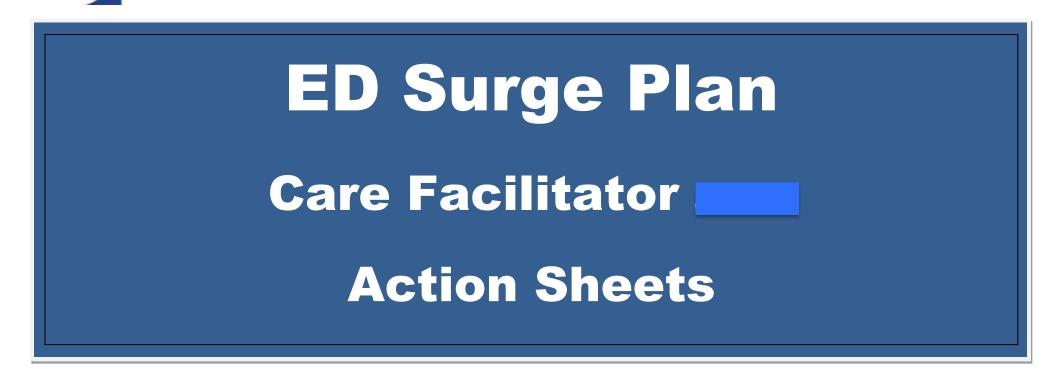
The Ottawa L'Hôpital Hospital d'Ottawa



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

EP Flow Lead:

CAOS: _____

			INPUT	Г			THRO	UGHPU	Т			OUTPU	Т
		Charts for registra- tion	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	# admit- ted pts	# admitted pts on cardiac monitor	# pts consulted waiting > 3hrs for disposition
	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
0800	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
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
0	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10
	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
8	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
1000	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
0	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
1200	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
12	Moderate Surge	11-15	46-60	5-6	2	Orange	11-15	31-40	4-6	6-8	18-25	9-10	9-10
、 1	Major Surge	>15	>60	>6	1	Red	>15	>40	>6	>8	>25	>10	>10
	_	_	_	_	_					_			-
0	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
ğ	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
1400	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
0	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
1600	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
16	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
0	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
õ	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
1800	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	Г			THRO	UGHPU	Т			OUTPU	Т
		Charts for registra- tion	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	# admit- ted pts	# admitted pts on cardiac monitor	# pts consulted waiting > 3hrs for disposition
	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
2000	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
Ō	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
	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
2200	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
52	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
	-												
0	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
0000	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
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
	-	r	r										
0	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
ŏ	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
0200	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
0	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
ğ	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
0400	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
							_						
0	Normal state	< 5	<30	<2	5	White	<5	<20	<2	<3	<12	<5	<5
0090	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
ŏ	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:

INPUT Action Sheet

	Trigger		Action				Tin	ne / In	itials A	ction C	Comple	ted				Comments
	Triage wait	Send RN to	triage.													
MINOR	Regist- ration	Registration														
		keholder Act														
		ther stakehold						1	1	1	1	T	T	1	0	
	Any	completed b	INOR actions are efore starting Moderate.													
	Triage wait	Move <i>additic</i> triage.	onal nursing resources to													
MODERATE	EMS, triage delays	Notify Clinica of surge leve	al Manager/CCL or CAOS I													
MODE	Regist- ration	Bed Manage	ration supervisor (days) or ment clerk (off-hours) to jistration delays.													
	Any	Superintend														
		keholder Act														
		ther stakehold						1	1	1	1	T	T	1	0	
	Any		ODERATE actions are													
	A		efore starting Major.													
	Any	•	al Manager or CAOS													
	Any	Flow EP to d manage pos	inical Manager / CCL and iscuss strategies to sible throughput impacts.													
MAJOR	Any	If there is a r related to the calling a Coc														
Σ	Other Sta	keholder Act														
			Meet EP Flow Lead. EP Fl													
		Clinical										oordir	nate di	scuss	ion be	etween campus EP Flow Leads.
		lanager /	Discuss strategies with tea													
		CAOS:	Contact Clinical Director (d												no of a	registration delays
	Contact Registration Manager (days) or Registration Supervisor on Call (off-hours) to advise of registration delays. Contact Ottawa Paramedic Services Duty Officer to advise of surge level.															
	FP	Flow Lead:	Discuss strategies with tea									· · · · · ·				

