Operational Issues March 15 2016

Happy Ides of March

No particular order but please read as there are quite a few items.

**1. Surge**

Latest surge criteria attached.

There is an internal and an external surge.

Internal surge will result in the CNL coming to the most recently arrived EP to discuss next steps. Some people do not want to be called in early for a shift but others will so that is still an option but not one that is enforced.

The most recently arrived EP is now deemed to be the EP in charge (EPIC) and we may look to expand this role going forward but you will be responsible for helping shift resources to address the surge. Hope to avoid an external surge threshold being reached.

External (previously Blue) surge will most often result in TTL being called in but will also trigger the CNL to connect with the EPIC first in case there are extraordinary reasons for the surge that can be quickly addressed.

This change is to promote communication as well as to strike a balance of avoiding junior staff concerns of calling in a senior staff with the issue of the TTL being called in and not getting enough work for their efforts.

If you are TTL, please be prepared to come in and please respond to your call ASAP – we have had delays

**2. Modifying RAZ & FastTrack Criteria**

Latest FT Criteria attached.

This will only be in effect once RAZ/WR is busy and as long as FT has capacity to take these patients. Communication between Triage/RAZ and FT EP’s needs to happen first.

A few more examples for your feedback:

* Migraine patient with history of similar migraines
* Mild flank pain in person < 35 yo with normal vitals.
* Sore throat with fever and tachycardia

**3. Next Resilience Rounds TOMORROW March 16th**. 08:00 – 09:00h. Conference Room 156 beside the ED. Catered. We are looking to find actions to respond to surges. Please attend.

**4. Please give me examples where overcrowding is adversely affecting patient care (and your job satisfaction too)**

On a related note please let me know of incidences where overcrowding is adversely affecting our patients and staff. We wish to humanize the case for admitted patients needing to move upstairs ASAP. We now almost think that hallway patients are the norm and acceptable. We will be taking this to senior leadership next month (hopefully) because we have fallen off their priority list it seems. That is our patients.

Examples:

* The 88 year-old lady who was kicked in the head.
* The case of the sick respiratory patient who should have gone to the resuscitation bed but there was no beds available.
* The indignity of being sick in a stretcher outside of RAZ or in the Triage hallway.
* Patients who are shocked to wait in the WR with the diversity of patients we see.
* The WR death that we did not recognize for some time.
* Similar to this, a patient who was presumed to have left hours ago who in fact was sleeping behind the pillar in the WR and hence did not respond to being called.

**Please provide further examples of this for us to present to senior leadership.**

Thank you.

**5. Dentistry** will be available hopefully in April. Hope to hold a 2-hour educational/information session.

**6. Fasttrack**

You should expect patients to be prepared to be examined with dressings taken down and area appropriately exposed (yes I know…). Glenn and Veronica want to know if this is not happening (copied)

**7. Equipment**

If you find equipment missing or broken please tell the CNL AND email Pat Munro (copied)

**Question: Are people using the Puff Tonometer in the Eye Room. ONLY ANSWER IF YES PLEASE. If we do not get any affirmatives we may remove it to make room. We have 2 new tonopens on order.**

**8. Triage Orders**

Still asking Triage RN’s to put in orders but this is not always being done. We need to know names of the RN’s who are not doing this so that Glenn and Veronica can talk to them. Email me, Glenn or Pat. Copied.

**Question: One scenario keeps coming up: Do we need Chest Pain orders beyond an ECG on a patient < 35 y.o.?**

**9. Brief Intervention Clinic (BIC)**

Psychiatry has recently started an outpatient psychiatry clinic that can see new patients within a week (actually 4 days currently). Go through the PAN nurse. They cannot handle potentially violent patients in their clinic.

**10.** **No No-Go**

It has been decided at the Regional level that we cannot refuse care to any patient even if they have assaulted one or more of our staff. Every ED has these patients so we need to deal with them as best we can.

**11. Courtyard Parking Lot Closing End of March for 3 months**

Have just been informed (i.e. 2 hours ago) that the courtyard will be closed at the end of March for 3 months (accommodate a project at SPH). The plan is to provide underground parking at PHC for those who use the courtyard.

Thank you.

Julian