

Surge Capacity Plan

Staffing

Maine Prepandemic Period

- q Estimate the number of local area patients expected to be infected, those seeking outpatient care, hospitalized and dying over an eight-week period. (Data obtained from CDC website. Projections current as of 2006 for FCHN service area.)

Population Infected 9,220
Outpatient visits 4,500
Total admissions 126 (52-169)
Total Deaths 30+ (15-42)
Hospital Capacity 42% (at peak)
ICU capacity 97% (at peak)
Ventilator Capacity 132% (at peak)

- q Maintain a current contact list of essential personnel who are needed to maintain hospital operations, including but not limited to:
 - Nursing
 - Medical Staff
 - **EMS**
 - Environmental
 - **Maintenance**
 - Nutrition
 - Information services
 - Administrative
 - Clerical
 - Medical records
 - Laboratory
 - Radiology
 - Pharmacy
 - Cardiopulmonary
 - Security
- q Maintain a current contact list of non-essential positions that can be re-assigned to support critical hospital services.
 - Physical Therapy
 - Oncology
 - Mammography
 - Surgery
 - Outpatient Clinics
 - Center for Heart Health
 - Education

- Patient Accounts / Finances
 - Development
- q Departments should consider creating and/or revising contingency staffing plans for a minimum duration of eight weeks.
- q Define what would constitute a “staffing crisis” that would enable the use of emergency staffing and alternative medical care levels, and that would meet Maine State approval.
- q Determine what the *ideal* minimum staffing would be for the numbers of patients with pandemic influenza.
- Nursing (4:1)
 - CNA (6:1)
 - Medical Providers ER – 4/day
In-house – 3/day
 - Ancillary personnel EMS (2 per station per shift),
Laboratory (_____ per shift)
Radiology (_____ per shift)
Pharmacy (_____ per shift)
Security (_____ per shift)
Maintenance (_____ per shift)
Environmental (_____ per shift)
Food / Nutrition (_____ per shift)
HIM (_____ per shift)
IS (_____ per shift)
Materials Management (_____ per shift)

Establish a plan after consulting with state health department for rapidly credentialing health-care professionals during a pandemic. Including web based licensure check for physicians, physician assistants and nurses

<http://www.docboard.org/me/df/mesearch.htm>

<http://www.docboard.org/me-osteo/df/index.htm>

https://portalx.bisoex.state.me.us/pls/msbn_nlv/bnxdev.license_search.main_page

- Badging with photo ID and title of existing personnel (coordinated by HR, IS, and Security).
 - Rapid badging of new personnel
- q Determine pay-scale and have established generic contracts available the use of non-facility staff.

Maine Level II and III

(Evidence of pandemic flu in local area)

- q Obtain State approval to enact alternative staffing plans and medical care levels.
- q Enable staffing pool that has been established and maintained by HR (see *Facilities Access, Triage, and Admission Plan*).

- q Utilizing the Incident Command System, the Incident Commander will coordinate with HR, who will oversee pool of volunteers, staff, retirees, etc. to see that staffing needs are met.
- q Activate plan for rapidly credentialing healthcare professionals.
- q Increase cross-training of personnel to provide support for essential patient-care areas at times of severe staffing shortages (e.g. in ED, ICU, Med-Surg, etc.)
- q Departments to review and update their list of essential-support personnel who are needed to maintain hospital operations.
- q Review the list of non-essential positions that can be re-assigned to support critical hospital services.
- q Create a list of non-essential positions that can be placed on administrative leave to limit the number of persons in the hospital
- q Determine needs of outlying medical offices and facilities, per Incident Command System.

Bed Capacity

Maine Prepandemic Period

- q Determine threshold when to cancel elective admissions and surgery.
- q Review rapid discharge policies and procedures to expedite transfer of patients out of the hospital (see *Facility Access, Triage, and Admissions Plan*).
- q Early rapid discharge may be necessary. Coordinate with Medical Director and social services where possible.
- q Where possible, work with home healthcare agencies to arrange for at-home follow-up care of early discharged and deferred admission patients.
- q Work with hotline to arrange follow-up calls for early discharged patients.
- q Identify rooms in the hospital that could be utilized for expanded bed capacity if needed
- q Identify areas that could accept overflow capacity if needed. This plan is based on the use of the second floor Day Surgery waiting room as an overflow area, and the Bass Room as a secondary such space.
- q Obtain approval from hospital licensing agencies to expand bed capacity beyond 75.
- q Discuss with healthcare regulators whether, how, and when “Altered Standards of Care in Mass Casualty Events” will be invoked and applied to pandemic influenza (See <http://www.ahrq.gov/reasearch/altstand>).
- q Identify beds and supplies needed to accommodate extra patients.
- q Determine the total patient bed capacity at this facility. As of January 2006, it has been determined to be approximately 100 rooms.
- q Develop areas that could be used for cohorting influenza patients.
- q If there is a need, coordinate with community resources to determine if outside facilities could be used to house patients beyond what the hospital can accommodate, and what personnel and supplies would be needed.

Maine Level II and III

(Evidence of pandemic flu in local area)

- q Determine if other hospitals have capacity to take non-influenza, non-critical patients in transfer. Review on a daily basis.
- q Admitted influenza patients:
 - Initially to be located on the third floor South Wing (“Long Hall”).
 - Overflow will then be located on Day Surgery rooms, South Wing
 - Overflow then will be located on the second floor “Short Hall.”
 - Overflow will then be located on the second floor Day Surgery Waiting Room.
 - Overflow will then be located on the third floor West Wing (“Short Hall”)
 - Any further overflow will be located in waiting rooms.
- q Ventilated influenza patients:
 - Initially to be located in the ICU.
 - Overflow will be located in the Recovery Room.
 - Patients should be evaluated to determine whether they could be moved to Recovery Room to free up ICU beds.

Consumable and durable supplies

Maine Prepandemic Period

- q Evaluate the existing system for tracking medical supplies to determine if it can detect rapid consumption and to respond to growing needs
- q Stockpile enough consumable goods for duration of pandemic (6-8 weeks)
- q Determine trigger-point to order additional supplies
- q Anticipate the need for additional antibiotics to treat bacterial complications of influenza
- q Determine through consulting with the State how to access the National Strategic Stockpile during an emergency
- q Determine food supplies in the hospital – how many days worth in-house.
- q Determine trigger-point when additional supplies are needed
- q Maximize the storage capacity of fuel oil and propane gasses during this period

Maine Level II and III

(Evidence of pandemic flu in local area)

- q Alert Nutrition to stockpile certain non-perishable food goods.
- q Order additional antibiotics to treat bacterial complications of influenza.

Continuation of Essential Medical Services

- q Determine and address how essential services will be maintained for persons with chronic medical problems served by the hospital (e.g. hemodialysis, oncology, wound clinic, etc.)
- q Consider moving these services to off-site facilities to limit exposure to influenza infection (e.g. Stanley Building, Mt. Blue Building, etc.)
- q Consider re-establishing these services in-house if the Pandemic Influenza appears to be waning, as per direction of Incident Command.