

Plan, Do, Check, Act: Managing COVID-19 in New Orleans

HIGHLIGHT

In June 2020, ASPR TRACIE hosted the webinar [Ensuring Healthcare Safety Throughout the COVID-19 Pandemic](#) to allow speakers to share lessons learned in adjusting care delivery, the role of leaders, and how rounding was changed to ensure workforce safety during COVID-19. Tracey Moffatt, RN, MHA, System Nursing Officer and Vice President of Quality, from Ochsner Health (in New Orleans, LA) shared her experiences with ensuring staff protection and resilience; she provided ASPR TRACIE with an update in October 2020.

I have worked with Ochsner’s Senior Vice President of Service Lines throughout the response in addition to running our system Incident Command Center for about 10 weeks. Every one of our campuses had their own local command centers that worked closely with the system center to ensure a standardized and formalized approach to the pandemic across our system. With New Orleans becoming such an early hotspot, things changed at a pace that had never been experienced before, especially since there was little information known during that time about this novel virus. The people who were here during Katrina might look back and say that pace was unprecedented; that experience informed many of our leadership decisions and contributed to our ability to be prepared for a very rapidly changing situation. But we also knew that COVID-19 was different from a hurricane—it was not going away in a matter of weeks or days as water receded.

In February, New Orleans hosted Mardi Gras which attracts more than a million people from all over the world each year. This most likely contributed to New Orleans being a hotspot so early during the pandemic. On March 3, we did not have any patients. On March 11, we had our first two cases and within 10 days, we had more than 400 patients. During our peak, we had nearly 1,000 COVID-19 patients across our system with more than 60% of those in the Greater New Orleans Area.

“Plan, Do, Check, Act” and Other Innovative Strategies

When I think back to our first COVID-19 patient, and as the number increased, I realized that we were following a core safety concept: the “Plan, Do, Check, Act,” or PDCA cycle. Of course, we were already operating under this cycle in general, but one of the most important things we did very early on as an executive leadership team is pull together a group of very trusted clinicians daily (sometimes twice a day) to maintain situational awareness.

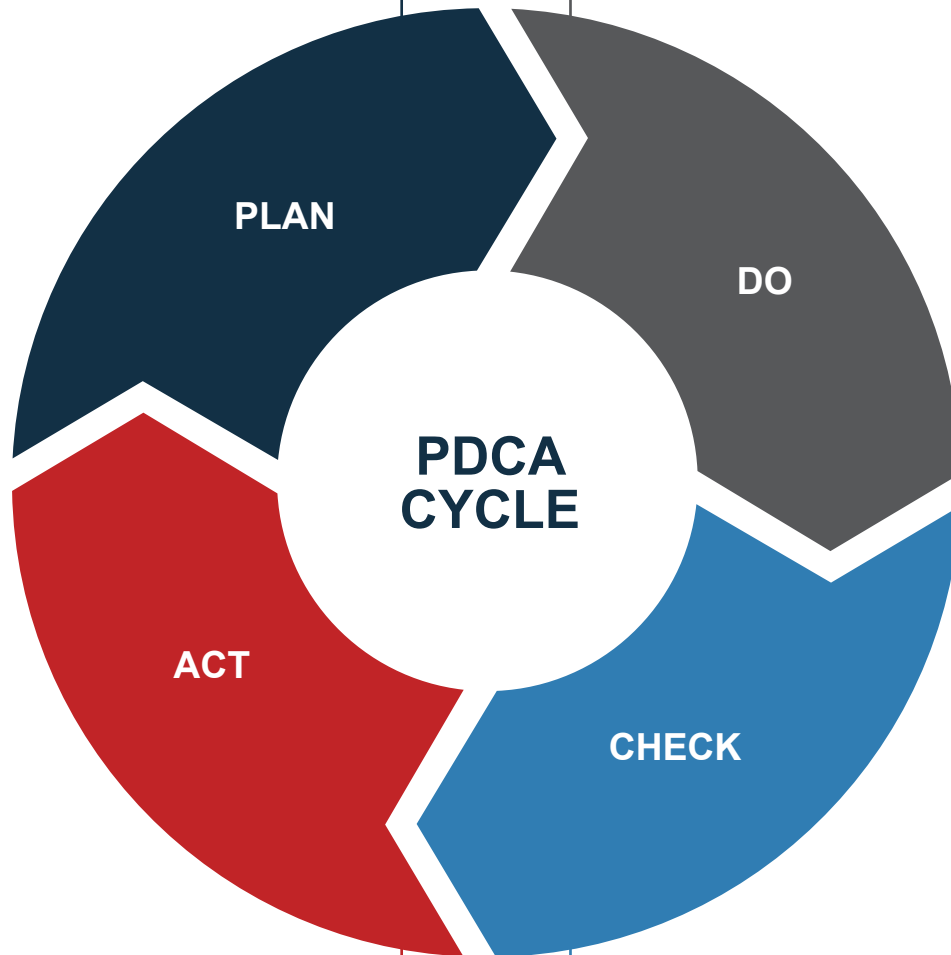
As executive leaders in healthcare, we are all leading through change every day but during the peak phase of this pandemic, the New Orleans “hot spot” proved to be the biggest test to our leadership careers. How do you inspire confidence and resilience in a time of so much uncertainty?



