Access the recorded webinar here: https://register.gotowebinar.com/recording/1770593459557872143

Access speaker bios here: **https://files.asprtracie.hhs.gov/documents/aspr-tracie-ensuring-healthcare-safety-throughout-the-covid-19-pandemic-webinar-speaker-bios.pdf**

Access Q & A here: https://files.asprtracie.hhs.gov/documents/aspr-tracie-ta-covid-19-healthcare-safety-qa.pdf

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Ensuring Healthcare Safety Throughout the COVID-19 Pandemic

June 2, 2020

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ASPR TRACIE: Three Domains

TECHNICAL RESOURCES (TR)

- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed "Topic Collections"
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences

asprtracie.hhs.gov

ASSISTANCE CENTER (AC)

- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)

1-844-5-TRACIE

INFORMATION EXCHANGE (IE)

- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

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Resources

- [ASPR TRACIE COVID-19 Page](#)

- [ASPR COVID-19 Page](#)

- [AHRQ COVID-19 Page](#)

- [CDC COVID-19 Page](#)

- [Coronavirus.gov](#)

- [HRSA COVID-19 Page](#)

Moderator- Meghan Treber, MS
ASPR TRACIE

Erin Fowler, MS, BSN
Senior Advisor, Office of Global Health
Health Resources and Services Administration (HRSA)

Jeff Brady, MD, MPH
Director, Center for Quality Improvement and Patient Safety
Agency for Healthcare Research and Quality (AHRQ)

Richard Nesto, MD
Chief Medical Officer, Beth Israel Lahey Health (Massachusetts)

About Beth Israel Lahey Health (BILH)

- Formed in March of 2019, BILH is the second largest healthcare system in New England and second largest employer in Massachusetts – with nearly $6 billion in operating revenue, 13 hospitals, 4,300 physicians, and 35,000 employees serving over one million patients.

- BILH is anchored by three academic medical centers and teaching hospitals; a market-leading orthopedic hospital; and a full continuum of services spanning primary and specialty care, community acute care, ambulatory care, behavioral health, and home health.

Do Mergers Lead to Better Quality?

The New York Times

Hospital Mergers Improve Health?
Evidence Shows the Opposite
February 11, 2019

BECKER'S
Clinical Leadership & Infection Control

Why hospital mergers may harm care quality
February 11, 2019

JAMA
The Journal of the American Medical Association

The Risks to Patient Safety From Health System Expansions
Susan Haas, MD, MSc; Atul Gawande, MD, MPH; Mark E. Reynolds
April 6, 2018

Setting the Tone of Transparency in Leadership and Governance

- **Gestation (2018 – 1 year pre-merger)**
  — Board composition without dominance of a single entity
  — 30 Design Team meetings with cross system representation

- **Launch (2019)**
  — Senatorial model or representation for system quality, P+T meetings and Physician Advisory Council

- **Readiness for COVID 19 (2020)**
  — Ahead of the game in preparedness

What has BILH Done to Avert a Patient Care Crisis?

- System Quality Forum relationships (CMOs, CNOs, quality directors, case managers) facilitated system planning and response

- Incorporated surrounding community hospitals in our huddles

- Our orthopedic specialty hospital repurposed to a medical and psych hospital to accept COVID negative patients from other BILH hospitals (100+ admissions) to make room for COVID + patients.

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What has BILH Done to Avert a Patient Care Crisis?

- A Virtual Transfer Center was incorporated to manage access across system
- Critical Care Group formed composed of ICU leaders of our 3 tertiary care hospitals
  - Twice-daily huddles to assess real-time ICU bed and ventilator supply across our 11 med-surg hospitals
  - Load balanced patients and ventilators to ensure each hospital could manage capacity
- Med/Surg Care Group with daily huddles to assess real-time bed capacity to load balance patients across 11 system hospitals

How the COVID-19 Pandemic Undermines Progress in a System's Quality & Safety Program

1. Distraction, distraction, distraction
2. Interrupt cadence of quality & safety meetings
3. Leaders at every level change messaging
4. Staff redeployment to unfamiliar roles, responsibilities and locations
5. New disease, new treatments prone to new errors
6. Furloughs, staff reductions from quality & safety staff
7. Finances become burning platform
8. Withdrawal of external regulatory CMS and commercial risk patient care and patient experience measures

Leadership and Management: The Performance "Trifecta"

Governance Leadership of Quality:
Confronting Realities and Creating Tension
for Change

A self-assessment tool can help health care boards address barriers to
effective quality oversight

By Jim Conway

The role of hospital managers in quality and
patient safety: a systematic review.

