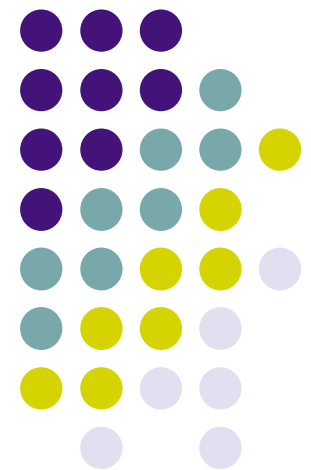
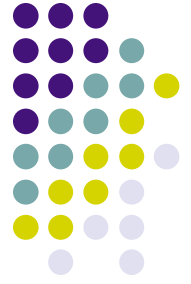


H1N1 Adult Emergency Care

Service impact, service delivery
and triage

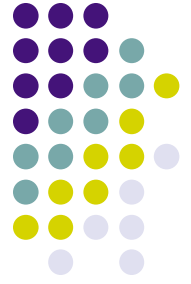
Karen Dunlop
Ricardo Lobato de Faria





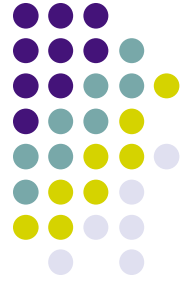
The numbers

- Need to provide emergency care for all other patients continues
- H1N1 patients will be an additional volume
- Expect a possible increase in numbers of patients without H1N1 but with respiratory symptoms
- Patients will self present to all departments, not just those with flu clinics



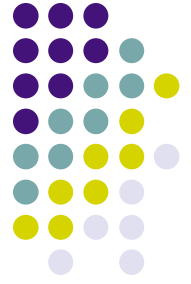
H1N1 patients

- Will range from worried well to respiratory arrest
- Will come by various modes : walking to EMS
- Some will come with their own agendas that may not match our processes (just want to be tested, just want Tamiflu...)



Our Challenges

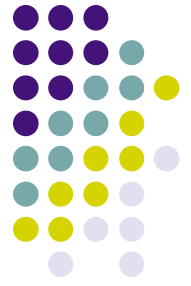
- ER is already a taxed system with little expansion capacity at most sites
- Capacity production involves more than what is under ER's control
- Patient and provider expectations of ER care may exceed what is needed



Priorities

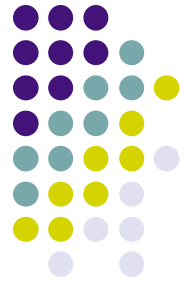
- Early identification of ILI
- Early implementation of infection control measures
- Maintenance of flow

Screening

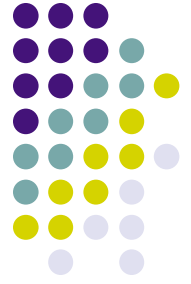


- At the door
- Before further triaging information obtained
- Separate ILI patients from others if possible by demarcating physical holding area, bypassing waiting room, etc.
- Seating separation with low numbers will evolve to cohorting as numbers increase
- Ensure providers feel safe

Streaming

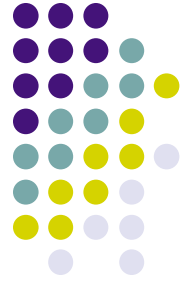


- Most patients are “fastrack” or “M.T.A” appropriate
- Develop process within department that can be used as needs expand and exported to a stand alone flu clinic
- Use all types of care providers (not just MD’s and not just ER staff)
- Only do diagnostics that will impact management – do not block assessment spaces!
- Simple documents and pre-printed prescriptions



Surveillance

- Canary in a coal mine
- Real time high level surveillance and trending using Emergency Department Information System (EDIS) information
- Higher level analysis using decision support tool fed by EDIS data



Sicker patients

- Incremental number with time
- For low volumes use current infection control practices
- For higher volumes demarcate a H1N1 care area with controlled access, minimal staff floating and highlighted infection control measures
- Early transfer out of department imperative