

HOSPITAL CENSUS ALERT 1/ALERT 2 SYSTEM

For Use During Extended High Volume Census Periods

Endorsed by Alameda and Contra Costa hospitals, county health departments, EMS Agencies and representatives of key medical groups, clinics, health plans and ambulance providers October 9, 1998.

Introduction

As a result of the 1997-98 winter flu season which exceeded all volume projections throughout the state and beyond, the East Bay hospitals, county health departments and EMS Agencies have developed an Alert System for use in future winter flu seasons or any period with sustained, extraordinarily high patient volume.

The intent of this Alert System is to articulate what hospitals and other stakeholders in the health care delivery system do as the patient volume increases and is then sustained for extended periods. By having a common terminology, it is our hope that the various providers will be able to communicate more effectively with each other, as well as with the public, concerning the extraordinary patient volume and the ways in which the public and providers can support an effective EMS and health care delivery system.

Alert 1/Alert 2 Triggers

Each hospital will have unique indicators, which trigger its implementation of Alert 1 and Alert 2 responses. Factors which hospitals consider include the following:

- Emergency Department volume
- Available staff, e.g., physician, nurse, technical and support staff
- Available beds (e.g., medical/surgical beds, monitored beds, critical care beds, level 3 neonatal intensive care unit beds)
- Equipment (ventilators, incubators, telemetry monitors, beds and wheelchairs)
- Number of employees who call in sick at the same time in critical patient care areas
- Current and anticipated surgery schedule

During the course of the year, hospitals go on Alert 1 and Alert 2 status for brief periods of time. It is not unusual for these Alerts to last for a few hours or several shifts. It is when the hospital is at a Alert 1 or Alert 2 status for a sustained period of time, e.g., several weeks, that it begins to compromise the responsiveness of the entire local health care system. If, as was the case in the 1997-98 winter season, a number of hospitals are at Alert 1 or Alert 2 status at the same time, the ability of neighboring hospitals to help with overflow is impaired.

Extraordinary Volume Hospital Planning Process

The following describes some of the key issues hospitals address in their flu season planning which begins in the summer:

- Analyze Emergency Department volume by hour of day and day of the week to plan physician/nurse, tech, and clerical staffing
- Project winter volume based on the increase from summer to winter volume (likely focus on the p.m. shift that sees most of the emergency department volume)
- Based on volume projections, calculate Emergency Department gurney turnover rate needed and available staff, inpatient beds, monitored beds, critical care beds
- Plan for alternate areas of the hospital to place the patient, e.g., post anesthesia care unit, short stay unit, cath lab, endoscopy unit, observation area, discharge lounge, admissions lounge
- Stock up on supplies and equipment for projected volume
- Plan staffing for emergency department, inpatient units as well as support departments such as pharmacy, cardiopulmonary, respiratory therapy, case management, housekeeping, laboratory, transport, radiologists, medical records, etc.
- Notify medical staff, hospital departments, key medical groups, etc., of the anticipated volume and planned space utilization so that they, in turn, can plan for their specific space, staff and equipment needs
- Plan for systems to expedite the handling of 5150 patients
- Plan staffing of hospitalists, if available
- Evaluate staffing options to be implemented as needed including RN, physician, and support departments
- Consult with unions regarding potential staffing options as appropriate
- Evaluate recruitment, retention and incentive plans
- Hire new graduate nurses
- Provide update on plans for individual physicians and their office staff so that the office staff can anticipate the hospital needs and revised policies and practices

Alert 1 and Alert 2 Responses

The following are examples of the actions that hospitals and other providers take in response to high volume periods. Not all responses listed will be applicable for every hospital. Physical capacity and layout, as well as types of staff available, influence actual responses. These responses, however, are representative of the concerted effort all hospitals and others make to respond to patient volume increases. Many of the responses cross more than one Alert level. The intensity and sense of urgency for each response increases as the Alert level increases.

