Revised 11/17/22

Children's Hospital Surge Plan

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Children's unit capacities

St. Luke's Boise Children's Hospital has created a tiered plan that can be activated to support a surge of patients due to high census numbers. This plan includes a progression model.

Current Unit Capacities are as follows:

- Pediatrics – 30 beds
- Pediatric Oncology – 11 beds
- Pediatric Intensive Care Unit (PICU) - 13 beds
- Neonatal Intensive Care Unit (NICU) - 45 beds

Identified surge capacity:

- Pediatrics/PICU – 54 beds
- NICU – (special circumstances and staffing dependent) NICU had 61 licensed beds. NICU has 24 semi private rooms. Only 2 of those rooms are singular headwall spaces, the rest of the rooms contain 2-3 headwalls (i.e. neonatal bed spaces), thus giving us the 61 licensed beds. NICU has "extra" bedspaces for those instances in which we can house multiples (twins/triplets) on the same headwall space, thus using one physical headwall for 2 patients, therefore increasing our available capacity.

Activation of surge plan

During high times of census, the Boise Children's hospital will activate their Surge Plan.
Within this plan pediatric patients under the age of <28 days would be admitted to the NICU to offset census numbers in the pediatric unit. If available, pediatric staff can support the NICU and care of the patient would fall to the NICU provider service.

In the instance of a surge in the Pediatric and/or Pediatric Intensive Care Unit (PICU), plans are in place to overflow patients into the adult units. Pediatric patients that are 14-year-old **and** > 40 kg are cared for in alternate locations, the adult care guidelines and pharmacy workflows will be utilized.

In the instance of a surge in NICU, plans are in place to consider transfer of appropriate patients to other NICUs within the St. Luke's system (Magic Valley- level 3, Nampa- level 2 and Meridian- level 2). See PPEO27 SLHS Appendix A SL NICUs Level of Care for guidelines.

In the event that other hospital units need bed capacity, the Children's Hospital will extend to the age of 21 years 354 days. The epic flow will reflect standard Children's Hospital.
Surge Antepartum unit has been created to be able to accommodate med/surg and pediatric patients (2108-2113).

Should St. Luke's experience high census and or staffing constraints, a nursing huddle prior to night shift is recommended to discuss decanting efforts and potential for Surge Plan activation. Recommended huddle participants include:

- Children's Manager / ANM
- Women's & Children's Director
- Pediatric Hospitalists
- PICU Intensivist
- NICU Providers
- Consider ED leadership and Surgery as necessary

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Overall Children's Hospital Surge Plan

Peak Census: Surge Plan				
Bed Capacity: Pediatrics - 30; Pediatric Oncology - 11; PICU - 13; NICU - 45 Total Pediatric Beds: 54; Total NICU beds: 61 **Staffing 61 beds needs pre-planning				
Level	Description	Oversight	Department Actions	Notifications
Level 1 Green	Greater than 10 bed capacity Peds/Peds Onc PICU 4-6 available beds Medical staff available for admits **Staffing:** ratios adequate ** see ≤ 28 days plan	Patient flow normal ANM/Charge RN ○ Review census every 4 hours	Assistant Nurse Manager (ANM)/Charge RN: ○ Notify respective Peds/PI/NI ANMs or Nurse Manager (NM) as census nears Yellow Zone ○ Assess surgery schedule and ED census for possible entry into Yellow Zone	N/A
Level 2 Yellow	≤ 10% beds available patient **OR** Acuity creating staffing challenges P/PO < 4 beds; PI < 2 beds; NI < 5 beds *Total bed count: P/PO - 41; PI - 13; NI - 45 Staffing: meets appropriate ratios OTHER CONTRIBUTING FACTORS ○ Adult hospital nearing capacity / not able to take overflow peds pts ○ Surgery schedule expected to place Children's hospital at < 10% bed capacity **See ≤ 28 days plan	Charge RN and/or ANM: ○ Assess patient flow every 2-4 hours until return to green zone ○ Complete plan for upcoming shift and next AM prior to leadership leaving for the day	Huddle throughout shift, as appropriate ○ Nurse Manager (NM) of other children's units as applicable ○ ANM ○ Pediatric hospitalist ○ Pediatric intensivist ○ Neonatologist ○ Patient Care Coordinators ○ Patient Placement / Transfer Center ○ Administrative Supervisor ○ Check in with MV Peds/NICU capacity (evening bed huddle) Discuss and prioritize: ○ Identify possible discharges with hospitalists and surgeons ○ List potential transfers to adult units (14 yr and > 40 kg) ○ Consider Case by case status- notify admin sup ○ ANM assist in admit/discharge	ANM/Charge RN or designee to notify as appropriate: ○ Staffing Office ○ PACU RN ○ ED ANM ○ Ped/PICU and/or NICU ANMs ○ CANCER INSTITUTE (day shift) ○ EVS Supervisor ○ NM ○ Director ○ Transfer Center ○ Internal Transport Supervisor ○ Administrative Supervisor ○ Admin Supervisor to let other site admin supervisors know status ○ CNO

