Surge Capacity: Influx of Residents or Catastrophic Surge?

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CMS February 2014 LTC Emergency Preparedness Checklist

+ Shelter-in-Place:
  + “Description of hosting procedures, with details ensuring 24-hour operations for minimum of 7 days” (open for interpretation)

+ Collaborate with Suppliers/Providers
  + “…providers who have been identified as part of a community emergency plan or agreement with the health care facility, to receive and care for individuals. A surge capability assessment should be included in the development of the emergency plan.”
Why are we here?

- **Internal Surge**
  - Horizontal – Fire, Infrastructure Damage
  - Secondary Purpose: Staff Sleeping

- **External Surge**
  - Long-term Care Evacuations
  - Secondary Purpose: Community Events (e.g., sheltering request – not applicable in many areas)

**Internal Surge**

New York City

Associated Press/Tina Fineberg
Influx of Residents / Surge Plan Algorithm

Number of arriving residents exceeds open beds?

Yes
- Assign arriving residents to any open beds
- Identify Surge Area options and utilize the Surge Location Worksheet
- Set up Surge Areas
- Set up work stations and storage for medications & medical records
- Designate toilet & wash facilities
- Procure Supplies as needed
- Monitor egress & life safety

No
- Assign arriving residents to open beds
- Develop new charts as necessary
- Establish a Triage Location: Track arriving residents, medication, charts, & equipment
- Utilize staff from the evacuation facility with proper identification
- Confirm receipt of residents with the sending facility
- Maintain Communication with key stakeholders:
  - State Survey Agency (DPH)
  - Local Office of Emergency Management
  - Local Fire & EMS agencies
  - Facility Ombudsman
- Review Census/ Determine Bed Availability
- Review staffing needs & call in additional staff as needed
- Review internal supplies & obtain additional supplies as needed
- Establish Incident Command

Notify:
- Administrator/Leadership on call
- Department Heads & Medical Director
- State and local authorities as required

Influx of Residents / Surge Plan Algorithm

Contacted to Receive Residents

Notify:
- Administrator/Leadership on call
- Department Heads & Medical Director
- State and local authorities as required
Options for Increasing Capacity

- Vacant licensed beds
- Transform non-sleeping areas into temporary shelter areas
  - Areas served with emergency power for residents with critical electric medical equipment
- Expand resident room capacity

Surge Area Options

Surge Area
- Pre-set areas to surge above licensed beds or “shelter” residents
  - Activity Rooms
  - Lounges
  - Dining Rooms (outside of main dining area)
  - Auditoriums
  - Meeting Rooms
  - Resident Rooms (ability to expand)
  - Rehab / Therapy Rooms (lower on list!!!)
- Pre-set area layout
  - See floorplan (next page)
Room Expansion

Rule of thumb:
+ 13’ room depth – expand to 2nd bed
+ Factor: Bathroom door and how it affects the room
+ 19’ room depth – expand to 3rd bed

Unit / Area Surge Report

Surge Capacity
+ Fill Unoccupied Beds (option)
+ 0-2 Hours
  + No additional resources – maximum capacity without additional equipment or staff support
+ 2-4 Hours
  + Staff callbacks and existing vendor support
+ Extended Surge
  + Outside resources: Other facilities providing resources
Planning Tool / Command Center

- A Preparedness and Response Tool
- All Clinical Units and Areas (Aggregate)
- Ability to Set-up Area
- Priority
- Staffing / Resources & Assets

<table>
<thead>
<tr>
<th>Surge Area Building / Floor / Wing</th>
<th>Ability to Set-up</th>
<th>Surge Priority</th>
<th>Total Additional Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mount Vernon Dining/Activity Room 1st Floor</td>
<td>1 High</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Assisted Living Unit (currently closed) 60 beds</td>
<td>3 Medium</td>
<td>60</td>
<td></td>
</tr>
</tbody>
</table>
## Planning Tool

<table>
<thead>
<tr>
<th>Additional Staffing Required (Licensed)</th>
<th>Additional Staffing Required (CNA)</th>
<th>Additional Beds Needed</th>
<th>Equipment &amp; Supplies Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privacy Screen = 6</td>
<td>Tap Bells = 12</td>
<td>Other =</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Privacy Screen = 30</td>
<td>Tap Bells = 0</td>
<td>Other =</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>60</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>7</td>
<td>72</td>
<td></td>
</tr>
</tbody>
</table>

## Planning Tool

<table>
<thead>
<tr>
<th>Secured Area (Locked)</th>
<th>Set-up Instructions &amp; Notes</th>
</tr>
</thead>
</table>
| No                    | Resident Room Surge (note room #/capacity) = N/A  
Emergency Power = Yes  
Bathroom = Nearby  
Piped Oxygen = None  
Piped Sx = None  
Piped Air = None  
Notes = Remove all tables, chairs and furniture and replace with beds/cots/mattresses along front entrance side of room to set up 12 beds |
| No                    | Resident Room Surge (note room #/capacity) = N/A  
Emergency Power = Yes  
Bathroom = Yes  
Piped Oxygen = None  
Piped Sx = None  
Piped Air = None  
Notes = The space would need items currently being stored to be cleared out as well as clean rooms. Beds, cots or mattresses would be required for each room. Review that the unit has an intact call bell system |
Catastrophic Surge Process
- Census Reduction (no time) → Surge → Equipment & staff may or may not come

Category of Care – Does it Matter?
- How does this differ in an Influx of Residents/Surge vs. a Catastrophic Surge
- Should others know in advance what level of care you can handle?
- Should you know what level of care they can handle?