

Hospital Plan Template-Surge

Expanding bed capacity

- Identify non-patient care areas that can be converted to use for patient care
- Identify areas where pan flu patients can be cohorted. Consider critical care area as well if possible. Example, if elective surgery is discontinued can a recovery room area be used for ventilated pan flu patients?
- Identify services that can be discontinued to allow use of staff and/or the physical resources for care of ill patients
 - Assign responsibility/authority to discontinue services and reassign resources (Likely an ICS decision or ICS recommendation to another authority)
 - Determine the order in which services will be discontinued and the order in which they will be restored when able. (See Scope of Service Template)
- Identify essential services that need to be on-going.
 - Determine an alternative if the essential service cannot be maintained due to loss of key staff (i.e., transfers, locum tenans)
- Describe hospitals plan to participate in Health Department recommendations for patient placement and transfer
- Degradation of care in massive surge
 - Describe process for requesting recognition of altered standard of care
 - Hospitals plan for altering standard of care to accommodate more patients
 - Describe how changes in standard of care will be communicated, implemented and monitored.
- Role in Minimum Care Facilities
 - Has hospital been “linked” to a community Minimal Care Facility
 - Hospital role in patient referral to MCF or accepting transfer from MCF
- Staffing
 - Describe staff call back procedures for clinical staff and ICS staff
 - Identify location of staff contact information
 - Describe or reference policies or staff agreements for responding to disasters
 - Additional compensation for disaster response
 - Consequences for non-response
 - Describe any accommodations available for staff to stay extended periods of time at the hospital
 - Describe any accommodations for staff families during emergencies
 - Identify alternative staffing patterns to enhance the use of staff available.
 - Expanded shifts
 - Re-assignment of staff
 - Expanded patient-staff ratios
 - Use of volunteers or family members
 - Describe the roles that volunteers/family can fill
 - Describe the supervisory structure for volunteers/family
 - Identify critical just in time training for volunteers or re-assigned staff

- Describe procedures for emergency credentialing and privileging of supplemental staff
- Describe procedures for expansion of privileges of re-assigned staff and medical providers
- Describe how staff will receive information about changes in schedule or assignment during a disaster

Resources:

Meritcare Template Examples

- Patient Placement Plan
- Elective Cancellation Plan
- NDDoH Care Level I, II, and III
- Alternative Staffing Plan
- Family Staff Support Phase I, II, and III
- Use of Volunteer Policy
- Associate Reserve Teams
- Medical Reserve Teams

ND DoH Minimum Care Facility Concept of Operations

ND DoH Recognition of Altered Standards of Care