

**MEDIC Sites Represented Among Call Attendees:**

- Beaumont Health System (Royal Oak, Troy)
- DMC Health System (Sinai Grace, Huron Valley-Sinai, Detroit Receiving, Children's Hospital of MI)
- Henry Ford Health System (Detroit)
- Sparrow Hospital
- Spectrum Health Lakeland
- St. Joseph Mercy Health System (Ann Arbor)
- St. Mary Mercy Livonia
- Michigan Medicine
- Munson Medical Center

**MEDIC Coordinating Center Staff Attendees:** Keith Kocher, Michele Nypaver, Jason Ham, Michelle Macy, Andy Scott, Alyson Stone, Emily White, Carrie Smith, Megan Hogikyan

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**KEY THEMES FROM DISCUSSION:**

- Conservation of PPE
  - Workforce physical & mental wellbeing
  - Managing ED throughput/flow, EMTALA concerns
  - Care of children
  - Maintaining clear communication within a fluid environment
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**Town Hall Goals:**

- 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 Summary:**

- **What is the current status at your facility?**
- **What is working well at your facility?**
- **What are the challenges your facility is facing?**

*Henry Ford Hospital Detroit*

- HR put guidelines in place to support employees including everything from childcare needs to what to do if you're sick, and guidelines for working remotely
- Upper leadership put a travel ban in place, more staff are working at home or off-site
- Qualified staff in traditionally non-clinical roles (e.g. MEDIC abstractors) are being redeployed to support clinical and other needs

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## MEDIC COVID-19 Town Hall 3.19.2020

- Administrators supporting those working in the ED with basic items like snacks
  - Facebook Live video chat with health system leadership for Q and A
    - Provided phone numbers, help lines, resources

### *St. Joseph Mercy Hospital Ann Arbor*

- Received good communication from senior hospital leadership which has really helped
- One of the challenges is providing guidance for our doctors and nurses, especially with changing recommendations, requirements
- Three triage tents up outside the ED for those who we feel are appropriate to receive a MSE
  - Working to conserve PPE by having a doctor or nurse working in the tent for a 6- or 8-hour shift
  - Tent flow is good, not doing any testing from the tent
  - One tent is clean, contains PPE
  - One tent is used for wiping down, includes space for providers to document
  - One tent has a portable x-ray machine allowing immediate chest x-ray if needed, provider can go to the car with a prescription for antibiotics if needed
- Biggest challenge other than PPE conservation has been direct, clear, concise guidance on who we're testing, how we're testing, and what we can tell our patients
- Opportunities to understand better?
  - Best approaches for children? Starting to see kids with respiratory illness/symptoms, don't want to put asymptomatic parents in a tent or kids who can't keep a mask on, don't want to take up PPE when in such high demand

### *DMC Children's Hospital of Michigan*

- Just started to screen outside the ED
- Doing all intake questions remotely via telephone
- When arrive in the vehicle, use a portable pulse ox, listen to their chest, quick exam
  - Example of examining an infant patient in a vehicle, helped because the child was restrained in a car seat, but the provider had to get in the car (a contaminated space)
- Going to experiment with the tent model, and figure out which of the two processes works better
- Rationing PPE right now
- Trying to communicate well with docs and nurses, but understandably their anxiety level is really high

### *DMC Sinai Grace, Detroit Receiving, Huron Valley-Sinai*

- Each site has a different approach due to varying physical layouts
- DMC is considering combining to a single central campus tent triage process, working through challenges this presents with EMTALA
- Sinai-Grace has a psych crisis center near front door
  - ED commandeered this center to screen low acuity suspected COVID patients there
  - Able to run flu and RSV if needed although most patients are being discharged and screening
  - Average LOS in this area is about 5 minutes
- Huron Valley-Sinai has a tent up outside as well
  - Thought about next steps if their tent gets too small, using Visqueen to split the ED into respiratory and non-respiratory sides
  - Suggestion is to speak to facilities at your sites to discuss airflow if you're considering an approach like this

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## MEDIC COVID-19 Town Hall 3.19.2020

- Moved away from any use of nebulizers in patients with suspected COVID, moving to MDIs, pharmacy is working on options for treatments
- ED staff are wearing at least face mask and goggles 100% of time no matter where they are working
- All Resuscitation are full PPE, 100% of intubations are also full PPE
- Noted example of challenges with chest pain patients and others with “atypical presentation”
- PPE shortage, hopeful that national stockpiles are opening up, provider group ordered 1000 goggles from the web to clean and reuse, providers are looking to order individual face shields
- DMC has compiled a centralized information source on a Google Wiki page, one quarantined physician is updating this regularly as information becomes available