PDCA Cycle: Solve What's Right...and What's Right in Front of You

- 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

- 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



- 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 creative!

- Measure and analyze as much data as you can about patterns and trends
- Predict
- Watch for innovation

This ensured that as an executive leadership team, we knew exactly what was happening on the frontline so we could act and adjust more quickly. In addition to focusing on patients, we also needed staff and equipment. Our equipment needs changed so fast. For a long time, ventilators were our biggest priority; this quickly shifted, and dialysis equipment became another priority. One of the most important things we did in addition to assembling the right teams of people who had the knowledge and expertise to work on those top priorities was giving them the flexibility to be nimble and innovative so we could find a quick solution.

Even today (October 2020), as I sit here with maybe 100-150 COVID-19 patients across the entire system, I am happy to say that number is declining within Ochsner despite the spikes seen in other states. With the whole world watching, we gave our great team members the freedom to do what they needed to do without a top-down driven mentality, and they acted swiftly and responded well.

It was also important for us to reinforce this behavior at our level. Defining the rules of behavior and following those rules determined by our incident command center helped us translate our own behaviors to our frontline staff and to the public at large, as fear in the community continued to grow.

We used multiple communication vehicles to message our staff. We recorded numerous videos. Our Chief Executive Officer, Warner Thomas, our Chief Medical Officer Dr. Robert Hart, and I all recorded videos that were distributed to the entire system via WebEx. We also used social media and held twice-daily meetings with executive teams and physician and administrative leaders across our system. We had nearly 180 people on each of those calls. This is how we communicated changes in our visitor policy, changes in our days of hands-on supplies and equipment, where we had shortfalls, and next steps. As we pushed this information out to our executive teams across our system, they could share it with their own command centers, and feed information back up to us.

As far as tracking and measuring, we maintained a large Excel file that was loaded with nearly every imaginable statistic. We tracked the number of patients we had, the number of ventilators in use, test outcomes, staffing levels and COVID test results. Our finance department created and managed this spreadsheet and provided us with the information twice a day. We also have a great artificial intelligence team, who did a lot of predictive modeling and analytics that provided new intel sometimes several times a day based on changes that occurred during a shift or within a 24-hour period.

We had so much innovation going on! We already had a successful virtual visit platform, by which we were offering primary care and specialty virtual visits. Prior to the pandemic, we averaged about 3,330 virtual visits for the year. During the first peak, we conducted hundreds of virtual visits in a day and thousands in a week. With a strong infrastructure in place, our virtual teams were able to quickly ramp up and innovate around making the job easier and safer for those at the front lines. We pulled in our EPIC team, our Joint Commission staff, and our regulatory leaders, and asked what kind of documentation we could eliminate quickly and safely without negatively impacting patient care.

Connecting with, Supporting, and Protecting Staff

I cannot overemphasize how important it is to connect with staff. While staffing is still our biggest challenge, and I think it always will be, we must abandon our traditional thinking when faced with a situation like this. I am fortunate enough that we have a collaborative staffing center comprised of about 250 nurses in it that float all over our system. On top of that, at one point, we had over 500 agency staff on board. While frontline staff might typically be resistant to this type of help, in this case, they were very grateful for having the option to add those resources.

We also emphasized staff safety. We pulled in our performance improvement and patient experience teams and asked them to round and keep an eye on safety. We wanted to make sure that we were following our skin integrity protocols

Ochsner Health includes 40 owned, managed, and affiliated hospitals and specialty hospitals around Louisiana and Mississippi, and 20 other affiliated organizations.

