Procedure Title:	QEII Emergency Department Overcapacity Response		
Applies To:	Nova Scotia Health Team Members Nova Scotia Health Physicians Nova Scotia Health Leadership and Management Emergency Health Services		
Location Applicability:	Queen Elizabeth II Health Sciences Centre (QEII) Emergency Department		
Approved: August 19, 2022	**Effective:** August 22, 2022	**Next Review:** August 19, 2026	
Sponsor:	Senior Director, C3 Operations		
Approval Authority:	Senior Director, C3 Operations		
Number: AD-C3-010		**Manual:** Administrative	

PURPOSE

This procedure outlines the roles and responsibilities for the Emergency Department, inpatient unit, and Access & Flow Team Members during states of overcrowding or severe overcrowding. The level of overcrowding is determined by changes in admissions, consults, patients awaiting disposition, and the number of ambulances holding in the Emergency Department, awaiting transfer of accountability for their patients, greater than 30 minutes.

Note: during states of Severe Overcrowding, outlined actions are to be completed in addition to all actions from Overcrowding.

PRINCIPLES:

Patient Centred Care: Nova Scotia Health facilities may experience different levels of overcrowding in their Emergency Departments. This procedure, by outlining the roles and responsibilities for the Team Members involved, will result in patients receiving the care they require faster. Quick and timely action by Team Members will also ensure a more efficient use of limited health care resources.

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

PROCEDURE

Triggers:

	Overcrowded	Severely Overcrowded
Admissions, Consults, Patients Awaiting Disposition, and number of ambulances holding greater than 30 minutes	28	35

QEII Emergency Department (ED)- Clinical Staff

Overcrowded	Severely Overcrowded
Operations & Resourcing ○ Convert non-traditional care spaces to care areas (e.g., waiting benches) to create additional patient capacity ○ Utilize research beds, depending on Team Members capability and availability ○ Assign Team Members to convert low acuity areas to high acuity areas (e.g., Pod 5) ○ Ensure a resuscitation/trauma bed is always available **Admissions & Transfers** ○ Charge Nurse to oversee that any patients assigned to an available bed have been transported to an inpatient unit within 30 minutes ○ Charge Nurse collaborates with Charge Physician to accept patient transfers into ED ○ Relocate admitted patients or patients nearing the end of their ED stay to other	**Operations & Resourcing** ○ Assign a physician to oversee the newly created non-traditional care areas and to begin patient care **Hallway Patients & Rescue Beds** *(Refer to Appendix A)* ○ Identify appropriate patients to be moved to the hallway or to 4.2 Rescue Beds in collaboration with Patient Flow Manager ○ All patients assigned to available beds and patients identified as appropriate for the hallway must be transferred from the ED quickly ● As patients are moved to inpatient units, another patient waiting for an available bed is moved to the hallway from the ED (i.e., one patient should be waiting in the hallway at a time)

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

areas and open additional beds for new patients ○ Notify Patient Flow Manager of EHS transfer delays **Communications** ○ Communicate to EHS Supervisor that ED is overcrowded and there is decreased ability to offload ambulances within 30 minutes	**Communications** ○ Charge Nurse must notify Charge Physician and Patient Flow Manager when overcrowded triggers are met ○ Charge Physician must notify all Physicians when triggers are met and that consults and dispositions need to be prioritized in the Emergency Department ○ ED Clerk must notify Porter Services Team Lead and Housekeeping Team Lead to immediately begin providing additional support to the ED for patient transfers and bed cleaning

