



January 13, 2017

Hospitals and medical providers in Oregon are encountering a high number of patients seeking medical care due to flu symptoms and an increase in bed capacity. The following checklist is a guide for hospitals and health care facilities to prepare for, and respond to a medical surge.

- Did you activate your Emergency Operations Plan and does it include **Crisis Care Guidance**?: <http://www.oahhs.org/clinical-quality/quality-resources/providing-framework-crisis-health-care>
- Do you have a *Hospital Surge Plan*?
- Have you considered cancellation of elective surgeries to free up personnel and beds?
- Have you conducted phone screening for ILI for all elective admissions; defer admissions for those that have it?
- Have you reviewed your *Emergency Credentialing Plan*, in case staffing needs to be increased outside of employee pool?
- Have you reached out to your local Emergency Management?
- Have you reached out to your Local Public Health Authority?
- Do you have a *Transportation Plan* (patients and staff)?
- Do you have a *Staffing Plan*?
- Have you updated and reviewed HOSCAP?
- Do you have hospital visitation and mask policy? *Sample documents from Region 1 are available for review and consideration.*

- Have you considered licensed alternate facilities in community that meet standards to house low-acuity patients?
- If beds are available, but can't be staffed, can you defer outpatient services (routine, non-acute home health visits, health promotion/chronic disease management activities, screening procedures) and re-assign staff to care for lower-acuity patients?
- If you have outpatient clinics, have you considered cancelling non-essential scheduled ambulatory care visits; see patients on as needed basis; re-assign freed-up staff to patient care and other responsibilities?
- Do you have patients who are awaiting discharge, but placement isn't available? If so, consider having an experienced nurse oversee less-experienced staff who will then provide direct care to patients awaiting discharge or other lower acuity patients.