

## **Hospital Strategies for Surge Management Related to Widespread Influenza**

Hospitals statewide are experiencing a higher than normal patient volume due to the high incidence of influenza and other respiratory conditions. The list below was compiled by the hospital associations and represents strategies that hospitals are using to manage surge in their emergency departments, as well as inpatient units, related to widespread influenza.

### **Overall capacity management strategies**

- Consider activation of Hospital Incident Command Structure (HICS) to facilitate cross-department communication and reporting of key metrics.
- Conduct morning huddles to review current census in the Emergency Department (ED) and inpatient areas, and develop strategies for next 24 hours.
- Conduct bed huddles to work through discharge planning, patient cohorting and use of surge spaces.
- Hold daily calls or meetings with multidisciplinary teams to quickly identify and resolve challenges, such as staffing, pharmaceutical or supply shortages. During meetings, discussions combining data findings with staff experiences help guide decision making. A number of hospitals are using emergency management staff to facilitate the logistics of these meetings.
- Review data from multiple sources, e.g., lab results, admissions, syndromic surveillance and census, to ensure there is a strong grounding and understanding of potential impacts on facility operations. Compare data with data from the same time period in previous years.
- Closely monitor ventilator utilization and isolation capacity/availability.

### **Emergency Department Management**

- Set up fast track triage for ambulatory patients in front of or at the entrance of their ED. Incoming patients with influenza-like illness (ILI) are quickly identified and treated or sent to secondary areas for evaluation and treatment. This has the benefit of decreasing the volume in the ED, and not exposing ED patients to those with ILI. Hospitals should refer to the CMS fact sheet on EMTALA for additional guidance.
- *Designate Influenza Areas in the Emergency Department*  
Divide the emergency room into two sections, one to assess and treat patients with respiratory illness, and the other for non-respiratory illness. Hang a curtain from ceiling to floor between the two sections.
- *Activate Mobile Medical Units*  
Leverage DOH approved mobile medical units used for care in the community, e.g., ophthalmology or diabetes checks, to serve as an extension of the emergency department to care only for patients triaged for influenza.

- ***Set Up Medical Triage Tents***  
Set up tents specifically designed to triage influenza patients outside of the emergency room space.
- **Identify and Prepare Usable Space in Preparation of Emergency Department Surge**
- **Closely Monitor and Prepare Medical Supplies Necessary to Manage Increased Influenza**
- **Identify critical points related to supplies or surge that warrant intervention. Routinely educate staff about trigger points.**
- **Set up separate influenza-like-illness waiting areas.**
- **Place signage and infection control stations at main entry points (masks, hand sanitizer). These stations are accompanied by instructions related to the fast track triage for individuals with ILI.**

### **Inpatient Management**

- **Activate inpatient surge plans to accommodate flu patients: the biggest challenge is finding inpatient beds for flu patients in a timely manner. This is exacerbated by the inability to place flu patients with non-flu patients. Inpatient management requires close coordination with those involved with patient discharge planning, environmental services to clean rooms, and infection control.**
- **It has been very beneficial to have the hospital Chief Medical Officer, head of Infection Control, head of Epidemiology, and the Emergency Manager, meet routinely to go over the current census and strategize on bed management. This helps to implement:**
  - **cohorting of patients with the same flu strain in the same room and using color coding to alert all staff.**
  - **movement of patients from isolation rooms as soon as possible to increase the availability of this limited resource.**
- **Freeing up precious inpatient beds by setting up "discharge lounges," where patients who are moving through the final steps of discharge can be sent rather than remaining in rooms through entire discharge process. These spaces must be appropriately monitored.**
- **Movement of some inpatients to surge areas, in order to free up rooms to cohort inpatients with flu.**
- **Opening up of additional patient beds in underused spaces to cope and providing "hallway beds," in which patients are moved into hallways adjacent to nursing stations. See CMS rules regarding use of PPS excluded units at CFR 412.2(a)(1).**

## **Employee Health and Wellness**

- Many staff have chosen to wear masks to protect their own health and the health of their patients, whether they have been vaccinated or not.
- Hospitals should direct staff to wash hands more frequently.
- Limit the number of /applying age restrictions on visitors, particularly in maternity, pediatric and neonatal intensive care units. Do not allow visitors under the age of 16 to enter the hospital.
- *Re-launch Annual Staff Influenza Immunization Campaign*  
Review staff immunization rates to identify areas of low vaccine uptake, and tailor educational efforts. One health system found that environmental and dietary services had low immunization rates, and learned it was because staff in those areas had perceived that their risk of transmitting influenza or becoming ill was low.
- *Prepare for Staff Shortages*
  - Work closely with county health departments to learn how to leverage the Medical Reserve Corps (MRC). Identify procedures necessary to integrate MRC staff into operations.
  - Work with temp agencies to ensure staff availability.
  - Develop surveillance mechanisms to quickly identify staff shortages.

## **Community**

- *Partner with Community Providers and Emergency Medical Services*
  - Assess and treat minor ailments in the home to prevent patients from arriving at the hospital unnecessarily and contracting influenza or contributing to emergency department overcrowding.
  - Facilitate triage of patients by phone, when appropriate.
  - Identify dehydration risk for patients with influenza who are taking medications that may cause more complications.
  - Communicate with and support community based providers so they remain functional.
- *Launch Community Education Campaign*
  - Partner with medical providers to educate patients about when to come to the emergency department. The DOH website contains extensive educational materials in this regard.
  - Increase education among inpatient population and their guests.