Mental Health Units Surge Plan – Increasing Bed Capacity

Site Applicability: SPH Only

Mental Health Acute Inpatient Units: 8C, 9A, 2N and Psychiatry Acute Stabilization Unit (PASU)

Skill Level: Basic All Staff

Related Documents and Resources:

1. B-00-16-10014 – Mental Health Inter-Hospital Transfer to SPH – After Regular Hours
2. B-00-16-10015 –Mental Health Inter-Hospital Transfer during Regular Hours
3. B-00-16-10020 –Transfer of Patient from Mental Health Program to Urban Health Program on 10C

Clinical Indication:

This guideline applies to the acute Mental Health (MH) inpatient units when the St. Paul's Hospital (SPH) Emergency Department (ED) is experiencing a surge of mental health patients. During these instances, up to four beds can be opened in unit 8C's group space (room 8034) with the following goals:

- Reduce risks to patients associated with delayed assessments and extended stays in the ED
- Ensure that all patients are receiving the most appropriate care available in the most appropriate location available

This operational guideline supports:

- Maximized patient flow within hospital and the community
- Staff understanding of their role during a surge event
- The equitable distribution of workload amongst care providers and teams
- The most efficient use of available resources

Need to Know:

A surge is a sudden, significant increase of patient volume where demand exceeds available resources (e.g., bed capacity). It is time limited and has an identifiable beginning and end. A surge requires planning and management to facilitate appropriate and effective resource allocation.

In the application of this guideline and transfer of patients, provider continuity should be considered. Provider continuity leads to increased patient satisfaction and improved patient outcomes. It is the responsibility of the sending and receiving units' interdisciplinary teams to ensure provider continuity and/or information continuity is achieved.

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PRACTICE GUIDELINE

Decision-making during regular hours:

When the Emergency Department (ED) begins to fill with mental health patients the mental health Patient Care Manager (PCM) will:

- Consider the clinical needs of the patient(s)
- Consider the programs ability to manage the additional demands within its existing capacity
- Consult with the inpatient units' psychiatry leads and Clinical Nurse Leaders to assist in facilitating discharges
- Consider patient acuity within the ED and mental health units
- Make the community aware of the increased demand on services during the mental health daily bed flow call.

If there is an excess of MH admissions in the ED following these interventions and there are no available MH beds in the in-patient units, the MH Bed Coordinator, the Clinical Coordinator, Patient Care Manager and the Clinical Nurse Leaders (CNLs) for Mental Health and Emergency Department will discuss the opening of up to four additional beds on 8C at the 0900 h Bed Access meeting. The decision to open these beds must be approved by either the Patient Care Manager or Program Director for the Mental Health, Urban Health and Substance Use program.

Decision-making after regular hours:

The PASU charge nurse will determine if there is a surge of MH admissions in the ED and whether existing resources are available to manage the demand. If the PASU charge nurse considers the opening of the 8C beds a necessity they will contact the Leader On-Call through the main hospital switchboard to have this approved. Transfers of patients from the MH units or ABSU to the 8C surge beds must be assessed for appropriateness (see transfer criteria below). The PASU charge nurse will inform the Clinical Coordinator of transfer plans.

Transfer Criteria

Mental Health patients suitable for transfer to 8C surge beds must:

- Be behaviorally settled for a unit that does not have a seclusion room, i.e.:
  - Calm, Cooperative and able to follow direction
  - Not likely to require a seclusion room
- Be suitable for a shared room

PROTOCOL

Once the decision is made to open additional beds and transfer patient(s) to 8C

During regular hours the MH Bed Coordinator will:

- Liaise with the ABSU and acute inpatient MH CNLs to choose patient(s) for transfer:
  - Firstly from the MH inpatient units (2N, PASU, or 9A) and;

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  - Secondly from ABSU or the Emergency Department.
- Contact the 8C CNL (or designate) to inform the unit of the pending transfer(s).

After Regular hours the PASU Charge Nurse will:

- Consult the Bed Coordinator's after hours Mental Health Patent Flow plan
- Liaise with the ABSU and acute inpatient MH charge nurses to choose patient(s) for transfer:
  - Firstly from the MH inpatient units (2N, PASU, or 9A) and;
  - Secondly from ABSU or the Emergency Department.
- Contact the 8C Charge Nurse (or designate) to inform the unit of the pending transfer(s).

Admission to 8C

- Acquiring physical beds for the group space will be the responsibility of the CNL or Charge Nurse
- Staff will ensure the group space is safe and appropriate for the patient transfer(s)
- Once a patient is accepted to the 8C surge beds the regular admission process applies
- Either the sending or receiving unit will notify the patient's family or support person of the patient's transfer
- For after-hours/weekend transfers the nursing team will call the stream-2 psychiatry team to assess patient within 24 hours of transfer.

Coverage

Nursing Coverage:

- 8C will increase their baseline nursing staff by one nurse for the duration of the time the surge beds are in use
- The 8C CNL or charge nurse will contact staffing to request the additional nursing coverage and provide a timeframe the additional support will be required

Psychiatrist Coverage:

- Patients who are transferred from 2N or 9A to the 8C surge beds will continue to be followed by their assigned psychiatrist. If this is not possible, the sending unit's psychiatrist will liaise directly with an 8C psychiatrist and provide a verbal or written handover of care.
- Patients transferred from ED, ABSU or PASU to 8C surge bed will be followed by the PASU psychiatrist team.

Social Work Coverage:

- Patients who are transferred to 8C during a surge will be followed by the 8C Social Worker if they are transferred from 2N, PASU or ABSU. Patients transferred from 9A will continue to be followed by the 9A social worker. Additional support will be provided by the Mental Health float social worker as needed.

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Occupational Therapist Coverage:

- Patients who are transferred to 8C during a surge from the inpatient units 2N or 9A with imminent discharge plans will be followed by the sending units Occupational Therapist. All other cases will be followed by the 8C OT.

Evaluation

- The ongoing use of the 8C surge beds will be evaluated daily with the goal to discontinue their use as soon as possible

Documentation and Information Transfer:

- Document assessments which lead up to the patient transfer and interventions on the appropriate clinical forms
- Complete SBAR and fax to receiving unit prior to transfer
- Ensure transfer completed in SCM
- The sending unit provides the receiving unit the patient's complete chart, MAR, patients medications and personal belongings
- The sending unit will provide verbal hand overs to the appropriate disciplines of the receiving unit
    - The MRP will provide verbal hand over to receiving psychiatrists
    - The primary nurse from sending unit will provide verbal hand over to receiving unit nurse

References:

1. 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
2. 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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