Parand A, Dopson S, Renz A, Vincent C. BMJ Open. 2014;4:e005055.

Improving patient care through leadership engagement with frontline staff: a
Department of Veterans Affairs case study.

Singer SJ, Rivard PE, Hayes JE, Shokeen P, Gaba D, Rosen A. Jt Comm J Qual Patient Saf. 2013;39:349-
360.

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Mark Jarrett, MD, MBA
Senior VP and Chief Quality Officer, Deputy Chief Medical Officer
Northwell Health (New York)

The Imperative for Leadership: Zero to Sixty in 6 Weeks

- First COVID-19 case admitted to a Northwell hospital on March 6

- Peak April 8: 3,500+ COVID inpatients with over 800 on ventilators

- 2,600 inpatient COVID deaths in 6 weeks – "normal" 400

- Current: 780 inpatients and only 16 admissions per day

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Leadership in the COVID-19 Crisis

- HICS initiation is mandatory
- Partnership of clinical and administrative leadership
- Succession planning: 2 levels down
- Data driven

Important Aspects of Work Force Safety

- Guidelines are a minimum

- Staff safety is crucial

- Standardization

- Patient safety must not be forgotten- reduces spread

Workforce Safety Concerns

- PPE: All 3 phases- mitigation, recovery, and resurgence

- Cohorting, negative pressure rooms and diagnostic testing

- Return to work

- Supply chain

- Psychological safety

Communication

- To other leaders
- To management
- Staff – most important
- Public and news media

Walk the Walk

- Visit your sites
- Follow the rules, BUT don't be afraid to change them

Tracey Moffatt, RN, MHA
System Chief Nursing Officer/System VP Quality
Ochsner Health (Louisiana)

Leading through Rapid Cycle Change in Unprecedented Times

As executive leaders in healthcare, we are all leading through change every day but during the peak phase of this pandemic, the New Orleans "hot spot" proved to be the biggest test to our leadership careers.

How do you inspire confidence and resilience in a time of so much uncertainty?

	3/3	3/20	3/30	4/7	4/14	4/28	Today	June/July
Patients	Zero	431	854	973	680	378	150	???
GNO		300	599	642	639	226	60	

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HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY
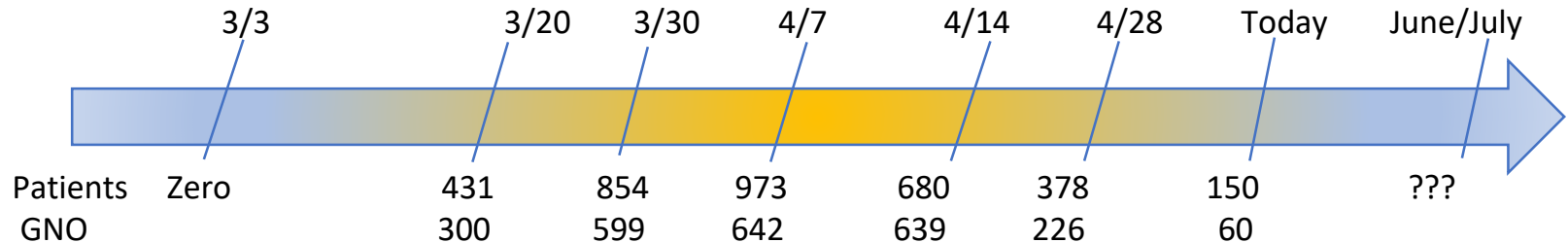
Solve What's Right…And What's Right in Front of You

- Plan:
  - Listen to a trusted group of clinicians and gain situational awareness
  - Decide on top priorities: patients, staff, equipment, space,
  - Assemble the right teams of people
- Do:
  - Act quickly on the highest priority issues as possible
  - Quickly define and redefine the "rules" of behavior
  - Communicate actions to EVERYONE as frequently as needed

- Check:
  - Measure and analyze as much data as you can about patterns and trends
  - Predict
  - Watch for innovation
- Act: Continue to respond to what the people and the data tell you
  - How can we make your job easier? Safer?
  - Abandon "old thinking" and get really creative!

