The role of the CAH.

Rising to the Occasion

The role of the CAH.

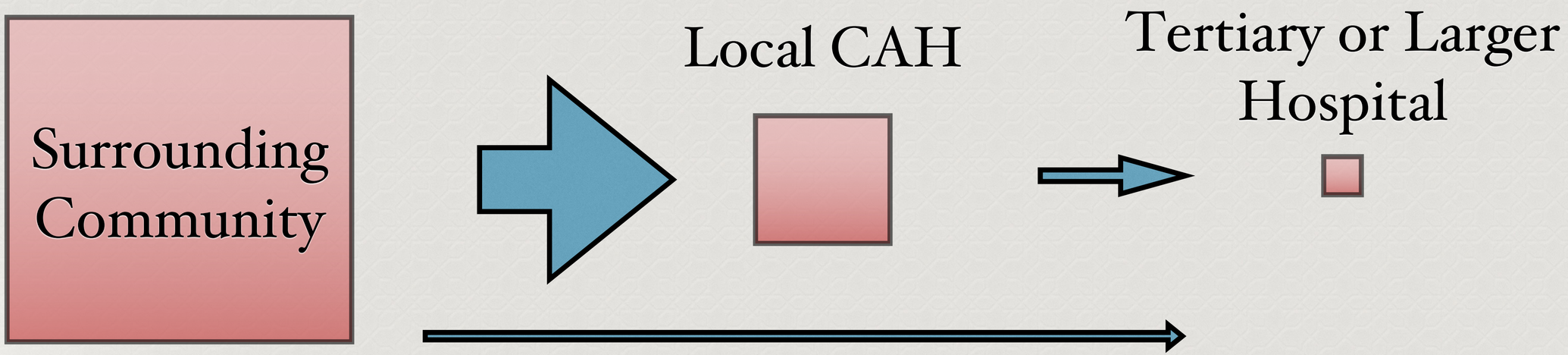
Before, During, and After?
The Pandemic

Illustrative case: Sept. 2021

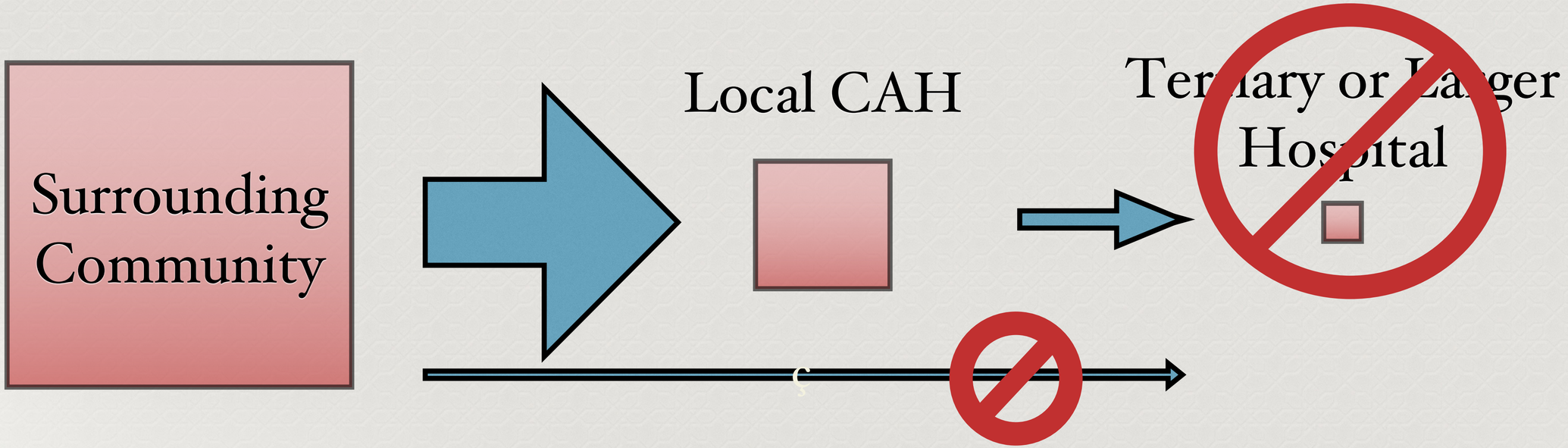
62 yo WM with hx of EtOH abuse comes to ER with hip pain
Seizure activity in ER resolves with 4 mg lorazepam
Hx of Left Hip arthroplasty
CT scan shows fluid collection (ganglion cyst)?
Develops fever day after admission
BUN 81/Cr 3.4. WBC 15,000 CRP 29.8 Na-121
Admitted to ICU - Continued seizures in ICU, massive doses of Benzodiazepines required 80mg lorazepam, 50mg diazepam <48h
NO BEDS available in Midwest

