HPHA Bed Flow and Gridlock Algorithm (Medicine & Surgical)

Daily Flow
85% or less occupancy

- See section 3.0 Patient Flow Policy.
- Each unit is responsible for their respective staffing needs through scheduling and call in processes to maintain service levels.
- SWLHIN HCC to attend bed management meeting at 1030; 7 days/week.

Gridlock Wave 1
90% occupancy
78 beds occupied at 4 HPHA sites

- Apply all Daily Flow processes as per Patient Flow Policy.
- Bed allocators identify when outgoing repatriations are greater than 48 hours and report same to Manager Patient Flow for follow-up
- Alliance wide e-mail sent by HPHA Pulse* to notify of Gridlock Wave 1 (include all physicians, surrounding hospitals Managers and CNE, SWLHIN HCC, DOC at LTCH to inform of Gridlock status).
- Monday through Friday excluding holidays, Admin Support to organize **2nd Bed Management huddle via teleconference at 1315**. Admin support to attend meetings and will complete Gridlock Wave Template. Attendance by all Clinical Managers, Manager Patient Flow, Team Leaders, Administrator on call and Bed Allocator is mandatory.
- Manager Patient Flow will link with SWLHIN HCC Patient Care Manager to identify a Care Coordinator assignment to ED for admission avoidance.
- **The Surgical, Telemetry and all 4 Medicine Units are able to go over-capacity by 1 bed when there is a known discharge within the next 24 hours.**

Gridlock Wave 2
100% occupancy
87 beds occupied at 4 HPHA sites

- Apply all Daily flow processes as per Patient Flow Policy and Gridlock Wave 1 processes.
- Director Patient Care has validated that all aspects of policy are being adhered to. Review of inpatients with Managers /Team Leaders to discuss plans to relieve Gridlock. Engage MRP(s) and obtain necessary orders & link with CNE.
- **Managers and Directors will be excused from meetings to attend Discharge Rounds and Bed Management huddles**.
- Unit staffing will be adjusted to support patient care needs. NO need to notify Administrator on Call. Manager will review on next business day. All HPHA Managers/Directors determine if additional staff will be booked to work to support patient flow
- OB beds will be considered for use for appropriate surgical or medical patients
- MH beds will be considered for use for appropriate patients
- **Direct admissions from SGH ER to inpatient units at SCH, SMMH, CPH.**
- **Inpatient units will go over-capacity by 1 patient without confirmed discharge using existing nursing resources.**
- **Physician to Physician discussion via ONE NUMBER for transfer of high medical needs patients to SGH Site.**

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Gridlock Wave 3
Patients are being admitted to EROF in any of the 4 HPHA sites

- Apply all Daily flow processes as per Patient Flow Policy and Gridlock Wave 1 and Wave 2 processes
- **Vice President / CNE / delegate reviewing units to ensure that policy is being adhered to and will report to CEO and Site Chief**
- **CNE, VPs and Department representatives from all clinical and operational departments will attend all bed management huddles. Manager/Director discuss plans to relieve Gridlock and will contact Site Chief and obtain necessary orders and report status to CNE**
- **Transfers across sites occur 24 hours a day if necessary.**
- **All non-patient flow and non-essential related meetings to be cancelled.**
- **Delegates will be assigned the responsibility to link with specific community stakeholders to discuss opportunities to support patient flow. For example, outbreak at specific nursing home - Infection Control Practitioner will reach out to LTCH and Public Health to discuss expediting discharges.**
- **It is recognized that Team Leader may be required to assume a patient assignment.**
- SWLHIN HCC Director of Acute Care will be contacted by the Manager Patient Flow and a request made to have an additional Care Coordinator assigned to HPHA.

Gridlock Wave 4
4 admitted EROF at SGH site &/OR 2 admitted EROF at CPH, SMMH, or SCH

- Apply all Daily flow processes as per Patient Flow Policy, and Gridlock Wave 1, 2, 3 processes
- **Facilities Management staff to tour ED daily to ensure directions provided by Fire Marshall are being followed.**
- **Physician in ER , Site Manager and Director or Administrator on call when necessary will discuss activating EMS BYPASS Policy**
- **Medical Program Director Surgical Services, Director Patient Care, Manager Surgical Services consult with Manager Patient Flow regarding cancellation of elective surgeries.**
- SGH 5th ER admitted patient - **pull one EROF to the most appropriate unit** (surgical, medicine and placed into an over-capacity bed space.)
- **Continued admissions pulled to the inpatient units until all over-capacity bed spaces are occupied (Total availability of acute over-capacity beds above funded levels = 4 Over capacity beds on E1-500 , 4 Over capacity beds on E3-600 to be utilized)**
- Communication will be sent out by CEO / CNE to provide update to HPHA All Users.
- Communication with media will be determined by Senior Team
    - Managers will meet daily after bed management meeting to discuss opportunities for clinical staff reassignment to support inpatient care needs. Meetings will be chaired by Human Resources.
    - Human Resources will assume responsibility for providing updates to the respective Union Executive

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Glossary

1. **Gridlock Wave 1** = 90 % occupancy (78/87 beds occupied in the 4 HPHA sites- 50 medicine, 25 surgical, 7 telemetry, 5 acute stroke)

2. **Gridlock Wave 2** = 100% occupancy (87/87 beds occupied in the 4 HPHA sites)

3. **Gridlock Wave 3** = >100% occupancy (87 beds occupied at all 4 HPHA sites) AND patients being admitted to EROF

4. **Gridlock Wave 4** = >100% occupancy (87 beds occupied at all 4 HPHA sites), and request for 5th admitted EROF at SGH or 2nd admitted EROF at CPH, SCH , SMMH.

*HPHA Pulse:** Refers to the new Business Intelligence tool Iris is implementing which will auto generate e-mails when pre-programmed triggers are reached.

Gridlock Wave 1, 2, 3, 4 Template

To be completed by Admin Support joining Gridlock Meetings. Template will be used to document issues and actions for the duration of Gridlock. Template will be kept on file on Gridlock Folder in HPHA – H Drive and emailed out to all relevant participants

Date	Unit/Site Report Report on all challenges being experienced – staffing, equipment needs, challenges with organizing community resources, transportation etc	Occupancy Status	# ALC and rationale	Action / Mitigating Strategy and Identification of Lead to Manage Challenge	Outcome To be completed with subsequent follow-up meetings.

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