CASA COLINA HOSPITAL AND CENTERS FOR HEALTHCARE
CLINICAL PROGRAMS MANUAL

TITLE: SURGE PLAN AND CRISIS CARE

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POLICY STATEMENT:

Casa Colina Hospital and Centers for Health Care (Casa Colina) will implement the Surge and Crisis Care Plan in the event of a pandemic, influenza outbreak, disaster, or similar health emergency either externally involving the community, or internally involving large numbers of patients or staff. This may include the facility-wide Disaster Plan implementation.

PURPOSE:

This Surge Plan will be implemented to provide care in a safe and efficient manner which prioritizes patient care provided by acuity, and/or reduces the risk of transmission of infectious disease. The goal during a medical surge event is to maximize surge capacity strategies that mitigate the crisis while minimizing the risks associated with deviations from conventional care. Choosing the strategies that are most appropriate to the situation and pose the least risk to the patient and provider first, and then proceeding to riskier strategies as demand increases and options decrease is the preferred path.

Surge capacity is described across a spectrum of three categories:

- **Conventional:** Usual resources and level of care provided. For example, during a surge in patients, maximizing bed occupancy and calling in additional staff to assist.
- **Contingency:** Provision of functionally equivalent care that may incur a small risk to patients. Care provided is adapted from usual practices. For Example, boarding critical care patients in post-anesthesia care areas using less traditional, but appropriate resources.
- **Crisis:** Disaster strategies used when demand forces choices that pose a significant risk to patients but are the best that can be offered under the circumstances. For example, cot based care, severe staffing restrictions, or restrictions on use of certain medications or resources.

The plan includes:

- Definition and examples of Changes in Health Delivery
- Indicators and Triggers for Changes in Health Delivery
- Control of entrances and exits
- Sufficient staffing for patient care
- Sufficient supplies and personal protective equipment (PPE)
- Notification of Los Angeles County Department of Public Health or other federal or state agencies as required
- Healthcare staff engagement

DEFINITION AND EXAMPLES OF CHANGES IN HEALTH DELIVERY
As demand increases, so does risk to patients

	CONVENTIONAL	CONTINGENCY	CRISIS
Space	**Usual beds fully utilized**	**PACU or Pre-op beds used; singes conversion to doubles**	**Cot-based care, ICU level care in step down or monitored units**
Staff	**Usual staff, including called in off duty**	**Longer shifts, different staff configurations and supervision**	**Significant change in nursing and MD ratios, major changes in clinical responsibilities**
Supplies	**Usual or cache/stockpiled**	**Conserve, adapt, substitute, re-use supplies**	**Rationing of select supplies and therapies**
Level of Care	**Usual Care**	**Functionally equivalent car, but may be delayed**	**Crisis care, may have to triage medical care and ventilators**

NOTE: Crisis strategies should only be implemented when assistance from regional and state partners is inadequate (either too little or too late) and no "bridging" therapies or patient transfers can address the needs. Coordination with the regional partners must be achieved as soon as possible when a crisis develops so patient care can return to conventional operations as soon as possible. The sooner a crisis is recognized and pre-planned resources and coordinating mechanisms are activated, the shorter the crisis period will be.

Indicators and Triggers for Changes in Health Delivery

Indicator: A "Measurement or Predictor of change in demand for health care services or availability of resources". An indicator may identify the need to transition to contingency or crisis care (but requires analysis to determine appropriate actions). Example: A report of several confirmed cases of COVID-19 in the community by the local health department.

Trigger: A "Decision Point about adaptations to health care service delivery" that requires specific action. A trigger event DICTATES action is needed to adapt health care delivery and resources.

Whenever possible, scripted triggers for front line personnel (point of entry health care facility staff, reception, etc.), so they have actions they can take immediately to prevent delays. For example, screening of all persons entering the facilities for signs and symptoms of a particular disease, implementation of no-visitor policies, etc.)

