Pandemic Influenza Response for Hospitals

Louisiana Department of Health and Hospitals

Housekeeping

- Emergency Exits
- Restrooms
- Cell phones
- Smoking
- Questions during presentation
Introductions

Objectives

- Define surge capacity
- Discuss methods for improving patient flow during a pandemic
- List three strategies for increasing hospital capacity
- Discuss the advantages to using alternative triage methods during a pandemic
- Discuss the key components of a Continuity of Operations (COOP) plan
Objectives

- List the hospital’s responsibilities related to fatality management
- List equipment that might be stockpiled to prepare for a pandemic
- Discuss the issues related to administering prophylactic antiviral medications

“Traditional Events”

- Easy to know when event occurs
- Notification through regular channels
- Staff roles defined
- Equipment usually available
Sustained Events

- Unclear when the event “starts” and “ends”
- Usually we don’t consider long term objectives
- Needs are different
- Require creative thinking

When Do We Start?
Recognition of Surge Events

- Surge CAPACITY is the ability to deliver appropriate range of services to increased number of patients

- Surge CAPABILITY is the ability to respond to unusual and special medical needs

Graduated Plans

- Based on State/Federal Plan levels
- Different actions in each phase
- Trigger points should be determined
- Prepare materials ahead of time
Graduated Plans

- Staff should know both the process and their role in each phase
- Staff information sharing is critical
  - Consistent information
  - Regularly updated
  - Rumor control hotline

WHO Pandemic Phases

- **Interpandemic period**
  - **Phase 1**: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
  - **Phase 2**: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
WHO Pandemic Phases

- **Pandemic alert period**
  - **Phase 3**: Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact.
  - **Phase 4**: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
  - **Phase 5**: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).

- **Pandemic period**
  - **Phase 6**: Pandemic: increased and sustained transmission in general population.
Incident Command System

- Hospital must decide at what point their ICS will be activated
  - Trigger points
  - Plan levels
  - External triggers

ICS In Non-Traditional Events

- What will it look like?
  - Who is activated?
  - How are they activated?
  - Modified EOC?
  - Levels of activation
  - Operational periods
    - May vary depending on phase of pandemic
    - Based on need
Limited Activation

- Meeting of Command and Planning sessions twice daily
  - Objectives defined
  - Incident Action Plan developed
- Meeting of all sections twice daily
  - Status reports
  - Updates sent out at end of day to staff

Public Information

- MUST be coordinated through Joint Information Center (JIC)
- Should have specialized Risk Communications training
- Consider pre-scripted media messages
- Plan should clearly state who is authorized to talk to media
  - Staff interviews
Safety Officer

- Very important in pandemic influenza
- Consider using your ICP
- Should direct and monitor use of PPE
- Should include surveillance of staff
  - Lessons learned from SARS
  - Must have written guidelines

Medical/Technical Specialist

- Consider Infectious Disease Physician
- Should direct treatment guidelines
- Development of triage guidelines
- Ethical issues?
Increasing Surge Capacity

- Most important step is triage of patients
  - Pre-determined criteria for admission
  - Coordinate with Local Public Health Dept at vaccination sites (if open)
  - Consider “pre-screening” patients prior to E.D.
    - Louisiana Specific Tool
    - Public information messages
Surge Capacity Beyond The E.D.

- Patient discharges
  - Criteria should be pre-determined
  - Consider how pt/family will react
  - Clear mechanism for follow-up care
  - Give them ONE point of contact to call
  - Consider using a “scoring” mechanism
    - Medical condition
    - Available support
    - Potential for complication

- Cancellation of elective procedures
  - Consider how medical staff will react
  - Consider how administration will react
    - Decrease in revenue
  - Determine how patients will be notified
  - Set criteria for when procedures will begin again
Surge Capacity Beyond The E.D.

- Increasing internal capacity
  - Rules relevant to surpassing licensed bed numbers
  - Converting single rooms to double rooms
  - Using non-traditional patient care areas
  - Guidelines for patient type
  - Equipment/supply guidelines
  - Staffing
    - Nurse:Patient ratios

Surge Capacity Beyond The E.D.

- Austere Medical Facilities
  - Facilities outside the walls of the hospital
  - Usually community-wide cooperation
  - Only used for specifically designated type of patients
    - Level of care may vary depending on resources
    - Previously seen as a “short-term” solution
Austere Medical Facilities

- Coordination
  - Should be predetermined site
    - Involve public/environmental health
  - Best if staffed by multiple organizations
  - Consider equipment/supplies needed
    - Could you use existing caches of supplies?
    - Consider legal requirements

Austere Medical Facilities

- Types of patients
  - Infected patients requiring minimal care, with inadequate support system
  - Medications usually restricted to analgesics and antibiotics
  - No telemetry or ventilators
  - Low likelihood of deterioration
Patient Flow Issues

Why Do E.D.’s Hold Patients?

- Beds unavailable
- Waiting for tests or results
  - Lab
  - Radiology
- Waiting for admission orders

Remember – diversion of patients will probably NOT be an option
How Do We Improve Flow?

- Pre-defined criteria for admission
- Pre-determined admission orders for influenza
- Protocol for decreasing the tests administered
- Rapid admissions units
- Appropriate transfer protocols for non-influenza patients

Patient Care Issues
Key Patient Care Issues

- Admission criteria
- Key patient care components
- Allocation of scarce resources
- Psycho-Social needs
- Family needs
- End-of-life care

Admission Criteria

- Discussed in earlier section
- What needs to be included?
  - MUST be approved by medical staff
  - Must be objective
  - No exceptions should be made
  - Should have a “trigger point”
Key Patient Care Components

- Assessment
- Medication administration
- Nutrition and elimination
- Hygiene

Psycho-Social Needs

- How do we support patients who have family members affected?
- Role of chaplaincy/social workers
- Discharge education
  - Am I well enough to go home?
  - If I am well, can I give it to other people?
  - Can I get it again?
Critical Care Issues

- The other ICU patients don’t disappear
- How is triage for ICU care accomplished?
- How do we differ for non-influenza patients?
- How will we triage ventilators?

