Overcapacity Plan (adult sites)
Executive summary Nurse Resource Managers (NRM)

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.

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

1) During the first six months of go-live

ED occupancy thresholds	Extended ED stays	Surgical capacity	Medicine capacity
- Glen: **170 %** - MGH: **150 %** - Lachine: **120 %**	**Five** patients in the ED over **48 hrs** waiting for admissions per admit algorithm with no anticipated discharge in the next **6 hrs**	**More than two** surgeries face cancellation due to lack of PACU or surgical bed availability. Emergency surgery: OR is available but unable to proceed due to lack of PACU or surgical bed availability.	Medicine patients (includes all medical specialties) in ED awaiting admission exceeds: • **20** Glen • **12** MGH • **4** Lachine ***Excluding patients with imminent discharges***

2) After the first six months of go-live

ED occupancy thresholds	Extended ED stays	Surgical capacity	Medicine capacity
- Glen: **150 %** - MGH: **130 %** - Lachine: **110 %**	**No patients** in the ED over **48 hrs** waiting for admissions per admit algorithm with no anticipated discharge in the next **6 hrs.**	OR is available but cannot proceed due to lack of PACU or surgical bed availability. Emergency surgery: OR is available but unable to proceed due to lack of PACU or surgical bed availability.	Medicine patients (includes all medical specialties) in ED awaiting admission exceeds: • **16** Glen • **10** MGH • **4** Lachine ***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 (weekend day)

Phase 1: Capacity optimization

- Triggered to avoid escalating measures.
- NRM can trigger this phase once general situation has been assessed
- In patient units to complete known discharges by 10:00
- In-patient units to identify potential discharges by 10:00 with aim to actualize by 14:00
- ED to expedite discharges of stretcher patients
- ED patients waiting for OR can go to in-patient units as appropriate

Phase 2: Early overcapacity measures (overhead announcement)

- 90 min**.** after activation of phase 1
- Earlier, if phase 1 processes have been implemented and one of the triggers is still active
- Use transit spaces to allow discharges or admissions while rooms are being cleaned

Phase 3: Overcapacity

- Phase 1 and Phase 2 measures are continuing.
- Triggered approx. **2.5 - 3 hrs** after the Overcapacity code during the day (off-hour protocol to be used after 17:00).
- NRM will not make additional calls through intercom but will communicate directly with specific sectors.
- All overcapacity beds to be filled (see annex) and extra patients are distributed fairly by service as much as possible (max 2 per service). If there is no specific algorithm in annex, the unit uses their own OC beds (medicine and surgery both sites; psychiatry MGH, Lachine).
- Off-service use of surgical beds must conform to annex 1 (expected max use of 24 hrs, or 48 hrs Fridays and Saturdays).
- The CTUs (Clinical Teaching units) are capped at 24 patients each.
- Coordinate with admin or DMSP on-call.
- Stable ED patients scheduled for OR to move to SDA area as appropriate.

Off Hours Protocol (before or after an Overcapacity Code)

At the end of the day, patient flow coordinator (or NRM) briefs the evening NRM through the bed management report of the actions of the day and the follow-ups:

- Monitor and assess staffing needs in real-time to support overcapacity measures.
- Communicate with nursing teams about overcapacity status and protocols.
- Weekends: at the end of the afternoon, (Glen) consider asking Respirology/Heme/Oncology/PCU or SSU to:
    - identify 1 admitted patient that can go up off hours
    - write admit orders (if any)

Threshold of activation

Suggestion: wait **3 hours** to avoid activation for temporary peak. Activation can be made earlier, depending on ED circumstances.

- RVH: **180 %** for 3 hrs
- MGH: **160 %** for 3 hrs
- Lachine: **130** % for 3 hrs

Emergency Department actions

- **Until midnight:** all consults which will **result in admission to an available bed** must be done, if a bed is available for the patient (or else, arrangements must be made to allow transfer to the floor).

  Note: emergency prescriptions are valid for 24 hours in the care units.

Patient flow actions

- **NRM** allocates overcapacity beds to surgical and medicine patients to maintain OR availability and decongest ED (as per protocols).
- Patients waiting for transport can be moved to corridor (exception: delayed ambulance transports); similarly, admitted patients can wait in corridor while room is being cleaned.
- Units to report discharges to the NRM as they occur.
- NRM continuously moves PACU patients to appropriate beds to prevent bottlenecks.
- To prepare for morning discharges, nurses in charge on care units must:
  - follow up on transport planning
  - finalize discharge plans for patients scheduled
- **Imaging on-call manager** expedites tests and readings for patients awaiting discharge or requiring immediate results with the teams covering the evening shift.
- NRM to follow up with managers of Transport and Housekeeping on adjusting workforce to prioritize Overcapacity actions.
- "Overnight keep in ED because of d/c the next day" must be admitted if bed is available.

Read the full Overcapacity Plan.

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