Non-scripted triggers require additional analysis involving supervisory staff and may be part of an incident action planning cycle by the incident command or other designated decision making group (i.e. task force, committee, etc.) These triggers require a response.

Non-scripted trigger points that would directly impact Casa Colina include but are not limited to the following:

- Implementing triage and determining what patients can be discharged to open up beds
- Temporarily closing Casa Colina to new admissions or transfers
- Canceling elective procedures
- Stockpiling or ordering more supplies and/or PPE
- Implementing staffing changes
- Determining conversion of beds to other level of care beds
- Just In Time Training
- Extended hours in non-inpatient areas
- Conversion of space and staff from specialty care to primary care duties
- Enhanced use of telemedicine or temporary relocation of services
- Adjustment of clinic and outpatient flows to avoid exposing well persons to ill persons
- Communications and guidance on scarce resources

Current Capacity/ Facility Description

Casa Colina Hospital and Centers for Healthcare is an acute hospital with 68 licensed rehabilitation beds, 6 Intensive Care beds, 25 Medical Surgical/telemetry beds, 6 Pre-Operative Bays, and 6 PACU bays.

There are 67 rooms, 6 which are negative pressure rooms.

There are approximately 930 employees.

The hospital has no Emergency Department or Urgent Care clinics.

External Surge and Crisis Plan

As a non-emergency facility, Casa Colina will respond to a community emergency, Influenza, or other Pandemic as follows:

- The Administrator or designee who is notified in the event of an External Pandemic, will then notify the Facility Safety Officer, the Chief Executive Officer, and Patient Safety Officer/Chief Nursing Officer
- The Patient Safety Officer or designee will coordinate with Case Management, and the Patient Services Department to identify the number of immediately available beds and availability of appropriately trained staff. They will also coordinate with medical staff to identify potential inhouse patients appropriate to discharge to a lower level of care such as home, home with home health, outpatient, or skilled nursing facility, in order to accept transfer of patients from surrounding hospitals.
- Patients in need of emergency department level of care will be referred to the nearest accepting facility if possible.
- The Director of Case Management and Nursing Supervisors will triage patients and assist with arranging transfers to home or a lower level of care.

- Pomona Valley Hospital and Casa Colina actively engage in joint planning to share resources including:

    - Med/Surg Beds (Casa Colina capacity of 25 beds)
    - ICU Beds (Casa Colina capacity of 6 beds)
    - Conversion of PACU beds to ICU beds (Casa Colina capacity of 6 beds)
    - Conversion of Casa Colin Rehab beds to Med/Surg capabilities (1 unit of 34 beds)
    - Ventilator Support (Adding Casa Colina Advanced Ventilators to stockpile)
    - Supplies

- Pre-surge preparation would include discharging patients to a lower level of care and relocating those who could not be discharged to a specified unit in an effort to open beds up on the med/surg unit or one of the rehabilitation units to be able to accept the surge patients. Staffing plan will also need to be configured to these beds and units. Coordinate physician to physician hand off. Arrangements made between PVHMC and Casa Colina to transfer the patients.

- Compliance to determine any waivers that affect staffing or relocation of patients

- Nurse staffing strategies:

    - Effective use of regular staff
    - Repurpose specialty RNs to Inpatient care
    - Bring MS/Telemetry RNs into ICU to buddy with experienced RNs
    - Bring on new "grads" into nurse extern roles to stretch floor staff
    - Move RN managers to the "front line" if needed
    - Repurpose therapy staff and other non-essential clinical staff to primary nursing care functions similar to that of Patient Care Technicians (PCTs)
    - Orient and train non-regular staff to the duties they will perform and to the organization if coming into Casa Colina from an external source
    - Coordinate with contracted registry agencies for additional nursing staff

- Respiratory Care staffing strategies:

