Access the recorded webinar here: https://attendee.gotowebinar.com/recording/1619994450926416140

Access speaker bios here: https://files.asprtracie.hhs.gov/documents/covid-19-healthcare-system-operations-speaker-bios.pdf

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

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

COVID-19: Healthcare System Operations Strategies and Experiences

May 11, 2020

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

ASPR TRACIE: Three Domains

- 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- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences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

- 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

- 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

askasprtracie@hhs.gov

Resources

- ASPR TRACIE COVID-19 Page
- ASPR COVID-19 Page
- CDC COVID-19 Page
- Coronavirus.gov

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Moderator- John Hick, M.D.

Hennepin Healthcare & ASPR TRACIE

ASPR

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Melissa Harvey, RN, MSPH
Director, Healthcare Sector Engagement, U.S. Department of Homeland Security

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Janice Halloran

Associate Executive Director, Clinical Operations, NYC Health + Hospitals/ Jacobi (New York) / Chairperson Emergency Preparedness

ASPR

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Background/Intro to Health System: Jacobi Medical Center

- NYC Health + Hospitals is the largest public health care system in the United States. We provide essential inpatient, outpatient, and home-based service to more than one Million New Yorkers every year in more than 70 locations across the city's five boroughs.
- Jacobi Medical Center is on of the 11 acute care hospitals within H + H that provide Emergency and Level I Trauma care, Hyperbaric Center, Snakebite Center, Burn Center, Stroke Center, and a Heliport
- COVID-19 response
  - Beds 260 normal bed capacity + 98 additional surge beds = 358 Beds
  - Staffing – H + H / Temps / Agency / Travelers/ Military
  - ED patients specific to COVID-19 from March 2 – April 30: 1326 (361 T&R / 965 Admissions)

Space

Logistics strategies for space

- 5 South
- 2D Same Day
- 6D (ICU)
- 4D Rehab
- 10 East
- GI Suite
- ED Holding AED / Reconfiguration of Asthma Room / Support from PED
- All Isolation rooms doubled
- 3B, PACU, Same Day, GI all became ICU's
- Med / Surg rooms went to double rooms at minimum with the capability in some unit to go to triple rooms

Staff

Logistics strategies for staff: All hands on deck

- Dentists
- Anesthesiologists
- Nurse Travelers
- Agency Staffing
- Surgeons pull to full
- Military Support
- Temps for support positions (Escort / Morgue/Dietary/ Environmental/ Property)
- Command Center coverage

Stuff

Logistics strategies

- PPE vs. Durable PPE (PAPR vs. CAPR)
- Monitors
- Glide scopes
- High Flow Cannulas
- Glucometers
- Ventilators
- Feeding tubes/pumps
- Bipaps
- Portable X-Rays
- IV Pumps
- Ultrasound machines
- CRRT machines
- End tidal C02 monitoring
- Staff training on equipment

What Would We Do the Same and Differently?
What can the audience learn now and start planning for the next wave?

- Surge response turnkey (Space / Stuff / Staff)
- Patient flow response – Pull to Full
- Daily and centralized communication (Central Office)
- Command Center functions / PPE distribution
- Personal Protective Equipment
- Pharmacy / Medications
- Communications with families
- Engineering and maintenance
- Environmental
- Ambulatory Care – COVID testing
- Morgue capacity / Staffing / Supplies
- Staff support

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

William Fasbender
Associate Director, Safety Management, NYC Health + Hospitals/ Elmhurst (New York)

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Foreword

- Learned – and still learning – from the healthcare, public health, and emergency management components of those jurisdictions that caught the first wave before we did
- Recognize that hospitals come in a variety of sizes / capabilities / organizational structures
- Recognize that some of this may be stating the obvious – preaching to the choir
- Observations are my own

Background/Intro to Health System

NYC Health + Hospitals / Elmhurst

- 545 bed tertiary care hospital
- 140K ED visits, 450K OPD visits
- Level I Trauma Center, Level 3 NICU, stroke center
- Nationally ranked “high performing” in Orthopedics, Heart Failure, and COPD
- 800K resident catchment area
- 4K
- Part of NYC’s public health care system
- Member of two HCC’s

Background/Intro to Health System

"Epicenter within an epicenter."

