OVERCAPACITY PLAN
CHEAT SHEET FOR
MULTIDISCIPLINARY SERVICES

Overcap. work starts with the following triggers (these may change 6 months after go-live)

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

ED Occupancy Thresholds	Extended ED Stays	Surgical Capacity	Medicine Capacity
-Glen: over **170** % -MGH: over **150** % -Lachine: over **120** %	**Five patients** in the ED over 48 hrs waiting for admissions per admit algorithm with no anticipated discharge in the next 6 hrs.	**Scheduled surgery: if more than two** surgeries face cancellation due to lack of PACU or surgical bed availability. **Emergency surgery:** If OR is available but unable to proceed due to lack of PACU or surgical bed availability.	Medicine patients in ED awaiting admission exceeds **20** (Glen), **12** (MGH), **4** (Lachine) *Excluding patients with imminent discharges.* *Medicine includes all specialities – not just internal medicine.*

What to do:

Phase 1: Capacity optimisation (no announcement - unit managers will let you know)
- **In patient units:**
  a. From your perspective, ensure discharged patients are ready to go **by 10:00**
  b. Then, flag or prioritize patients that are potentially dischargeable that day (target **5 hrs** after activation, **usually by 14:00**)
- **Emergency:** Complete assessment of patients that are dischargeable (NIC to flag) (target **1.5 hrs after activation**; this is adjusted for volume of consults)

Phase 2: Early overcapacity measures (announced overhead)
No new actions, continue phase 1 tasks.

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

*Link to **Intranet** section Overcapacity Plan, Adult Sites March 2025*

Centre universitaire de santé McGill   McGill University Health Centre