### *Beaumont Health (Royal Oak, Troy)*

- Quality improvement department nurses/providers completed skills assessment forms for potential reassignment into the hospital
- Emergency operations call center now staffed 12 hours per day by QI nurses, other 12 hours staffed by employees in the transfer center
  - Some people are being directed to go right to the ED or call 911 if escalation of symptoms and sound short of breath on the phone
- All campuses are doing drive-up screenings, tents outside, everyone in PPE, screening right in the cars
  - Time to get through screening is about 5 minutes, cars are lined up for 2-3 hours
  - At that point they decide if the patient will be masked up and brought in or sent home
- Beaumont reference lab is performing testing, ~400 tests per day, already starting to run low on testing supplies
- Director of Epidemiology sends out updates 2-3 times per day
- Using a decision-tree algorithm to help the community decide if patient symptoms require COVID screening or not

### *St. Mary Mercy Hospital Livonia*

- Instituted a drive through testing protocol, moving quickly
  - Physician and nurse outside in PPE, if they have concerns then the patient is referred inside
  - Patient kept in car if here for COVID screening
    - Registered at Step 1
    - Step 2 is pulse ox, temperature check
      - Written on windshield with a dry erase
  - Step 3 doctor talks to them to determine if they are going to get testing
    - If they do need testing they get a purple magnet on the car
  - Step 4 nurse in full PPE to do the assessment
  - Have computers on wheels outside
  - Pre-printed discharge notes are printed for everyone who goes through
  - Designed a standard EPIC note to minimize time required for documentation
- Waiting period for testing is still a challenge as is
- Every day is a conference call/WebEx with the full staff, helps to review what’s working for the system as well as individual providers
- Challenges
  - Staff wellbeing
  - PPE and supply shortage

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## MEDIC COVID-19 Town Hall 3.19.2020

- Leadership bought 60 pair of goggles b/c face shields were in short supply
- Many are buying economy size shower caps and hairnets
- Struggling with availability of metered dose inhalers
- Atypical presentations
- Regularly changing recommendations is a challenge

### *Munson Medical Center Traverse City*

- Intend to have tent screening starting out front today
  - Concern around best way to manage EMTALA requirements with the tent screening and triage
- Instituted a dedicated intubation team
  - Have anesthesia up on board
  - Trying to not intubate in the ED
- Took over the cardiothoracic ward for COVID
- Daily call in with critical care leadership for hospital staff/providers
- Only 3 entrance points now to the facility
- Incident Command updating a compass system trying to have a consolidated output of information
- Call center has been established at the hospital

### *Spectrum Health Lakeland*

- As of March 18, restricted/ no visitors are allowed at any locations. For special circumstances, one approved visitor will be allowed.
- Employee survey online or screening at entrance is mandatory to enter work at restricted entrances.
- Student clinical experiences are suspended.
- Drive-up COVID-19 specimen collection center open in St. Joseph for fast, efficient and safe collection for testing only for individuals who have a physician's order.
- Simulating new patient screening protocols for patients presenting to the ED for an initial screening prior to entering the facility so that we are ready. Tents are being placed in the parking lots of two of our hospitals.
- Free virtual screening hotline staffed by Spectrum Health and Spectrum Health Lakeland available to people who have COVID-19 symptoms – virtual screening would be scheduled.
- Hotline available for team members who need help with child care.
- Free 24/7 counseling support through the Lakeland Employee Assistance Program offered through Microsoft Teams for all Lakeland associates and immediate family members. Telephone counseling is also available.
- COVID-19 Fund started at Lakeland to support emergent needs of caregivers, patients, families, and health care supply during the COVID-19 pandemic.

### *Michigan Medicine*

- Challenges
  - Communication and lines of communication in this rapidly changing, fast paced fluid environment
  - Maintaining and communicating the policies and protocols as they evolve is hard
  - Fluidity around recommendations
  - Overlaps in presentation

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## MEDIC COVID-19 Town Hall 3.19.2020

- Anxiety and concerns across the workforce, want to stay at national/higher levels of precautions when evidence shows we can deescalate
- Department-wide town hall daily briefing conference call with all clinician groups invited, faculty, residents, PAs to provide a forum for updates, questions etc.
- Have a WhatsApp forum
  - ED providers can get rapid crowdsourced responses to real time clinical questions that come up on shifts
  - Tough b/c folks use this as a channel for other types of communication, but it has proven helpful for some asking questions during a shift
- Limiting visitors in ED and to the hospital

### *Lurie Children's Hospital Chicago*

- IL seems to have seen COVID cases earlier than MI, but didn't have the same statewide policies in place as early as MI
  - Epidemiology with the peds population
    - Testing a few hundred kids, only had one positive, that kid wasn't hospitalized
  - Kids aren't having fevers with it, keeping kids home is key
  - Recycling PPE, getting updated guidance on that, e.g. keep N-95 in a paper bag between cases
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