Overcapacity Plan (adult sites)
Executive Summary for Lachine Hospital ED

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)

Patients in ED awaiting bed for more than 24 hrs, or with a total length of stay of 36 hrs or more:

- Main Responsible Physician or the nurse in charge, carries out a **daily** systematic review of "boarded patients awaiting admission."
- Patients still in the ED **after 36 hrs** must be fast-tracked to available beds.

Triggers for general activation of the Overcapacity Plan (one trigger is needed)

1) ***During the first six months of go-live:***
   - ED Occupancy threshold Lachine: **120 %**
   - Capacity: there are **more than 4 patients** (all medical specialties) in the ED awaiting admission (excluding patients with imminent discharges).
2) ***After first six months of go-live:***
   - ED Occupancy threshold Lachine: **110 %**

**The triggers listed in 2) will be reviewed 4 months post go live before replacing triggers listed in 1).*

Phases of the Overcapacity Plan

Phase 1: Capacity optimisation

- **Admitting Services:** confirm admission or discharge decisions **before 10:30** (admitted patients waiting for bed).
- **Nurse in charge and physician must:**
  - identify and expedite radiology and laboratory testing, as well as medication administration or other interventions which will result in discharge of the patient
  - Complete urgent diagnostic tests **within 60 min.** for patients awaiting, **if it impacts disposition** (likely discharge or admission to an available bed).
- **Main responsible physician must fast-track discharges.** Patients not requiring inpatient admission must be a discharge priority in order to free up ED beds.

Phase 2: Early overcapacity measures

- Measures from Phase 2 are put in place while simultaneously continuing measures from Phase 1.
- Main responsible physician or ED nurse in charge, arranges for non-urgent cases to be managed through outpatient clinics, day hospital, or scheduled follow-up appointments.

Phase 3: Overcapacity

- Phase 1 and Phase 2 measures are continuing.
- Activation of mandatory re-orientation directive for emergency patients (DMSP).

Off Hours Protocol (before or after an Overcapacity Code)

- **Activation threshold:** it is suggested to wait **3 hrs** at 130% occupancy to avoid activation for temporary peak. Activation can be made earlier, depending on the circumstances.
- **Physicians**: prioritize discharges and then on-stretcher patients waiting to be seen.
- **Nurse in charge**: prioritize all tests and treatments to finalize **discharges.**

Read the full Overcapacity Plan.

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