



HEALTH SERVICES CAPACITY TASK FORCE CAPACITY PLAN 2018



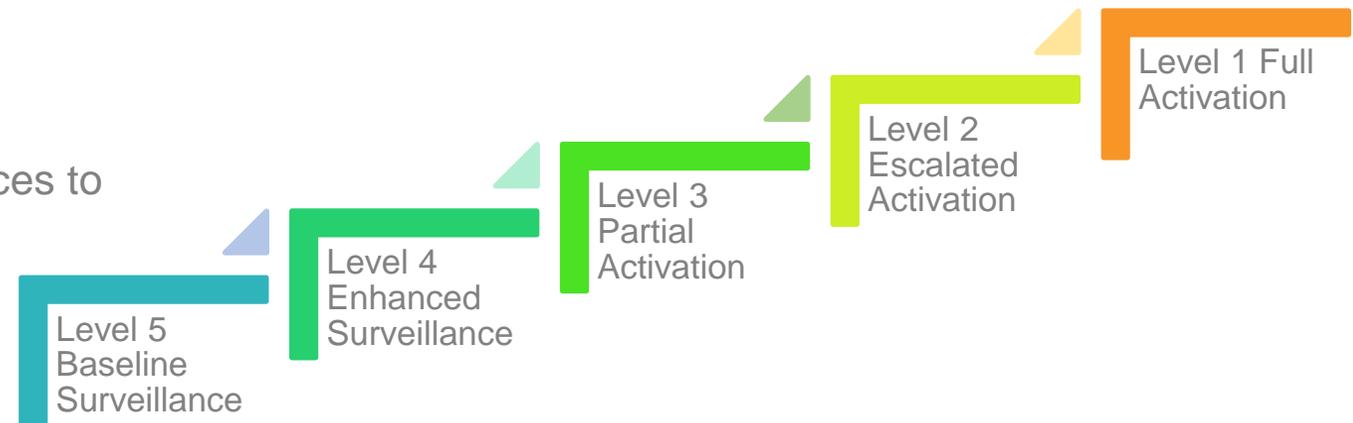


1997 TO NOW

- Developed in response to a historic influenza patient surge
- Task Force members include representatives from fire agencies, EMS providers, hospitals, community clinics, and skilled nursing facilities
- Primary document is known as the “Capacity Plan”
- Plan designed to recognize strain and align resources to meet the demand

NEW PLAN FRAMEWORK

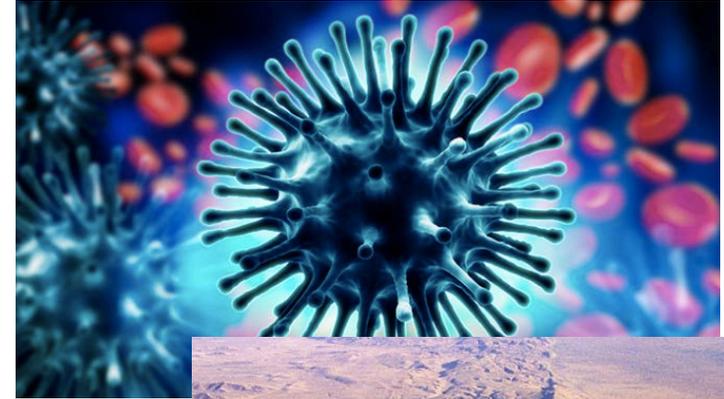
- Designed to detect events earlier using LEMSIS data
- Provides more action options at each activation level
- Refocused on the full continuum of care and each sector’s contribution to mitigating strain





REASONS FOR CHANGES

- Plan transferred to MCSD – remains under the HSCTF purview
- New CoSD LEMSIS data led to new metrics
- Designed to be responsive in an all-hazards environment
- 2017 influenza season prompted a deeper review
- Opportunity to combine strengths of Task Force
 - Share information
 - Troubleshoot problems
 - Create solutions





FROM 911 CALL TO ADMISSION OR DISCHARGE

- Increased the scope of the plan
 - Bringing in other health service organizations
- Reflects the ongoing LEMSIS monitoring
- Plan will be reviewed and updated annually
 - Revise with future Capacity Plan events
 - Adopt new data sources and metrics
- HSCTF members review every May, plan approved September