—Mayor Bill de Blasio, March 26th

Preface – *This is Different*

- Personnel may be treating co-workers – friends
- Personnel may get sick
- Personnel may die
- Personnel may cause their loved ones to become sick or die

Space

- Initially designated certain units (ICU and Med/Surg)
- Planned for surge
  - Performed surge discharge (ALC, etc.)
  - Redesignated in-patient units
  - Repurposed PACU, Amb Surg, etc.
  - Prepared for repurposing of non-patient areas
  - “Ready or not, patients will present.” —COEM
- Eventually, almost every unit was a COVID Unit

Space (cont'd)

- Beds need to be "mapped" in the EMR
- Privacy dividers
- Pressure relationships
- Tents
- "Base"
- Lockers
- Showers

Space (cont'd)

- Storage
  - M/S supplies
  - PPE
  - Biomedical equipment
  - Ventilators
  - Donated goods
  - Food
  - Don't forget *safety*

Staff

- This is big
- Deputize / designate / assign personnel
- Anticipate sick calls, pre-existing health conditions, ill family members
- Ill/symptomatic employees should stay home: ***nobody*** is **THAT** important
- Succession, delegation
- Anticipate that some personnel may die

Staff (cont'd)

- Policy for return to duty
- Augmentation force management
- Volunteer management
- Child / elder care – school closings
- Staff accommodations (hotel, transport, parking)
- Telework
- Psychosocial considerations

Stuff

- Just-in-time inventory
- Bags (plastic, paper, and body)
- Waste
- Ventilators
- Oxygen
- HD machines
- IV pumps
- Beds/stretchers, overbed tables, IV poles, privacy curtains
- New equipment: inspection, tracking, J-I-T-T
- Materiel for stool management, pressure injury prevention
- Components of intubation kits/trays

Stuff (cont'd)

- Hand soap, paper towels
- Hand sanitizer (and batteries) (and deployment)
- Disinfectant wipes and sprays
- Toilet paper?
- Cloth or paper scrubs
- Food
- Linen
- Replacement HEPA filters
- Single-patient thermometers (glass, non-Hg)
- Single-patient stethoscopes
- Commodes

Stuff (cont'd)

- PPE
  - Changes in transmission-based precautions recommendations and PPE guidelines
  - Administrator or manager
  - Security of storage area(s)
  - Satellite distribution areas
  - Selection
  - Ensembles
  - Fit testing
  - PPE doffing and disposal
  - Zones
  - Educate, educate, educate, …

Systems

- Subscribe to ASPR, CDC, state and local DoH and OEM info sources
- Push info to personnel, and *encourage them to watch / listen to / read it*
- Information collection and reporting
- Mass fatality management
- Undomiciled / under-domiciled persons
- Video phones for patient/family visits
- Long-term psychosocial services for existing patients, new patients, and personnel (we're resilient, but …)

Systems (cont'd)

- Policies for engaging with the news media and utilizing social media accounts
- Procedure for patients without decisional capacity who attempt to leave AMA

What Would We Do the Same and Differently?

- Surge response lessons learned for the next wave- what would you do the same/keep, what would you do differently and why, etc.
  - Attempt to “tag” (and train) more existing personnel
- What can the audience learn now and start planning for the next wave?
  - Consider concurrent or cascading emergencies
  - Consider supply chain disruption

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Jeffrey Elder, M.D.
Medical Director, Emergency Management, University Medical Center New Orleans (Louisiana) | LSU Emergency Medicine

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Background/Intro to Health System