THROUGHPUT Action Sheet

	Trigger	Action				Tir	ne / In	itials A	ction (Comple	eted				Comments
	Any	 Brainstorm solutions to maximize existing RN resources. Move non-admitted Obs pts to U/C or chairs. Assign RN to do med directives. Create a Care Pair team for OLN. 													
	Any	Move Obs outbound to OLN to allow input if there is OLN capacity.													
В	Off-load delays	Review ambulance offloads to reassess for OLN eligibility. Move to OLN area if now eligible.													
MINOR	Cardiac monitors	Meet with ED MRP to evaluate downgrading ED pts.													
	Any	PLAN: Assess for ability to open unfunded ED beds if surge increases. (Civic = EC13-15, EDX) (Gen = conf.room)													
	Any	With EP Flow Lead, review opportunities to maximize existing physician resources (i.e Care Pair).													
	Any	Notify Ottawa Paramedic Services Superintendent.													
		keholders Actions:													
	EP		review	<i>w</i> орр	ortuni	ties to	maxi	mize e	existin	ig EP	resou	rces (possik	oility o	f creating a Care Pair)
	Any	Ensure all MINOR actions are completed before starting Moderate.													
	Any	Notify Clinical Manager or CAOS of surge level. (If CAOS, determine if resources can float to the ED)													
	Any	Notify ESP office to bring in extra ED staff (RN, clerk, PCA) as needed.													
MODERATE	Any	Consider additional Housekeeping resources. Call Patient Flow Manager or CAOS to request.													
DOM	Any	Contact Logistics Supervisor for more TW help if needed. If tube down, request blood pickup more frequently.													
	Any	Open unfunded ED beds.													
	Any	Meet with EP Flow Lead for further review to maximize existing RN and physician resources:													

	Trig	ger		Action				Tin	ne / In	itials A	ction C	Comple	ted				Comments
THROUGHPUT			pts to meAssign F	eligible non-admitted Obs ove to U/C or chairs. RN for medical directives. Care Pair team.													
RO	Any			wa Paramedic Services													
Ŧ	Otho	r Sta	Duty Officer. keholders Ac														
쁘	Othe		Flow Lead:	With CF, review opportuni	ties to	maxir	nize e	vistin	a nhvs	sician	resou	rces i	includ	ina na	ssibili	ty of c	creating a Care Pair
RA	-		low Manager:	If Housekeeping resources													
ШO	-		ical Manager:	Plan for next shift staffing					-	_ ,			<u></u>				
MODERATE			CAOS:		keeping resources are requested from the ED CF, call Housekeeping supervisor for resources if available. next shift staffing as per template.												
	Any		Ensure all M	ODERATE actions are	ctions are												
	,			efore starting Major.													
	Any			P Flow Lead of the surge													
	A		level.														
	Any		surge level.	al Manager or CAOS of	ager or CAOS of												
	Any			t Flow Manager of surge	w Manager of surge												
	,		level (weekd														
	Othe	r Sta	keholders Ac														
OUGHPUT			Clinica Manage	r: EP Flow Leads at ea Contact Clinical Direct Initiate telemetry in the	EP Fl ead. [ch car ctor (d ne ED	ow Le Discus npus. ays). if reso	ad to i s pote urces	nform ntial fo availa	you if or inter	any pl	nysicia	ans ag	ree to	stay f	or an a	additio	
MAJOR THR			CAOS:	Meet EP Flow Lead. Meet with EP Flow Leads at ea Consider contacting Contact Ottawa Para Consider pulling add Contact CDOC with a Contact Logistics Su Contact Housekeepin Initiate telemetry in th Contact ED site chief	Contact ED site chief to inform of surge level. 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. Contact Logistics Supervisor and request possibility that additional TW can be stationed in the ED.												
			Patient Fl Manage														
			Clinica Director	Contact Housekeeping Supervisor to request possibility that another housekeeper can be stationed in the ED. 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.													

