



# ED Surge Plan

## Care Facilitator

### Action Sheets

Date :	
ED Care Facilitator Days:	
ED Care Facilitator Nights:	

**EP Flow Lead:** \_\_\_\_\_

**CAOS:** \_\_\_\_\_

# Care Facilitator Surge Record

		INPUT			THROUGHPUT						OUTPUT		
		Charts for registration	Triage wait time	EMS units waiting for triage	Cardiac monitors available	Patient volume	# pts WTBS > 2.5 hrs	Total pts WTBS	# EMS units off-load delay > 45 min	# pts waiting for Obs, Emergent, Resus	# admitted pts	# admitted pts on cardiac monitor	# pts consulted waiting > 3hrs for disposition
<b>0800</b>	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
	Minor Surge	5-10	30-45	2-4	3 or 4	Yellow	5-10	20-30	2-3	3-5	12-17	5-8	5-8
	Moderate Surge	11-15	46-60	5-6	2	Orange	11-15	31-40	4-6	6-8	18-25	9-10	9-10
	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10
<b>1000</b>	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
	Minor Surge	5-10	30-45	2-4	3 or 4	Yellow	5-10	20-30	2-3	3-5	12-17	5-8	5-8
	Moderate Surge	11-15	46-60	5-6	2	Orange	11-15	31-40	4-6	6-8	18-25	9-10	9-10
	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10
<b>1200</b>	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
	Minor Surge	5-10	30-45	2-4	3 or 4	Yellow	5-10	20-30	2-3	3-5	12-17	5-8	5-8
	Moderate Surge	11-15	46-60	5-6	2	Orange	11-15	31-40	4-6	6-8	18-25	9-10	9-10
	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10
<b>1400</b>	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
	Minor Surge	5-10	30-45	2-4	3 or 4	Yellow	5-10	20-30	2-3	3-5	12-17	5-8	5-8
	Moderate Surge	11-15	46-60	5-6	2	Orange	11-15	31-40	4-6	6-8	18-25	9-10	9-10
	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10
<b>1600</b>	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
	Minor Surge	5-10	30-45	2-4	3 or 4	Yellow	5-10	20-30	2-3	3-5	12-17	5-8	5-8
	Moderate Surge	11-15	46-60	5-6	2	Orange	11-15	31-40	4-6	6-8	18-25	9-10	9-10
	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10
<b>1800</b>	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
	Minor Surge	5-10	30-45	2-4	3 or 4	Yellow	5-10	20-30	2-3	3-5	12-17	5-8	5-8
	Moderate Surge	11-15	46-60	5-6	2	Orange	11-15	31-40	4-6	6-8	18-25	9-10	9-10
	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10

		INPUT			THROUGHPUT						OUTPUT		
		Charts for registration	Triage wait time	EMS units waiting for triage	Cardiac monitors available	Patient volume	# pts WTBS > 2.5 hrs	Total pts WTBS	# EMS units off-load delay > 45 min	# pts waiting for Obs, Emergent, Resus	# admitted pts	# admitted pts on cardiac monitor	# pts consulted waiting > 3hrs for disposition
<b>2000</b>	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
	Minor Surge	5-10	30-45	2-4	3 or 4	Yellow	5-10	20-30	2-3	3-5	12-17	5-8	5-8
	Moderate Surge	11-15	46-60	5-6	2	Orange	11-15	31-40	4-6	6-8	18-25	9-10	9-10
	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10
<b>2200</b>	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
	Minor Surge	5-10	30-45	2-4	3 or 4	Yellow	5-10	20-30	2-3	3-5	12-17	5-8	5-8
	Moderate Surge	11-15	46-60	5-6	2	Orange	11-15	31-40	4-6	6-8	18-25	9-10	9-10
	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10
<b>0000</b>	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
	Minor Surge	5-10	30-45	2-4	3 or 4	Yellow	5-10	20-30	2-3	3-5	12-17	5-8	5-8
	Moderate Surge	11-15	46-60	5-6	2	Orange	11-15	31-40	4-6	6-8	18-25	9-10	9-10
	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10
<b>0200</b>	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
	Minor Surge	5-10	30-45	2-4	3 or 4	Yellow	5-10	20-30	2-3	3-5	12-17	5-8	5-8
	Moderate Surge	11-15	46-60	5-6	2	Orange	11-15	31-40	4-6	6-8	18-25	9-10	9-10
	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10
<b>0400</b>	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
	Minor Surge	5-10	30-45	2-4	3 or 4	Yellow	5-10	20-30	2-3	3-5	12-17	5-8	5-8
	Moderate Surge	11-15	46-60	5-6	2	Orange	11-15	31-40	4-6	6-8	18-25	9-10	9-10
	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10
<b>0600</b>	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
	Minor Surge	5-10	30-45	2-4	3 or 4	Yellow	5-10	20-30	2-3	3-5	12-17	5-8	5-8
	Moderate Surge	11-15	46-60	5-6	2	Orange	11-15	31-40	4-6	6-8	18-25	9-10	9-10
	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10

