

Recommended Management Actions to Prepare Hospitals for Overflow Situations in the 2007 Winter Season

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Introduction

For hospitals, the winter season is routinely characterized as the time of high volume and taxing demand. Although we have dodged the bullet over the last several years, even a mild season could have a significant impact. All the preplanning in the world will not eliminate the severe overcrowding that comes with the winter season, but preparation can ease the burden on hospital personnel, medical staff and administration.

In order to assist hospitals to better prepare for and cope with region-wide overflow situations, the Hospital Association of Southern California (HASC) has developed the following list of Recommended Management Actions to Prepare Hospitals for Overflow Situations. These recommendations are included in the comprehensive HASC Overflow White Paper, which can be accessed on the HASC website at: www.hasc.org/download.cfm?ID=14867.

Pre-Planning

1. Educate staff on how they can stop the spread of germs in the workplace.
2. Place “respiratory etiquette” posters and signs in high-traffic areas. Signs are available from the Los Angeles County Department of Health Services – Acute Communicable Disease Control Program. Contact Manuel Cruz, health education assistant, at (213) 240-7941. For additional health education information and materials, go to www.lapublichealth.org/acd.
3. Have boxes of facial tissue, with appropriate trash receptacles, available and placed throughout the ED and holding/waiting areas.
4. Install hand hygiene dispensers, such as alcohol-based hand washing gel, in patient rooms, the ED, holding/waiting areas, and other high-traffic locations.
5. Based on current and future supply of influenza vaccine, hospitals should consider immunization programs for high-risk patients upon discharge; the local community; and staff members and physicians (as well as their household members).
6. Hospitals should consider year-round pneumococcal immunization programs for high-risk patients upon discharge.
7. Consider the use of antiviral medications as a possible prophylaxis for workers who are unvaccinated and exposed to cases of influenza.
8. Consider the use of FluMist® (a live attenuated influenza vaccine manufactured by MedImmune and licensed for use in well persons ages 5-49) as a possible alternative to the injectable inactivated vaccine.
9. Review and update high census procedures prior to the seasonal influx of patients.
10. Pre-plan for flexible use of space within the facility.
11. Develop joint contingency plans with physicians, IPAs, urgent care centers and community clinics, which may include extended and weekend hours.
12. Ensure there are effective procedures for expediting admissions and discharges of patients with the critical care and step down unit’s medical directors, case managers and charge nurses.
13. Access the influenza section of CDC website on a regular basis for related updates and information at www.cdc.gov/flu.
14. For further information and materials that may supplement the CDC’s, access the Los Angeles County Public Health Immunization Program’s webpage at www.lapublichealth.org/ip.

Medical Services and Equipment

1. Consider limiting or postponing elective procedures.
2. Appoint a registered nurse officer to manage patient flow in the ED.
3. Utilize a physician in the ED for rapid medical evaluation (in addition to, or in place of, a nurse triage manager).
4. Work with medical staff and medical groups to extend office hours and ensure that they have adequate call-panel physicians.
5. Increase the number of allied health practitioners at the facility and/or on-call during peak periods.
6. Consider utilizing a separate holding/waiting area for patients presenting with possible flu-like symptoms, such as fever, upper respiratory complaints and fatigue.
7. Consider distributing masks to patients who present with flu-like symptoms.
8. Consider utilizing a separate area for patients awaiting admission.
9. Work with medical staff to achieve the most effective allocation of beds.
10. Encourage physicians to discharge patients in the morning instead of the afternoon.
11. Arrange transportation for patients being discharged.
12. Consider utilizing available space to create a “discharge lounge” where discharged patients can await transportation home.
13. Consider alternative resources for high-demand equipment, such as respirators, gurneys and supply carts, utilizing ReddiNet to query other hospitals about availability.

Staffing Considerations

1. Establish vacation and on-call policies that consider staffing needs during peak seasons.
2. Encourage essential personnel to delay jury duty for the maximum allowable time.
3. Make arrangements with the local colleges and universities that allow for the utilization of additional nursing students during overflow situations to assist in-patient care areas with non-nursing tasks.
4. Consider clinical use of registered nurses serving in administrative positions.

Requesting Regulatory Flexibility

The Winter Season White Paper references Title 22, Section 70129 as the mechanism for requesting program flexibility. In January 2005, the Department of Health Services, Licensing and Certification clarified the department’s position on program flex in a memo from Brenda Klutz.

