Access the entire webinar series here: https://files.asprtracie.hhs.gov/documents/lessons-learned-in-healthcare-operations-during-a-pandemic-speaker-series-summary.pdf

Access this webinar here: https://attendee.gotowebinar.com/recording/6407579245473782028

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Healthcare Operations during the COVID-19 Pandemic - Speaker Series

January 2021

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Access Ms. Constantine's bio here: www.linkedin.com/in/diane-constantine-bb695282
Access Ms. Kuebler's bio here: https://www.umms.org/find-a-doctor/profiles/tiffany-hein-kuebler-1538332747

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

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University of Maryland Medical System
Tiffany Kuebler, PA-C, MMS, Co-Medical Director of Clinical Informatics
University of Maryland Medical Center

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

Background

- **Collaboration between the State of Maryland, University of Maryland Medical System and Johns Hopkins**
  - Baltimore Convention Center site
  - 200+ beds
  - Pod construction and supplies provided by FEMA
  - UMMS Information Technology resources and hardware
  - Staffed by resources from JHU, UMMS, and UMM Staffing Pool

Why Electronic?

- Provide consistent care and process
- Facilitate continuity between sending facilities
- Track volume / transfers / load balancing
- Simplify reporting of the care
- Facilitate interdisciplinary communication
- More environmentally friendly

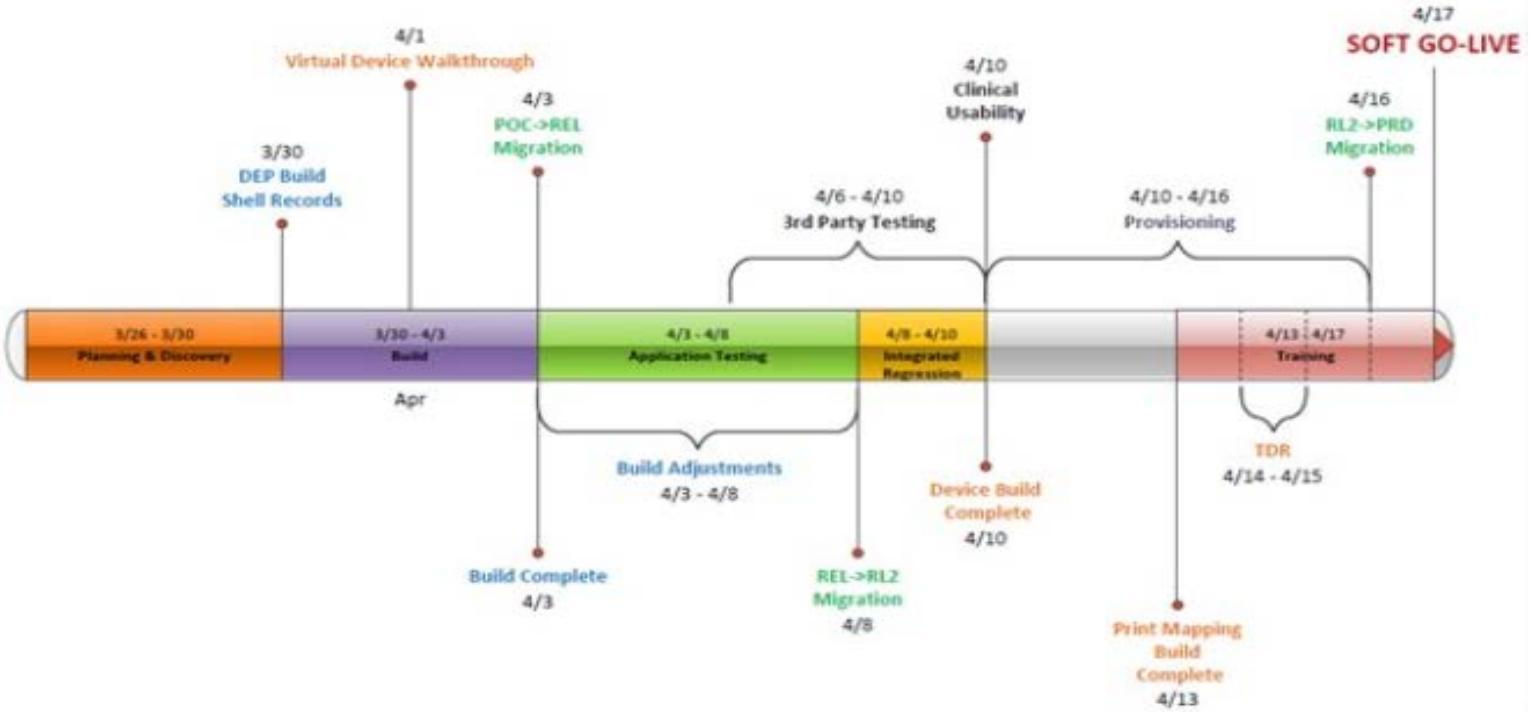
Assumptions

- Low acuity patients
- Limited access to WOWs
- Primarily using iPads, iPhones, or other mobile wireless devices in the hot zone
- Staff would have varying degrees of EMR literacy, little to no experience with EMR vendor, and low tolerance for complex workflows
- Staff need to be able to start using EMR immediately and effectively with minimal training