Comments: \_\_\_\_\_

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# INPUT Action Sheet

	Trigger	Action	Time / Initials Action Completed											Comments		
MINOR	Triage wait	Send RN to triage.														
	Registration	Discuss registration volume with Registration clerks														
	<b>Other Stakeholder Actions:</b>															
	No other stakeholder actions															
MODERATE	Any	Ensure all MINOR actions are completed before starting Moderate.														
	Triage wait	Move <i>additional</i> nursing resources to triage.														
	EMS, triage delays	Notify Clinical Manager/CCL or CAOS of surge level														
	Registration	Notify Registration supervisor (days) or Bed Management clerk (off-hours) to advise of registration delays.														
	Any	Notify Ottawa Paramedic Services Superintendent														
	<b>Other Stakeholder Actions:</b>															
	No other stakeholder actions															
MAJOR	Any	Ensure all MODERATE actions are completed before starting Major.														
	Any	Notify Clinical Manager or CAOS														
	Any	Meet with Clinical Manager / CCL and Flow EP to discuss strategies to manage possible throughput impacts.														
	Any	If there is a rapid influx of >25 pts related to the same incident, consider calling a Code Orange.														
	<b>Other Stakeholder Actions:</b>															
	Clinical Manager / CAOS:	Meet EP Flow Lead. EP Flow Lead to inform you if any physicians agree to stay for an additional hour of work.														
		Discuss potential for inter-campus transfer of EP resources. If needed, coordinate discussion between campus EP Flow Leads.														
		Discuss strategies with team to manage possible throughput metrics.														
		Contact Clinical Director (days) or consider contacting CDOC off-hours.														
		Contact Registration Manager (days) or Registration Supervisor on Call (off-hours) to advise of registration delays.														
	EP Flow Lead:	Contact Ottawa Paramedic Services Duty Officer to advise of surge level.														
		Discuss strategies with team to manage possible throughput metrics.														



