

# Talking Points Hospital Capacity for H1N1

October 1, 2009

**Background:** Trust for America's Health (TFAH) released a new report today that finds 15 states could run out of their available hospital beds during the peak of the outbreak, if 35 percent of Americans get sick from the H1N1 flu virus. Twelve additional states could reach or exceed 75 percent of their hospital bed capacity, based on estimates from the FluSurge model developed by the U.S. Centers for Disease Control and Prevention (CDC).

## Main Messages:

Hospitals are working actively to prepare for the needs of patients with H1N1 flu and are modifying their plans in collaboration with state departments of health as changes occur in the volume and severity of flu cases.

- The situation will be closely monitored and we will work to make sure hospitals have the latest information.

We do not yet know exactly how this flu season will look, but capacity issues will be something that hospitals closely monitor. Specific approaches will vary based upon the community and the hospital's situation.

- Some common approaches will include delaying elective admissions, discharge of surgical cases to other settings for care and conversion of nursing units to "infectious disease" units. Some hospitals have set up tents where they triage flu patients outside of the emergency department.

All hospitals have emergency plans in place and have practiced (drilled) for anticipated outcomes. This type of preparation would be geared towards a general response to infectious diseases like H1N1 and would be updated regularly.

- We have encouraged hospital leaders to review their pandemic plans and monitor the CDC Web site for the latest developments.
- To maximize the capacity of hospitals to care for H1N1 patients needing hospital care, self-care and community-based care—including physician office care—should be increased whenever possible.

Hospitals have to anticipate a graduated response that adapts to the patterns of illness observed with H1N1. This may include delaying elective admissions; discharge of surgical cases to other settings for care, protocols for ICU use, conversion of nursing units to "infectious disease" units, development of specialized triage strategies for patient's seeking emergency or urgent care

Right now, there's a lot we don't know. A "worst case scenario" should not be presumed.

- The AHA is working closely with HHS, CDC, DHS and other agencies to track the spread of the swine flu.

Hospitals are educating their communities about H1N1 and when it is appropriate to come to the hospital for care.

- When treatment is possible through your physician or in a home-setting, then hospitals can be reserved for the most severe cases.

## Hospital Bed Capacity at Five Weeks into a Pandemic

These estimates are for the peak of an outbreak based on CDC's FluSurge using expert predictions that H1N1 is a relatively mild strain of the flu, similar to the 1968 pandemic flu, and that up to 35 percent of Americans could potentially become sick with H1N1:

- 15 states would be at or exceed hospital bed capacity: Arizona (117%); California (125%); Connecticut (148%); Delaware (203%); Hawaii (143%); Maryland (143%); Massachusetts (110%); Nevada (137%); New Jersey (101%); New York (108%); Oregon (107%); Rhode Island (143%); Vermont (108%); Virginia (100%); and Washington (107%).
- 12 states would be at 75 to 99 percent of their hospital bed capacity: Colorado (88%); Florida (80%); Georgia (78%); Maine (83%); Michigan (79%); New Hampshire (84%); New Mexico (93%); North Carolina (95%); Pennsylvania (77%); South Carolina (93%); Utah (83%); and Wisconsin (75%).