OUTPUT Action Sheet

	Trigger		Action				Tin	ne / In	itials A	ction C	omple	eted				Comments
	Any	Contact Clinic	cal Manager or CAOS to ge level.													
	Admitted volume	facilitate adm beds as per T	Manager / CAOS to itted pt move to unfunded OH Escalation Protocol.													
	Any	Contact Ottav Superintende	va Paramedic Services nt.													
		monitored pts off of cardiac Surge Plan w services as ir	entify which admitted s could safely be triaged monitor. Attach 34 to the ith decisions from idicated below.													
MINOR	Cardiac monitors	1700 7x/wk, o assess for do 0700 7x/wk, o resident to as	licine: Between 0800- call admitting MD to wngrade. Between 1700- call senior medical ssess for downgrade.													
IW			services: Have primary senior resident to assess e.													
	Other Sta	keholders Act	ions:													
		Clinical Manager:	Print a "33"; identify pts wi <u>For CTU Medicine</u> : Be <u>For CTU Medicine</u> : Be For all other services:	tweer tweer	n 0800 n 1700)-1700)-0800) 7x/w) 7x/w	k, call k, call	staff staff	coveri on cal	ng me I for d	edical lispo c	consu	ilts for	dispo	nt results and attach to the Surge Plan. o decisions if > 3hrs.
		atient Flow Managers:											ng uni	t to di	scuss	admitted pt in ED who needs
		CAOS:	Contact TOH CCLs and/o resources.	thout tweer	a disp 1 0800 1 1700	o dec)-1700)-0800	ision ·) 7x/w) 7x/w	<3hrs. k, call k, call	. Call staff	servic coveri on cal	es as ng me I for d	noteo edical lispo c	d belov consu	w, doo Ilts for	cumer dispo	ed pt in ED who needs monitored nt results and attach to the Surge Plan. o decisions if > 3hrs.
	Any		NOR actions are													
ш	-		fore starting Moderate.													
AT	Any		Clinical Manager or CAOS													
ER	•	to advise of s	urge level. Patient Flow Manager to													
MODERATE	Any	Contact the F advise of surg														
Σ	Any	Contact CF o	f other TOH campus ED									1				
		to advise of s	advise of surge level.													

	Trigger		Action			Tiı	me / In	nitials <i>A</i>	Action C	Comple	eted				Comments
	Any	Lead.	rge level with EP Flow												
	Admitted patients		cs Supervisor to request esources to the ED if ≥4 en dots.												
: ТНКОИ СНРИТ	Cardiac monitors Any	nitors 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.													
MODERATE	Admitted patients	bed booking off-hours, le	"34" patient prioritization to g and/or Patient Flow. On eave a copy for CAOS at Civic) or EC desk (General).												
ž	Other St	akeholders A						J				J			
		EP Flow	Discuss surge level with Ca						<u> </u>						
	P	Lead: atient Flow Manager:		it Medi portatic itored a in-pt a ervisor ervisor	cine and in to info ireas to nd ED p to revie to send	d/or Sur orm of s work w ots unde w all ye one ad	rgery a surge I rith phy er their llow d ditiona	and/or evel. ysiciar r care. ots to al Hou	Psych dyad For I priorit sekee	niatry I on th Heart ize pa eper to	portfo ne inpi Institu atient o the E	lio-spo t unit a ite pat	ecific as soc tients: nent f	surge on as j will r rom th	plan - Phase 1. possible to review the monitoring need to notify both in-patient team and ne ED.
		Clinical Manager:	I 3 is in out a d veen 08 veen 17	place a ispo de 00-170 00-080	as per T cision < 0 7x/wk 0 7x/wk	OH Ès 3hrs. a, call s a, call s	scalat Call s staff c staff o	ion Pro ervice overing n call f	otoco es as i g meo for dis	l for P noted dical c spo de	below onsulf	r, docu ts for (1 if > 3	iment dispo hrs.	results and attach to the Surge Plan. decisions if > 3hrs. nor surge) for dispo decision if > 3hrs.	