	Trigger	Action	Time / Initials Action Completed											Comments		
MODERATE THROUGHPUT		<ul style="list-style-type: none"> <li>Review eligible non-admitted Obs pts to move to U/C or chairs.</li> <li>Assign RN for medical directives.</li> <li>Create a Care Pair team.</li> </ul>														
	Any	Contact Ottawa Paramedic Services Duty Officer.														
	<b>Other Stakeholders Actions:</b>															
		<b>EP Flow Lead:</b>	With CF, review opportunities to maximize existing physician resources, including possibility of creating a Care Pair.													
	<b>Pt Flow Manager:</b>	If Housekeeping resources are requested from the ED CF, call Housekeeping supervisor for resources if available.														
	<b>Clinical Manager:</b>	Plan for next shift staffing as per template.														
	<b>CAOS:</b>	If Housekeeping resources are requested from the ED CF, call Housekeeping supervisor for resources if available. Plan for next shift staffing as per template.														
MAJOR THROUGHPUT	Any	Ensure all MODERATE actions are completed before starting Major.														
	Any	Notify the EP Flow Lead of the surge level.														
	Any	Notify Clinical Manager or CAOS of surge level.														
	Any	Notify Patient Flow Manager of surge level (weekdays).														
	<b>Other Stakeholders Actions:</b>															
		<b>Clinical Manager:</b>	Notify ESP office to make second call to all staff to bring in extra ED staff (nursing, clerical and orderly) as needed. Meet EP Flow Lead. EP Flow Lead to inform you if any physicians agree to stay for an additional hour of work. Meet with EP Flow Lead. Discuss potential for inter-campus transfer of physician resources. If needed, coordinate discussion between EP Flow Leads at each campus. Contact Clinical Director (days). Initiate telemetry in the ED if resources available. Contact ED site chief to inform of surge level.													
		<b>CAOS:</b>	Contact ESP manager-on-call to facilitate increased staffing during off-hours. Meet EP Flow Lead. EP Flow Lead to inform you if any physicians agree to stay for an additional hour of work. Meet with EP Flow Lead. Discuss potential for inter-campus transfer of physician resources. If needed, coordinate discussion between EP Flow Leads at each campus. Consider contacting CDOC off-hours. Contact Ottawa Paramedic Services Commander on Call to advise of surge levels. Consider pulling additional resources from in-pt areas if able. Contact CDOC with any concerns or need for further direction. Contact Logistics Supervisor and request possibility that additional TW can be stationed in the ED Contact Housekeeping Supervisor to request possibility that another housekeeper can be stationed in the ED. Initiate telemetry in the ED if resources available. Contact ED site chief to inform of surge level.													
		<b>Patient Flow Manager:</b>	Contact Logistics Supervisor and request possibility that additional TW can be stationed in the ED Contact Housekeeping Supervisor to request possibility that another housekeeper can be stationed in the ED.													
		<b>Clinical Director:</b>	Contact Ottawa Paramedic Services Commander on Call to advise of surge levels. Contact inpt Clinical Directors (days) to request help for nursing, clerical, and orderly resources from inpt units. Contact VP Clinical Programs or Admin-on-Call to advise of surge level.													



	Trigger	Action	Time / Initials Action Completed											Comments
MODERATE THROUGHPUT	Any	Discuss surge level with EP Flow Lead.												
	Admitted patients	Call Logistics Supervisor to request additional resources to the ED if ≥4 orange/green dots.												
	Cardiac monitors	Print "34". With the EP Flow Lead, identify which admitted monitored pts could safely be triaged off of cardiac monitor. Attach 34 to the Surge Plan with decisions from services as indicated below.												
		For CTU Medicine: Between 0800-1700 7x/wk, call admitting MD to assess for downgrade. Between 1700-0700 7x/wk, call senior medical resident to assess for downgrade.												
		For all other services: Contact the senior resident of the admitted cardiac monitored pt. Request that senior resident discuss with staff to assess for downgrade.												
	Any	Contact CFs / team leaders of 3 other city EDs to inform of surge level.												
	Admitted patients	Send out a "34" patient prioritization to bed booking and/or Patient Flow. On off-hours, leave a copy for CAOS at Obs desk (Civic) or EC desk (General).												
<b>Other Stakeholders Actions:</b>														
	<b>EP Flow Lead:</b>	Discuss surge level with Care Facilitator. With CF, review all admitted pts on cardiac monitor to assess for downgrading off a cardiac monitor.												
	<b>Patient Flow Manager:</b>	With Clinical Director, roll-out Medicine and/or Surgery and/or Psychiatry portfolio-specific surge plan - Phase 1. Call OPT / non-urgent transportation to inform of surge level. Inform inpt Manager of monitored areas to work with physician dyad on the inpt unit as soon as possible to review the monitoring requirements of all admitted in-pt and ED pts under their care. For Heart Institute patients: will need to notify both in-patient team and Team Orange. Contact Housekeeping Supervisor to review all yellow dots to prioritize patient placement from the ED. Contact Housekeeping Supervisor to send one additional Housekeeper to the ED or to the bottle-necked in-pt unit. Review and reprioritize all pending in-pt transfers to expedite patient flow.												
	<b>Clinical Manager:</b>	Ensure that Escalation Level 3 is in place as per TOH Escalation Protocol for Patient Flow. Contact Clinical Director. Print a "33"; identify pts without a dispo decision <3hrs. Call services as noted below, document results and attach to the Surge Plan. For CTU Medicine: Between 0800-1700 7x/wk, call staff covering medical consults for dispo decisions if > 3hrs. For CTU Medicine: Between 1700-0800 7x/wk, call staff on call for dispo decision if > 3hrs. For all other services: Call senior resident if 1 <sup>st</sup> call or staff if 2 <sup>nd</sup> call (as per calls made in minor surge) for dispo decision if > 3hrs.												