Serves about 115 clinic locations and 15 urgent care locations.

Over 26,000 employees, 1,500 employed physicians, and 3,000 affiliated physicians.

Became an integrated health system following Hurricane Katrina in 2005. Before Hurricane Katrina, Ochsner was a single large provider campus on Jefferson Highway in New Orleans. Following Katrina, our organization purchased several hospital systems and clinics, essentially revitalizing healthcare in the region that had been abandoned in the wake of the storm. Today, we continue to grow; we have multiple partners and affiliations with other small healthcare systems across Louisiana and Mississippi.

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(e.g., central line-associated bloodstream infection prevention). We also made it very clear to every leader in the organization that they had to conduct rounds, acknowledge fear, and listen to and support staff. Our executives across the Ochsner system went through Brené Brown training last year, and we leaned on her “vulnerability equals courage” message a lot.

Our Nursing Education Department set up two-hour WebEx meetings to train staff who had not been at the bedside in recent years. We wanted to give people the skills refresher and confidence that they needed to move into a very scary inpatient setting. Our talent acquisition people spoke with new hires to help address their feelings about joining an organization during a pandemic. We also had staff who are not traditionally out and about deliver supplies and equipment.

We were able to do all of this through a very aggressive redeployment campaign that our human resources team set up. They provided us a list of staff not involved in direct patient care or providing clinic care. We quickly assessed how they could be redeployed and determined what kind of training they needed. So many just jumped in and took that just-in-time training to support the health system.

Many organizations in our region sent a lot of their staff home to work remotely; we did that as well—we had thousands of employees working from home. Keeping our quality and infection preventionists, and our case managers, to some extent, involved in frontline observations, really helped us. Before the pandemic, our CEOs from across our system would get on a 15-minute phone call every morning. At the start of the shift, concerns would be escalated to the executive team (e.g., about broken equipment or safety concerns), and we would conduct rapid cycle resolution.

Because we already had so many meetings specific to COVID, we stopped those 15-minute executive listening sessions and instead our executives helped develop and deploy high-quality just-in-time training. For example, we noted a small spike in central line-associated bloodstream infections as we pulled pumps out of the room. Our executive team did the research to determine how other healthcare facilities were managing this, and in this case, they found that facilities were using pool noodles to keep the tubing from the ground and minimize infection.

Leaders Foster Individual and Organizational Resilience

In my opinion, “resilience” is an overused term. I believe it is about much more than the ability to bounce back. When people are surrounded by leaders who are transparent and authentic, they feel like they are part of something bigger and that they are not alone. And when we have leaders that can lead with authentic positivity, that helps individuals and organizations harness inner strength. Resilience is also a huge human factors concept. We encouraged staff to feel psychologically safe and able to share what they were afraid of. If, for example, frontline staff did not feel able to tell leaders that the facility did not have enough paralytic drugs, that impacts the facility’s ability to manage patient safety, patient service, and patient care.

Our organization is very focused on recruiting to create a culture that inspires resilience even in the darkest of times. That translated to us doing things to recognize our everyday heroes during COVID-19. We worked to find meaning in everyday shifts. For example, we highlighted our pediatric staff who delivered baskets and food and gift cards to their sisterhood and brotherhood working in the intensive care unit.

We also created a COVID Positive Network for our staff. In the early days, we had 3,800 employees out on quarantine at any given time. As staff began to recover from the shock of being COVID positive and the illness itself, they volunteered to serve on an employee hotline. As new employees received positive tests, they were assigned a staff volunteer who could talk them through their questions and concerns. That network of human-to-human contact just meant so much to our staff. That hotline really galvanized us as an organization.

We really saw our team pull together. We were and still are perpetually learning from our frontline teams’ experience and continue to thank them for that. We spent a lot of time remaining hopeful and looking past the current challenge into the next day and the next week. To this day, we offer our staff self-care activities such as having professionals available to encourage staff to “give in and be caught” for five minutes of their time whether it’s to pray, meditate, or simply quietly sit still. This human-to-human contact reaches everyone and reassures staff, allowing us to get through that surge and rising above it so that we can continue to fight this pandemic.

A leader can’t round like a politician. This is the kind of leadership where we acknowledge that there’s fear, anxiety, and frustration. We’re listening to that. We’re showing our face. We’re locking arms with you, and we are emoting, too.

