CAEP | ACMU

ED flow in the era of COVID 19

Daniel Kollek 3/24/20

Objective

- Provide information on how to improve ED patient flow-through with a focus on COVID

Not covering

- Clinical guidelines
- Generating surge space
- Global hospital flow

Key points

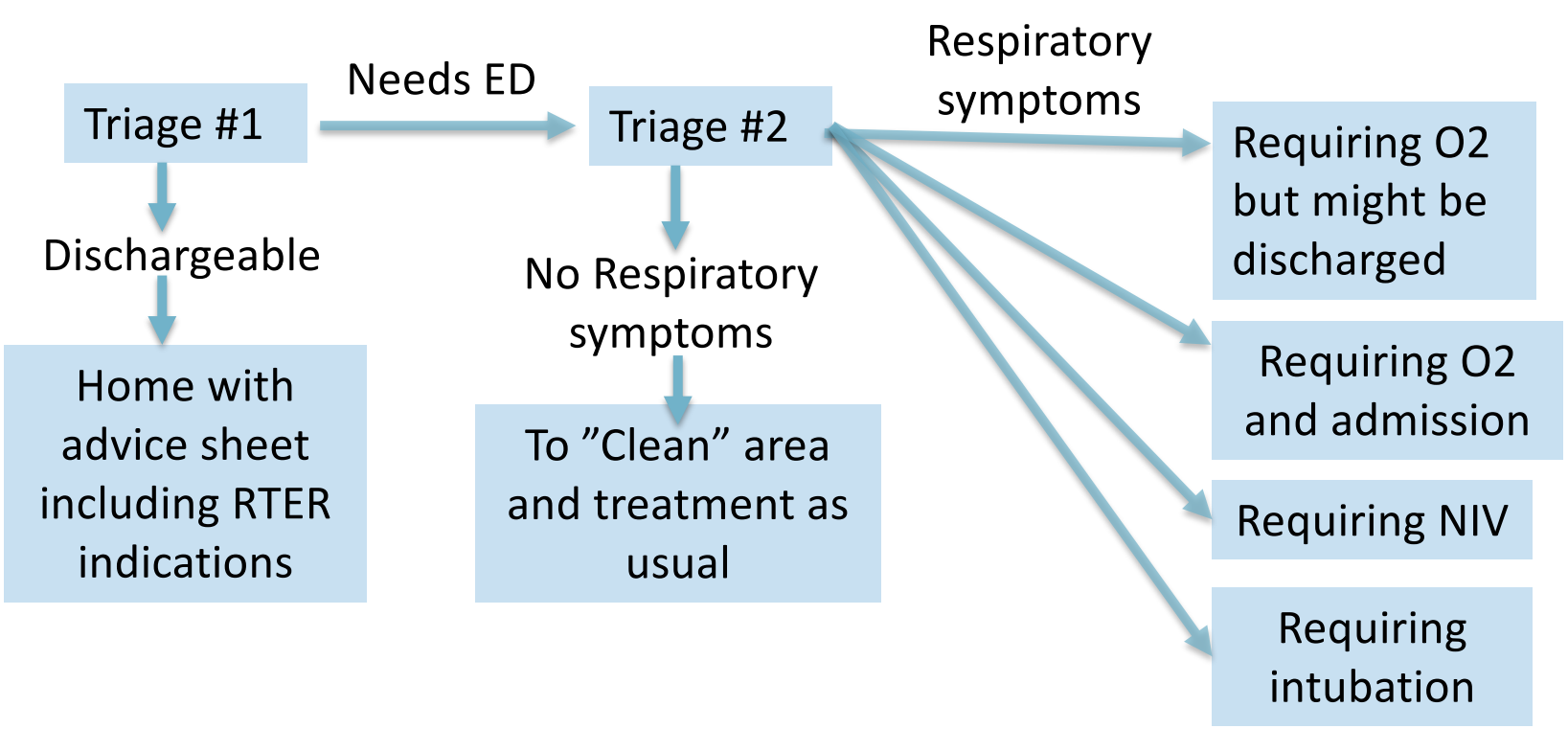
- First triage into stay or go
- Second triage into respiratory or not
- Scaleable Dirty & Clean zones
- Defined triggers to scale up and down
- Care protocols (delegated acts)

Triage

- First triage into stay or go
- Second triage into respiratory or not
  - These are decision points, not separate areas or people
  - Define criteria for discharge ahead of time and empower triage nurse to do so without MD

Triage

- Second triage into respiratory or not
  - From this point on patients are treated in different areas,
    - “clean” for non respiratory
    - “dirty” for respiratory
- If criteria for COVID isolation change then the criteria for clean and dirty might as well


Triage #1
Needs ED
Triage #2
Respiratory symptoms
Dischargeable
Home with advice sheet including RTER indications
No Respiratory symptoms
To ”Clean” area and treatment as usual
Requiring O2 but might be discharged
Requiring O2 and admission
Requiring NIV
Requiring intubation

Zones

- Staffed & equipped to match acuity
- Clean & dirty isolated from each other
- Defined triggers to scale zones up and down
- Care protocols for all dirty zones

Notes

- Need predefined criteria for:
  - Discharge from Triage 1
  - Discharge from O2 therapy
- Clean area must be able to accommodate all levels of care
  - Monitors
  - Lab
  - Procedures
- Clean area does not need to be in the building
- All clean area patients are masked
- NIV & HF02 isolated room & dedicated staff due to aerosol risk

CAEP | ACMU

THANK YOU.