

# NCTTRAC

## SATURATION LEVEL BASED SURGE RESPONSE PLAN

### Emergency Department (DRAFT revision V.2012.11.29)

GREEN (Normal)	YELLOW	ORANGE	RED	Black
(Not busy/Busy)	(Very busy)	(Overcrowded)	(Severe)	(Disaster)
<ul style="list-style-type: none"> <li>Flow Coord monitors SAT LEVEL every 2 hours</li> <li><b>Flow Coord monitors EMResource</b></li> <li>ED Supr conducts shift huddles at change of shift</li> <li>Flow coordinator maintains "bed ahead" assignments for EMS and Triage</li> <li><b>Team Leaders/Resource nurse assigned to care teams</b></li> <li>WOW triage and direct to bed protocols carried out</li> <li>ACE routine hours</li> <li>ED providers conduct medical screening exams within 30 min of arrival</li> <li>ED patients discharged within 15 min of DC order</li> <li>Admission orders written by admitting physician within 30 minutes</li> <li>Patients with room assigned are transferred within 30 minutes</li> <li><b>SAT LEVEL flag in care team at appropriate surge level (all Care Teams, Triage, and Fishbowl). Supr/Shift Leader rounds to checks flags.</b></li> </ul>	<ul style="list-style-type: none"> <li>Flow Coord monitors SAT LEVEL every 2 hours</li> <li>Report "Very Busy" status to ED Supr and Admin Supr</li> </ul>	<ul style="list-style-type: none"> <li>Flow Coord monitors SAT LEVEL every 1 hour</li> <li>Report "Overcrowded" status to ED Supr, Admin Supr, and ED Mgr</li> <li>Flow Coord, ED Supr, ED Mgr and physician huddle at Flow Coord desk at onset of "OC" status and every 2-4 hours</li> <li><b>Team Leader/Resource nurse huddles with staff and physician in assigned Care Team to communicate surge plan and discuss/expedite plans for each patient's disposition.</b></li> <li><b>Supr/Shift Leader huddles with Ancillary Services (Access, Radiology, Lab, EVS, Transport)</b></li> <li><b>Supr/Shift Leader flips SAT LEVEL flag in Fishbowl and updates admitting/consulting physicians.</b></li> <li><b>Flow Coordinator monitors pending discharges and notifies Supervisor/Shift Leader of any delays</b></li> <li>Consider need for Surge Provider in Triage</li> <li><b>Supervisor/Physician review pending admissions for Call for Orders potential. Hospitalists called.</b></li> <li>Admitting physicians contacted for rapid disposition of admitted patients</li> </ul>	<ul style="list-style-type: none"> <li>Monitors SAT LEVEL every 1 hour</li> <li>Report "Severe" status to Admin Supr, Manager, and Director</li> <li>ED Director notifies CNO</li> <li>Flow Coord, ED Supr, ED Mgr/Dir (if on-site) and A-Area physician huddle at Flow Coord desk at onset of "Severe" status and every 1-2 hours</li> <li>Surge plan for next 1-2 hours communicated to ED personnel</li> <li><b>Move appropriate pending discharges to sub-waiting room.</b></li> <li><b>Consider consolidating all admissions to one care team (C or D). Reassign Providers to assist with surge.</b></li> <li>ED Materials staff check stock levels and resupply as needed</li> <li><b>Assess need for additional nursing staff and initiate call tree.</b></li> <li><b>Consider expanding vertical flow model to other care teams.</b></li> </ul>	<ul style="list-style-type: none"> <li>If ED Disaster level only and no other internal disaster, Admin Supr meets with ED Director and VP's and CNO to determine plan to decompress ED.</li> <li>For full disaster activation, ED representative reports to Hospital Command Center by foot or by phone</li> <li>If Internal Disaster called, Flow Coordinator Enters "Closed" status on EMSsystem. Updates every 2 hours while on Internal Disaster.</li> <li>Report available resources or needs to the Hospital Command Center.</li> </ul>