“Hospital surge capacity and response”
Hospital Planning

- Pandemic Preparedness Committee
- Limit nosocomial spread
- Maintain and increase the health care workforce
- Design an efficient system for resources distribution.

The Journal of Infectious Diseases 2006; 194:S77–81
http://www.hhs.gov/pandemicflu/plan/part1.html
Health care system handicaps

- Uncoordinated and fragmented
- Broke or nearly broke, with one third of hospitals operating at a deficit
- Severe manpower shortages
  - Estimated current need for ~100,000 nurses
- Approximately 48% of emergency departments operate at or over capacity.
- Insufficient intensive care unit beds.
- Essential health care supplies not available
  - Supply chains with “just-in-time” operations
INNSZ

Tertiary care hospital
214 Beds
2900 workers
Hospital Organization

Influenza Pandemic Preparedness committee

Directives

Internal Medicine
Infectious Diseases

Epidemiology Division
Intensive Care Specialists

Hospital reorganization

HCW

Feedback

Education Supervision
Influenza Pandemic Preparedness committee

- Epidemiology Division
- Internal Medicine
- Infectious Diseases

Directives

Teamwork

Hospital reorganization

Education Supervision

Feedback

HOW
HOSPITAL REORGANIZATION
• ER can be easily saturated

• Create a Filter
TRIAGE

Apr- May

44,225 patients

1,271 patients with Respiratory Symptoms

Indentify patients with ILI
Hand hygiene
Respiratory etiquette
Increase resources
Beds/ Ventilators / personnel
Lessons learned: ER/ ICU

1. Have a Triage
2. Prioritize ER/ ICU areas
3. Waiting room
   ➢ Patients with and without ILI
4. Negative pressure zone for patients with ILI
   COHORTING Patients
5. Communication between hospitals
IN-PATIENT ALLOCATION

2nd FLOOR

1. Suspected Cases
   • 20 beds
2. Confirmed Cases
   • 8 negative pressure rooms

N 95 Mask
Lessons learned

1. Remember Transmission mechanisms

   CONTACT/DROPLET

   Airborne

   WASH YOUR HANDS!!
Work Force

1. Health Care Personnel
2. Records
3. Test / treatment
4. Results
Benefits

- Decreased the anxiety among staff
- Allowed for the control and follow up of cases
- Planning a redistribution of the personnel in the critical areas of patient care
EDUCATION
1. Educational campaign
   - Transmission mechanisms
   - Hand Hygiene
   - Precaution measures
EDUCATION

- Conferences
- Working groups
- Distribution hand sanitizers
- Posters
1. Adherence to hand wash and precaution measures: 90%

2. Demand of hand hygiene products increased: 60%

Stockpile was finished.

Donatives
Conclusions

• An institutional emergency plan is mandatory to face an influenza pandemic.

• The committee in charge should include physicians and other professionals.

• The preparedness plan must be flexible since the characteristics of the outbreaks are unpredictable.

• In the context of resources shortage the steps include allocating of resources, building team work and promote communication.