Intubated on Hosp. Day 3. 3 days of vent management
Assistance by phone only - Internist/former trainer, ID
Blood cultures positive on Hosp. Day 1,3,7 all positive MSSA
Used almost all of hospital stock of benzo's
Able to get MRI and repeat CT of Hip - likely Iliopsoas septic bursitis
Transfer to DSM 8 days after admission
Eventual Ortho drainage of abscess and placement of drain
LTCF in DSM - Home on 4/14/2022

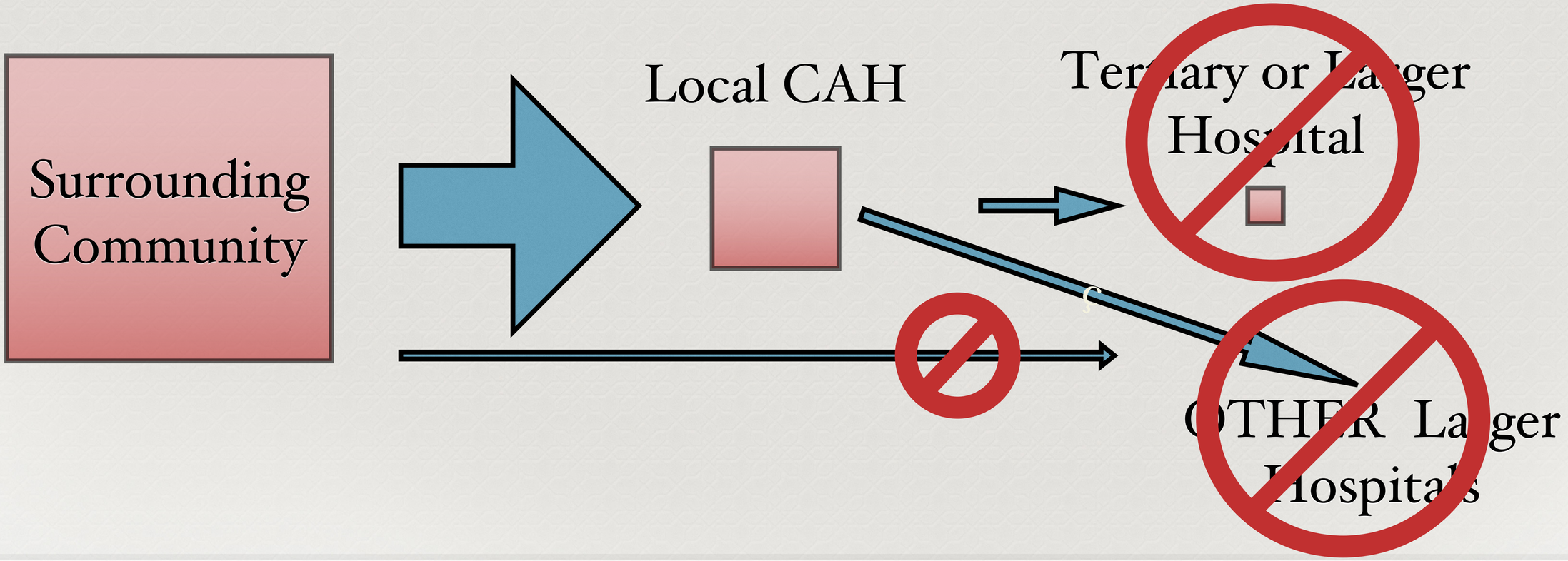
Pre-Pandemic Referral Patterns