	Trigger	Action	Time / Initials Action Completed										Comments		
<b>MODERATE THROUGHPUT</b>			Identify appropriate non-ICU cardiac monitored patients who could be moved to available/unbudgeted ICU beds and discuss with ICU manager / CCL / CF. Contact Ottawa Paramedic Services Duty Officer to advise of input delays.												
		<b>CAOS:</b>	Ensure that Escalation Level 3 is in place as per TOH Escalation Protocol for Patient Flow. Consider contacting CDOC off-hours. Print a "33"; identify pts without a dispo decision <3hrs. Call services as noted below, document results and attach to the Surge Plan. <u>For CTU Medicine:</u> Between 0800-1700 7x/wk, call staff covering medical consults for dispo decisions if > 3hrs. <u>For CTU Medicine:</u> Between 1700-0800 7x/wk, call staff on call for dispo decision if > 3hrs. <u>For all other services:</u> Call senior resident if 1 <sup>st</sup> call or staff if 2 <sup>nd</sup> call (as per calls made in minor surge) for dispo decision if > 3hrs. With Clinical Director on Call, roll-out Medicine and/or Surgery and/or Psychiatry portfolio-specific surge plan - Phase 1. Call OPT / non-urgent transportation to inform of surge level. Inform inpt Manager delegate (off-hours) of monitored areas to work with physician dyad on the inpt unit as soon as possible to review the monitoring requirements of all admitted in-pt and ED pts under their care. For Heart Institute patients: will need to notify both in-patient team and Team Orange. Contact Housekeeping Supervisor to review all yellow dots to prioritize patient placement from the ED. Contact Housekeeping Supervisor to send one additional Housekeeper to the ED or to the bottle-necked in-pt unit. Contact Ottawa Paramedic Services Duty Officer to advise of input delays.												
		<b>Clinical Director:</b>	With Patient Flow Manager, roll-out Medicine and/or Surgery and/or Psychiatry portfolio-specific surge plan - Phase 1.												
<b>MAJOR OUTPUT</b>	Any	Ensure all MODERATE actions are completed before starting Major.													
	Any	Notify Clinical Manager or CAOS of surge level.													
	Any	Notify Patient Flow Manager of surge level.													
	Admitted patients	Send out a "34" patient prioritization to bed booking and/or Patient Flow and CAOS and all clinical directors. On off-hours, leave a copy for CAOS at Obs desk (Civic) or EC desk (General).													
	<b>Other Stakeholders Actions:</b>														
	<b>Patient Flow Manager:</b>	With Clinical Director, ensure that Escalation Level 4 is in place as per TOH Escalation Protocol for Patient Flow. With Clinical Director, roll-out Medicine and/or Surgery and/or Psychiatry portfolio-specific surge plan - Phase 2. Contact Logistics Supervisor and request that additional TW be stationed in the ED Contact Housekeeping Supervisor to request that a second housekeeper be sent to the ED or to the bottle-necked in-pt unit.													
	<b>Clinical Manager:</b>	Notify Clinical Director of surge level. Print a "33"; identify pts without a dispo decision <3hrs. Call services as noted below, document and attach to the Surge Plan. <u>For CTU Medicine:</u> Between 0800-1700 7x/wk, call staff covering medical consults for dispo decisions if > 3hrs. <u>For CTU Medicine:</u> Between 1700-0800 7x/wk, call staff on call for dispo decision if > 3hrs. <u>For all other services:</u> Call senior resident if first call or staff if second call (as per calls made in minor surge) for dispo decision if > 3hrs. Print "34". With the EP Flow Lead and CF, identify which admitted monitored pts could safely be triaged off cardiac monitor. Attach 34 to Surge Plan with decisions from services. Notify Clinical Director of results if escalation is needed. <u>For CTU Medicine:</u> Between 0800-1700 7x/wk, call admitting MD to assess for downgrade.													

