

	Kaiser Roseville Draft	Hospital Template Draft
Level I Surge Definition:	“may or may not require waivers for normal patient care services”	“not requiring waivers for normal patient care services”
Level I Surge Definition:	<p>This is up to Level III (RED) in accordance with <b>HIGH CENSUS / CAPACITY DEMANDS - "OVER CROWDING" KAISER PERMANENTE – North Valley Service Area Administrative Policy Manual</b></p> <p><a href="http://www.kaisersac.com/admin-pp/polman/High_Census.htm">http://www.kaisersac.com/admin-pp/polman/High_Census.htm</a></p> <p><b>Level III (RED)- Capacity Exceeded - Internal Disaster</b>  Definition: Level III capacity emergency when a combination of the following exists: 1) all licensed inpatient beds are assigned and committed to patients, 2) the emergency department continues to hold inpatients (greater than 8 Med Surg an/or greater than 3 ICU), 3) PACU and 23 Hour OBS Unit are full, 4) ED patients triaged and roomed is greater than 160%, 5) holding beyond the 30/60/90 metrics, and 6) ED on diversion greater than 2 hours.</p>	
Level II Surge Definition	<p>“Level II Surge” means a surge in patients exceeding the Level III (RED) High Censur/Capacity Demands Policy limits. This level surge will require hospital standards of care to be recalibrated using alternate care protocols requiring local facility to declare a medical disaster and notify local and state Public Health Departments. Hospital will set up alternative patient care within there properties up to level III Surge.</p>	<p>means a surge in patients affecting all local medical providers, requiring regularly scheduled planning sessions or conference calls in order to strategize, coordinate, collaborate, and communicate among all community medical/health providers, EMS agency, Public Health, Fire, and OES representatives.</p>
Sacramento County Operational Area	<p>The operational area is the intermediate level of the state emergency services organization consisting of a county and all political subdivisions within the county geographic area. With that in mind, the primary stakeholders in this MOU are the 9 hospitals and emergency departments within the Sacramento County Operational area, in coordination with representatives from other healthcare facilities, public safety, public health, and emergency management who meet to plan, train, and exercise together in order to best assure a coordinated timely and effective response to a disaster.</p>	

<b>Public Health Department Operations Center (PH DOC)</b>		means the center established by the Placer County Health and Human Services Department for coordination of medical and health operations during a disaster or state of emergency.
<b>Surge Capacity and Rationale:</b>	(see document)	
Level I Surge Triggers	Working above Orange Category Census in the ED and Inpatient Service Areas.	(1) >30 minute delay in Emergency Department triage; or (2) >30 minute delay in Ambulance turn-around times at ED; or (3) Determination by the House Supervisor and on-call Administrator that Level I is necessary.
Level I Activation	a. House Supervisor shall provide oversight of ED and Inpatient Census levels and assess the situation to determine if Level II Surge may be required based on License beds capacity being exceeded. b. Notify the Nurse Administrator on-call.	(1) ED staff shall immediately notify the House Supervisor when any of the above triggers have been met. (2) The House Supervisor shall assume the role of Incident Commander and notify the Nurse Administrator on-call of the Level I Surge.
Level I: Determine Size and Scope	a. The House Supervisor shall work with the Nurse Administrator on-call to complete a high level assessment of the potential operational impact on the facility and determine the need to activate the Hospital Command Center (HCC).	(1) The House Supervisor shall work with the Nurse Administrator on-call to complete a high level assessment of the potential operational impact on the facility and determine the need to activate the HCC.  (2) House Supervisor or designee shall determine the risk and need for a facility-wide lockdown and work in collaboration with Plant Operations to ensure immediate actions to implement the lockdown.  (3) The House Supervisor shall conduct regularly schedule meetings with ED and Inpatient Managers to address patient throughput issues and assess needs.

