Surge Plan MSJ Geriatric Psychiatry

Site Applicability:

Mount Saint Joseph Hospital

Practice Level:

Basic: All Staff

Need to Know

This protocol applies to Mount Saint Joseph's Hospital (MSJ) when MSJ is experiencing a surge of patients admitted under the geriatric psychiatry program (i.e. by a geriatric psychiatrist assuming the role of most responsible provider) which exceeds the capacity on 1S (all funded and OCP beds). During these instances up to two green space beds (unfunded beds) on 1S, and then up to four green space beds on 4 East (Acute Seniors' Medicine) can be opened. Green space beds will only be opened if there are no available census (funded) beds on 1S, 3B, 3C, 4 West (4W), or 4 East (4E). The following are the goals of the surge plan:

- Patients receive the most appropriate care available in the most appropriate location available.
- Patient flow is maximized within hospital and community.
- Patients are discharged to the appropriate destination as soon as appropriate.
- Staff understand their roles during a surge event.
- Workload is distributed among teams to ensure safe patient care.
- The use of resources is efficient.

A surge is a sudden, significant increase in patient volume when demand exceeds available resources (e.g., bed capacity). It is time limited and has an identifiable beginning and end. The application of this guideline should always consider provider continuity in an effort to increase patient and family experience and improve patient outcomes. The MSJ 1 South program surge plan will be activated when the number of patients admitted under the geriatric psychiatry service exceeds the inpatient capacity on 1 South (funded and OCP beds). Patient placement decisions will adhere to the following conditions:

1. When 1S is full including OCP beds, patients admitted to the geriatric psychiatry program may be placed into 4E funded beds as off-service patients.
2. When 1S is full including OCP beds and 4E is full including OCP beds, and there is funded capacity on 3B, 3C or 4W admitted geriatric psychiatry patients may be placed into those beds.
3. If all funded space is utilized within the hospital, two green space (unfunded) beds will be opened on 1S.
4. If the two green space beds on 1S are occupied, and there are additional patients admitted to the geriatric psychiatry service, up to 4 unfunded beds will be opened on 4E.

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Protocol

Decision making during regular hours (Monday to Friday 0800 to 1700):

When the number of patients admitted under the geriatric psychiatry service exceeds the funded capacity of 1S, the Mental Health Patient Care Manager (PCM) will:

- Consider the clinical needs of the patients.
- Consider the unit's ability to manage the additional demands.
- Consult with the unit's psychiatry leads and clinical nurse leader (CNL) to assist in facilitating discharges.
- Consider patient acuity within the ED and among admitted 'off service' patients.
- Make the community and SPH aware of the increased demand on services during the bed flow call.

In the event that patients admitted to the geriatric psychiatry service continue to exceed the funded capacity of 1 South following the above noted interventions, the CSC, the PCMs and CNLs for Medicine, Seniors' Medicine and Mental Health will discuss the placement of patients admitted to the geriatric psychiatry service at the 0945 and 1400 bed access meeting (see above for patient placement decisions). ***The decision to open green space (unfunded) beds must be approved by either the PCM or Program Director for both Mental Health and/or Medicine/Seniors' Medicine.***

Decision making during off-hours (Monday to Friday 1700 to 0800), weekends and holidays:

In the event that patients admitted to the geriatric psychiatry service exceed the capacity of 1 South, the CSC will determine if there are funded beds available in the hospital, and will contact the 1 South Charge nurse/delegate and consider transferring admitted geriatric psychiatry patients to an appropriate bed on a unit with capacity, to accommodate new admissions with acute needs requiring the services and/or secure perimeter of 1 South. (Appendix B). If funded beds are not available in the hospital, the CSC will contact the 1 South charge nurse/delegate and Leader on Call (LOC) to open the 2 green space beds on 1 South. The LOC must approve the release of green space beds. Should 1 South green space capacity then be exceeded the CSC will contact the 4 East charge nurse/delegate and the LOC to open up to 4 green space beds on 4E.