	Trigger	Action	Time / Initials Action Completed	Comments
<b>MAJOR OUTPUT</b>			<p><u>For CTU Medicine:</u> Between 1700-0700 7x/wk, call senior medical resident to assess for downgrade.  <u>For all other services:</u> Contact the MRP staff of the admitted cardiac monitored pt. to discuss downgrade.            Contact ED site chief to inform of surge level.</p>	
		<b>CAOS:</b>	<p>Notify Clinical Director on Call of surge level.            With Clinical Director on Call, ensure that Escalation Level 4 is in place as per TOH Escalation Protocol for Patient Flow.            Contact Ottawa Paramedic Services Commander-on-Call to advise of surge level.            Print a "33"; identify pts without a dispo decision &lt;3hrs. Call services as noted below, document and attach to the Surge Plan.  <u>For CTU Medicine:</u> Between 0800-1700 7x/wk, call staff covering medical consults for dispo decisions if &gt; 3hrs.  <u>For CTU Medicine:</u> Between 1700-0800 7x/wk, call staff on call for dispo decision if &gt; 3hrs.  <u>For all other services:</u> Call senior resident if first call or staff if second call (as per calls made in minor surge) for dispo decision if &gt; 3hrs.            Print "34". With the EP Flow Lead and CF, identify which admitted monitored pts could safely be triaged off cardiac monitor.            Attach 34 to Surge Plan with decisions from services. Notify Clinical Director of results if escalation is needed.  <u>For CTU Medicine:</u> Between 0800-1700 7x/wk, call admitting MD to assess for downgrade.  <u>For CTU Medicine:</u> Between 1700-0700 7x/wk, call senior medical resident to assess for downgrade.  <u>For all other services:</u> Contact the MRP staff of the admitted cardiac monitored pt. to discuss downgrade.            With Clinical Director on Call, roll-out Medicine and/or Surgery and/or Psychiatry portfolio-specific surge plan - Phase 2.            Contact Logistics Supervisor and request that additional TW be stationed in the ED            Contact Housekeeping Supervisor to request that a second housekeeper be sent to the ED or to the bottle-necked in-pt unit.            Contact ED site chief to inform of surge level.            Upon discussion with Clinical Director on Call, notify VP of Clinical Services or Admin-on-Call to inform of surge level.</p>	
		<b>Clinical Director:</b>	<p>With Patient Flow Manager, ensure that Escalation Level 4 is in place as per TOH Escalation Protocol for Patient Flow.            Contact Ottawa Paramedic Services Commander-on-Call to advise of surge level.            Inform clinical directors of other city EDs about surge level.            With Patient Flow Manager, roll-out Medicine and/or Surgery and/or Psychiatry portfolio-specific surge plan - Phase 2.            Notify VP of Clinical Services or Admin-on-Call to inform of surge level.</p>	