Level I: Internal Alert	None	(1) The House Supervisor or designee shall contact the Switchboard Operator, providing any pertinent information about the announcement to be made. (2) The Switchboard Operator will announce THREE TIMES over the public address system: (Note: If a Drill, please identify as a “Drill.”) “ATTENTION PLEASE. CODE TRIAGE: LEVEL I.”
Level I: e. Staffing		(1) The House Supervisor shall immediately assign available staff to support the Emergency Department (2) Consider activation of staff call-back (3) Consider implementation of staffing ratio flex
Level I: Bed Capacity		(Level I Diagram) (1) Available gurneys shall be brought to the Emergency Department by the Lift Tech or designee.
Level I: Communicate ED/Hospital Status		(1) ED staff shall update EMS system with current hospital/ED status, and keep updated as status /resources change (at least every hour). (2) ED staff or the House Supervisor shall contact neighboring hospitals to assess levels of saturation and communicate the current hospital status. (3) ED staff shall notify Ambulance Dispatch of the Level I Surge. (4) Nurse Administrator shall notify the Administrator on-call of the Level I Activation.
Level I: Accelerate Discharge		The House Supervisor, in collaboration with managers of inpatient units, shall identify patients who can potentially be discharged and make the appropriate discharge arrangements with the attending physician and other applicable patient care service providers.
Level II: Triggers	a. Exceeded Red Category Census. b. Administrator on-call determines that Level II surge is required in order for the Hospital to continue providing Patient Care Services in either the ED or Inpatient Setting, or both. c. Facility has exceeded its licensed bed capacity.	(1) Determination by the Administrator on-call that multi-agency or multi-county coordination is necessary to mitigate the impact on the facility, with possible need for activation of Alternate Care Site(s) (2) Facility has exceeded its licensed bed capacity.

<p>Level II: Activation</p>	<p>a. Only the Incident Commander or Nurse Administrator on-call are authorized to activate Level II Surge.</p> <p>b. House Supervisor shall work with Administrator on-call to determine if patients can be transferred to other Kaiser Facilities or hospitals in our region before a Level II surge emergency is initiated.</p> <p>c. Notify Placer County Medical Health Operational Area Coordinator (MHOAC).</p> <p>(i) Share information with MHOAC and await determination if Medical Declaration will be issued for the Hospital.</p> <p>(ii) Placer County MHOAC: 916.625-1717, or cell at 530.308.0913.</p> <p>(iii) Attempt to flex above surge level I without declaring a level II surge first. If only flexing is necessary that does not require emergency declaration, then submit a Temporary Permission for Increased Patient accommodations to the state.</p> <p>1. DHS L&amp;C Temporary Permission for Increased Patient Accommodations Request Worksheet. (See page 14 for form and contact information).</p> <p>d. If Sacramento County Public Health issues a Medical Disaster for the Hospital, then proceed to activate necessary elements of the Surge Plan.</p>	<p>(1) Only the Incident Commander or Nurse Administrator on-call are authorized to activate Level II Surge.</p> <p>(2) The Incident Commander shall activate the HCC, and notify the MHOAC.</p> <p>(3) The Incident Commander or Safety Officer shall determine the risk and need for a facility-wide lockdown and work in collaboration with security (or their designee) to ensure immediate actions to implement the lockdown.</p>
<p>Level II: Determine Size and Scope</p>	<p>The <u>Incident Commander</u> shall develop an Incident Action Plan, and assign HICS positions.</p>	<p>The Incident Commander shall develop an Incident Action Plan, assign HICS positions and activate staff call-back as necessary.</p>
<p>Level II: Patient Tracking</p>	<p>During Surge Incidents-patient tracking will be in accordance with: KAISER PERMANENTE – North Valley Service Area, Admitting Department Policy Manual, Emergency Management Surge Patient Tracking Policy.</p>	

Level II: Internal Alert		<p>(1) The Incident Commander or designee shall contact the Switchboard Operator, providing any pertinent information about the announcement to be made.</p> <p>(2) Switchboard Operator will announce THREE TIMES over the public address system: (Note: If a Drill, please identify as a “Drill.”) “ATTENTION PLEASE. CODE TRIAGE: LEVEL II.”</p> <p>(3) Switchboard Operator will contact other departments which do not have overhead paging available – see list located in area.</p>
Level II: Staffing		<p>(1) Conduct staff call-back of available personnel as requested by the Incident Commander.</p> <p>(2) Implement staffing ratio flex plan to meet the needs of the patient population.</p>
Level II: Bed Capacity		<p>(1) Cancel Elective, Routine, or Non-Essential Surgery</p> <p>(2) The Operations Chief shall work in collaboration with Surgery and other assigned departments to assess the needs for cancellation of non-essential elective surgical or interventional services</p> <p>(3) If services are to be delayed or canceled, the managers or designee for the applicable service area shall be responsible to notify the particular physicians those patients being impacted by the change.</p> <p>(4) Expand Inpatient Bed Capacity</p> <p>(5) Consider deployment of Surge Tent (alternate triage point, families, etc.)</p> <p>(6) Consider referral of Minor patients to outpatient clinics.</p> <p>(7) Consider utilization of SNFs and other LTC facilities</p> <p>(8) Participate in Operational Area/PH DOC Planning Sessions</p>