NOTE: For decision making in times of MSJ site surge, please defer to the appropriate leaders and protocols (B-00-16-10002 – Overcapacity MSJ; B-00-16-10025 - Surge Action Plan for Transfer of Admitted Patients from the Emergency Department).

Transfer Criteria:

Geriatric psychiatry patients suitable for transfer to 4E (wander guard unit) or 1S green space (locked unit) must not require telemetry, and must be medically appropriate for the assigned bed.

Steps:

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***Once the decision is made to proceed with** transferring patients Medicine/Seniors' Medicine:*

Decision making during regular hours (Monday to Friday 0800 to 1700)	**Decision making during off hours Monday to Friday 1700 to 0800, and weekends**
• Taking into account patient condition and clinical care needs, the PCM will liaise with the 1S CNL to select patients for transfer: o Firstly from 1S inpatient unit o Secondly from ED • The 1S CNL (or designate) will inform the accepting unit of pending transfer(s) • Certified patients must be transferred with security and nurse escort	• Taking into account patient condition and clinical care needs, the CSC will liaise with the 1S Charge Nurse (or designate) to select patients for transfer o Firstly from 1S inpatient unit o Secondly from ED • Contact the accepting units charge nurse (or designate) to inform the accepting unit of pending transfer(s)
Transfers to accepting unit: • The accepting unit CNL/Charge Nurse will: o Inform the team of the pending transfer(s). o Adjust the patient assignments. o Mental health patients will be assigned to an RN, RPN, or LPN as appropriate for the acuity and needs of the patient. • Once a patient is transferred, the accepting unit's regular admission process applies. • The geriatric psychiatrist will be informed of the transfer by 1S CNL/CN/delegate, and will be MRP for patient while on 4E as an off service patient.	

OR

*Once the decision is made to proceed with **opening green space on 1S or 4E:***

Decision making during regular hours (Monday to Friday 0800 to 1700)	**Decision making during off hours Monday to Friday 1700 to 0800, and weekends**
• Taking into account patient condition and clinical care needs, the PCM will liaise with the 1S/ CNL to select patients for transfer: o Firstly from 1S inpatient unit o Secondly from ED • The 1S/4E CNL (or designate) will inform the 1S/4E team of pending transfer(s)	• Taking into account patient condition and clinical care needs, the CSC will liaise with the 1S/4E Charge Nurse (or designate) to select patients for transfer o Firstly from 1S inpatient unit o Secondly from ED • Charge nurse (or designate) to call psychiatrist to assess within 24 hours
Admission to Green space on 1S/4E: • The 1S/4E CNL/Charge Nurse will: o Acquire physical beds for green space o Adjust the patient assignments accordingly o Notify the family or support person of transfer • Once a patient is admitted to green space the regular admission process applies	

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Nursing Coverage	
Medicine/Seniors' Medicine	**1S Green Space**
• If baseline staffing is not sufficient, the most appropriate additional staff (PCA, LPN, RN, RPN) may be requested abased on patient need as determined by the charge nurse, CNL or CSC.	• If baseline staffing is not sufficient 1S will increase their baseline staffing by one nurse (days and nights) and one RCA (evenings ONLY) for the duration of the time the green space beds are in use • The 1S CNL/Charge nurse will contact staffing to request additional nursing/RCA coverage and provide and estimated timeframe for required support *Each program is responsible for any costs accrued for staffing above baseline

Physician Coverage	
Medicine/Seniors' Medicine	**1S Green Space**
• Patients transferred from 1S or ED to *Medicine/Seniors' Medicine* beds will be followed by the admitting service until the patient repatriated back to their primary unit	• 1S inpatients transferred to green space will continue to be followed by their assigned psychiatrist/MRP • Patients transferred from ED will be followed by the accepting 1S MRP

Off Hour Physician Coverage	
Medicine/Seniors' Medicine	**1S Green Space**
• Patients transferred from 1S or ED to *Medicine/Seniors' Medicine* beds will be followed by the admitting service until repatriated back to their primary unit.	• 1S inpatients transferred to green space will continue to be followed by their assigned psychiatrist/MRP. • Patients transferred from ED will be followed by the on-call physician until accepted by admitting service MRP.

