

MEDIC COVID-19 Town Hall 3.24.2020

MEDIC Sites Represented Among Call Attendees:

- Beaumont Health System (Royal Oak, Farmington Hills)
- DMC Health System (Sinai Grace, Huron Valley-Sinai, Children's Hospital of Michigan)
- Henry Ford Health System (Detroit, Wyandotte)
- Holland Hospital
- Hurley Medical Center
- MidMichigan Midland
- Michigan Medicine
- Munson Medical Center
- St. Joseph Mercy Health System (Ann Arbor)
- St. Mary Mercy Livonia
- Spectrum Health Lakeland
- Spectrum Health DeVos Children's Hospital
- Sparrow Hospital

MEDIC Coordinating Center Staff Attendees: Keith Kocher, Michele Nypaver, Jason Ham, Michelle Macy, Andy Scott, Alyson Stone, Carrie Smith, Megan Hogikyan, Christie Radden, Joan Kellenberg,

DISCUSSION TOPIC: Conserving PPE While Staying Safe in the ED

Town Hall Goals:

- Share innovative and practical ways EDs across Michigan are conserving PPE while staying safe in the ED – this topic came from the first MEDIC COVID19 Town Hall discussion as a problem at many sites.
 - MEDIC is in a unique position as a convener and connector of EDs across the state of Michigan
 - We are at our core a learning collaborative
 - This Town Hall grew out of a perceived need for the opportunity for all of us to share and learn from each other during this moment of crisis, and especially as relates to ED operations
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Site-by-Site Status Check

1. How concerned are you about your PPE supplies in your ED?
2. How have you approached conserving those supplies in the ED?

Henry Ford Hospital

- Concerned about PPE supplies

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MEDIC COVID-19 Town Hall 3.24.2020

- Variability in perceived availability of PPE, specifically N-95s and surgical masks, face shields were in question at one point but this seems to have passed
- Concern more a few days ago but in the last couple days there “seems” to be more availability of masks
- Health system has made some efforts reuse masks, working on extending use of or reusing N-95s specifically
- Trying to optimize use of masks in the right situations
- Discussed limiting number of providers in a resuscitation/intubation

Spectrum Health Lakeland

- Moderately concerned about PPE supplies
- Recently received augmented N-95s supplies, current assessment is that they have adequate supply for about 2 weeks
 - Getting everyone in ED fit-tested for N95s, previously used cappers
- Face shields and goggles are commodities
- Running low on plastic PPE gowns, especially as the facilities are stepping up COVID units, consumption and burn rates are higher
- Trying to have most folks not switch out gowns/face shields in between patients
- Lightened up low risk unit policy, where CDC recommends no face masks and they’ve allowed folks to bring their own masks from home for comfort
- Aggressively reduced to a 3 person team in any room to perform an intubation
 - Nurses setting up xray films for radiology techs to avoid need for techs to gown up to get into the room
- In 2-3 weeks, anticipate challenges if can’t find additional supplies at that point
- Providers are allowed to bring PPE from home as long as it is not inferior, as assessed by PPE workgroup in command center, then it can be used

Saint Mary Mercy Livonia

- Moderately concerned about PPE availability
 - Biggest concern is availability of N-95 masks
 - Feeling gowns may become an issue
- Any person who is a PUI, have hooks outside each room to reuse the gown as long as clinicians don’t come into close contact with the patient
 - There is a hook for each role (resident, attending, nurse), not taking gown from room to room
- Wiping down PAPR after each use
- Hospital allowing providers to purchase and use materials from local hardware stores
 - Using welder shields for face protection
 - Swim and chemical goggles for eye protection
 - P100 masks, N-100 masks (typically painter’s grade)
- Department allowing for folks to bring in various types of masks

MEDIC COVID-19 Town Hall 3.24.2020

- Also starting to take patient cell phone numbers to facilitate calling the patient with updates from outside the room rather than having personnel going back into the room

Munson Medical Center

- Moderately to very concerned about PPE supply
- Reached out to local manufacturers, including plastic manufacturer in Petoskey to produce more plastic gowns, will also start making more face shields
- Doing fit testing for N-95s
- Intubations are not getting a post intubation chest x-ray and using clinical information to determine need
 - If they don't need a chest x-ray they may hold off in the ED
- Some are bringing in masks from home

Sparrow Hospital Lansing

- Have had few cases, most PPE has been well stocked
 - Maybe low on N-95s, but there is a re-stocking plan
- ED volume very decreased
- Trying to gather information about what folks are doing on their innovation teams