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Connect

- Staffing is STILL the biggest challenge (and always will be!) but abandon traditional thinking
- Protect your most important element: focus on staff safety
- Don't sound like a "politician" – Acknowledge the fear, anxiety and frustration
  - Show your face (not literally)
  - Emote – vulnerability = courage
  - Talk to staff in small groups
- It's a team sport – evaluate how to use *everyone*

Resilience – More than an Ability to "Bounce Back"

- A human factors concept – the impact on patient and staff safety
- Harness our inner strength
- How can organizations help staff
  - Find meaning in every day/shift
  - Learn from experience
  - Remain hopeful – see past the current challenge
  - Self care/team care
  - Give in and be caught

Rollin (Terry) Fairbanks, MD MS
Vice President, Quality and Safety, MedStar Health (Maryland/Washington DC)
Founding Director, National Center for Human Factors in Healthcare

Unclassified//For Public Use

MedStar Health
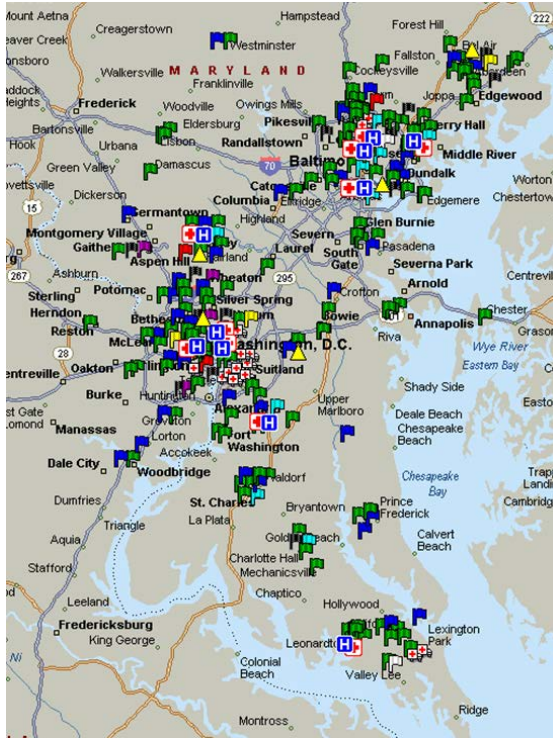
10 Hospitals (DC, Baltimore, State of Maryland)
300 Ambulatory Sites
31,000 associates
5,500 physicians
8,400 nurses
5M outpatient visits / year
488,000 ED visits / year
175,000 inpatient & Observation admits / year
$6B Revenue (non profit)
110k Covered Lives/Insured
1100 Residents & Fellows
Academic Health System
Georgetown Partnership
Top 15% in NIH research dollars

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Relevant Guiding Principles

It's how we **treat people.**

Advancing Health

Education

HeRO
High Reliability Organization

Five Common Principles of High Reliability Organizations (HROs)

MedStar Health

Care for the caregivers

Initiate open communication

Early SUO notification

Care for the patient/family

Early systems focused learning
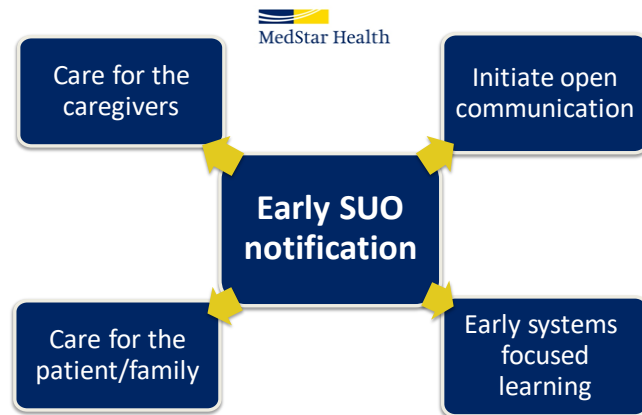
National Center for Human Factors in Healthcare