    - Determine additional staffing based on patient and ventilator needs
    - Decrease workload by changing frequency of BiPAP checks at night and EtCO2 checks
    - Consider decreasing documentation to q6 hours and prn
    - Hire temporary student externs to support ventilator care
    - Utilize registry if available
    - Provide overtime when possible
    - Orient and train non-regular staff to the duties they will perform and to the organization if coming into Casa Colina from an external source

- Environmental Services Department (ESD)

    - Determine areas where additional areas need to be cleaned/disinfected
    - Identify potential loss of staff due to LOA, sickness, etc.
    - Reassign staff to patient care areas that need additional cleaning/disinfection
    - If a labor pool has been developed, determine staff who can assist ESD

- Cancel elective surgical procedures as needed to conserve staff, beds, and PPE availability

- Develop a labor pool for identified additional tasks

Develop plan to obtain needed equipment and PPE. The Hospital Administrator will be contacted in the event of surge or crisis. The Hospital Administrator or designee will initiate assistance from the following

External: Casa Colina will communicate and coordinate patient care based on guidance from the following:

- Health Care Coalition (HCC) partners
- Medical and Health Operational Area Coordinator (MHOAC)
- Regional Disaster Medical and Health Specialist (RDMHS)
- The California Department of Public Health (CDPH)
- Emergency Medical System Authority (EMSA)
- OSHA
- Center for Disease Control (CDC)
- Los Angeles County Department of Public Health LADPH
- Health and Human Services
- Other state or federal committees or groups developed based on the surge or crisis

Internal:

Hospital Medical Director(s)
Pharmacy Director
Patient Safety Officer
Facility Safety Officer
Patient Services Department Director
Case Management Director
Public Relations
Infection Control Practitioner
Chief Executive Officer
Chief Financial Officer
Accreditation and Licensure Director
Corporate Compliance Officer

Implement the following based on the circumstances of the Surge:

- Families/visitors will be notified of isolation precautions and the need to enforce strict limited/restriction of visiting hours.
- Campus Facilities Department will be notified if any internal access routes are or need to be blocked. Security will be utilized as needed to assure only the main entrance or other designated entrance is utilized.
- Staff will be notified of patients identified that may be infected and the precautions which need to be taken to prevent transmitting Influenza or infectious disease to staff and other patients

- Department managers will be provided with a list of employees that have received the current vaccinations, if applicable
- If possible, only staff that have had the related immunizations should be assigned to patients isolated with epidemic like symptoms if.
- Cohort infected patients with the same identified organism/diagnosis to the East Rehabilitation Unit outer rooms, starting with 1214, 1213, 1212, 1236, etc as needed. On the Med/Surg Unit, first utilize rooms east of the fire doors. These rooms are furthest away from patient, staff, and public areas and have the least amount of traffic.
- Patients in existing negative pressure isolation rooms will be assessed by an Infection Control Practitioner or House Supervisor with Infection Control consultation as necessary. Patients not requiring negative pressure isolation will be transferred to a standard room.
- Two patients with the same organism/diagnosis can be cohorted in one room with the approval of the Infection Control Practitioner or Infectious Disease physician
- Limit patients with infectious disease to in-room therapy until determined to be no longer infectious and/or implement use of PPE (personal protective equipment) that would allow for treatment in other areas of Casa Colina
- Limit transport of infectious patients until determined to be no longer infectious.
- Dietary staff will not deliver trays to infectious patients. Nursing will deliver trays to patient's bedside.
- Limit number of persons who enter the patient's room to decrease exposure to infectious diseases and conserve PPE.
- Any equipment that is brought out of the patient room will be thoroughly decontaminated immediately after use, using hospital approved disinfectant.

Personnel and Provisions

As instructed by an Administrator or designee, Casa Colina Disaster Plan may be implemented. If implemented, initiate the HICS system.

If the facility has infectious transmission between patients consider temporarily postponing or canceling admissions or outpatient therapy and procedures (this may be mandated by the Department of Health as in outbreaks).

