

Regional Approach to Hospital Emergency Planning and Bed Surge Capacity Identification

STONY BROOK UNIVERSITY MEDICAL CENTER

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Abstract

Suffolk County, NY by virtue of its proximity to a large metropolitan population is at high risk for the potential need to identify and utilize medical surge capacity beds. Improving hospital surge capacity and capability is an ongoing preparedness activity in Suffolk, The Suffolk Regional Preparedness Council developed a novel approach to identify hospital surge capacity beds within our community beyond the traditional patient care areas typically assigned for surge. Objectives and guidelines for this project were developed by the Health Systems Emergency Preparedness Program (HSEPP) of the New York State Department of Health.

Background

The Suffolk County Regional Resource Center (RRC), based at Stony **Brook University Medical Center, assists the Region's hospitals** with emergency preparedness activities such as training and education, resource acquisition and management, facilitating drills and exercises, and improving collaboration with community partners. The RRC operates in cooperation with HSEPP and receives funding from the Health Resources and Services Administration (HRSA). The RRC coordinated this project over the 2007 grant

Method of Approach

Suffolk Region hospitals developed a process to identify areas in their facilities not typically used for in-patient beds. Each hospital was provided an evaluation tool to assess areas suitable for Intensive Care (red), Intermediate Care (vellow) and Minimal Care (green). The evaluation tool was developed collaboratively by RRC coordinators of Stony Brook University Medical Center, Erie County Medical Center and SUNY Upstate Medical. A rating system was applied to the areas identified. Space equal to a traditional in-patient bed for a similar level care is assigned the highest score of "3." If the assessed item did not exist at the location, the lowest score of "0" was assigned.

Space was assessed based on evaluation criteria for a variety of elements:

- utilities
- communications
- infrastructure
- space and lavout
- ownership of the space and usual use
- security
- oxygen capability
- · proximity to key resources

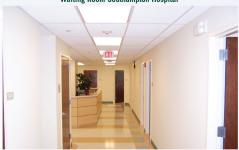
Photographs and floor plans where collected by the RRC. Completion of the project was facilitated through site visits by the project coordinator

Internal Surge Capacity Site SCORING TOOL				
Internal Surge	Intensive	Intermediate	Minimal	RATING SYSTEM
Capacity Sites Infrastructure	Care	Care	Care	3= Equal to or same as 2= Smiler, but has some limitations (quantity/condition)
Door sizes adequate for beds				1= Not similar, will take modifications to improve
adequate for beds				0= Does not exist at this location
Floors (cleanable surfaces)				
Toilet Facilities and showers for				
patients				
Emergency exit				
Fire suppression equipment (sprin-				
surfaces) Tollet Facilities and showers for patients Ventilation Emergency exit Fire suppression equipment (sprin- klers, extinguishers, extinguishers, extinguishers, extinguishers, extinguishers, extinguishers, extensy				
Total space and layout Mental health, chaplaincy, social work				
Mental health,				
work work				
Clean equipment, supply and				
supply and storage area Soiled staging area		_		
area				
Family waiting area				
Medication preparation/ secure storage area				
secure storage area				
Staff area				
Number of stretchers area can accommodate				
can accommodate Utilities				
Air conditioning				
Appropriate electrical power for equipment in use				
for equipment in use				
Electrical power				
on generator Heating				
Lighting				
Handwash sinks Communication				
Telephone				
Fax				
Access to Public address/paging system				
Radio				
Radio Communication Wireless for IT and internet access				
and internet		1		
Nurse call bell or				
Other services				
Ability to lock				
Oxygen capability				
Suction capability				
Other considerations				
Predesignated uses during a				
disaster Proximity to		_		
radiology				
Proximity to operating room				
Browinsity to other				
Support services: Pharmacy, Nutrition, etc.		1		
Time from				*Adouted from the Dealer Mountain Assessment Tool
notification to set up				*Adapted from the Rocky Mountain Assessment Tool
Duration area can be used for surge				Alternate Care Sites

Results







Family Practice Center corridor Brookhaven Memorial Hospital







Summary of Findings

Eleven hospitals in the Suffolk region participated in the project. Most hospitals identified large open spaces such as conference rooms to meet internal surge. However, these spaces often scored lower and would likely receive green tag acuity patients. As the level of care increased, areas were identified closer to existing patient care areas or similar to an in-patient unit. Areas identified included:

- hallway space
- visitor and staff lounges
- ambulatory clinic settings
- conference rooms

cafeterias

auditoriums

alcoves

In some instances, the identified space could not meet safety and engineering codes. as a result interim life safety measures would need to be implemented.

Conclusions

Results of this project were published in a bound document that will be distributed to the health care partners throughout New York State. Project elements and outcomes will be shared with regional planning partners to improve preparedness. Identifying surge capacity beds is a dynamic process as hospitals continually undergo renovation, expansion and contraction. Having an evaluation tool greatly enhances the ability to designate areas that would be best suited to care for varying levels of patient acuity. The collaboration among hospitals led to identification of areas that may not otherwise be considered for surge. The next steps for this project should evaluate obtaining the necessary resources, including staff, to support the activation of these internal surge sites.