

# Seasonal Operational Surge

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# Code D: High Patient Census

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### **Situation:**

High patient census related to influenza.

### **Background:**

Number of holdings in the EDs are 65. The hospital is at 1372 with no available beds at this time.

### **Assessment:**

Incident Command requesting a Code D Brief call to evaluate patient surge situation in the Emergency Department. Need to launch Code D and stand-up Hospital Incident Command. All employees emailed regarding situation.

### **Recommendation:**

- Pediatric ED to take patients up to age 25
- Verdi 4 North and Verdi 3 West move from singles to doubles and Main 6 would increase by 4 beds, 6-7 would increase by 2 beds, and 10-7 would be used as overflow if necessary.
- NP 4 conference room could transition into a patient care unit if necessary

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The following assignments were given:

- Infrastructure and logistics to outfit NP4 and check gases in rooms that are moving from single to double.
- Capacity Coordination Center coordinate with Pharmacy for Code Cart, Pyxis, and any emergency medication
- Staffing Resource unit leader secure staffing for the units that are expanding and for NP4
- Bed Management found an additional 2-3 beds at Nursing Home attached to SRC and review disaster surge beds
- ED pulling in extra staff.

# Room selection criteria (Alternate Care Site)

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- BR or proximity to BR
- How many patient spaces (sq. footage needs)
- Ability to create privacy
- Space for visitors
- Adequate space for staff circulation
- Life safety (fire, etc.)



# NP 4 Alternate Care Site

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## Infrastructure Assessment Needs

- ITS
- Telecomm
- Electrical
- Gases
- Water and plumbing
- Suction
- Infection control (HVAC & Flooring/Surfaces)
- EVS
- Food & Nutrition
- Patient Transport

# NP 4 Alternate Care Site

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## Patient Care Assessment Needs

- Pharmacy
- Supplies
- Beds
- Equipment
- Linens



# Other Considerations

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- Notification of regulatory agencies, i.e. DPH
- Communication to staff, patients, and visitors
- Patient Relations & service recovery
- Familiarizing staff with area before receiving patients
- Designating leadership for area

# Lessons Learned

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- Separate seasonal surge from disaster surge
  - Developing surge triggers
  - Disaster surge
- Develop consistent processes for communication to staff, patients, and visitors
- Determine alternate care sites (including state mobile hospital deployment)



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Questions?