

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER

Mass Inpatient Discharge

Purpose: To maximize the available bed capacity at LSU Health Sciences Center in the event of a major influx of casualties from a disaster that results in activation of the Emergency Preparedness Plan and its Hospital Emergency Incident Command System (HEICS).

Policy: In the event of a major influx of casualties from a disaster, the HSC shall - at the direction of the HEICS Emergency Incident Commander—implement a mass inpatient discharge in accordance with standardized procedures.

- I. Location of Emergency Management Areas
 - A. Inpatients Transferred to Other Healthcare Facilities – ground floor, Medical School, Conference Center
 - B. Inpatients Discharged to Home, 1st floor, A-Bldg. (Comp Care Clinic)
- II. Responsibility for Mass Inpatient Discharge.
 - A. Authorization for Mass Inpatient Discharge
 1. Mass inpatient discharge of the facility or portion thereof can only be authorized by:
 - a. Emergency Incident Commander.
- III. Mass Inpatient Discharge Instructions
 - A. General Instructions
 1. Mothers and babies being discharged to another medical facility shall be discharged and transported together to the same facility.
- IV. Preparation for Mass Inpatient Discharge
 - A. Emergency Incident Commander
 1. Evaluate all available information in coordination with the Section Chiefs and Medical Director. The information shall include:
 - a. The projected number of incoming casualties and the level of inpatient care, i.e., general care, intensive care, they will require.
 - b. By patient care unit:
 - i. The number of patients appropriate for discharge to home.
 - ii. The number of patients appropriate for

- discharge to another medical facility.
 - c. The staff, equipment and supplies required for discharge and internal transportation activities.
 - 2. Based on the above information, and in coordination with the Section Chiefs and Medical Director, establish a mass inpatient discharge plan (see attached form) and schedule that identifies:
 - a. Designated Discharge Emergency Management area, including separate holding areas for patients being discharged to home, and patients being discharged to other medical facilities.
 - b. Internal transportation routes, including allocation of specific elevators for the exclusive use of transporting patients from patient-care areas to the discharge areas.
 - c. Staffing and medical care needs for each holding area.
 - 3. Develop and distribute a mass in-patient discharge plan and schedule.
- B. Liaison Officer
- 1. Notify Officer of Emergency Preparedness of our situation and request help as needed;
 - a. Transportation for patients discharged to home or other healthcare facility.
 - b. Location of healthcare facilities that can accept type patient's we will need to transfer.
- C. Nursing Chief
- 1. Have nursing units prepare Discharge Status Report and forward a copy to Bed Control in Admitting and the Patient's Tracking Leader and Hospital Administration.
 - 2. When report is complete review with Incident Commander.
 - 3. See that Mass-In-Patient Discharge Plan is distributed to nursing units affected and Patient Tracking Leader.
 - 4. See that adequate number of staff is assigned to Discharge areas.
 - 5. Notify Medical Records to make copies, when possible, of medical records of these patients being transferred to other facilities.

D. Nursing Supervisor

1. Upon request, complete the Discharge Status Report (see attachment A) for each unit under his/her supervision.
2. Submit a copy of the Discharge Status Report to Patient Care Leader, fax #55666 – Hospital Administration and Bed Control in Admitting, fax #57075. If fax is not available, have runner bring report to Hospital Administration Conference Room, (A1-13) and Bed Control, Admitting (K-wing).
3. Upon receipt of the Mass Inpatient Discharge Plan, schedule for your unit.
 - a. Assign specific nurses to maintain patient care for those remaining in unit.
 - b. Assign nurses to prepare patients for discharge.
 - c. Place medications, prosthetics and personal belongings in a bag labeled “Belongings.”
 - d. Label bag with patient’s name and hospital identification number.
4. Assign a person to fill out Inter-Hospital Transfer form (see attachment B)

E. Transportation Leader (Patients)

1. Assemble transportation teams from Labor Pool. If possible, assign six people to each floor for transportation support.
2. Arrange for delivery of necessary transportation devices (wheelchair, stretchers).
3. Report to each patient care area from which patient’s are to be discharged, in accordance with the mass inpatient discharge plan and schedule.
4. Report to Nursing Supervisor on floor and review the sequence of patients to be discharged and the route and method of transport and the discharge areas patient will be taken to.
5. Brief transport crew on sequence of patients to transport, route and method of transportation and location of Discharge area.
6. Supervise transportation.

F. Medical Director

1. Notify physicians of the need for patient transfer/discharge orders.
2. Assign physicians as needed to discharge areas.

G. Respiratory Therapy Leader

1. Assign staff members to provide ventilation on required patients.
2. Assess number of available positive – pressure breathing devices/bag-valve-mask.

H. UPD

1. Assign UPD Officer, on Labor Pool personnel to each area being evacuated for traffic control/safety.
2. Assign guard to controlled elevator for movement of patient.

I. Labor Pool Leader

1. Assign all available staff from Physical Plant, Environmental Services, Dietary to assist with transporting patients.
2. If adequate staff is not available, notify Incident Commander.

J. Discharge Leader

1. Prepare discharge areas to receive patient
2. Request any supplies, equipment needed to set up units.