Pandemic Referral Patterns



Pandemic Referral Patterns



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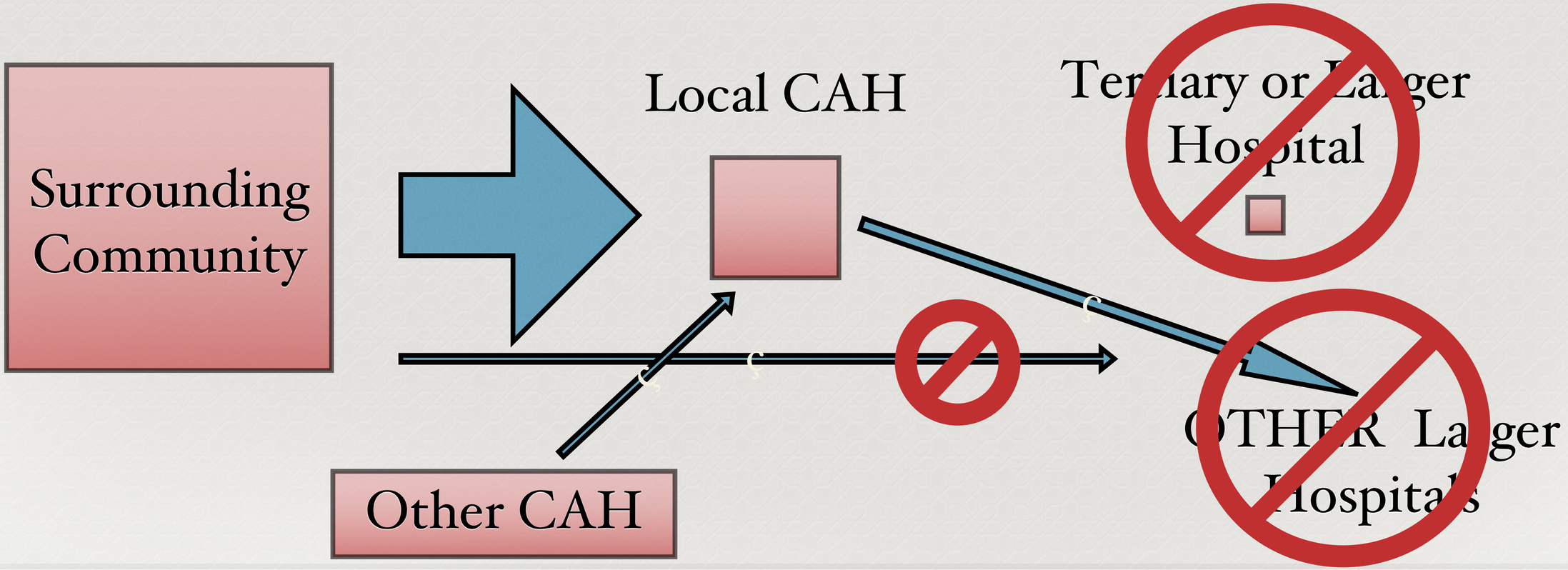
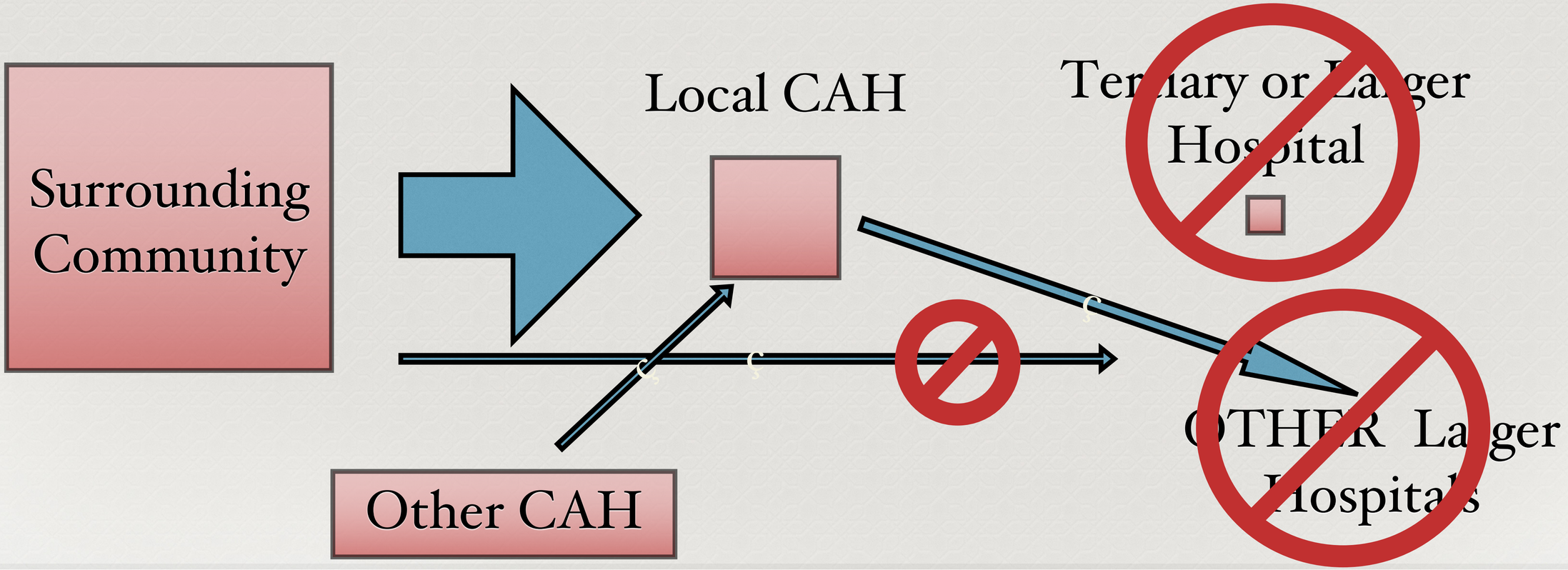
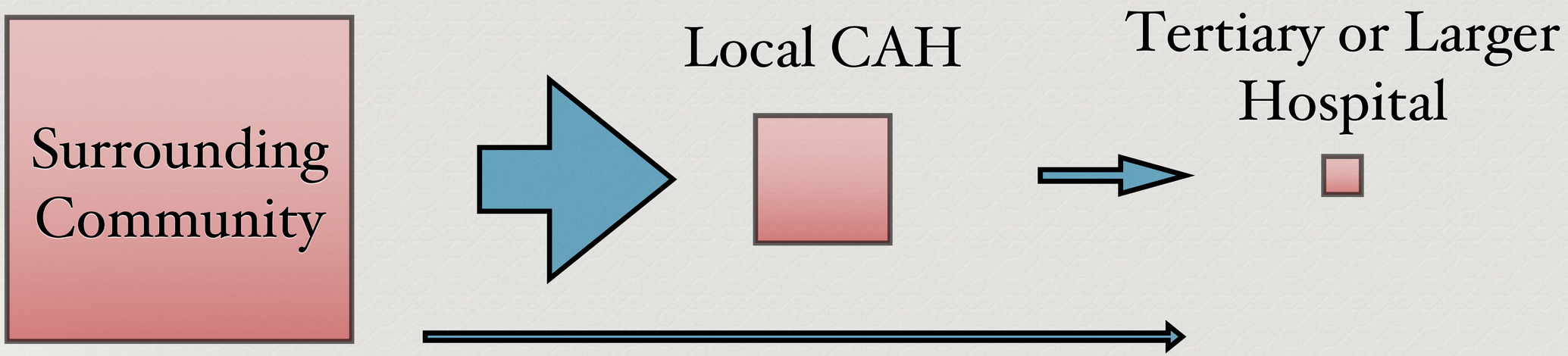