Beaumont Health System

- *Royal Oak*
 - Concerned about PPE supplies, circumstances are evolving day-by-day
 - Regarding N95 masks. These must be obtained and reused throughout the shift. These are signed out from one nurse, who has all of these in a store room. N95 masks are to be worn in any patient encounter with known or suspected COVID. Masks are stored in a paper bag.
 - Surgical masks are stored and available from the charge nurse. They are to be worn over the N95 to preserve our supply. These are to be changed between patients.
 - Face shields are also available through the charge nurse. Currently, staff are using their own from home, which are to be cleaned with disinfectant wipes between patient encounters.
 - Gowns are washable and are placed in carts in the pods. These are changed between patients.
 - Providers are bringing in their own face shields, goggles sourced from local hardware stores
 - Using reusable, washable gowns, rotating through
 - All patient rooms have a phone, calling into the room to discuss results/talk with the patient instead of going into the room
 - All ED intubations for possible COVID patients are done by an inpatient anesthesia team that is covering the entire hospital and they are present 24/7 (CRNA, Respiratory Therapist, Attending present) limiting exposure to all EC faculty
- *Farmington Hills*
 - Cannot use personal gloves/masks etc. from home in the patient room

MEDIC COVID-19 Town Hall 3.24.2020

- Guidance for when to use an N95 mask from general Beaumont, only for patients with confirmed COVID or staff doing the drive-through testing

Michigan Medicine

- Currently have pretty good PPE supply
- Using in-room phones to speak with patients without physically entering
- Got industrial masks, shipment in storage, will require fit testing
- So far not doing any mask reuse, but looking into that
- Engineering School at UM is looking at 3D printing of masks
- Entrances limited
- Visitors are zero for patients in ED/hospital PUI and Covid+, pediatric patients are allowed one visitor.
- Drafting remote teleconsultation to ED patients workflow

Hurley Medical Center

- Running very short on all PPE
- Off-site supply drives are in place
- Hospital-wide policies
 - Reuse of regular procedure masks, labeled brown paper bags
 - N95s are used in positive cases
 - Cappers for patients who are highly suspicious/confirmed
 - Cappers are on back order, currently have 6 hospital-wide, only 5 can be utilized
 - Live today will start sterilization of N95s (UV light, can be sterilized up to 4 times)
- Limiting amount of people entering patient rooms
- Intubation cut down to 3 people, looking at doing a dedicated intubation team
- 9 isolation carts in ED being restocked by a person in charge of supplies
 - Emailing staff members as they run into supply issues
- Working through communication to staff, debunking rumors
- Put out a list of masks suppliers/sites that are scams
- Allowing providers to use home-sourced masks at own personal risk, prefer you also wear a procedural mask underneath
 - Providing guidelines for washing/drying masks if reusing

DMC Sinai Grace

- Employee entrances limited
- Employees getting screened on entry
- Using washable gowns
- Put out videos that show how to don and doff PPE
- Revising usage guidelines

MEDIC COVID-19 Town Hall 3.24.2020

Holland Hospital

- Volumes are down right now, but getting more cases developing in community
 - Anticipating much higher volumes in the near future, process is evolving
 - No critical cases so far
- Focusing on limiting high exposure procedures
 - Those coming into hospital now that are not at high risk or having clinical symptoms, trying to not do testing in the ED (flu, IPANs, strep), instead deferring those patients to a hotline following brief ED assessment, then if necessary patients are referred to get testing
- Currently have sufficient supplies, but minimizing use of N95 masks to procedures and high risk patients
- Limiting number of people seeing PUI
- Limited facility entrances, screening and getting temperatures at beginning and end of shift on all employees
- Some providers are using 2 sets of scrubs, go home in clean scrubs, leave shoes in the hospital, washing the scrubs at home, helps alleviate pressure on in-hospital laundry
- Trying to utilize reusable fabric gowns
- Trying to limit non-respiratory patients to a different section of ED or of hospital to avoid cross contamination
- Consider getting a hook to hang the mask so that you don't contaminate the inside of the mask or the paper bag when taking it in and out of the bag

MidMichigan Midland

- Started some reuse strategies for N95s, haven't needed to move to reusable gowns yet but feel like that is coming
 - Reuse N95s, limit use to 8 hours
- Daily communications sent to all employees
- Under certain circumstances nurses can do medical screening exams
- Moderately concerned about homemade PPE
 - Just started as a region to accept handmade supplies, then washed and used
- Developing an intubation team
- Cohorting of patients on inpatient side and in all ERs