



AKRON REGIONAL HOSPITAL ASSOCIATION

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SUBMISSION PAPER TO
AMERICAN MEDICAL ASSOCIATION-CDC
REGARDING
PANDEMIC INFLUENZA PREPAREDNESS PLANNING
FROM A HEALTH SYSTEM READINESS PERSPECTIVE

CATEGORIES:

- Medical Surge
- Workforce Education and Safety
- Community Mitigation Strategies
- Emergency Healthcare Delivery
- Alternative Care Sites
- Critical Community Infrastructure Maintenance

COMMUNITY DESCRIPTION

The Akron Regional Hospital Association (ARHA) planning region includes four (4) counties: Portage, Stark, Medina, and Summit.

The hospitals in this region are:

- Affinity Medical Center – Doctors Campus
- Affinity Medical Center - Massillon Campus
- Akron Children’s Hospital
- Akron City Hospital (part of Summa Health System)
- Akron General Medical Center (part of Akron General Health System)
- Alliance Hospital*
- Aultman Hospital*
- Barberton Citizens Hospital
- Cuyahoga Falls General Hospital (part of Summa Health System)
- Lodi Community Hospital (part of Akron General Health System)
- Medina General Hospital
- Mercy Medical Center
- Robinson Memorial Hospital
- Saint Thomas Hospital (part of Summa Health System)
- WRH Health System

Population and Economic Outlook

The total population in this area is approximately 1,248,384. Population and labor force growth for the region have been above the average for the State over the last decade. The four county area is highly urbanized with a large manufacturing base. Population in the region has grown at a faster rate than the State since 1990 with 7.5 percent growth, and accounts for 11.8 percent of the population in Ohio. More than one-sixth of Ohio’s population growth over the last decade has occurred in the region.

The labor force in Ohio increased by nearly 450,000 between 1990 and 2001. The number of unemployed Ohioans and the unemployment rate declined throughout the State over the decade as the U.S. economy posted its longest economic expansion. The Northeast Central Ohio Region has had unemployment rates very similar to the State and the nation.

Education

A mixture of public and private schools serve the communities. This includes a rich disbursement of four-year colleges and universities, as well as vocational schools. The region is fortunate to have Northeastern Ohio Universities College of Medicine (NEOUCOM) located in Portage County. NEOUCOM is a community-based, public institution that provides interdisciplinary training of health professionals, offering both a doctor of medicine and a doctor of pharmacy degree. The NEOUCOM educational consortium includes the Rootstown, Ohio, campus, eight teaching hospitals, 10 associated hospitals and two affiliated health departments.

Public Health Infrastructure

In Ohio, counties may have more than one health department jurisdiction. Within this four-county area, there are eleven different health department jurisdictions. They include a county health department, city health departments, and combined general health districts. Each health district is independent, with its own Board of Health. The size of the health department jurisdiction, the number of employees, and the offered services are diverse. All health departments have been involved with improvement of public health epidemiology, bioterrorism and pandemic influenza planning.

Current Healthcare Delivery System

The ARHA region represents 15 acute-care centers. Located within the region are four level-one trauma centers, and two level-two pediatric trauma centers.

**Not members of ARHA but including in Pandemic Flu Preparedness Regional Planning*

Akron Children's Hospital is the region's only adult and pediatric burn center, and one of only two pediatric hospitals in the country that treats adult burn patients. The burn center is verified by the American Burn Association and The Committee on Trauma of The American College of Surgeons.

The region has 3,677 staffed beds and 735 ICU beds.

There are 77 residential care or assisted living facilities and 121 nursing homes in the four county area. The region is also home to a behavioral health center managed by the Ohio Department of Mental Health.

PLANNING PROCESS

The ARHA **Pandemic Flu Steering Committee** was created to address the following issues from a regional perspective, based on ARHA's four county membership region: Medina, Stark, Summit and Portage counties.

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Members of the Pandemic Flu Steering Committee and the various Task Forces include the following representation/invitees:

Hospitals

Chief Operating Officers	Chief Nursing Officers	Emergency Preparedness Coordinators	Materials Management Directors
Infectious Disease Physicians	Physician Ethicists	Vice Presidents of Medical Staff	Chief Financial Officers
Emergency Department Physicians	Infection Control Nurses	Pharmacists	Hospital Clergy
Respiratory Disease Physicians	Respiratory Therapists	Safety and Security Officers	Others as needed/identified

Community

Akron City Public Health	Barberton Public Health Department	Canton Health Department	Summit County Health Department
Portage County Health Department	Ravenna Public Health Department	Stark County Health Department	Medina County Emergency Management Agency
Portage County Emergency Management Agency	Stark County Emergency Management Agency	Summit County Emergency Management Agency	Nursing Home Representatives
Area Agency on Aging Representatives	Greater Akron Medical Society	Stark County Medical Society	Northeast Ohio University College of Medicine
Coroners/Medical Examiners	Area religious organizations	Red Cross	Others as needed/identified

The Physicians Medical Algorithm Committee began meeting in October 2005 and concluded in March 2006. The Pandemic Flu Steering Committee then began a formal meeting arrangement in March 2006 and has continued meeting on a quarterly basis since that time.