DETECTING HEALTH SYSTEM STRAIN EARLIER

- Metrics have at least a year of comparison data
- Continually analyze LEMSIS data for:
 - Predictive strength
 - Data integrity
- EMS staff actively pursuing other data sources to automate metrics including dispatch center/FirstWatch monitoring
- All metrics in this year's draft plan will be further validated, and are likely to be shifted and improved



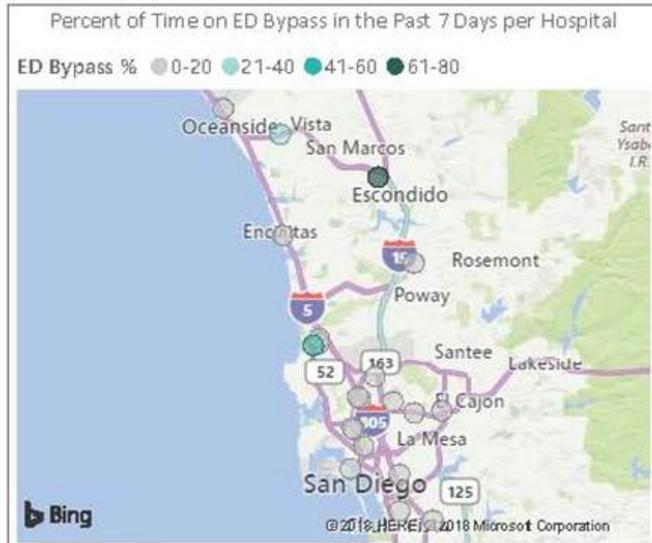


TOOLBOX APPROACH

- Draft plan focuses on options
 - Actions can be tailored to each event
 - Provides increased flexibility and adaptability
- Increased focus on local practices and procedures
- Intention of offering assistance to all health system sectors



REPORTING DASHBOARD



County of San Diego EMS Surveillance Report

Reporting Period: November 28 - December 4, 2018

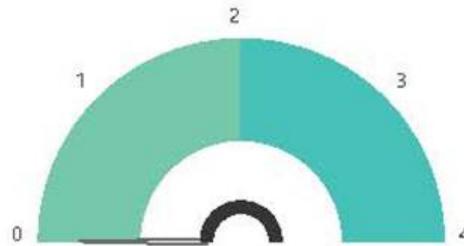
For source information and details on trigger levels reference the [All-Hazards Health System Capacity Management Plan](#).



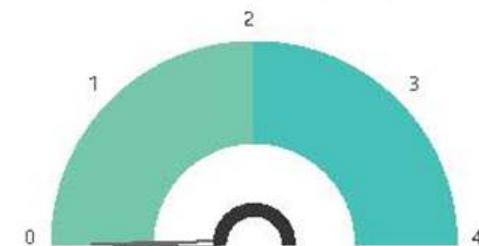
Relevant Situational Information

Another winter storm is on the way. Precipitation will begin Wednesday morning, but the brunt of the heavier precipitation will occur in two waves, one wave Wednesday afternoon and another Thursday. Precipitation will taper off late Thursday night.

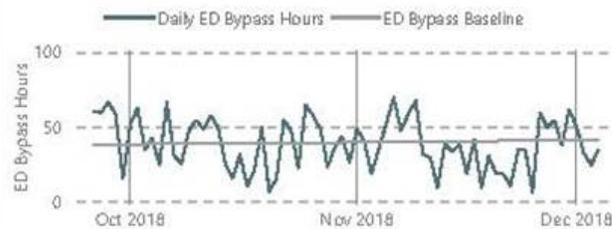
Number of Weeks Over ED ILI Complaints and Activity Level Baseline



Number of Weeks Over Respiratory Complaint Baseline



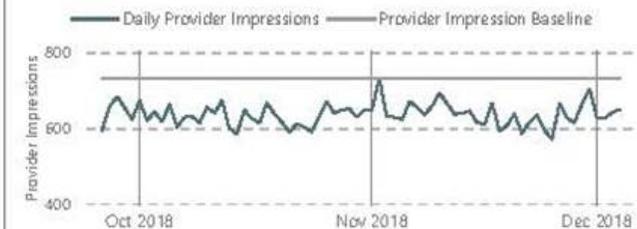
Total Emergency Department (ED) Bypass Hours per Day with Trigger