QEII Inpatient Units

Overcrowded	Severely Overcrowded
Hallway Patients & Rescue Beds *(Refer to Appendix A)* ○ Identify appropriate patients who can move to the hallway in the case of severe overcrowding ○ Report identified patients during bed rounds **Admissions & Transfers** ○ Receive admitted patients from ED within 30 minutes of bed made ready and/or transfer report being received on unit **Discharges** ○ Ensure all known discharges have required paperwork completed by early morning and arrange discharge by midday, when possible	**Hallway Patients & Rescue Beds** *(Refer to Appendix A)* ○ Accept admitted patients to 4.2 Rescue Beds when requested by C3 ○ Accept patients who have been admitted but their assigned bed is not ready (one per unit) ● Units must move patients ready for discharge to the hallway, regardless of the time of day ○ Even if the unit does not have a confirmed discharge, a hallway patient could be assigned and then transferred to another unit once a bed is available **Note on Hallway Patients:** ○ Patients must have a way to alert Team Members to a need (e.g., a small bell to ring)

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

○ Notify Health Service Manager or Patient Flow Manager of barriers or delays in discharges **EHS Communications** ○ Communicate any EHS delays to Patient Flow Manager	○ Patients must have a toileting space identified • Spaces for toileting, care, and medical conversations for patients must be private **Admissions & Transfers** ○ If more than 30 minutes have passed since the unit received notice of ready bed/transfer report, then unit should page Porter Services to begin transfer of patient from ED to unit ● Notify ED that Porter Services has been called

QEII Access & Flow Staff

Overcrowded	Severely Overcrowded
Hallway Patients & Rescue Beds ○ Identify ED patients appropriate for 4.2 Rescue Beds and unit hallways **Communications** ○ Coordinate with EHS regarding strategies to improve ambulance offloading times ○ Collaborate with EHS about transfer delays to ensure QEII ED is prioritized	**Hallway Patients & Rescue Beds** ○ Assign appropriate ED patients to 4.2 Rescue Beds and hallways (one per unit), in collaboration with QEII ED Clinical Lead **Communications** ○ Patient Flow Manager or Delegate to communicate with units about the use of hallways and 4.2 Rescue Beds ○ Patient Flow Manager confirms and notifies the Director of Flow during normal operating hours or Management On-Call after hours that triggers have been met ● An email is sent to the Occupational Health CZ Manager with which units are accepting hallway patients

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

RELATED DOCUMENTS

Policies

QEII Surge - Procedure - NSHA AD-C3-005

CH 07-060 Transfer of Patient's Information

Abbreviations and Acronyms – Procedure - AD-C3-001

Appendices

Appendix A: Hallway Process

* * *

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

APPENDIX A: Hallway Process

Hallway Process

- Once the Patient Flow Manager (PFM) or the ED Clinical Lead has identified that the overcapacity triggers have been met, PFM will activate the Overcapacity Response Plan, including the need for hallway patients
- ED Clinical Lead to collaborate with PFM and identify which patients are appropriate for the hallway
- PFM or Unit Charge Nurses must be aware of potential discharges for the next 12 hours
- Patients will be assigned to hallways in the units that have confirmed discharges or if a bed on another unit can be identified by the end of day
- There is a maximum of one hallway patient per unit
- PFM will contact inpatient Charge Nurses and let them know if patients will be arriving in hallway
- If Charge Nurses have concerns, Team Members can go to their Health Service Manager during normal business hours or PFM during off hours
- PFM will assign identified patients to units
- If a unit will be receiving a patient, TOAs/orders will be faxed to the accepting units within 30 minutes
- If the ED Clinical Lead is unable to find enough appropriate patients for the hallways, the PFM will contact the unit Charge Nurses and work with them to identify patients to move to the hallway or other areas

General Exclusion Criteria for Hallway:

- Any patients that are currently on telemetry or might require telemetry
- Any patients that have an infection control issue and/or require a private room
- Droplet/contact can be considered for overflow
- Patients with behavioral issues (e.g., yelling / wandering)
- Patients that are considered unstable by the healthcare team

Note: If ED is unable to identify enough patients to transfer to hallways, the inpatient unit should pull a confirmed discharged patient or another patient appropriate for hallway into the hall.

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	2022-08-22	Senior Director, C3 Operations	N/A

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.