

APPENDIX A HA_vBED Definitions

Available Beds:

Staffed Beds: Beds that are licensed and physically available for which staff members are available to attend to the patient who occupies the bed. Staffed beds include those that are occupied and those that are vacant.

Current Available: Beds that are vacant and to which patients can be transported immediately. These must include supporting space, equipment, medical material, ancillary and support services, and staff to operate under normal circumstances. These beds are licensed, physically available, and have staff on hand to attend the patient who occupies the bed.

24hr Beds Available: This value represents *an estimate* as to how many vacant (staffed/unoccupied) beds for each category could be made available to accept patients within 24 hours, over those listed as currently available.

72hr Beds Available: This value represents *an estimate* as to how many vacant (staffed/unoccupied) beds for each category could be made available to accept patients within 72 hours, over those listed as currently available.

Adult Intensive Care Unit (ICU): Beds that can support critically ill/injured patients, including ventilator support

Medical and Surgical (Med/Surg): Also thought of as “Ward” beds

Burn: Thought of as Burn ICU beds either approved by the American Burn Association or self-designated. (These beds are NOT to be included in other ICU bed counts.)

Pediatric Intensive Care: As for Adult ICU, but for patients 17 years and younger

Pediatrics: “Ward Medical/Surgical” beds for patients 17 and younger

Psychiatric: “Ward” beds on a closed/locked psychiatric unit or ward beds where a patient will be attended by a sitter.

Airborne Infection Isolation: Beds provided with negative airflow, providing respiratory isolation. NOTE: This value may represent available beds included in the counts of other bed categories.

Operating Rooms: An operating room that is equipped and staffed and could be made available for patient care in a short period of time

Facility Status:

Emergency Department Divert Status: Provides information about whether or not the facility or facility’s Emergency Department is accepting new patients from Emergency Medical Services. Only Hospitals will have Emergency Department Status. All other facilities will have a Facility Status.

Mass Decontamination Status: Provides information about the facility’s Mass Decontamination status.

Ventilators:

Full feature: Full feature ventilator is a continuous full life supporting ventilator that is intended to mechanically control or assist patient breathing by delivering a predetermined percentage of oxygen in the breathing gas. It would not include manual (e.g. ambu bags) or powered emergency resuscitators (demand valve or inhalator) that are intended to provide emergency respiratory support.

Pediatric Capable: denotes ventilators that can be used with pediatric patients (birth to 12 years of age).

Rescue Therapies (any of the following):

- 1) ECMO or ECCOR (extracorporeal membrane oxygenation or extra-corporeal carbon dioxide removal)
- 2) Inhaled nitric oxide
- 3) Inhaled epoprostenol sodium
- 4) Prone positioning with mechanical ventilation
- 5) High frequency oscillatory ventilation
- 6) Airway pressure release ventilation
- 7) Pressure control with inverse ratio ventilation (similar problem to # 6)

Facility Stress:

Is the facility seeing an increasing demand for patient care services, such as scheduling, triage, assessment, treatment, admission, transfer and discharge?

This question is in reference to the current event(s). Many facilities routinely see increasing demands on patient care services during different times of the year. However, we are looking for increasing demands that stand out and are not normally expected due to the current situation.

Has the facility seen an increase in the number of patients (above baseline for this time of year) who left the ED without being seen during the last 24 hours?

This question is in reference to the event(s). Many facilities routinely have patients who leave the ED due to long wait times etc. We are looking to see if the number is increasing related to the event(s). Increasing numbers over several facilities is an indicator of stress on the healthcare system.

Has the facility activated its disaster protocol / emergency operations plan?

Has the event(s) required partial or full activation of the facility's disaster protocol/emergency operations plan to manage the response.

Has your facility implemented surge strategies?

Has the event(s) caused an increase in demand for services such that the facility has needed to implement surge strategies to meet demand?

Surge strategies examples include: expanding bed capacity, early discharges, canceling elective surgeries, augmenting personnel, requesting mutual aid.

Do you anticipate staffing shortages that will affect your ability to provide services in the next 72 hours?

Many facilities deal with staffing shortages on a regular basis. This question addresses staffing shortages above those that occur regularly. Are there increasing staffing shortages as a result of the event(s)?

Without mutual aid does your facility anticipate difficulty in obtaining or replenishing any of the following in the next 72 hours?

General medical supplies (IV solutions, syringes, bandages, disposable supplies, etc) pharmaceuticals and personal protective equipment.

If the response to event(s) will exceed local resources, will the facility have difficulty in obtaining or replenishing these resources from normal suppliers without having to rely on tapping resources from any existing assistance agreements with other jurisdictions, hospitals etc.