Hospital Responses	Normal Operations	Alert 1	Alert 2
Add additional triage nurses	✓		
Call in additional staff	✓		
Realign staff assignments	✓		

Hospital Responses	Normal Operations	Alert 1	Alert 2
Use hospitalists if available	✓		
Stock up on supplies and equipment	✓		
Offer patient or family ride home at discharge by taxi if they are having problems with transportation	✓		
Track obstacles to smooth patient flow	✓		
Expedite admissions/discharge/transfer of patients with the critical care and step down unit medical directors, case managers, and charge nurses	✓	✓	
Patients are not held in the emergency department for private physicians to see the patient prior to admission	✓	✓	
Emphasize triage, stabilize and admit with some of the testing being completed for the patient after they have been admitted	✓	✓	
Share info on hospital volume with neighboring hospitals alerting them to potential requests for transfer or assistance	✓	✓	
Enforce bed priority policies	✓	✓	
Conduct meetings with nursing unit, directors and supervisors, discharge planning, and staffing office in the morning and early afternoon to plan for staff, triage, surgery schedules, etc.	✓	✓	✓
Initiate STAT team to prepare and turnover beds more quickly	✓	✓	✓
Implement a notification system for the emergency physicians so that they can be called in early if needed before their regularly scheduled shifts	✓	✓	✓
Create or open additional areas for patients such as observation areas, discharge lounges, admitting lounges and other overflow areas		✓	✓
Alert staff and medical staff of tightening bed condition through signage, email, broadcast fax for physicians who use hospital less frequently, etc.		✓	✓
Notify hospital departments of Alert status so that emergency department and other patient care and patient support departments can implement their flexible staffing systems		✓	✓
Work with medical staff and medical groups to extend office hours and on-call system		✓	✓
Implement available staffing options <ul style="list-style-type: none"> • Per diem staff • Enforce weekend availability • 12-hour shifts on weekends • Traveling nurses/guaranteed registry hours • Cross train • Mandatory overtime • Cancel vacations • Deny time off requests • Recall staff 		✓	✓

Hospital Responses	Normal Operations	Alert 1	Alert 2
Notify DHS to request program flexibility as needed		✓	✓
Expand hours of other departments such as pharmacy, cardio-pulmonary, respiratory therapy, case management, house-keeping, lab, transportation, radiologists, medical records, etc.		✓	✓
Determine, on a case by case basis, whether direct admits will be held in the physician office, the emergency department, or at home		✓	✓
Expand emergency department and hospitalist physician hours		✓	✓
Implement employee incentives for working extra hours, e.g. food, cappuccino cart, gift certificates, etc.			✓
Open closed/suspended licensed beds; use trailer for physician sleeping rooms as needed			✓
Use non-nursing staff from other departments to assist in patient care areas with non-nursing tasks			✓
Use tent/trailer for storage to free up patient care areas			✓
Emergency department diversion			✓
Implement hospital disaster plan			✓
Request medical mutual aid through the county			✓
Start admission process in identified holding area to decompress Emergency Department			✓
Reschedule procedures and surgeries, e.g., hernia repair, hip replacement, etc.			✓

Other Stakeholder Responses	Normal Operations	Alert 1	Alert 2
County			
Utilize public health nurses for prevention and treatment, e.g., flu shots prevention, home visits	✓		
Develop and distribute consolidated schedule/contact list for flu shots (hospitals and physicians to assist in distribution)	✓		
Increase County clinic hours		✓	✓
Health Plans			
Communication to members regarding: prevention, how to use advice nurse and available phone numbers, appropriate use of 911, appropriate use of ambulance	✓		
Assist/reimburse alternate transportation at discharge to free up bed for waiting patient	✓	✓	✓

Other Stakeholder Responses	Normal Operations	Alert 1	Alert 2
Health Plans (continued)			
Encourage/incenivize physicians to see patients during off-hours or expand office hours during extended high volume periods.	✓	✓	✓
Provide 24-hour advice nurse services; develop the capacity for advice nurses to schedule patients with physicians directly.	✓	✓	✓
Review advice nurse protocols to add flexibility and more alternatives to the emergency department		✓	✓
Physicians/Medical Groups/Community Clinics			
Assist hospitals in reviewing patient status for admission/discharge or transfer from critical care and step-down units	✓	✓	✓
Distribute flu season prevention information to patients and staff	✓	✓	✓
Expand office/call hours to minimize referrals of non-urgent patients to the emergency department		✓	✓
Ambulance Providers			
Increase ambulance capacity for inter-facility transfers and 911 calls		✓	✓