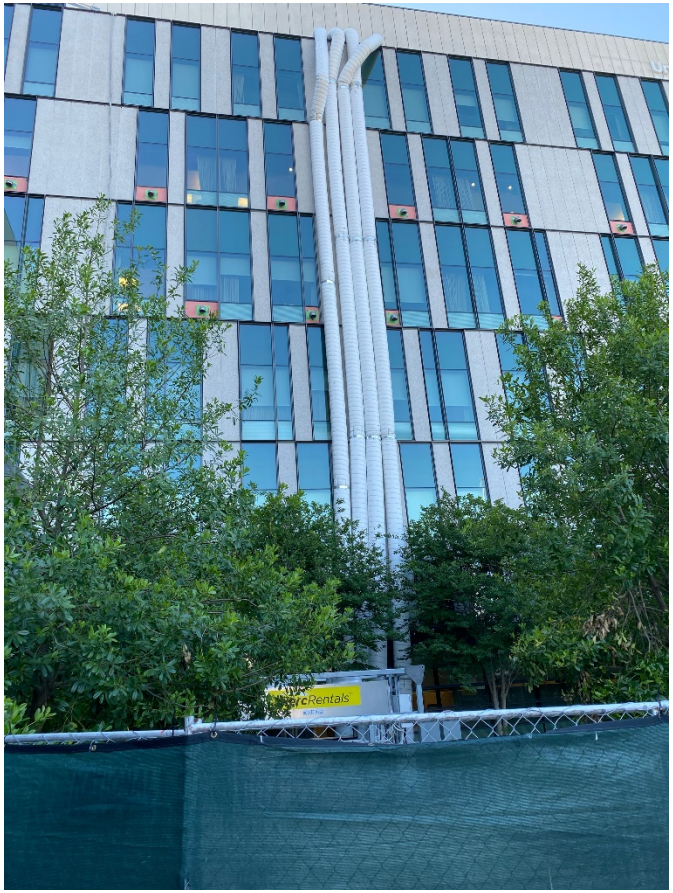
- 5 Hospital System
- Level 1 Trauma Center | Academic Hospital
- Children's Hospital
- 3 Community Hospitals
- 1300+ beds
- LSU + Tulane SOM

Logistics, Communications, and Tents

Space

- ED Expansion
- ICU
- Med | Surg
- Negative Pressure

Negative Pressure



Staff

- Nursing
- Physicians
- EVS
- System Employee Pool

Stuff

- Supply Chain
- PPE
- Lab
- Meals

What Would We Do the Same and Differently?

- Community response
- Supply chain
- Utilize key leaders
- Communications
- AAR

TRACIE

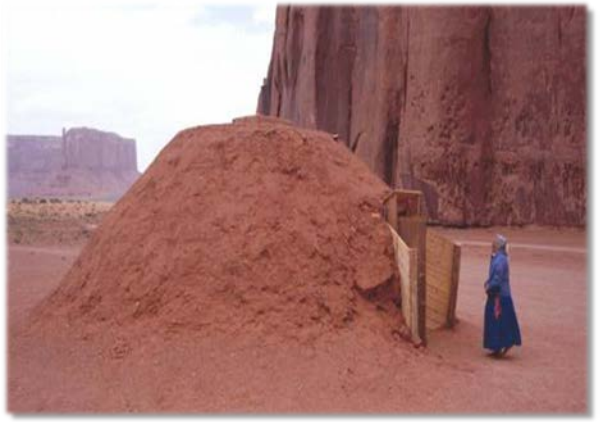
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

LCDR Sara Jager, M.D.
Chief Medical Officer, Tuba City Regional Health Care Corporation (Arizona)

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Background/Intro to Health System

- Tribal Hospital on Western Navajo Reservation in Northern Arizona (638 site, not Indian Health Service)
  - 60 beds: ICU 6, RCU 24, MedSurg 15, OB 6
  - 44,000 ER visits annually
  - Level 3 Trauma Center
- Population:
  - 30,000 patients for primary care; 50,000 patients for specialty care
  - 30% without running water
  - 10% without electricity
  - H1N1 mortality 4 times higher here
- Navajo Nation spans 4 corners area. Nation is sovereign.

