



OVERCAPACITY PLAN

CHEAT SHEET FOR EMERGENCY MD

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

1) **During the first six months of go-live:**

Emergency (ED) Occupancy Thresholds:

- **170** % Glen
- **150** % MGH

Number of patients (including all medical specialties) in ED awaiting admission exceeds:

- **20** Glen
- **12** MGH

Excluding patients with imminent discharges

2) **After the first six months of go-live:**

ED Occupancy Thresholds:

- **150** % Glen
- **130** % MGH

Number of patients (including all medical specialties) in ED awaiting admission exceeds:

- **16** Glen
- **10** MGH

Excluding patients with imminent discharges

**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

- **Coordinate with NIC:** complete urgent interventions (labs, radiology, meds etc within **60 min.** for stretcher patients if it impacts disposition (likely discharge or admission to an available bed).
- **Coordinate with UC:** identify patients awaiting consult completion that would **allow discharge or admission** to an available bed; these are given high priority (**1 hr** timeframe may be adjusted depending on volume of consults).
- **Fast-track discharges.** Patients not requiring inpatient admission must be a discharge priority in order to free up ED beds.
- Identify procedures (eg. interventional radiology, endoscopy) that will or likely will lead to discharge and coordinate with the service.
- **Main responsible physician:** limit ED consults.

Phase 2: Early overcapacity measures (overhead announcement)

- Continue measures from Phase 1.
- Coordinate with NIC, or “répartitrice” for non-urgent cases to be managed through outpatient clinics, day hospital, or scheduled follow-up appointments.
- Identify patients who can be discharged after the procedure and take the necessary measures to prevent them from returning to the ED. Prioritise the assessment of new patients on a stretcher who can be discharged.

Off Hours Protocol

(before/after Overcapacity Code)

No overhead call – coordinate with NRM

- Wait **3 hrs** to avoid activation for temporary peak. Activation can be made earlier, depending on the circumstances.
 - RVH: ED at **180** % for 3 hrs
 - MGH: ED at **160** % for 3 hrs
- **Physicians:** prioritize discharges and then stretcher patients waiting to be seen.
- **With NIC:** prioritize all tests and treatments to finalize discharges.
- **Treating physician:** any patient who will see consultant in the morning is to be assessed for possible return in the morning.
- **Radiologist/radiology resident:** Radiology reports on already done CT/MRI and US which can result in discharge OR of stretcher patients should be complete in 30 min. (NIC / MRP to flag as needed)
- **Until 22:00:** all patients for which a consult will likely result in discharge that evening must be done or have a clinic visit/return the next day arranged (preferred). All reasonable tests must be completed BEFORE the consult is requested. Do not put consults in anticipation. **NOTE: If on-site consultation is deemed necessary, consultant must be advised by 22:00 and usual workup completed before the call; do not request consults in anticipation of a complete work-up.**
- **Until midnight:** all consults which will **result in admission to an available bed** (check with NIC before calling) must be done if a bed is available for the patient (or arrangements must be made to allow transfer to the floor - ED MD can print orders from Medurge with a note to call admitting service PRN as appropriate). **NOTE:** emergency prescriptions are valid for 24 hours in the care units.
- “Overnight keep in ED because of d/c the next day” must be admitted if bed is available.

Note: the last section is applicable when in overcapacity mode – clarification of usual processes will be done in the RUR.

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

Link to [Intranet](#) section
Overcapacity Plan, Adult Sites
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