Laboratory

Specimens for bio-terrorism or unusual/unknown virus samples will be packaged and sent to the appropriate county, state, or federal laboratory for processing. During a pandemic, the specimens may be sent to other laboratories that are processing for results based on availability and turnaround times.

Medical Supplies

Central Supply department is responsible for obtaining sufficient supplies for patients and staff. Shortages in supply chains will be elevated to Administration or if Disaster Plan is activated, to the Command Center to determine how additional supplies can be obtained. Utilization of county, state, or federal supplies may be coordinated through the MHOAC.

Medical Transport Vehicles

Ambulance and transport companies that service Casa Colina are available through the Case Management Department. If unavailable, utilize companies that are available and coordinate with the local hospitals. Contact the Emergency Medical System Authority (EMSA) for additional assistance.

Casa Colina vehicles are available in the main parking lot. Keys are kept with facilities department

Morgue Space

The morgue is located near the hospital's loading dock in the West side of the building.

- Engineering, Security, House Supervisors, and Administration have the key to the locked room
- The refrigerator will hold two bodies. Body bags are located in the morgue
- Contact Pomona Valley Hospital Medical Center Emergency management or Los Angeles County Disaster Relief to coordinate obtaining refrigerated storage for deceased persons if necessary beyond the current capacity of 2 bodies

Protection of Environment

- Engineering/Plant Operations is responsible for surveying the environment to assess safety and levels of contamination resulting from natural or terrorism events
- The Facilities Safety Officer and the Environmental Services Department (ESD) will coordinate removal of debris
- ESD will have dedicated staff and equipment to be in isolation areas.
- The Director of Plant Operations is the Facility Safety Officer and is responsible for securing the facility
- Power/ Utilities – Edison 800-286-1723 for alternatives and extras
- The facility has two backup generators
- Plant Operations is responsible for back up generators

Pharmacy

- The pharmacy personnel are responsible for supplying all medications according to current procedures. Utilize county, state, and federal agencies to assist in obtaining necessary medications if necessary.

Recovery

- Monitoring of air quality: South coast Air Quality Management 800-888-8838 or 909-396-2900
- Vector Control Terminex 909–605-9929, Customer ID# 4193955
- Monitoring soil quality and environmental decontamination will be managed by the Facilities Safety Officer

CRISIS CONSIDERATIONS

- Crisis care may occur during long-term events such as pandemics when resource constraints are likely to persist for long periods of time, or during short-term, no-notice events where help will arrive, but too late to solve an acute resource shortfall.

- Health care facilities will not have an option to defer caring for patients in a crisis. Demand, guided by ethics, will drive the choices that have to be made. The Bioethics Committee may be consulted to assist in guidance in the plan regarding crisis decision making for allocation of resources.
- Healthcare decisions, including allocation of scarce resources, cannot be based on age, race, disability (including weight-related disabilities and chronic medical conditions), gender, sexual orientation, gender identity, ethnicity (including national origin and language spoken), ability to pay, weight/size, socioeconomic status, insurance status, perceived self-worth, perceived quality of life, immigration status, incarceration status, homelessness, or past or future use of resources.
- If strategies are not planned for ahead of time, they might not be considered and/or will be difficult to implement.
- Strategies should be proportional to the resources available. As more resources arrive, the facility should move back toward strategies that are less demand driven (and therefore, back toward contingency and eventually conventional status)

Triage of Patients

Triage refers to prioritization for care or resources. There are 3 basic types of triage:

- Primary Triage: performed at first assessment and prior to any interventions (typically Casa Colina would not perform this type of triage unless experiencing an internal disaster or crisis. This type of triage typically happens in Emergency Departments or by EMS at the scene)

- Secondary Triage: Performed after additional assessments and initial interventions. Casa Colina may be involved with this type of triage to determine level of care patient can be in or go to, or in accepting patients from other health care facilities

- Tertiary Triage: Performed after or during the provision of definitive diagnosis and medical care. Casa Colina may be involved with tertiary triage as we do have an ICU and med/surg units or may convert other units to accommodate critical care patients, and could potentially have to make decisions that are life threatening based on resources available. This situation would place Casa Colina in a proactive Triage mode.

