

Overcapacity Plan (adult sites)

Executive Summary for OR and PACU

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

- Surgical patient should not wait in ED for OR. Instead, they should be transferred to:
 - an available regular surgical bed
 - ERAS bed (MGH)
 - overcapacity bed on a surgical unit
- The ideal maximum capacity in PACU (MGH and Glen): **2 overnight patients.** (*It is understood that this target cannot be met every day.*)
- Prioritize transfer of stable patients **24/7** to ensure minimal remaining capacity.

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

1) During first 6 months of go-live:

- Scheduled surgery: **more than two** surgeries face cancellation due to lack of PACU or surgical beds.
- Emergency surgery: OR is available but unable to proceed with emergency cases due to lack of PACU or surgical bed.

2) After first 6 months of go-live:

- OR is available but cannot proceed due to lack of PACU or surgical bed availability.
- Emergency surgery: If OR is available but unable to proceed with emergency cases due to lack of PACU or surgical beds.

**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

- Reassess overnight patients to confirm orientation and advise bed managers (target by **9:30**)

Phase 2: Early overcapacity measures

- PACU: identify patients that fit overcapacity criteria and those who could wait outside rooms while cleaning in process and advise bed management

Phase 3: Post op patients to go to overcapacity rooms (following criteria)

- ED patients scheduled for OR that day to be moved to SDA area IF stable

Overnight plan

- Overnight: Patients ready to go to the floor should continue to be transferred – NRM to manage

Read the full [Overcapacity Plan](#).

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