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

- 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

- **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
- Triaging 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

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

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