			○ Consider potential inter-campus transfer of NICU pts ○ Consider bed placement within MV for pediatrics ○ Consider Peds pod (19-22 and 24-30) as a COVID hallway	
Level 3 Orange	≤ 5% beds available Patient acuity creating staffing challenges 1 bed left in any Children's Hospital department **OR** Acuity high **OR** **Staffing:** insufficient to meet patient needs	ANM/NM/Director ○ Assess patient flow minimum of every 2-4 hours until out of orange zone	Huddle q 4 hours, as appropriate: ○ NM of other children's, as appropriate ○ ANM/Charge RN/Resource ○ ANMS of ED, OR, as appropriate ○ Pediatric hospitalist ○ Pediatric Intensivist ○ Neonatologist ○ Pediatric Oncology, as appropriate ○ Administrative Supervisor ○ Patient Care Coordinators ○ Patient Placement / Transfer Center ○ MV Pediatric Hospitalist ○ Respiratory Therapy Discuss and prioritize: ○ Consideration for initiation of internal & external capacity ○ ANM/Charge RN assist in admit/discharge ○ Identify possible discharges with hospitalists and surgeons ○ List potential transfers to adult floor (14 yo and >40 kg) ○ Admit <28 day or up to 4 months to NICU (consider staffing requirement and overhead announcement of codes)	ANM/Charge RN or designee to notify as appropriate: ○ NM ○ Administrative Supervisor ○ Admin sup to notify other site admin sup of current bed status ○ Director ○ Transfer Center ○ Staffing Office ○ Main OR/PACU Charge RN ○ ED ANM RN ○ NICU/Peds/PICU ANM RN ○ Cancer Institute (day shift) ○ EVS ○ CNO ○ Service Line Medical Director ○ Service Line Administrator ○ MV Women's & Children's leadership ○ **Communicate the level of surge plan with admitting providers

			○ Consider holding patients in PACU ○ NICU Deer section (1-6) – consider for pediatric pts (request waiver as needed) ○ Direct clinic admits to Boise ED rather than direct admit from clinic ○ Consider delaying green & yellow surgeries/EMU ○ Consider transfer to Meridian/Nampa/Twin Falls NICU as appropriate ○ Consider initial admit to Meridian/Nampa NICU ○ FYI – MV overflow and surge– Back rooms of 3rd floor (8 beds), transfer to Boise NICU and/or Peds as appropriate, consider impact of peds beds that are in surge plan for adult services, consider location of gyn patient post-surgery to prioritize peds patients, when adult and peds capacity is met then consider delaying green and yellow surgeries	
Level 4 Red	No beds left in any Children's unit **AND** Other overflow areas or PACU 1 bed left in any Children's Hospital department **OR** Acuity high **OR** **Staffing:** insufficient to meet patient needs	ANM/NM and Director/CNO Assess pt flow every hour until back to orange	Continue Orange zone actions plus: ○ Evaluate timing of impending discharges ○ Boise ED patients can be boarded if appropriate ○ Conversation to consider adult placement within other facilities to allow for pediatric placement ○ Communicate with other state facilities to assess potential capacity ○ Unit/area Capacity – initiate transferring to other facilities ○ Huddle surrounding cancelling surgeries	All of Level 3 have been involved: Add: AOC VP Medical Affairs

* Covid Surge Plan for NICU Room Utilization: (For future planning only, not implemented)

1. If needed, NICU rooms 1-6 could be used for Pediatric/PICU non-COVID patients (would prefer no adult patients). Could be extended to NICU rooms 7 & 8 with addition of temporary wall placement south of room 8. Would provide 8 to 14 beds depending on whether one or two

patients were placed in rooms 1-6. This area has two restrooms which could be segregated to a Women's and Men's.

2. NICU patients would be compressed to NICU rooms 9-24. Would provide 45 beds depending on number of multiples (fewer beds if fewer multiples). Rooming-in rooms 1-3 could be converted relatively easily to patient care rooms. Each room could support 1-2 patients (ideally multiples if 2 in a room) for additional capacity of 3-6 beds. Total NICU bed capacity in this scenario (depending on number of multiples) would be 51.