Multidisciplinary approach:

- Human factors
- Medicine
- Engineering
- Computer Science
- Psychology

General Areas of Focus
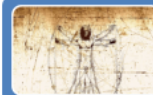
Applied Research
- Grants and contracts from government, foundations, and industry
- Publications, presentations, interventions, policy recommendations

Usability Services
- Medical devices
- Digital health

Safety Integration
- Safety consults
- Serious safety event reviews

Education and Outreach
- Georgetown University Medical School Course
- Workshops, talks, and trainings

MedStar Health
National Center for Human Factors in Healthcare
www.MedicalHumanFactors.net

Preparation Started January 22

- System Calls Started in January
- Increased Capacity /Surge Planning
  - ICU beds 2x
  - Negative Pressure rooms 7x
- Acquired diverse lab platforms
- Prepared Telehealth
- Planned Training
- Formed Command Groups
  - (Did not activate command center)

D.C. hospital using mobile lab to train as many physicians as possible to use ventilators
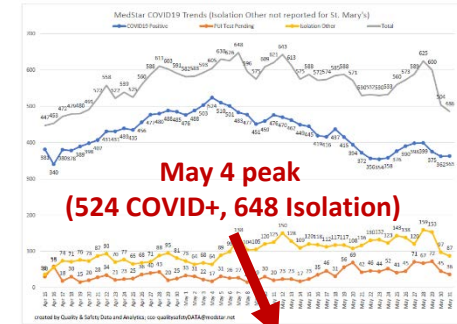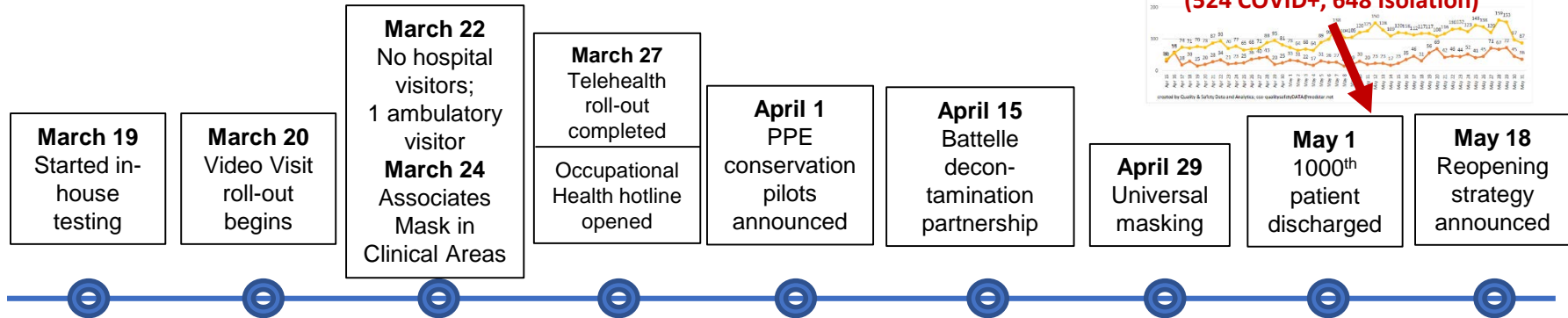
by Lisa Fletcher/ABC7 | Friday, April 10th 2020

MedStar Mobile Simulation Lab

VIEW ALL PHOTOS

MedStar mobile simulation lab<p>{/p}

WASHINGTON (ABC7) — While there may be a short supply of ventilators across the country, one D.C. hospital group is making sure there's no shortage of doctors who know how to use them.