	Trigger		Action		Ti	me / Initia	ls Action	Comple	eted				Comments
MODERATE THROUGHPUT		CAOS:	Identify appropriate non-ICU manager / CCL / CF. Contact Ottawa Paramedic Ensure that Escalation Leve Consider contacting CDOC Print a "33"; identify pts with <u>For CTU Medicine:</u> Betw <u>For CTU Medicine:</u> Betw <u>For all other services:</u> C With Clinical Director on Ca Call OPT / non-urgent trans Inform inpt Manager delega the monitoring requirements patient team and Team Ora Contact Housekeeping Sup	Services Dut I 3 is in place off-hours. out a dispo o veen 0800-17 veen 1700-08 all senior res I, roll-out Me portation to in te (off-hours) of all admittinge. ervisor to rev	nitored pa y Officer as per 1 ecision < '00 7x/wh 00 7x/wh ident if 1 ^s dicine an of monitu- ed in-pt a iew all ye	tionts where the second	of input alation P all servic ff coverin ff on call taff if 2 nd jery and el. is to wor s under to priori	be mo delay rotocco es as in ng me for dis call (a /or Psy ck with their c itize pa	oved to s. I for P noted dical c spo de as per ychiatr physic are. F atient p	atient F below, onsults cision i calls m y portfo cian dya for Hea	Flow. for disp f > 3hrs hade in r blio-spec ad on th int Institu	nt res o dec ninor cific su e inpt ite pa the E	ed ICU beds and discuss with ICU sults and attach to the Surge Plan. cisions if > 3hrs. surge) for dispo decision if > 3hrs. urge plan - Phase 1. t unit as soon as possible to review tients: will need to notify both in-
MOI		Clinical	Contact Housekeeping Sup Contact Ottawa Paramedic With Patient Flow Manager,	Services Dut	y Officer	to advise	of input	delay	S.				•
		Director:	managor,			or ourge	ry ana, c	, i eye	, note y	portion	e opeen	lo oui	ge plan i nace n
	Any		ODERATE actions are										
	A		efore starting Major.										
	Any	surge level.	al Manager or CAOS of										
	Any		nt Flow Manager of surge										
PUT	Admitted patients	Send out a ' bed booking CAOS and a hours, leave	34" patient prioritization to and/or Patient Flow and all clinical directors. On off- a copy for CAOS at Obs or EC desk (General).										
E	Other Sta	keholders A											
MAJOR OL		Patient Fl Manage	With Clinical DirectorowWith Clinical Directorr:Contact Logistics Sup	roll-out Med ervisor and i	icine and equest th	/or Surge	ery and/o onal TW	or Psyc be sta	chiatry ationed	portfoli in the	io-speci ED	fic sur	
	Clinical Manager: 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 Pla 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 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. For CTU Medicine: Between 0800-1700 7x/wk, call admitting MD to assess for downgrade.								ent and attach to the Surge Plan. po decisions if > 3hrs. s. ade in minor surge) for dispo be triaged off cardiac monitor. alation is needed.				

Trig	gger A	ction	Time / Initials Action Completed	Comments
		For all other service Contact ED site chief	Between 1700-0700 7x/wk, call senior medical resident to assess to ces: Contact the MRP staff of the admitted cardiac monitored pt. to d to inform of surge level.	
MAJOR OUTPUT	CAOS:	With Clinical Director Contact Ottawa Para Print a "33"; identify p For CTU Medicine For all other servin decision if > 3hrs. Print "34". With the E Attach 34 to Surge P For CTU Medicine For all other servin With Clinical Director Contact Logistics Sup Contact Housekeepin Contact ED site chief Upon discussion with	or on Call of surge level. on Call, ensure that Escalation Level 4 is in place as per TOH Escala medic Services Commander-on-Call to advise of surge level. ots without a dispo decision <3hrs. Call services as noted below, doc <u>a</u> : Between 0800-1700 7x/wk, call staff covering medical consults for <u>a</u> : Between 1700-0800 7x/wk, call staff on call for dispo decision if > 3 <u>ces</u> : Call senior resident if first call or staff if second call (as per calls P Flow Lead and CF, identify which admitted monitored pts could saf lan with decisions from services. Notify Clinical Director of results if e <u>ces</u> : Between 0800-1700 7x/wk, call admitting MD to assess for downgr <u>a</u> : Between 1700-0700 7x/wk, call senior medical resident to assess for con Call, roll-out Medicine and/or Surgery and/or Psychiatry portfolio- pervisor and request that a ditional TW be stationed in the ED ng Supervisor to request that a second housekeeper be sent to the El to inform of surge level. <u>Clinical Director on Call, notify VP of Clinical Services or Admin-on-C</u>	ument and attach to the Surge Plan. dispo decisions if > 3hrs. 3hrs. made in minor surge) for dispo ely be triaged off cardiac monitor. escalation is needed. rade. for downgrade. iscuss downgrade. specific surge plan - Phase 2. D or to the bottle-necked in-pt unit.
	Clinical Director:	Contact Ottawa Para Inform clinical directo With Patient Flow Ma	inager, ensure that Escalation Level 4 is in place as per TOH Escalat medic Services Commander-on-Call to advise of surge level. rs of other city EDs about surge level. inager, roll-out Medicine and/or Surgery and/or Psychiatry portfolio-sp Services or Admin-on-Call to inform of surge level.	