

Overcapacity Plan (adult sites)

Executive Summary for Lachine Hospital Care Units

This plan aims to provide a clear and cohesive strategy for managing overcapacity situations, ensuring that critical services, the **ED, OR** and **ICU** can fulfil their mandates. The inclusion of detailed protocols aims to **streamline patient care** and **enhance interdepartmental collaboration** by presenting the communication mechanisms necessary for adequate mobilization. The key objectives of this plan are to:

- **Decongest the Emergency Department (ED)**
 - Implement measures to reduce ED length of stay for patients
 - Eliminate or minimise barriers to optimal patient trajectories by establishing timely orientation decisions.
 - Expedite discharge or transfer patients from the ED to inpatient units.
- **Preserve Operating Room (OR) Functionality**
 - Ensure surgical schedules and emergency cases proceed without delays and minimise cancellations due to bed shortages.

Regular Daytime Operations (including weekends and holidays)

Nursing leadership on the unit:

- To liberate beds before **10:00** and allow admissions starting at **11:00**
 - prepare discharge the day prior
 - ensure that last tests are done early
 - ensure all members of the team and the patient/family are informed
- Proactive planning of activities
 - plan activities guided by the expected date of discharge
 - update following patient needs

Physicians on the unit

- Coordinate with clinical team by aligning care to the **expected date** of discharge.
- Physicians should complete all related documentation **the day before** discharge.
- All discharges must be signed **before 10:00**. Nursing or unit coordinator should be informed in real-time of confirmed discharge. Patient planned for discharge should be rounded on first, rather than on their usual sequence.
- Overcapacity code communicated with the Intercom system should trigger **immediately** a mobilization of admitting services toward the units to participate in Immediate Discharge Confirmation.

What triggers the Overcapacity plan

During the first 6 months of go-live:

- ED occupancy > **120%**
- **More than 4 patients** in the ED awaiting admission, all medical specialties (excluding patients with imminent discharges).

Phases of the Overcapacity Plan

Phase 1: Capacity optimisation

In-patient unit

- Complete discharges planned for that day by **10:00**
- Identify potential discharges by **10:00**, aim to discharge by **14:00**

In the ED

- Admitting Services confirm admission or discharge decisions **before 10:30** (this may vary as it is the same MD covering in-patients)

Phase 2: Early overcapacity measures

Inpatient unit actions

- Patient flow coordinator (or NRM) with the help of the ANM (or nurse in charge) identify appropriate patients to be temporarily put in transit spaces either while waiting for transport or waiting for room to be cleaned Nurse Manager, with ANM (or nurse in charge), confirms all discharges to the patient flow coordinator as they occur
- **In the hour** following the Overcapacity code, admitting service doctors prioritize assessment and confirms **potential** discharges on their units(discharge **14:00**)
- At Lachine Hospital, Manager of the IPS Clinic review the ED and inpatient lists to identify possible patients that could be reoriented toward ambulatory services

Emergency Department actions

- Identify obstacles for discharges of stretcher patients
- Explore alternatives to hospitalisation

Off Hours Protocol (before or after an Overcapacity Code)

- Patients waiting for transport can be moved to corridor
- Admitted patient can wait in corridor while room is being cleaned
- Units to report discharges to the NRM as they occur.
- To prepare for morning discharges, nurses in charge on care units must:
 - follow up on transport planning
 - finalize discharge plans for patients scheduled

Read the full [Overcapacity Plan](#).

If you have any questions or comments, please send an email to: dps.admin@muhc.mcgill.ca