



# OVERCAPACITY PLAN

## CHEAT SHEET FOR ED NURSE IN CHARGE

### Triggers for general activation of the 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 MD:** 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).
- **Unit coordinator:** ensure all external transports from previous shifts are still booked.
- **Coordinate with unit coordinator** consults that will result in discharge of stretcher patients to be completed within 1 hour (depending on volume for that service).

#### Phase 2: Early overcapacity measures

(overhead announcement)

- Measures from Phase 2 are put in place while simultaneously continuing measures from Phase 1.
- Coordinate with MD and “répartitrice” arranges for non-urgent cases to be managed through outpatient clinics, day hospital, or scheduled follow-up appointments.
- Relocate patients awaiting procedures to appropriate areas for direct discharge post-procedure. (This needs coordination with the areas such as endoscopy/IR – those patients should be d/c from the ED when appropriate.)

#### Phase 3: Overcapacity

(second bed management meeting called)

- Pre-Op Patient Movement: Transfer **stable** same-day OR patients (from the ED) to the Same Day Admission (SDA).
- Activation of mandatory re-orientation directive for emergency patients (DMSP).

#### 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
- **With MD: Nurse in charge** prioritizes all tests and treatments to finalize discharges.
- “Overnight keep in ED because of d/c the next day” must be admitted if bed is available.

If you have any questions or comments, please email: [dps.admin@muhc.mcgill.ca](mailto:dps.admin@muhc.mcgill.ca)

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