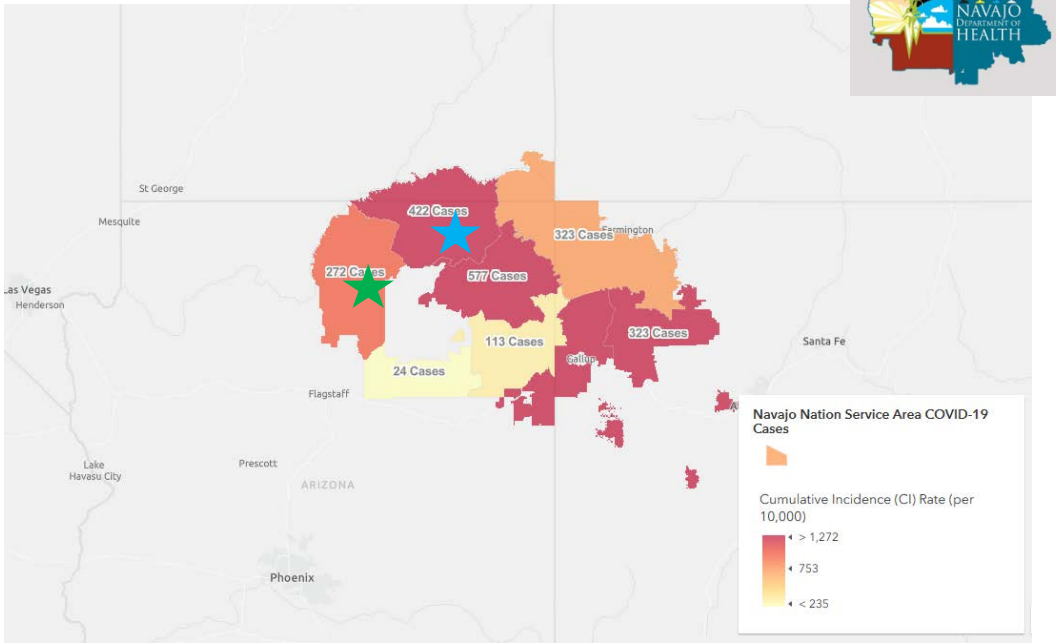


How Tuba Incidence Rates Compare

If the Navajo Nation were considered a state, it would have the 3rd highest incidence rate in the U.S behind New York and New Jersey

Geographic region	Unadjusted incidence rate per 100,000 persons
New York State	1,632
New York City	*11,283*
New Jersey	1,464
Navajo Nation	1,133
Western Agency	*1,233*
Massachusetts	1,049
Rhode Island	963
Louisiana	648
New Orleans	*~1,600*

Navajo Nation Burden of Disease



Super-spreader Event: March 6 in Chilchinbito, AZ

Church of the Nazarene

As of May 7

- Arizona Cases 9305
- Navajo Area Cases 2559
- Tuba City
  - 1125 tested
  - 357 POSITIVE

Space

- Get your respiratory care unit (RCU) ready before you have patients
- We converted our pediatric ward to the RCU
- Entire ICU is COVID positive, where does everyone else go?
- Negative pressure rooms for OB, ICU and RCU – takes time and costs money. Old buildings may require an engineer team.
- Triage tent outside for most of the testing

Staff

- “Help isn’t coming” –CRNAs as ICU RNs, NP working as floor nurses in RCU
- NURSES NURSES NURSES and more NURSES
- Beautiful facilities unused due to lack of nurses
- Bring the outpatient CMAs to help in RCU for lab draws and ADLs
- Dentists, optometrists, physical therapists, and orthopedic surgeons will be repurposed (contact tracing team and case management, doffing monitors, triage tent, gown sewing)
- Explore Tele-ICU opportunities

Stuff

- Get a full counting of what you do have early and assign a PPE Czar to this task ALL the time
- Insecure supply chains cause a revolving door of PPE recommendations
- Use PPE correctly. Train and then retrain. Use a doffing monitor.
- We bought ventilators but haven't used them. We transfer intubated patients to Phoenix…so far. Statewide transfer center has been invaluable.
- Vapotherms (HFNC increased supply by 150%)
- HEPA filters for ambu bags
- Signs to mark your different areas
- Tents for triage and outdoor treatment areas

What Would We Do the Same and Differently?

- Don’t deny this; COVID can come to you. Spend the time and the money NOW.
- Rural areas are chronically understaffed. Have a surge staffing plan.
  - NURSES NURSES NURSES NURSES NURSES NURSES
- No hospital is an island! Identify and develop community partnerships.
  - Create a public relations plan and identify community contributors
- EMS – get them trained on PPE, MDI and spacer; decon the ambulance
- Pandemic Flu policy: find it and fix it now
- Ethics – publish your COVID recommendations for pre-hospital CPR, Ventilated codes, Duty to Care for employees, etc.
- How and who will do the contact tracing? We are implementing CommCare at week 9 of this pandemic.
- Employee salaries and benefits cut; operating costs are up and revenue is WAY WAY down. Get your tele-med process and billing ready before you need to use it.
- “Help Isn’t Coming”

TRACIE

HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

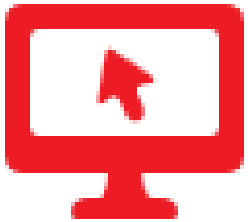
Moderator Roundtable

ASPR

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Question & Answer

Contact Us



asprtracie.hhs.gov

1-844-5-TRACIE

askasprtracie@hhs.gov