Green level 1

Peak Census: Surge Plan				
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Yellow level 2

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	○ Adult hospital nearing capacity / not able to take overflow peds pts ○ Surgery schedule expected to place Children's hospital at < 10% bed capacity **See ≤ 28 days plan	leaving for the day	○ Administrative Supervisor ○ Check in with MV Peds/NICU capacity (evening bed huddle) Discuss and prioritize: ○ Identify possible discharges with hospitalists and surgeons ○ List potential transfers to adult units (14 yr and > 40 kg) ○ Consider Case by case status- notify admin sup ○ ANM assist in admit/discharge ○ Consider potential inter-campus transfer of NICU pts ○ Consider bed placement within MV for pediatrics ○ Consider Peds pod (19-22 and 24-30) as a COVID hallway	○ Director ○ Transfer Center ○ Internal Transport Supervisor ○ Administrative Supervisor ○ Admin Supervisor to let other site admin supervisors know status ○ CNO

Orange level 3

Peak Census: Surge Plan				
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			○ Patient Placement / Transfer Center ○ MV Pediatric Hospitalist ○ Respiratory Therapy Discuss and prioritize: ○ Consideration for initiation of internal & external capacity ○ ANM/Charge RN assist in admit/discharge ○ Identify possible discharges with hospitalists and surgeons ○ List potential transfers to adult floor (14 yo and >40 kg) ○ Admit <28 day or up to 4 months to NICU (consider staffing requirement and overhead announcement of codes) ○ Consider holding patients in PACU ○ NICU Deer section (1-6) – consider for pediatric pts (request waiver as needed) ○ Direct clinic admits to Boise ED rather than direct admit from clinic ○ Consider delaying green & yellow surgeries/EMU ○ Consider transfer to Meridian/Nampa/Twin Falls NICU as appropriate ○ Consider initial admit to Meridian/Nampa NICU ○ FYI – MV overflow and surge– Back rooms of 3rd floor (8 beds), transfer to Boise NICU and/or Peds as appropriate, consider impact of peds beds that are in surge plan for adult services, consider location of gyn patient post-surgery to prioritize peds patients, when adult and peds capacity is met then consider delaying green and yellow surgeries	○ NICU/Peds/PICU ANM RN ○ Cancer Institute (day shift) ○ EVS ○ CNO ○ Service Line Medical Director ○ Service Line Administrator ○ MV Women's & Children's leadership ○ **Communicate the level of surge plan with admitting providers

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Red level 4

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Level 4 Red	No beds left in any Children's unit **AND** Other overflow areas or PACU 1 bed left in any Children's Hospital department **OR** Acuity high **OR** **Staffing:** insufficient to meet patient needs	ANM/NM and Director/CNO Assess pt flow every hour until back to orange	Continue Orange zone actions plus: ○ Evaluate timing of impending discharges ○ Boise ED patients can be boarded if appropriate ○ Conversation to consider adult placement within other facilities to allow for pediatric placement ○ Communicate with other state facilities to assess potential capacity ○ Unit/area Capacity – initiate transferring to other facilities ○ Huddle surrounding cancelling surgeries	All of Level 3 have been involved: Add: AOC VP Medical Affairs

Pediatric ED Boarding

Pediatric Emergency Department Boarding	
Considerations with ED Pediatric Boarding	
○ Pediatric patients in non-Boise EDs <u>should not</u> be transferred to the Boise ED to board ○ Pediatric patients in non-Boise EDs should not remain in the ED > 4 hours waiting for a peds floor bed to come available.	
High Priority to Move to Pediatric Floor	Lower Priority to Move to Pediatric Floor
Hyperbilirubinemia Diabetics Metabolic disorders Respiratory patients needing frequent interventions, >2L O2 or high risk of decompensation Sepsis	Medically cleared psych patients Asymptomatic overdoses

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28 days and under plan

Admission for Patients ≤ 28 Days Old via Transfer Center

Year-Round Admission Plan for ≤ 28 days old

If referring provider is requesting a PICU admission:

- Call Peds Intensivist first; add Neonatologist per request
- If Neo needed - placement and Attending will be decided during phone call

If referring provider is requesting a Pediatric floor admission:

- Calls Peds Hospitalist (*or FMRI if appropriate*) first; add Neonatologist per request
- If Neo needed - placement and Attending will be decided during phone call

** All infants < 48 hours of age or discharged from NICU < 48 hours to be admitted to NICU

High Census (Surge season) Plan for ≤ 28 days old is to admit to an NICU

If referring provider is requesting a PICU admission:

- Have both Peds Intensivist and Neonatologist on phone
- Pt will transfer to Boise NICU, Attending will be decided during phone call

If referring provider is requesting a Pediatric floor admission:

- Have both Peds Hospitalist (*or FMRI if appropriate*) and Neonatologist on phone
- Admit to BMC NICU (consider MMC NI or NMC NI), Attending will be decided during call

All admissions need a Rapid Respiratory Panel prior to/at admission **NO Pertussis cases to be admitted to NICU**