Pandemic Referral Patterns



Post-Pandemic Referral Patterns



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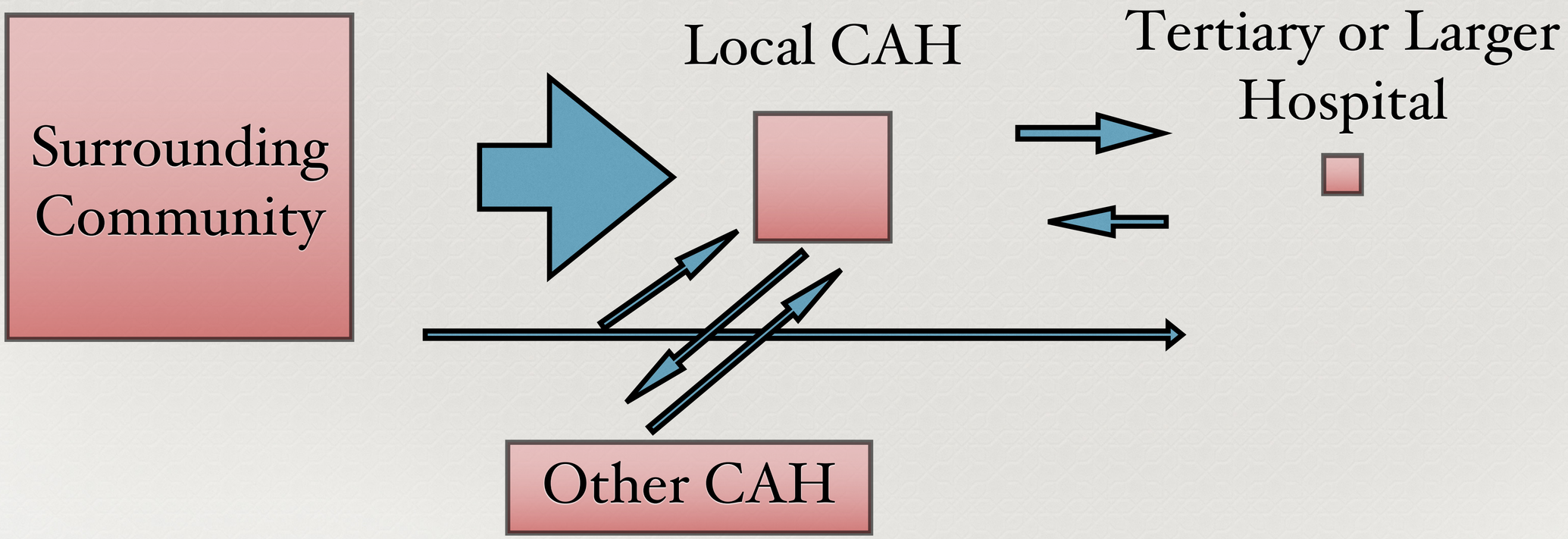

What did we learn?

Rising to the Occasion

What did we learn?

Can a CAH meet the needs of the system?

Is it logical or wise to depend on one part of the system for added capacity or capability?

How would we staff a system so it is more resilient?

How can the different entities in a better system help each other?

What did we learn?

How is the quality of care affected in a new system?

Will the system perform equally well during normal vs. high-stress states? i.e is there a trade-off?

Does the training of future staff need to incorporate cross-training?

What about Tele-Health?