Assumptions

- Limited medication resources with a small stock available from FEMA
- Patients supplied meds provided by sending hospital
- Patients responsible for taking own meds
- Field hospital would not be initiating new meds that patients would need upon discharge
- No discharge med rec since patients would not have significant changes to their discharge instructions and meds from sending hospital
- No need for custom discharge instructions

Timeline


4/1
Virtual Device Walkthrough
4/3
POC->REL
Migration
3/30
DEP Build
Shell Records
4/10
Clinical
Usability
4/16
RL2->PRD
Migration
4/17
SOFT GO-LIVE
4/6 - 4/10
3rd Party Testing
4/10 - 4/16
Provisioning
3/26 - 3/30
Planning & Discovery
3/30 - 4/3
Build
4/3 - 4/8
Application Testing
4/8 - 4/10
Integrated
Regression
4/13 - 4/17
Training
Apr
Build Adjustments
4/3 - 4/8
TDR
4/14 - 4/15
Device Build
Complete
4/10
Build Complete
4/3
REL->RL2
Migration
4/8
Print Mapping
Build
Complete
4/13

Component Teams

User Access/Security	Access to users from JHU, other UMMS sites, outside; access to include EHR and secure messaging using custom templates to limit access to only BCC department (except Pharmacy) *Challenges*: large batches, short turnaround time, ongoing enrollments
Registration	New department, units (pods), and beds as part of an established revenue location; abbreviated admission workflow with relaxed registration requirements, color-coded wrist bands by pod
Provider Workflows	Custom mobile-device-friendly preference lists, ordersets, note templates; custom workflow navigators; custom order reconciliation; custom discharge instructions; limited alerts and documentation requirements
Nursing Workflows	Used minimum RN documentation requirements; mobile workflows for documenting medication administration; RN access to register patients; limited workflows for ancillary services
Patient Movement	Defined patient movement scenarios: patients from within UMMS, patients from outside of UMMS; flow into BCC managed by UMMS Access Center
Medications/Pharmacy	Medication self-administration vs dispense from on-site or nearby UMMS pharmacy; medication preference lists; dispense logic for FEMA vs on-site medications; (later) barcode scanning and Pyxis
Labs/Radiology	Labs drawn once or twice daily and couriered to nearby UMMS lab; restricted list to what care was able to be provided, limited POC due to regulatory requirements
Charges/Billing	Billing indicators added to all admissions to account for unique billing needs; charges for medications, list of all notes written for JHU to transcribe charges into their system; no ProFee charges; dedicated cost center
Reporting	Census reports to JHU; Weekly Admissions and Discharges, Open and Completed Transfers, Capacity Management, Quality Dashboards, Adverse Event Tracking, Outcomes Reports
Education	Webex sessions for training then later Q&A; tip sheets; troubleshooting and regular oversight to make sure correct workflows were being followed
Equipment	WOWs, iPads, phones, printers, EKGs, crash carts, defibrillators, Pyxis

Evolution from Go-Live to Now

- Little use of mobile devices, most workflows utilize WOWs
- Full medication reconciliation and pharmacy dispensing of all needed medications
- Patient-specific discharge instructions
- Expanded use of technology including Pyxis medication dispensing, barcode scanning
- Telehealth visits with specialist consultants
- Expanded on-site capabilities including PT, Social Work, expanded pharmacy, radiology
- Weekly Q&A sessions to improve EMR literacy, support Hot Zone workflow efficiency, and accommodate staff turnover

Lessons Learned / Important Takeaways

- Define your scope
- Coordination/collaboration between component teams at regular check in-meetings
- KISS principle of EHR: simple* = easy to learn, but also helps to follow “normal” hospital workflows
- Streamline for efficiency/only implement what is necessary
- Be willing to adapt (quickly) as the needs/resources change
- Ongoing engagement and support should be available and prioritized
- Education is the most important component of success

The Team

- Erin Blind
- BJ Breeze
- Robert Brooks
- Diane Constantine
- Joe Dicubellis
- Danielle Ditzel
- Melanie Dodson
- Sarah Elwell
- Anna Fernando
- Nicole Ford
- Brian Fox
- Gerald Godwin
- Brian Govoruhk
- Dean Harrison
- Eric Howell
- Tim Jones
- Mindy Kantsiper
- Tiffany Kuebler
- Dan Lemkin
- Matt Lonabaugh
- Ravi Manghnani
- Tori Martin
- Jennifer Miles
- Katie Naughton
- Inna Nemirovsky
- Jeff Ostrow
- Angela Pilarchik
- April Perkins
- Steve Prouse
- Katy Ptaszynski
- Greg Raymond
- Neerja Rehani
- Cindy Rivera
- Vince Russomano
- Susan Ruth
- Joseph Rybowicz
- Vijay Shah
- Angela Sheler
- Sharon Smyth
- Josh Stadd
- Kellie Stone
- Carmen Stuparu
- Paul Thompson
- Allison Trumpy
- Laura Wortman
- Jonathan Zader
- Jingbo Zhu

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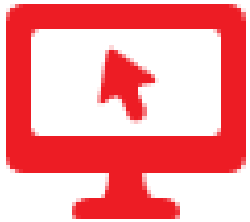

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Check out the ASPR TRACIE Experiences from the Field Interview: [Baltimore Convention Center Field Hospital: One State's Experience during COVID-19]