The Pandemic Flu Steering Committee created an additional 10 task forces to identify and develop standardized regional plans from March 2006 to the present (March 2007). Although most of the work is complete, there are a few outstanding issues that continue to be discussed. The Ohio Department of Health solicited this group's work to be used as a template and some of its task forces began meeting in October 2005. In March 2006 the formal creation of the various task forces began.

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NARRATIVE

In October 2005, an article was brought to the attention of the ARHA Board of Trustees. That article was *Augmentation of Hospital Critical Care Capacity after Bioterrorist Attacks or Epidemics: Recommendations of the Working Group on Emergency Mass Critical Care*, Critical Care Medicine; Volume 33(10) October 2005.

In this article, three important statements were cited and used as the basis for the creation of ARHA's regional plan:

- “The Working Group believes that Hospitals' responses to bioterrorism or large-scale epidemics should be coordinated regionally in whatever ways now practically feasible. Such coordination would allow efficient sharing of healthcare professionals, hospital beds, equipment, medicines and other resources.”
- “The Working Group recommends that such triage protocols be developed before such a crisis (and modified as necessary during the event). Such protocols would need to be applied in a fair and transparent process for all patients. Adequate palliative care would need to be provided for patients for whom emergency mass critical care services are withheld or withdrawn.”
- “Hospitals should attempt to establish procedures for making these types of triage decisions in advance of a crisis. Ideally, such protocols should be developed on a regional basis, with input from a number of stakeholders including hospital officials, critical care experts, community members, emergency management officials, public health officials, and ethicists. Draft proposals should be well publicized to community members and revised based on the public's recommendations and concerns. Hospitals in the region should ensure that the intent, mechanics, and ethical considerations of the proposed triage process are understood by hospital staff and the community.”

The Steering Committee then determined that the following task forces should meet to educate one another; discuss issues; determine guidelines or standards as a regional community. Note: Representation was not only solicited from all of the above-mentioned for these subcommittees, but others were added who could provide “expertise” per the task force subject.

Physician Pandemic Flu Algorithms Task Force It is the mission of physicians and hospitals to preserve each and every life at all cost. However, during a pandemic situation, it is predicted the health care system will be so overwhelmed with ill patients to a point where there will not be enough human or material resources to provide the level of care we are all accustomed to receiving on a day-to-day basis.

ARHA member physician representatives included personnel from Infectious Disease, Emergency Departments, Respiratory Disease, and Ethicists, as well as Infection Control Nurses. Each member of the task force went back to their hospital and further reviewed these standards with those recommended in the referenced article above and then brought back their comments and suggestions to the whole task force.

This was an extremely difficult document for the physician, hospital, and community representatives to create. The purpose of this document is to provide the medical and hospital community standardized **guidelines** for the maximum preservation of life through effective utilization of all medical provider and hospital human and material resources during a pandemic. It is important that all hospitals in the region follow similar guidelines.¹

Hospital Community Planning Task Force Develop a template for communicating effectively and efficiently as “whole and unified health care system”; addressed issues such as employee transportation needs (during potential gasoline station closures/shortages); assess refrigeration and morgue capacity at hospitals; protocols for security and safety issues when law enforcement is overwhelmed/unavailable; transport issues for patients from one hospital to another, etc. when EMS is overwhelmed/unavailable; grief and mental health issues for patients/family members; etc.

¹ Please note that these guidelines are currently under the consideration of the Ohio Department of Health which is using them to develop a statewide standard for all in Ohio.

Triage and Alternative Care Task Force Determine alternative sites for non-emergent/routine care needs such as dialysis, chemotherapy, etc; palliative care sites/assistance centers; maximizing maintenance of residents through home care, nursing homes, special needs facilities; writing “triage” protocols for EMS to consider when medical algorithms are implemented; recommendations and guidelines for alternative care sites in community and/or “outside” the emergency department at each hospital.

Pediatrics Task Force Identifying issues and developing plans for care of pediatrics in hospitals equipped and those not equipped to handle pediatric patients, transporting pediatric patients from one hospital to Children’s hospital when EMS shortages/or unavailable, other specific pediatric issues as identified.

Hospital Operations and Logistics Task Force Identify mission-critical and secondary vendors for supplies – including equipment; blood, PPE, oxygen, ice/water, linen, etc; stockpiling considerations for 6-8 weeks during first wave of pandemic; inventory and estimate needs for essential pharmaceuticals for patients and possibly employees; moving to 12-hour shifts for more effective coverage; just-in-time training for employees for security/crowd and traffic control; assessing waste handling ability; vendors; back-up plan if public utilities/systems are compromised by staff shortages.