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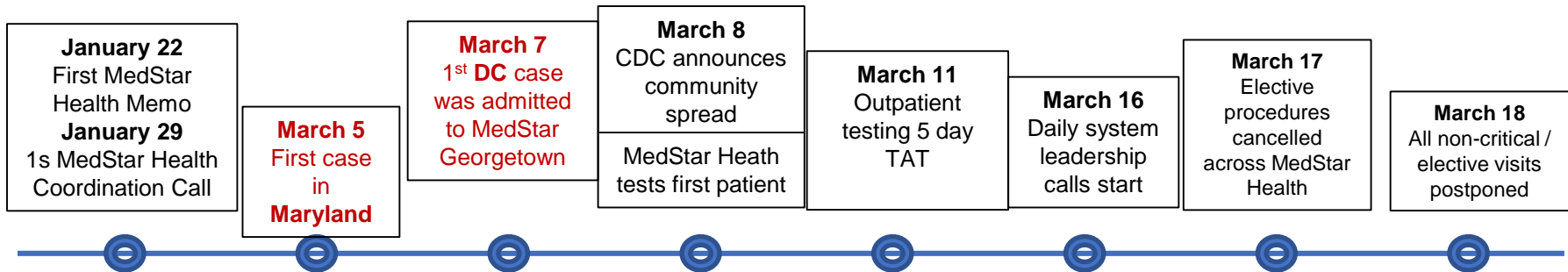
MedStar Health's COVID-19 Response Timeline

January 22
First MedStar Health Memo
January 29
1s MedStar Health Coordination Call

March 5
First case in **Maryland**

March 7
1st **DC** case was admitted to MedStar Georgetown

March 8
CDC announces community spread

MedStar Heath tests first patient

March 11
Outpatient testing 5 day TAT

March 16
Daily system leadership calls start

March 17
Elective procedures cancelled across MedStar Health

March 18
All non-critical / elective visits postponed

May 4 peak (524 COVID+, 648 Isolation)

March 19
Started in-house testing

March 20
Video Visit roll-out begins

March 22
No hospital visitors; 1 ambulatory visitor
March 24
Associates Mask in Clinical Areas

March 27
Telehealth roll-out completed

Occupational Health hotline opened

April 1
PPE conservation pilots announced

April 15
Battelle decon-tamination partnership

April 29
Universal masking

May 1
1000th patient discharged

May 18
Reopening strategy announced

COVID Command Teams Formed

- **PPE & Clinical Operations**
- **Infection Prevention**
- Nursing Practice Lead
- Clinical Advisory Groups
- **EHR Lead**
- **Data Analytics & Reports**
- Emergency Preparedness
- **COVID Results Callback**
- Physician Redeployment
- Nursing Redeployment
- **Occupational Health**
- **Environmental Safety**

- Human Resources
- Performance Improvement
- Supply Chain
- **Telehealth**
- MedStar Triage Officer/MTO (Surge)
- Respiratory Therapy
- Pharmacy Lead
- **Operational Communications and Clinical Messaging**
- **Laboratory & Laboratory Constraint Management**

Bolded items: Human Factors influence

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Telehealth: Being Prepared for the Unexpected

Telehealth Team
10 Pre-COVID19
250+ COVID19

Investments in **Innovation** and **Telehealth** provided the foundation

	Telehealth in FY20		
Jul 2019	**Feb 2020**	**Apr 2020**	
1,865	3,175	83,726	Monthly Telehealth Encounters
23	77	All	MedStar sites offering telehealth services
115	162	3,812	MedStar providers on telehealth platforms
13	18	Dozens	Active MedStar telehealth programs
n/a	5	Many	New/scaling MedStar telehealth programs (Q3-4 FY2020)

