

## HOSPITAL OVERCROWDING

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## HEALTHCARE FACILITY SURGE / TRIAGE

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## HEALTHCARE FACILITIES

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### □ 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

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### □ 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

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### □ 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

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### □ 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

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- 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

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- 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

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- 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

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- 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

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- 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

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

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QUESTIONS?

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