Typical Peds Hospitalist Service Dx	Typical Neonatologist Service Dx
Bronchiolitis Neonatal Fever Concern for Infection BRUE	Primary feeding difficulties (no infection) Recurrent apnea Hypoglycemia Hyperbilirubinemia < 48 hours old home birth Prior NICU stay and ≤ 28 days old < 40 wks corrected GA & prematurity related issues

Concerns to Monitor

Flowsheet / Documentation issues

Code Team Responders (Neo team vs Peds team) & Rapid Response
** If patient codes, code button is pressed, NI team responds and calls appropriate service

Awareness of Provider coverage and numbers
** Sticky notes to show day / night coverage

Pt Care Coordinators (Neo vs Peds)

FMRI patient in the NI/PI - Neo / Peds Intensivist will care for patient

**Rapid Respiratory Panel for any admission to NICU (ordered by NI if in Eds or outside, if coming from Peds / PI hospitalists/intensivists to order)

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Roles & responsibilities

Activation Roles and Responsibilities

Children's Nurse Manager / ANM:

- Activate the Children's Surge Plan
- Support huddles to evaluate capacity and prioritization of be placement (include ED in huddle)

Upon activation, the manager or ANM will

- Notify the Women's and Children's Nursing Director
- Notify Pediatric Hospitalists, NICU Providers, PICU Intensivist
- Notify Oncologist, Ortho, General Pediatric surgery, Neurosurgery
- Notify supporting departments
- See flowchart above

Boise Women's & Children's Nursing Director:

- As appropriate - notify the Chief Nursing Office, Administrator on Call, and Inpatient and Critical Care Nursing Directors

Service Line Leadership:

- As appropriate, activate surgery cancelation plan

Boise Hospital CNO:

- As appropriate - notify the Population Health 1 Vice President and / System Administrator on Call

Providers

- Adjust ratios as needed
- Reassign Meridian / Nampa NICU Providers
- Increase staffing as needed

Distribution:

- Deploying additional resources and supplies as needed.
    - *The NICU maintains equipment and supplies for patients up to 28 days*

Central Staffing Office:

- Issue an OSN notification and assist in securing additional staffing

Respiratory Therapy:

- Increase staffing as needed
- Adjust supplies as needed

Pharmacy:

- **Increase staffing as needed**
    - *No change in medication inventory anticipated*

Transfer Center:

- Transfer patients from Pediatrics to NICU
- Adjust beds in Bed Planner as needed

Accreditation / Quality:

- Consultation on necessary waivers needed to provide care for patients older than 28 days in the NICU or Pediatric admissions to adult critical care

Revenue Cycle:

- Inform Medicare Cost Reimbursement team of changes in admission / billing
    - Only for 28 days+ admission to NICU or PICU admission to adult critical care

Plan for adjusting surgeries

Notify:

- Surgical Services Management Committee (SSMC) – recommending body, chaired by Dr. Korn and Heather LaBour
    - Includes Medical Directors, providers and leaders
    - Includes a process that includes a review case daily
    - Report to SPEC or incident command for final decision
    - Everbridge to notification to surgeons
- In collaboration with the surgeons, clinics will operationalize the notification of pts and families.

Activation checklist

	Action	Responsible Party
❑	Convene Surge Huddle	Children's Nurse Manager
❑	Activate Children's Surge Plan	Children's Nurse Manager
❑	Notify Women's & Children's Nursing Director	Children's Nurse Manager
❑	Contact Central Staffing Office	Children's Nurse Manager / ANM
❑	Issue OSN for additional Children's Staffing	Central Staffing Office
❑	Contact Boise CNO	Women's & Children's Director
❑	Consultation with Accreditation of potential waivers (28 days+ / PICU admit to adult ICU)	Boise CNO
❑	Notify: Distribution, Respiratory Therapy, Pharmacy	Children's ANM
❑	Adjust ratios / increase staffing as needed	NICU Leadership
❑	Adjust ratios / increase staffing as needed	Respiratory Therapy
❑	Adjust medications / increase staffing as needed	Pharmacy
❑	Notify Michael Bennett (Revenue Cycle) and Jared Grant (Financial Reporting) of Bed Use change (28+ days / PICU admit to adult critical care)	Boise CNO
❑	Activate cancelation of surgery plan	Service Line Leadership
❑		

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Provider Capacity

Process

- Contact Children's Administrator for activation and sequencing
    - If not available, contact Children's director

Notify:

- Children's Medical Director
- Local operations
    - Includes Medical Directors and providers
    - Leaders
        - Manager
        - Director
        - CNO
        - COO
        - CMO

Consideration

- PICU providers will continue to follow transfers while on peds
- Sub-specialist providers (physicians and NP) follow own pts or assist
- Surgery NPs to support hospitalist
- General pediatricians support
- Pediatric Boarded ED providers
- FMRI
- CARES team

Addendum