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Data Visualization & Workflow by Human Factors Group
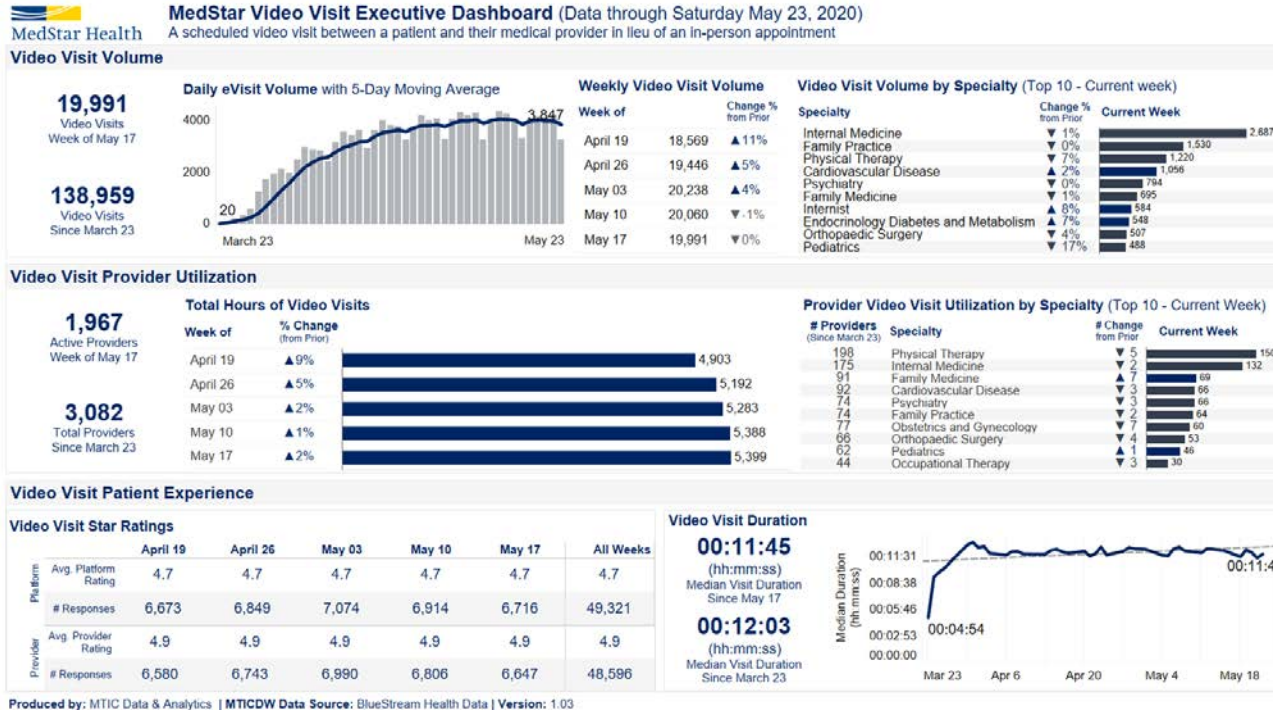
MedStar Video Visit Executive Dashboard (Data through Saturday May 23, 2020)
A scheduled video visit between a patient and their medical provider in lieu of an in-person appointment

Testing Algorithm Visual Design: "Red/Yellow/Green"

For symptomatic patients: Use the following to determine if COVID-19 testing is indicated*:

At least two flu-like symptoms (Myalgias, Headache, Chills, Sore Throat)

OR Any One: Fever OR New/worsened cough/trouble breathing OR Sudden loss of taste/smell OR GI symptoms (in children)

Asymptomatic Testing Guidelines are found on next page [1]

Testing Indicated	Testing MAY BE Indicated	Testing NOT Indicated
Test for COVID-19 (GREEN)	**Discretionary* Testing When Appropriate (YELLOW)**	**Do NOT Test for COVID-19 (RED)**
Patients requiring hospitalization **OR** Patients who could increase risk of community spread, including: • Living in a group facility (shelter, nursing home, corrections facility, or other institution) • Healthcare workers*, public safety workers (EMS, fire, police) • DOH-designated essential employees (specific to state)[3] • Receiving in-center treatment (dialysis, chemotherapy) ***Refer all non-hospitalized MedStar Health associates to Occupational Health (844) 354-3705 for testing.**	Test the following patients if it will help guide clinical management: • Patients with worsening respiratory symptoms • Patients under 1 or over 65 y/o • Patients with underlying medical conditions (chronic lung disease, diabetes mellitus, immunosuppression, cardiovascular disease) • Patients who are pregnant ***Self-quarantine can be advised as an equivalent measure if testing supplies are limited.**	When patient does not meet criteria for testing listed in GREEN, and clinician does not feel testing is warranted in the YELLOW zone to guide clinical care, and testing does not meet the Asymptomatic Testing guidelines then do NOT test. Please provide verbal education to the patient and provide patient with the *Viral Respiratory Illness Home Care Instructions* document.

