

HOSPITAL OVERCROWDING

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HEALTHCARE FACILITY SURGE / TRIAGE

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HEALTHCARE FACILITIES

□ Planning Assumptions:

- H1N1 will return in the fall
- Seasonal flu will also emerge
- Hospital ED's will be surged
 - Private practices may/will refer patients to hospital ED's
 - Recession is causing more uninsured- seek care in the ED
 - School closures may 'trigger' worried well reactions
 - Normal day to day emergencies will still exist

HEALTHCARE FACILITIES

□ Department Planning

- 2 potential scenarios for planning purposes
 - Moderate presentation (mild illness) H1N1 novel influenza
 - Severe presentation (more virulent) H1N1 novel influenza

HEALTHCARE FACILITIES CHALLENGES

□ Moderate Scenario

- Similar to Spring 2009
- Emergency Departments will be overwhelmed
- Inpatient status will not be greatly impacted
- Public will respond to school closures, news articles, deaths
- Mild influenza like illness cases will present
- Worried well will present

HEALTHCARE FACILITY CHALLENGES

□ Severe Scenario

- Emergency Department will surge
- Increased pediatric H1N1 cases will present
- Seasonal Influenza cases (older age group) will also present
- Increased inpatient admissions
 - Pediatric
 - Adult
 - Critical Care
 - Monitored Beds
 - Increased Mortality

HEALTHCARE FACILITIES

- What did we see and learn in Spring 2009?
 - Surges in emergency departments
 - Pediatric and young adult cases were typical
 - Inpatient admissions were not surged
 - Hospitals did not activate ICS in general
 - Requests from hospitals for City and State volunteer activation
 - Requests to the SDOH for EMTALA waiver from CMS

HEALTHCARE FACILITY CHALLENGES

- Emergency Departments were already overcrowded
- Space issues arose
- Waits in ED increased
- Triageing flu related patients vs emergency cases became more difficult
- Staffing for increased surges became a challenge
- Sustaining operations over a prolonged period of time was difficult

HEALTHCARE FACILITIES

- Department Activity:
 - Develop 'triggers' for hospitals to utilize when H1N1 returns
 - Triggers will be hospital, long term care and home care specific
 - They will be used in planning as well as response phases.
 - Planning when H1N1 is not in immediate community
 - Response when it begins to impact facility or service

HEALTHCARE FACILITIES PLANNING

- Examples of triggers when H1N1 re-emerges and begins to surge:
 - Activate hospital ICS
 - Place signs outside of ED directing non-ill to information sites
 - Establish a screener outside the ED to direct ILI cases to a separate area the hospital establishes to treat those patients
 - If space in the ED is an issue consider a designated area to hold surge:
 - Tents
 - Cohort waiting areas
 - Mobile Vans

HEALTHCARE FACILITIES

- Department Activity cont'd
 - Review regulations that may impede response
 - Privileging changes to support surge areas
 - 1 year nurse experience before working in ED
 - 8 hour ED rule
 - Provide training to providers on HPN/HERDS
 - Provide constant line of communications for facilities
 - Regularly scheduled Webinars/ conf calls
 - Q & A mail log to address questions
 - Bi-directional information sharing
 - Dashboard of pertinent information for facilities

HEALTHCARE FACILITIES

- Department Activities cont'd:
 - Test the Volunteer System
 - Evaluate Regional surge plans
 - Monitor HERDS critical assets

QUESTIONS?

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