RPA Surge and Evac Assessment Notes

October 30, 2018

Hospitals in attendance:

* VCU
* St. Francis
* John Randolph
* Chippenham
* Johnston Willis
* VCU CMH
* Henrico Doctors Parham
* Retreat Hospital
* Southside Regional Medical Center
* St. Mary’s
* Richmond Community
1. In a Surge event Actions Order:
2. Fill open bed
3. Census Reduction
4. Cancel Electives / OP procedures
5. Rapid D/C
6. FOLLOW RP SURGE ADVICE
7. In each area there is a charge nurse guide that will identify:
* Area
* Timeframe
* Resources
* Staffing
* Beds
* Equipment

\*The type of patient may dictate additional specialty resources.

1. Surge Command Center Tool:
	1. Prioritize what space will be used
	2. Highest to lowest
	3. Operational issues that will have
	4. How many beds
	5. List the current census
	6. List open beds
	7. List pts ready for d/c or transfer
	8. List what staff and resources they can provide
	9. What resources will be needs
* Excel spreadsheet so can populate in real time
* Can take this an PREPOPULATE this for specific events … from THIRA/HVA and preplan, can use this for planning/exercise / real event response.
	+ External Event
		- MCI
		- Weather
		- Burns
		- Trauma
	+ Internal Event
		- Fire / smoke

REGIONAL INFO:

* Beds
	+ 3815 Total in region daily
		- 2416 monitored
	+ 1845 Total Surge
		- 2-4 hrs: 43 beds
		- 24 hrs: 650 beds
		- Extended hrs: 931 beds
* Equipment (860 needs)
	+ Beds, stretchers, iso: 114
	+ O2 splitter and tubing: 107
	+ Bells: 514
	+ Suction: 36
	+ Cardiac monitors: 414
	+ Staff needs to surge (IP areas only)
		- CNA/PCT: 14
		- CC RN: 36
		- RN: 128
		- Mental Health: 5
		- If you need specialty RNs these are not included in the above (ex: neonatal / specialty)
	+ Oxygen regulators – vendor may supply with tanks and need your own regulators
	+ Vertical Evacuation Equipment SNAPSHOT
		- Sleds
		- Chairs
		- For critical care areas
		- Training
		- Storage
		- Not to be used during a fire / urgent / rapid to remove out of danger
		- Can be used if vertical evacuate down the stairs in teams
		- Best practice from RPA is centrally stored (highest level if in two towers / or lower) if meant to be deployed and used by trained staff
	+ Evacuation Needs
		- 82 critical care transport (7%)
		- 1
		- 6
		- 755 ALS (27%)
		- 27 ALS bari
		- 614 BLS (22%)
		- 14 BLS bari
		- 478 W/C transport (17%)
		- 2 W/C bari
		- 800 Evac bus / van
		- 109 vents
		- 236 direct ops
		- >800 on continuous oxygen
		- Bariatric (1.5%)

Staging and D/C areas:



* Select Internal holding areas… not all in one location to avoid chaos
* Create floor plans
* Identify stairwells to be used by patients and separate for staff / first responders
* If it’s isolated event EMS/Fire may be able to help with manpower and equipment
* BUT Staff have to be prepared and trained without any outside assistance (ex: tornado and whole community response)
* Evac Team / bucket brigade
	+ Stair group
	+ Evac floor group
	+ Elevator group
	+ Discharge floor group
* Where can they go (reference tool)
	+ Start with highest level of acuity and locate regional beds
	+ Utilize RHCC
		- Identify Mutual Aide: LTC Wheelchair Vans / GRTC for ambulatory / taxis lyft or uber