Emergency Preparedness Committee Conduct pandemic flu drill/exercise at each hospital during 2007; assist in development and implementation of regional exercise through ARHA Regional Pandemic Flu Plan; assess after-action and further review/refinement of improvements needed.

Hospital Medical Issues Task Force Identifying issues and developing plans for hospital issues as they relate to:

Patient Care and Caregivers Developed a formula and gathered data for enhancing surge beds in each existing facility; standards for screening employees before work; emergency credentialing and licensing protocols; developing standards of care for ICU/palliative care/regular floor; developing modified discharge criteria; reassignment of staff and pay issues; preparing generic templates for rapid patient discharge, cancelling elective surgeries, expanding staff shifts; development of “just-in-time” refresher training for health care personnel at the start of pandemic; consistent standards for visitation; looked at assistance in non-clinical care to family members (ex: feeding, washing).

Employees Reassignment of high risk personnel; standardized/regionalized human resources policies regarding time off/child care issues/working from home; activation of employee preparedness from individual and family perspective; addressing possible union issues; shift changes for maximum staff coverage; non-medical volunteer management; stress/grief counseling for employees, etc.

Physician Issues Task Force The majority of the hospital physicians in our region are credentialed at 2 – 4 hospitals. This task force is charged with identifying and creating plans for effective communications, assignments, effective disbursement of physicians among the hospitals; standardized physician emergency credentialing criteria among all in the region, legal liabilities regarding delivery and/or exclusion of care.

This task force is also charged with working with the medical societies in creating/standardizing some type of effective communication system between hospitals and those physicians in the community (who are not affiliated with a hospital) to encourage them to see and triage patients in their office setting before transfer to home/hospital. Physicians would also like to set up a communication system when medical algorithms are instituted, so community physicians understand the inclusions and exclusion criteria for referrals.

Infection Control Measures Task Force Created standardized and comprehensive documents for caregivers, employees and patients regarding safety and education measures as they relate to possible transmission of pandemic influenza; also developed mechanism for distribution of antiviral and/or vaccinations for patients, volunteers, hospital staff and their family members.

Funding and Finance Task Force Identifying and planning for all hospital funding and reimbursement issues and challenges as they relate before, during and after a pandemic outbreak.

Public Relations and Information Task Force Addressing and planning timely and effective communication with employees from both an individual hospital perspective and a regional perspective such as: individual preparedness for themselves and their families, responsibilities for work (having ID badge; gas tank on full; transportation assistance during crisis; etc); Also developing standardized communication dissemination processes (in the manner of messages developed by clinical personnel) for patients who may be calling hospital regarding palliative care guidelines; information regarding elective surgeries; what to do for “regular” emergencies (ex: broken bones, etc); prepared other pertinent information as it relates to patient needs/care.

These task forces have met for approximately one year and have done an exemplary job of addressing and discussing the issues in a collaborative manner. Although many of the issues cannot be resolved, such as the lack of human and material resources, it has been beneficial in identifying and discussing the realities of the various scenarios for our regional community during a pandemic flu situation.

The results and findings for each of these task force issues as stated above is detailed in our ARHA Master Guidelines Plan and is too voluminous to include in this document. Its intent is to be used as a reference tool during a pandemic situation and may also be beneficial in the event of a mass casualty or other bioterrorism event.

We believe this approach was an exemplary initiative in that it was conducted from an extremely proactive, collaborative and regional approach. This provided an unprecedented and extremely valuable opportunity for hospitals to become even more educated on the resources available and the dependence of one another from a community perspective, but to also have the opportunity to meet and network with one another so there is a more “human” connection among one another in the sense of what “community” spirit, planning and preservation are all about.

As mentioned, there is still much work to complete as new information is disseminated about Pandemic Flu. However, we now have the infrastructure in place from a regional perspective to expedite and integrate this information from a regional standpoint to serve, preserve lives and safeguard our communities in the most effective and efficient way possible during this type of economically devastating situation.

The ARHA Board of Trustees is very proud of the collaborative planning that has helped hospitals to prepare with our community partners in the most effective, efficient way possible. We have strengthened our relationships in and among our regional community.

Hopefully, pandemic flu will never be as widespread and devastating as in years past. However, the time and energy spent during this collaborative experience has helped us to be prepared for any type of mass casualty/bioterrorism event in the future. We are all now even better prepared to serve our community.

As was mentioned earlier, ARHA has been asked to join and has attended for approximately one year now, the Ohio Department of Health’s Medical Surge Committee to present its framework and findings in this process. ARHA has been advised that this document and structure will be used to assist with the development and implementation of statewide guidelines among hospitals, agencies and community partners as well.