  Proactive triage conditions that would have to be met include:

  - Critically limited resource(s) and infrastructure are identified

  - Surge capacity is fully employed within health care facilities (and regionally) if capacity/space is the limited resource

  - Maximum efforts to conserve, substitute, adapt, and re-use are insufficient if supplies are the limited resource

  - Patient transfer or resource importation is not possible or will occur too late for bridging therapies (such as bag-valve ventilation or other temporizing measures) to be considered.

- Necessary resources have been requested from local and regional health officials (as applicable)

- A state of emergency has been declared, or other health powers (as applicable) have been activated.

- Regional, state, and federal resources are insufficient or cannot meet demand.

The Bioethics Committee or other designated Committee or subject matter experts should provide a process and agree on indications for treatment or approve decision tools for triage of ICU and other resources based on up to date information on the availability of scarce resources and an understanding on non-discrimination responsibilities. Front-Line staff caring for patients should not directly be involved in the triage process.

Ethical considerations must also be incorporated into decision-making regarding allocation of healthcare resources including:

- **Autonomy:** respect for persons and their ability to make decisions for themselves may be overridden by decisions for the greater good; however, patients must still be treated with dignity and compassion

- **Beneficence:** care providers must subordinate their personal and institutional interests and shift from those in the best interest of the patient to those in the best interest of the population as a whole

- **Justice:** equitable distribution of resources, allocation decisions applied consistently across people and across time, transparency and accountability, and fair processes and procedural justice to sustain public trust.

HEALTHCARE STAFF ENGAGEMENT

Given the high risk of moral distress in pandemic situations, it is important for staff to understand the goal of crisis care, the ethical principles and legal duties underlying triage decisions, and the specific plans of the institution. However, not all staff need to know every plan word for word. Staff should be divided into tiers for education—knowledge, competency, and proficiency.

- **Knowledge:** awareness of the plan; A floor nurse should understand how the surge plans affect their unit, including use of cots and changes in staffing, but does not need to know details of the plan (e.g. how to activate the plan).

- **Competency:** the ability to do something successfully or efficiently in relationship to the plan; A nursing supervisor should understand when to activate the plans, and who to notify. Frontline clinical staff should know which criteria may be ethically and lawfully considered when making triage decisions.

- **Proficiency:** a high degree of competence or expertise; Staff who are fulfilling incident command roles should understand the facility operations and how to interface with the HCC, where to get help or expertise, and be prepared to adopt proactive crisis care strategies with

input from subject matter experts. I possible, the facility should have three-deep personnel for each hospital incident command system (HICS) position.

EXERCISES

At minimum, tabletop exercises or other types of exercise opportunities like workshops, should be carried out to walk through the processes outlined above for crisis standards of care. Exercise opportunities should include hypotheticals for avoiding discrimination against people with disabilities, older adults, higher weight individuals, and other populations identified previously. Training should address avoiding implicit bias, respecting disability rights, and diminishing the impact of social inequalities on health outcomes. Also, should test the team on how they would interface with health system partners and reaching out for assistance from them.

PUBLIC ENGAGEMENT AND TRANSPARENCY

Casa Colina must use public informed documents or guidance to shape the policies developed for crisis management, provide open and honest channels of communication with the public during the crisis, and seek meaningful public engagement to the extent possible including after the fact review and revision of pandemic policies.

REFERENCE: Portions of this plan are based on the guidance of the California SARS-CoV-2 Pandemic Crisis Care Guidelines, Concept of Operations, Health Care Facility Surge Operations and Crisis Care, dated 6/2020. For specific guidance that is more detailed, refer to the content of this plan.

-End-