Allocation of Scarce Resources
Resources

- State and National Committees
- Hospital Ethics Committee
- Journal Articles
  - American College of Chest Physicians 3/09

End-Of-Life Care

- Reduced resources
  - Both in hospital and community
- What will be a Medical Examiner case?
- How will post-mortem care be altered at the funeral home?
- Consider the paperwork needed to process an in-hospital death
Fatality Management

- Consider a “Fatality Management Team”
  - Three staff members
    - Notification Specialist
    - Preparation Specialist
    - Documentation Specialist
  - Team handles ALL in-hospital deaths
  - Discussion of who could fill these roles

Fatality Management

- Community Planning
  - Temporary storage
  - Custody of remains
  - Disposition

- Family notification of these circumstances as early as possible
Key Staffing Issues

- Staff with affected family members
- Fear of “bringing it home”
- Increased Nurse:Patient ratios
- Loss of ancillary staff
- Child/pet care issues
- Stress
Identify Key Staff

- Reflected in Continuity of Operations (COOP) plan
- Who needs to be there?
- Can some tasks be done remotely?
  - Office buildings
  - Working from home
- Identify a timeline

Staffing Solutions

- Create schedules that staff can live with
  - Involve staff when you’re formulating
- Anticipate needs
  - Staffing needs
  - Needs OF staff
- Emphasize infection control!
Scheduling

- How long can you maintain 12 on/12 off?
- How many people will you lose?
- What is a Nurse:Patient ratio that you can live with?
- Can you draw staff from areas that have been reduced (i.e. Surgery)?

Using Non-Traditional Staff

- Consider revising the care that nurses give
  - “Total Care” vs. “Team Care”
- Consider using staff resources
  - Educators
  - Quality/Case Management
  - Infusion Therapy/ET Specialists
  - Students
Protect Your Staff

- Inform them how you’re going to reduce risk of disease transmission
  - Infection Control measures
  - Staff screening
  - Family screening?
  - We’ll also discuss during Antiviral section

Outside Resources

- Staffing agencies
- “Float pools”
- State/Federal teams
- Community volunteers
- Retired practitioners
Continuity of Operations

As defined by FEMA, includes:
- Essential functions
- Delegations of authority
- Succession planning
- Alternate facilities
- Interoperable communications
- Vital records and databases
- Human capital
- A test, training, and exercise program
- Plans for devolution and reconstitution

COOP for Hospitals

- Define “key” operations
  - Patient care
    - Inpatient, surgery, cancer treatments
  - Ancillary services
    - Lab, X-ray, Diagnostics
  - Administration
    - Billing, Medical Records
COOP for Hospitals

- Determine a time frame
  - Discussion

COOP for Hospitals

- What can be done now?
  - Define medical records processes
  - Outsourcing billing/insurance claims
  - Alternative locations for minor treatments
  - Volunteers can be used
    - Boy Scouts to valet cars?
    - Kiwanis Club to serve meals?
Vaccines and Anti-virals

- Will probably not be readily available
- Each hospital should have an "in house" dispensing plan
- Plan needs to include a mechanism for rationing vaccine based on epidemiologic/demographic criteria
- Ultimately, State Health Dept will set criteria
Anti-virals

- May or may not be effective
- May be in very limited supply from private vendors
- May be obtained from “public” sources

Anti-virals

- State and federal caches
  - Hospital will receive a portion of these
  - To be used for the treatment of ill individuals only (those that meet epidemiologic and demographic criteria outlined by the CDC/State at the time of the Pandemic)
  - High probability that NONE of the cache will be used for prophylaxis
Anti-virals

- ALL antiviral medicines in the State of Louisiana, REGARDLESS of "owner" will be subject to rules of use outlined by the SHO at the time of an outbreak.
  - MAY include using privately owned anti-virals for prophylaxis of SOME demographic groups
  - If used for this purpose, healthcare providers MAY be included

Equipment and Supplies

Should We Stockpile?
Obtaining Supplies

- In-House
- Traditional Supply Chain
- Hospital System
- County/Regional
- State
- Federal
  - SNS

Why Stockpile?

- Decreased reliance on outside sources
- Supplies may be unavailable during pandemic
- Fixed cost
- Readily available
Downfalls to Stockpiles

- Cost
  - Sometimes un-reimbursed expense
- Storage
- Inventory management
- Outdating
- “Guessing” at what we’ll need

IF You Stockpile

- Stockpile a REASONABLE amount of the most commonly needed items
- Consider county or regional stockpiles
- Formulate a plan and a policy
- Identify who is responsible
- Don’t “stuff it and forget it”
Commonly Stockpiled Items

- Masks
  - N-95 vs. Surgical Masks
- Isolation Equipment
  - Gowns, gloves, etc
- Medical Supplies
  - Stethoscopes, IV fluid and tubing
- Medical Equipment
  - Monitors, ventilators
- Medications

Resources for Stockpiles

- Louisiana Department of Health/Hospitals
- Louisiana Hospital Association
- 3M Surge Capacity Demand Planning
Desktop Exercises

- Dates
- Requirements
- Participants
- Roles and Responsibilities
- Goals and Objectives
- Joint Commission Requirements

Questions / Comments?