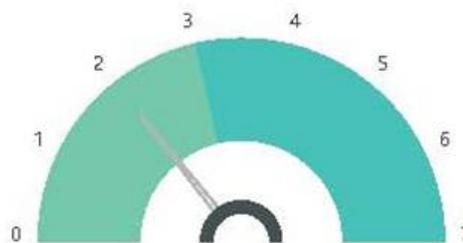
Average Transfer of Care (TOC) Time (minutes) per Day with Trigger



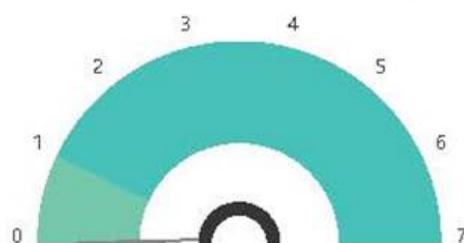
Total Provider Impression (PI) per Day with Trigger



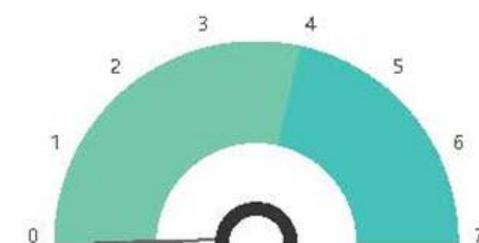
Number of Consecutive Days over ED Bypass Baseline in Past 7 Days



Number of Days Over TOC Baseline in Past 7 Days



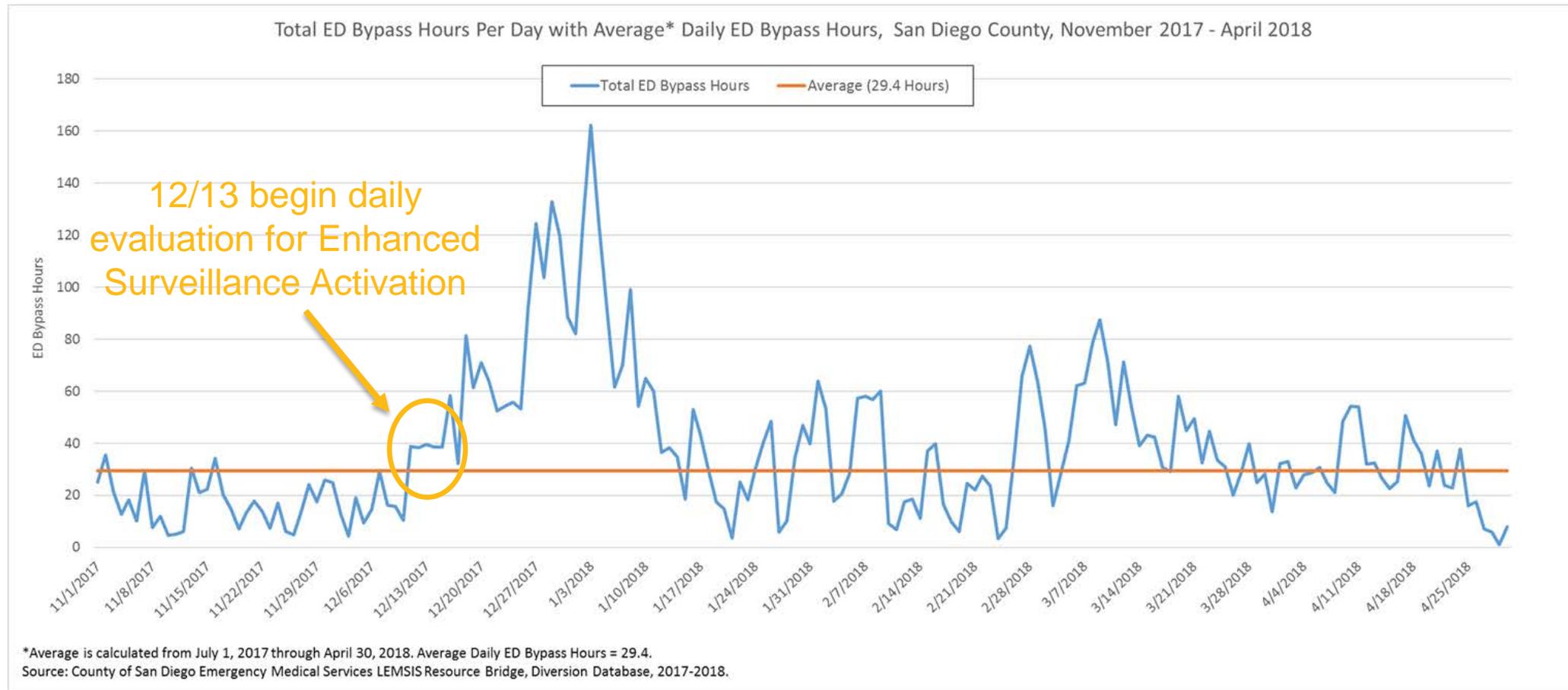
Number of Days Over PI Baseline in Past 7 Days



