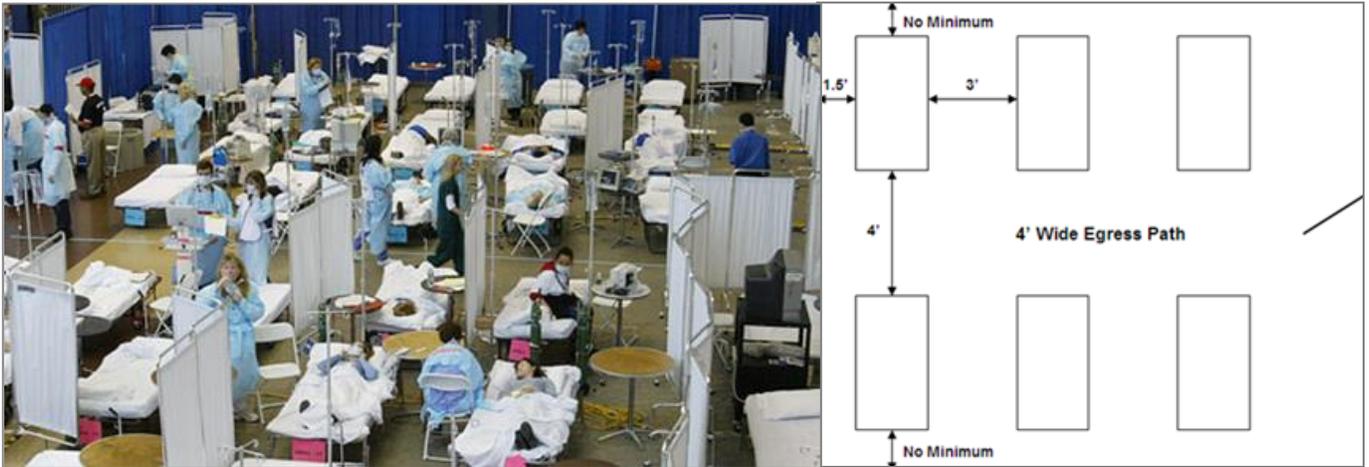


OPERATIONALIZING A CATASTROPHIC SURGE CAPACITY PLAN



THIS IS WHY

Healthcare facilities are continually challenged with managing rapid expansion of capabilities. This may come from a Mass Casualty Event, healthcare facility evacuations (from flooding, tornadoes, hurricanes or infrastructure failure), Epidemic/Pandemic, or even from an internal disaster that forces the rapid relocation of patients inside the walls of your healthcare facility.

THIS IS HOW

Start with the basics. First, complete a wall-to-wall assessment of capabilities. Next, match this up against current resources and outside resources necessary to accomplish the surge. Finally, have a clean tool for the Command Center or House/Nurse Supervisor (for 2:00 AM) to have at their fingertips to support leadership decision-making.

CONDUCT A SURGE CAPACITY SURVEY

Identify areas in your building(s), including specific rooms or areas within departments that may provide surge capacity capabilities, along with some of the specific steps necessary to accommodate a surge. Based on standard industry best practices, the surge capacity process is not expected to be activated until the following rapid decompression steps have already been completed:

- ▶ Utilization of open beds
- ▶ Census reduction including the potential cancellation of procedures (surgical and other invasive procedures) and testing
- ▶ Rapid discharge.

RPA will complete this for you - a full on-site assessment of all clinical units and procedural areas along with other potential surge locations (with appropriate resources), and develop a strategy to surge the healthcare facility.

SURGE CAPACITY DELIVERABLES (NOT intended to replace an existing surge plan, but to complement it)

Clinical Unit/Area Surge Guideline (for the charge nurse/nurse manager)

Each clinical unit/area will receive a plan that will include the following (sample list; not all inclusive):

Beds (actual)	Number of licensed beds on a unit or the actual number of bays/spaces for residents (surgical/procedural area)
Beds (peak day)	Highest census on the unit in the last 12 months
Monitored	Centrally monitored beds / Telemetry
Full Resources	Oxygen(O ₂), Suction (Sx) & Air (Medical Grade Air) for that specific bed/room
Surge Capacity	All categories below assume that the facility is at a “Beds (peak day)” level: <ul style="list-style-type: none">▪ 2-4 hour surge – residents that can be managed on the unit with existing staff and equipment/resources▪ Up to 24-hour surge –residents that can be managed on the unit with additional staff and utilizing additional equipment (reallocation or vendor support)▪ Outside Resources –residents that can be managed on the unit during a potentially catastrophic surge where other healthcare facilities and groups provide staffing and resources/assets. These areas may also be used by diverting incoming staff and surging that space as a priority area.
Area Expansion Notes	Specific data will be provided as to the surge area (bed or room numbers) and the notes about how to expand the area
Resources & Assets to Surge	Staffing / Equipment - each plan will include recommended staffing, physical beds and potential equipment necessary to support a full surge. Actual patient acuity will dictate all final resource & asset needs to fine tune specific needs.

HEALTHCARE & FACILITY COMMAND CENTER TOOL (and new web-based RPA Navigator tool)

A tool will be provided for the Command Center that captures the aggregate information from the unit/area specific data and additionally includes Surge Priority (internal scoring that is deemed to be pre-determined by the type of event, but flexible enough to address Just-in-Time decision-making).

NOTE: RPA believes the facility-wide aggregate plan should be integrated into existing Command Center Tools so that there is one tool for managing a disaster. The RPA Navigator web-based management system is available in 2017 to support planning, operations and recovery from disasters and includes the Surge Capacity Tool.



For more information on how we can help you, please contact us at 585-223-1130, via e-mail at info@phillipsllc.com or visit www.phillipsllc.com

TRANSPORTATION EVACUATION NEEDS ASSESSMENT



TRANSPORTATION EVACUATION SURVEY

The objective of the transportation evacuation survey is to establish a process for rapid assessment of transportation needs in a full or partial healthcare facility evacuation. This may include:

Ground Transport	Assistance	Patient Type
Critical Care Transport	RN and/or physician staffed	Memory Care Adult
Advanced Life Support	Paramedic	Standard Bariatric
Basic Life Support	EMT	Standard Bariatric
Wheelchair Vehicles	(Lift)	
Normal Means of Transport	Bus/Van	Ambulatory

The transportation survey is usually completed in conjunction with the surge capacity assessment or full building evacuation plan while on the inpatient units (this survey will not be completed for standard outpatient areas or procedural areas).

- Deliverable 1** Facility-wide Spreadsheet: all departments listed and aggregate data for transportation resources in a disaster.
- Deliverable 2** Aggregate Facility Data: entered into a web-based system and available for editing by unit.
- Deliverable 3** Facility Rapid Assessment Survey Tool: a nurse/physician decision-making Criteria for transportation needs, to use for exercises and transportation resource gathering to prepare for a potential infrastructure failure in a disaster.

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