Social Work Coverage	
Medicine/Seniors' Medicine	**1S Green Space**
• Patients transferred from 1S or ED to *Medicine/Seniors' Medicine* beds will be followed by the assigned social worker until consultation has occurred with *Medicine/Seniors' Medicine* social worker.	• Patients admitted to green space beds on 1S will be followed by the 1S social worker.

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Documentation

- Document assessments which lead up to the patient transfer and interventions on the appropriate clinical forms
- Complete SBAR (PS 170) and fax to receiving unit prior to transfer
- Ensure transfer completed in SCM
- The sending unit provides the receiving unit with the patients complete chart, MAR, medication and personal belongings
- The sending unit will inform family of the move and will document the conversation
- The sending unit will provide verbal handovers to the appropriate disciplines of the receiving unit
    - The MRP will provide verbal handover to receiving physicians
    - The primary nurse from the sending unit will provide verbal hand over to the receiving unit nurse

Evaluation

- The use of surge beds will be evaluated in daily bed meeting.
- The post-surge priority will be to return to census AND/OR
- Repatriate off-service patients back to the primary unit/service

Related Documents

1. B-00-07-10003 - Mental Health Surge Plan Increasing Bed Capacity
2. B-00-16-10020 - Mental Health Transfer to 10C
3. B-00-16-10025 - Surge Action Plan for Transfer of Admitted Patients from the Emergency Department
4. B-00-16-10002 - Overcapacity MSJ
5. B-00-16-10006 - OCP – Admitted Patients from the ED

References

Bai, AD, Srivastava S, Tomlinson, GA*, et al.* Mortality of hospitalised internal medicine patients bedspaced to non-internal medicine inpatient units: retrospective cohort study *BMJ Qual Saf* 2018;**27:**11-20.

Critical Care Services Ontario. (2013). Ontario's Critical Care Surge Capacity Management Plan. Version 2.0. Retrieved from: https://www.criticalcareontario.ca/EN/Toolbox/Surge%20Capacity%20Planning/Ontario%20Moderate%20Surge%20Response%20Guide%20(2013).pdf

Walraven, C.; Oake, N.; Jennings, A.; and Forster, A. (2010). *The association between continuity of care and outcomes: a systematic and critical review*. Journal of Evaluation in Clinical Practice. (16) 947–956. doi:10.1111/j.1365-2753.2009.01235.x

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Definitions

Bed head: a bed location designed for patient care. In most clinical areas this will include gases, suction, nurse call systems, curtains or walls.

Funded bed head: has allocated budget with staffing budgets based on the number of these.

Green space: unfunded bed with no allocated budget - may require additional staff to operate.

OCP bed: locations identified to be used only as part of the OCP. They may be unfunded bed heads or non-equipped locations i.e. hallways, lounges.

Persons/Groups Consulted:

Program Director, SPH

Corporate Director, Acute Care

Program Director, Medicine MSJ/SPH

Clinical Nurse Leader, 1S MSJ

Patient Care Managers, 4E 1S MSJ

Patient Care Manager, Foundry/Alder

Psychiatry Department Head, SPH

Physician Program Director Elder Care Acute

Division Head Geriatric Psychiatry

Developed By:

Clinical Nurse Specialist, Acute and Tertiary Mental Health, PHC

Patient Care Manager, SPH/MSJ/Tertiary

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Appendix A – Bed Capacity

LOCATION		BEDS			
PROGRAM	UNIT	Funded	OCP	Unfunded 'green space'	Total
Psychogeriatrics	1S	16	2	2	20
Geriatrics	4E	18	2	4	24

Appendix B – Contact Information

Staff	Hours	Contact details
Clinical Site Coordinator	0700 to 1900 1900 to 0700	604-499-6935
Leader On Call	1700 to 0800	Switchboard
Patient Care Manager 1S	0800 to 1700	604-839-0655

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