WHAT WOULD THE 2017 INFLUENZA EVENT HAVE LOOKED LIKE WITH THIS PLAN?



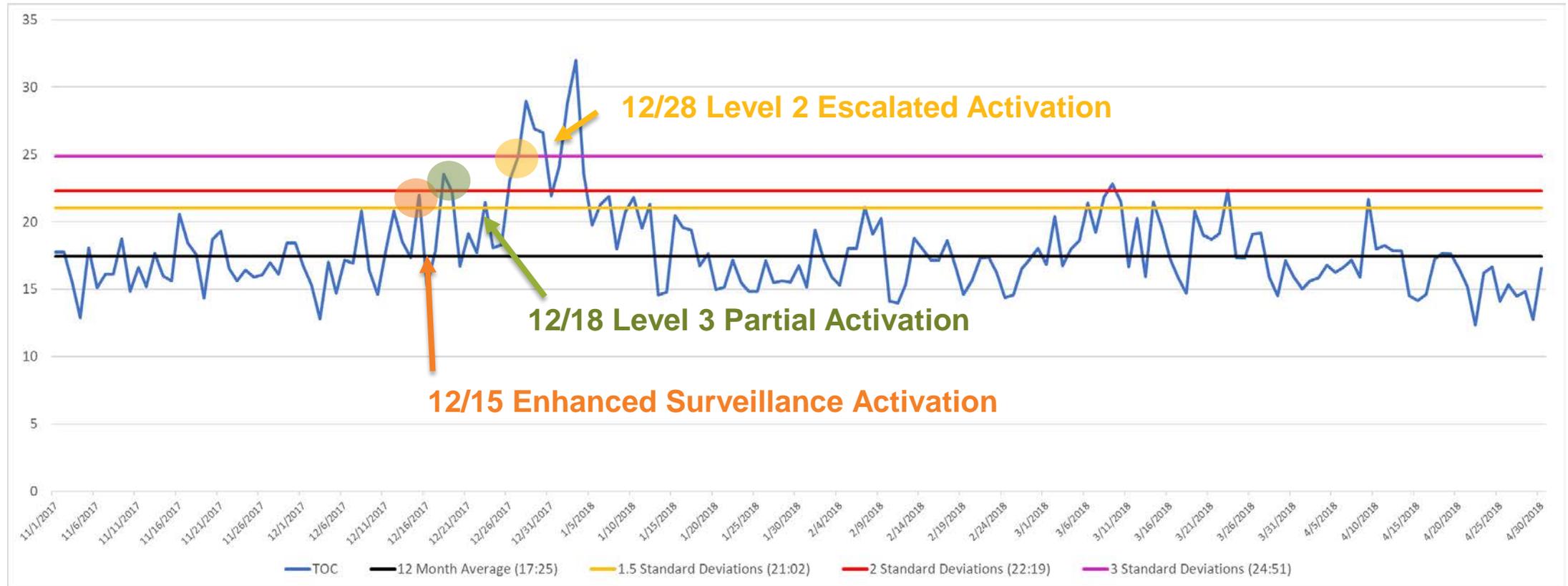
ED BYPASS HOURS



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TRANSFER OF CARE TIMES



CAPACITY PLAN RECAP



PROCESS TO DATE

- Redesign to apply new LEMSYS data
- Allows earlier capacity event detection
- A toolbox approach
- Engages the full continuum of care

NEXT STEPS

- Finalized stakeholder input
- Full HSCTF review and approved September 27th
- Next review process slated for Spring 2019