

The Surge of H1N1: A Patient Safety Initiative

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Emergency Department

Lehigh Valley Health Network, Allentown and Bethlehem, Pennsylvania

Situation:

Staff in the Emergency Department (ED) at Lehigh Valley Health Network - Muhlenberg recognized the need to improve patient flow while caring for a surge of H1N1 patients:

- Facilitate the rapid flow of patients experiencing influenza-like symptoms through a busy ED
- Provide uncompromised care to other ED patients

A Call for Action:

- Patients presenting in the ED with influenza-like symptoms and other emergencies caused increased wait times and decreased patient satisfaction
- A patient safety plan was implemented by LVHN's ED staff, ED leadership, and Emergency Preparedness team to minimize staff impact, while providing adequate space, resources, and care for the patient population with suspected H1N1



A Call for Action:

- Immediate actions taken by the ED to divert influenza-like patients to an area where there was decreased exposure to other patient populations became imminent:
- Temporary solution:
 - Surge area created adjacent to the ED lobby, and
 - Set-Up: segregated patient areas, computers, phones, and cough stations
 - Staffing: ED RNs and a PA or physician
- 'Real' solution:
 - Inflatable surge hospital erected by LVHN Emergency Preparedness team
 - Set-Up: eight segregated patient care areas, an ante room, medical carts, and computer area
 - Staffing : ED RNs, mid-level providers, and ED registrar
 - Patients initially triaged in the main ED, then masked and taken to surge hospital

WHO NOT TO PROPHYLAX FOR INFLUENZA

1. Healthy children or adults who have been exposed in the community, school, camp or other settings
2. If more than 48 hours elapsed since contact with an infected person.

WHO TO PROPHYLAX FOR INFLUENZA

1. Persons who are at high risk for complications of influenza and who are a close contact of a person with H1N1 infection within 48 hours. High risk for complications would include:
 - a. Pregnant women
 - b. Persons of all ages with the following conditions:
 - i. Chronic pulmonary (including persistent asthma)
 - ii. Cardiovascular (except hypertension)
 - iii. Renal insufficiency
 - iv. Hepatic insufficiency
 - v. Hematological (including sickle cell disease)
 - vi. Metabolic (including diabetes)
 - vii. Disorders that compromise respiratory function or the handling of respiratory secretions or that increase the risk for aspiration. (e.g. cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders.)
 - viii. Immunosuppression, including that caused by medications or HIV.



Outcomes:

- Metrics pre and post surg hospital:

	Pre	Post
Volume	4573	4959
LOS	229 min	218 min
Wait time	32 min	28 min

- Improved staff satisfaction related to improved patient flow

Key Learnings:

- Standardized discharge instructions
- Standardized doses of medications commonly used
- Pre-written prescriptions for Tamiflu for MDs to sign
- Communication is key
 - Utilized 2-way radios with staff inside ED

Surg Hospital Facts:

- Fully inflated and functional in 3 hours
- 8 private patient areas
- Average number of patients seen daily 35



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