In 2009 the World Health Organization declared a Pandemic Alert Phase 6 in response to the increase in cases of novel H1N1. Throughout the Spring and Summer of 2009, Cincinnati Children’s Hospital Medical Center (CCHMC) began planning for possible impacts of H1N1 on the Cincinnati community.

Purpose/Objectives
In September of 2009, CCHMC saw an increase of children presenting to the Emergency Room with influenza-like-Illness (See figure 1). As a result of the increased surge in patients and overall pandemic, CCHMC developed four goals (as stated by Dr. Farrell, Chief of Staff):
- Be available to the community
- Preserve the Pediatric Intensive Care Unit
- Keep ED capacity
- Preserve as much of the normal, routine medical and surgical schedule as possible

To support the Emergency Department, CCHMC opened an Overflow Clinic in a space outside the Emergency Department.

Findings/Outcomes:
ED Capacity preserved for sickest patients:
- Pediatric Level I Trauma Center
- 425 Bed Hospital
- 13,000 Employees
- 95,000 Pediatric Emergency Department visits each year
- Developed discharge instruction sheets specific to H1N1 diagnosis from Overflow Clinic Staff and provider orientation manuals and training were updated daily to reflect process and practice improvements

Implementation/Methods:

Space
- Utilized existing clinic space (Multi-Practice Center)
- Opened rooms based on pre-determined criteria (ED volume thresholds)
- Re-routed existing clinics to other spaces throughout the hospital to limit exposure risks to existing patients
- Altered clinic space based on use and to limit nosocomial infection (removed toys, added hand hygiene stations)

Staff
- Education and collaboration of staff from multiple departments and disciplines, including Providers, Patient Care Attendants, RNs, Registration staff, Environmental Services, Patient Escort, Administrative Assistants, ODP Administration, RN Educators, ED Staff
- Utilization of Providers from multiple disciplines including (but not limited to) Psychiatry, Genetics, Cardiology, Neonatology, Infectious Disease
- Use of NPs as providers

Resources/Tools
- Overflow Clinic specific supply and medication PYXIS
- Increase use and fit-testing of PPE (surgical masks and N95)
- Use of educational tools for patients, families and staff
- Developed and tested triage criteria
- Periodic meetings with Environmental Staff to ensure proper and effective cleaning of rooms and clinic space
- Developed discharge instruction sheets specific to H1N1 diagnosis from Overflow Clinic
- Staff and provider orientation manuals and training were updated daily to reflect process and practice improvements

References

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Get it Right: Tests of Change/Method

Staffing TOC
- Staffing ratios of RNs to providers were altered to accommodate patient volumes and acuity
- Varied provider coverage relative to time of day and day of week based on ED census

Triage Criteria TOC
- Altered triage screen tool to effectively decompresse the ED volumes, maintain Overflow Clinic census and ensure the sickest patients returned to the ED

Safety TOC
- Altered PPE usage in order to protect patients and staff by increasing the PPE level from surgical masks to N95 Respirators
- Developed procedures for culture follow for families so patients were safely treated appropriately in a timely manner