It is recommended that the appropriate hospital personnel discuss Title 22 flexibility with the local DHS office prior to the winter season. The contact phone numbers for DHS District Offices across the Southland are:

Los Angeles

- Eric Stone, Supervisor – (323) 869-8205
- Beverly Williams, Program Manager – (323) 869-8504
- Fax – (323) 890-8753

Riverside

- Bonnie Holle, District Administrator – (909) 388-7170

- Fax – (909) 388-7174

San Bernardino

- Donna Morales, District Manager – (909) 383-4777
- Fax – (909) 888-2315

Orange County

- Jacqueline Lincer, District Administrator – (714) 456-0630
- Fax – (714) 456-0643

Ventura/Santa Barbara

- Betty Smith, District Administrator – (805) 604-2926
- Fax – (805) 604-2997

If an overflow situation occurs after normal business hours, and a hospital requires permission to alter their patient accommodations, hospitals should contact the California

Office of Emergency Services Warning Center at (916) 845-8911 and ask that they notify the DHS Duty officer, who will in turn contact L&C.

You may be able to expedite Health Facilities Division action on your request by being prepared to address the following issues:

1. Registry has been called and is not available.
2. Transfer opportunity has been sought and is not available.
3. CEO has been notified and all alternative resources have been exhausted.
4. Transfer of lower acuity patients from ICUs and acute areas to appropriate treatment areas.
5. Curtailment of elective surgical and diagnostic procedures.

Community-Wide Coordination and Control

As part of an overall preparedness plan for dealing with periods of excess demand on emergency services, the Department of Health Services, in cooperation with HASC, may implement the following actions:

1. Initiate a tracking system for trending the impact of the winter season on hospitals.
2. If the trend indicates a region-wide crisis and there is no value in diverting ambulances away from emergency departments, the Director of Emergency Medical Services may require all hospitals to maintain an “open” emergency department and no emergency department diversions will be honored. Re-evaluation of this policy would take place every 24 hours until the crisis is over.
3. Public Health may issue advisories regarding the crisis and the appropriate use of emergency departments versus clinics/urgent care centers.
4. As in previous years, HASC may issue press releases to the media in order to disseminate the appropriate messages to the public.
5. EMS may assist in the coordination, transportation and use of supplies/equipment from one hospital to another through the Medical Alert Center via ReddiNet.
6. EMS may permit BLS ambulances to honor Emergency Department diversion and transport patients to the next closest facility.
7. HASC, EMS, Public Health, Los Angeles County Medical Association, Los Angeles County Emergency Medical Directors Association, Community Clinic Association of Los Angeles County and other stakeholders will participate in weekly conference calls to assist in the development of appropriate coordination and response planning to the crisis.
8. HASC will work through established lines of communication with local and state DHS offices, the Board of Supervisors, CHA and all other appropriate stakeholders to assure the best possible coordinated response.

Conclusion

It has been a number of years since the Southern California region has experienced a major flu season. Unfortunately, the capacity within the health care delivery system has declined to the point where it often seems like a crisis despite the absence of a true event.

Should a truly severe winter season occur, all stakeholders will have to collaborate as much as possible to assure the best achievable coordination and outcome for the patients and their families.

HASC would like to acknowledge the countless number

of individuals who have provided input and guidance into these recommended management actions, which have been developed with broad input over the past seven years. This is a “living document” and continues to be updated annually and new recommendations are appreciated.

If you have additional recommendations or questions, contact Mark Gamble, HASC Regional Vice President, Greater Los Angeles, at (213) 538-0702 or mgamble@hasc.org.

Additional Resources

1. Centers for Disease Control and Prevention (CDC) website: www.cdc.gov/flu
2. Los Angeles County Department of Health Services – Public Health website: www.lapublichealth.org
3. California Department of Health Services Division of Communicable Disease Control website: www.dhs.ca.gov/ps/dcdc/dcdcindex.htm



Mark Gamble, HASC Regional Vice President for Greater Los Angeles, provides leadership in public policy and advocacy programs associated with health care for more than 120 constituent hospitals and health care systems in the Greater Los Angeles area. Since joining HASC in 1995, he has held a variety of positions within the organization, allowing him to gain a broad level of professional experience in health care and association management.