discharge patients out of rooms to a discharge holding area.</li> <li><input type="checkbox"/> Employ discharge support across all areas of the hospital—provide pharmacy a list with quickly discharging patient to prep medication ahead of time, queuing admin/billing to do final paperwork information with families, readying wheelchairs/other equipment for transportation, facilitating control of ingress/egress of discharging patients and families for transportation.</li> <li><input type="checkbox"/> Consider discharge lounges.</li> <li><input type="checkbox"/> Hospitalists and social workers evaluation patients that can be discharged with home health support</li> <li><input type="checkbox"/> Increase awareness with families /lay volunteers regarding the need for support and have them assist</li> </ul>

<ul style="list-style-type: none"> <li>• partner with Public Health and other partners to message appropriate settings to seek care</li> </ul> <input type="checkbox"/> When needed during surges, declare internal triage: Identify the problem and implement immediate actions. <input type="checkbox"/> Inform relevant outside partners both to provide situational awareness but also to receive information which will aid in response. For example obtaining public health epi data during an infectious disease outbreak is critical to guide response <input type="checkbox"/> Create public messaging to community/families to support staff and patients.	<p>that could bolster support/staffing and or adjust their hours to support the less urgent need in the community.</p> <input type="checkbox"/> Repurpose administrative roles to support non-patient care <input type="checkbox"/> Consider impact on staff mental health and provide support as available		<p>with basic patient hygiene, dressing, gathering personal items</p> <input type="checkbox"/> Utilize administrative or other non-clinical staff to connect with cabulance or other transportation services that need to be arranged. Consider connecting with emergency management to utilize local buses if a large movement of stable patients/families is needed. <input type="checkbox"/> Consider MOU's with local nursing homes and long term care for quick intake.
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**Additional Strategies to Consider**

**Longer term considerations:**

- Consider requesting and/or participating in regional situational awareness calls
- Notify WMCC when appropriate.
- Minimize meetings and relieve administrative responsibilities not related to events.
- Change to triage/emergency documentation procedures across the hospital.
- Requesting waivers for ratios, utilizing volunteer staffing, coverage for additional travel staff.

- Change to triage/emergency documentation procedures across the hospital.
- Pursue all available ongoing next steps to support patient care.
- Utilize MOU's with local doctor's offices, nursing programs, urgent cares, or other healthcare agencies that could bolster support/staffing and or adjust their hours to support the less urgent need in the community.

## NWHRN Support

### Support from NWHRN

- 24/7 duty officer line - **Duty Officer at 425-988-2897**
- Response support: [coordination, contacts, patient tracking, resource requesting, information sharing, facilitating conversations across healthcare for situational awareness or decision making, bringing forward policy concerns].
- Support coordination with LHJ, EM, WMCC, and other healthcare systems.
- Support situational awareness discussions and executive level conversations to common operating picture/agreements on level loading.
- Convene regular meetings to connect partners.
- Support resource requesting, in partnership with local response or as specified in plans (supplies and staff).

## Healthcare Preparedness Actions

- Memorandum of Understanding (MOU): have discussions with local EMS, Urgent Care providers for extending hours or supporting care; cross licensure for other healthcare staff working in the facility or across areas of the hospital; community pharmacy support to help bolster hospital capabilities; local daycares to support staff needs; hotel for families or staff for longer shifts explore ways to utilize local nursing programs;; explore cleaning companies to support EVS (is this something that needs badging or can be contracted out?)
- Talk to Pharmacy about pre-packaging/readying meds for discharge and how to best prepared or how to connect with incident command on types of need for new waves of surge patients.
- Ensure redundancies in supply chain vendors.
- Ensure timely volunteer processes including on-boarding, just in time identification and badging.
- Develop capabilities to support staff billeting and support staff families. Consider providing child and pet care.

## **Training Recommendations (Cross Training, Intake Training, Triage Teams, etc.)**

Section to be developed

## **Additional Resources**

Additional resources/references for planning:

- Medical surge tip/fact sheets for Accountable care organizations, Health clinics, Home Health and Hospice, Primary care, urgent care - ASPR TRACIE - [HERE](#)
- Hospital Surge Capacity and Immediate Bed Availability (Published Papers, Case Studies) – ASPR TRACIE - [HERE](#)