<p>Level II: Communicate Status</p>		<p>(1) ED staff shall update EMS System with current hospital/ED status, and keep updated as status /resources change (at least every hour).  (2) ED staff or the House Supervisor shall contact neighboring hospitals to assess levels of saturation and communicate the current hospital status.  (3) ED staff shall notify the Control Facility of current status.  (4) Nurse Administrator shall notify the Administrator on-call of the Level II Activation.</p>
<p>Level II: Communicate Resource Needs</p>		<p>The Incident Commander (or designee) shall work in collaboration with the MHOAC (or PH DOC if activated) to ensure that adequate resource needs are being assessed on an ongoing basis and necessary resources acquired to address the needs.</p>
<p>Level III: Triggers</p>	<p>a. Determination by the Incident Commander that the hospital has reached max surge levels and is unable to meet the medical needs of the public.</p>	<p>(1) Determination by the Incident Commander that the hospital is unable to meet the medical needs of the public without intervention or mitigation of regional or state resources.</p>
<p>Level III: Activation</p>	<p>a. Contact Public Health Officer or designee and inform them of the situation.  b. Hospital may be required to send an Incident Management Team to the County to plan for the activation of external Alternative Care Sites within Sacramento County.  c. Incident Management Team Requirements:  (i) Incident Commander (Administrator)  (ii) Medical Branch Leader (Patient Care Services Director or designee)  (iii) Infrastructure Branch Leader (Facility Director or designee)  (iv) Logistics Branch Leader (Materials Management Manager or designee)  (v) Security Branch Leader (Security)</p>	<p>(1) Only the Public Health Officer or designee is authorized to activate Level III Surge.  (2) The HCC shall be fully activated.</p>
<p>Level III: Determine Size and Scope</p>		<p>The Incident Commander shall complete a high level assessment of the potential operational impact on the facility.</p>

Level III: Internal Alert		<p>(1) The Incident Commander or designee shall contact the Switchboard Operator, providing any pertinent information about the announcement to be made.</p> <p>(2) Switchboard Operator will announce THREE TIMES over the public address system: (Note: If a Drill, please identify as a “Drill.”) “ATTENTION PLEASE. CODE TRIAGE: LEVEL III.”</p> <p>(3) Switchboard Operator will contact other departments which do not have overhead paging available – see list located in area.</p> <p>(4) Switchboard Operator will contact associated clinics, if open, informing them of the Level III Surge.</p>
Level III: Staffing		(1) Implement staffing ratio increase in order to meet the needs of the patient population.
Level III: Bed Capacity		<p>(1) Deployment of Surge Tent (alternate triage point, families, etc.)</p> <p>(2) Consider Establishing External Triage</p> <p>(3) Consider redirecting Minor patients to outpatient sites (e.g. clinics, surge tents, alternate care sites).</p>
Level III: Communicate Status		ED staff shall update EMS system with current hospital/ED status, and keep updated as status /resources change (at least every hour or as directed by the Control Facility).
Level III: Communicate Resource Needs		The Incident Commander (or designee) shall work in collaboration with the MHOAC to ensure that adequate resource needs are being assessed on an ongoing basis and necessary resources acquired to address the needs.
Level III: Participate in Operational Area/ Regional Planning Sessions.		<p>(1) Coordinate any public information with the county EOC and MHOAC.</p> <p>(2) Consider implementing disaster hotline for the public (e.g. triage, nurse call line).</p>
Level IV:	None	(see document)
Planning Factors for Alternate Care Areas	(see document)	
Patient Decon Capacity	(see document)	

Appendices:	<ul style="list-style-type: none"><li>- DHS Increased Patient Accommodation Worksheet</li><li>- MHOAC Request Form</li><li>- Placer Healthcare MOU</li><li>- Emergency Inventory</li><li>- Surge Inpatient Floor Plans</li></ul>	<ul style="list-style-type: none"><li>- DHS Increased Patient Accommodation Worksheet</li></ul>
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