Use of Summary Graphics

COVID-19: Personal Protective Equipment (PPE) for HOSPITAL Locations

Information valid as of 3/30/20

This guidance should be used for care of patients with suspected or confirmed COVID-19

Hospital				PPE	
Hospital	**Patients**	With symptoms including fever, cough, shortness of breath, or other signs of respiratory illness when they are not in their patient room.	Surgical Mask		
	Visitors	Visitors to COVID-19 Confirmed Patients or COVID-19 PUIs must be approved by the hospital's VPMA. If approved see necessary PPE. Visitors may not be in the room during COVID-19 testing.	Droplet & Contact Precautions	• Surgical mask • Isolation gown • Face shield (eye protection) • Gloves	Surgical Mask
	Associates Physicians Residents and Fellows	Associates in clinical care area where patients are NOT PUIs or COVID + (common areas, hallways, non-PUI/COVID-19 +)		• Surgical Mask	Surgical Mask
		Associates interacting and caring for a PUI or COVID-19+ patient who is wearing a surgical facemask for the entire interaction (outside the patient room)		• Surgical Mask	Surgical Mask
		Proceduralists performing aerosol generating procedures (AGPs) **ON ALL PATIENTS** including (endoscopy, transesophageal echocardiograms, flexible laryngoscopy, and bronchoscopy)		• N95 respirator **(DURING ALL AGPs)** • Isolation gown • Face shields or goggles (eye protection) • Gloves	N 95 Mask
		Caring for a PUI or COVID-19 + patient who is not wearing a mask (in the patient room)	Airborne & Contact Precautions Negative pressure room when available	• N95 respirator **(DURING ALL CARE)** • Isolation gown • Face shields or goggles (eye protection) • Gloves	N 95 Mask

Protocols & Resources

Associate safety and wellbeing.
- PPE Guidance
- Occupational Health Resources
- HR Resources
- Wellbeing
- Remote Access Technologies (VPN)

Patient care.
- Clinical Guidelines
- Ordering, Testing, and Reporting Results
- Scheduling and Front Desk
- Ambulatory Reopening Guidance (Virginia ONLY)
- Discharge and Transfer
- Video Visits

Over 150 linked resources

Nursing.
- Patient Care
- Nursing Guidelines and Documentation
- Caring for You

Operations.
- Infection Prevention and Isolation Practices
- Visitor Policies and Resources
- Printable Signage
- Elective Procedures

www.MedStarHealth.org/COVID19resources

38

Clinical Guidelines ∨

- EM / Critical Care >
- Imaging / Radiology >
- Respiratory Therapy >
- Pharmacy / Medication Management >
- Obstetrics and Neonatology >
- Pediatrics >
- Hospital Medicine >
- Surgical Guidelines >
- Ambulatory Care >
- Isolation Guidelines >
- Behavioral Health >

EM / Critical Care ∨

New! Anticoagulation in COVID-19 Positive Patients

Updated! Clinical Guide for Initial Assessment, Testing, and Triage for COVID-19

Clinical Guide for Intubation

Clinical Guide for Management of Mild to Moderate Hypoxemia due to COVID-19 on the Floors

Clinical Guide for Management of Moderate to Severe Hypoxemia due to COVID-19 with HFNC

Clinical Guide for Mechanical Ventilation of COVID-19

CODE Blue Response ALL PATIENTS During COVID-19 Pandemic

Consent for Limited Trial of ECMO

Critical Care Proning Protocol

ECMO Allocation During COVID-19

Sedation Pain Paralysis Guidance for Ventilated COVID Patients

Question & Answer

Contact Us

asprtracie.hhs.gov

1-844-5-TRACIE

askasprtracie@hhs.gov