



Washington State
Hospital Association

EvergreenHealth: Lessons for Hospitals

Webinar for WSHA Members

EvergreenHealth

March 12, 2020



welcome.
welcome.

EvergreenHealth's Response to COVID-19
March 12, 2020

Thank You for Joining Us for a Conversation...

Two Weeks with EvergreenHealth

Responding to COVID-19 (coronavirus)



Jeff Tomlin, MD, Chief Executive Officer

Ettore Palazzo, MD, Chief Medical & Quality Officer

Francis Riedo, MD, Medical Director of Infection Control

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Chris Bredeson, MBA, Chief Operating Officer

Aileen Mickey, MD, Chief Medical Officer, EvergreenHealth Medical Group

Monique Gablehouse, MSW, LICSW, Chief Operating Officer, Post-Acute Care

Kay Taylor, Chief Marketing, Communications & Customer Engagement Officer



Agenda

- Who We Are
- Preparation
- Timeline
- Response
- Lessons Learned / Recommendations
- Questions



Who We Are



EvergreenHealth, Kirkland Campus



Board of Commissioners



Tim McLaughlin

Board Chair

Commissioner Position #3
Represents Redmond/Sammamish
Board Member Since 2016



Minerva Butler

Board Secretary

Commissioner Position #6
At-Large Representative
Board member since 2016



Al DeYoung

Commissioner Position #1
Represents Bothell/Duvall/Woodinville
Board member since 1980



Rebecca Hirt

Commissioner Position #2
Represents Kirkland/Kenmore
Board Member Since 1984



Charles Pilcher, MD

Commissioner Position #4
At-Large Representative
Board member since 2010



David Edwards

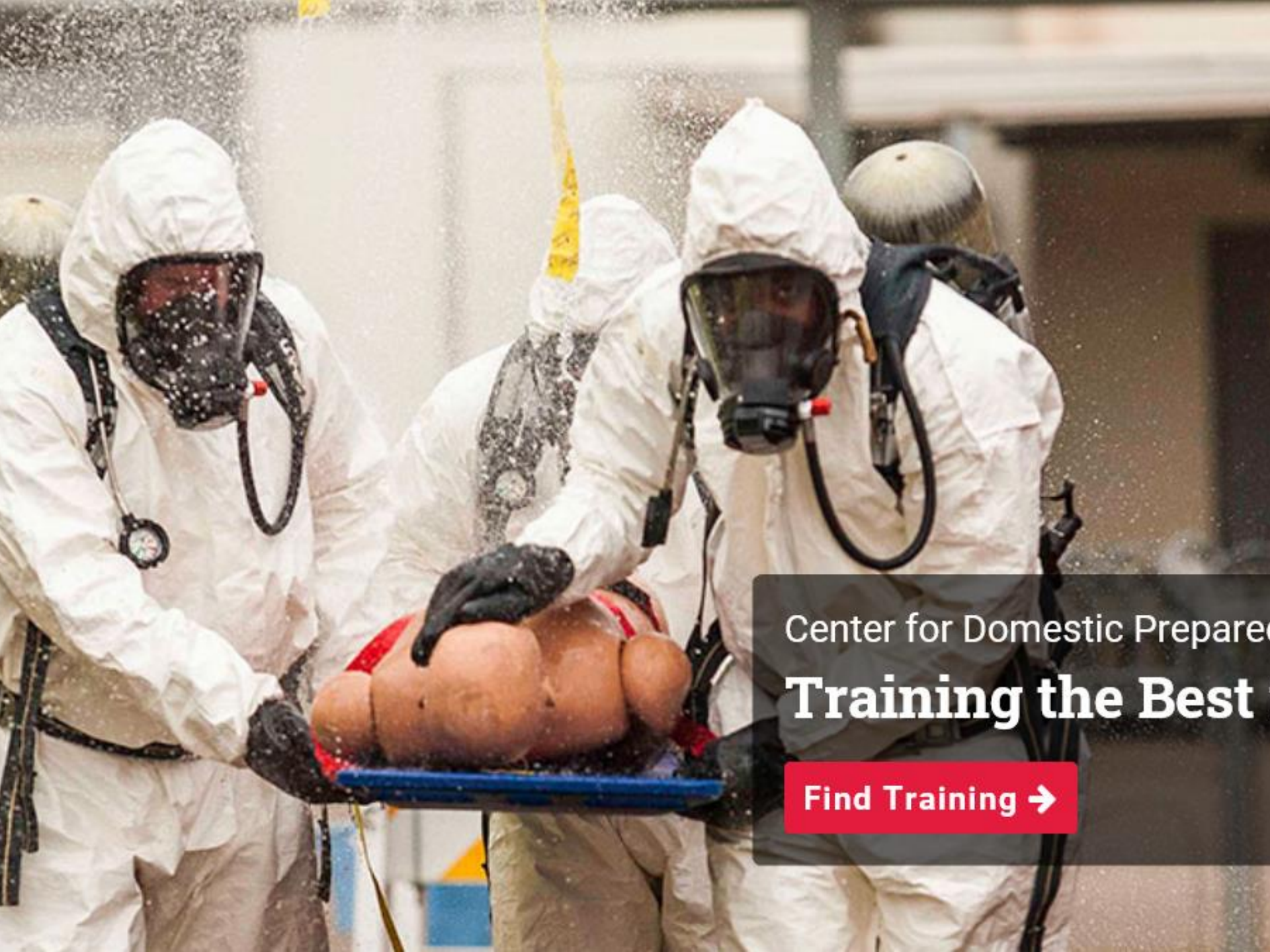
Commissioner Position #5
At-Large Representative
Board member since 2020



Virgil Snyder

Commissioner Position #7
At-Large Representative
Board member since 2016





Center for Domestic Preparedness

Training the Best

Find Training →

Advance Preparation

Prior to COVID-19 Outbreak

- **Robust disaster readiness preparations**
 - Leaders trained at FEMA's Center for Disaster Preparedness
 - Incident Command Center model
 - High Consequence Infectious Disease Pathogen Team
 - Isolation areas with negative airflow capabilities
- **Northwest Healthcare Response Network**
- **Rigorous infectious disease protocols**





COVID-19 Dashboard

EvergreenHealth

COVID-19 Tracking

Testing Counts

	Total	Positive	Negative	Inconclusive	Pending
Totals	298	76	170	1	51
Patients	222	75	105	1	41
Employees	76	1 ★	65	0	10

Run Date 2020/03/11
Run Time 14:28:52

Hospital DCs

	Total	Positive	Negative	Inconclusive	Pending
Totals	18	6	12	0	0
8Silver-W	7	4	3	0	0
2R-E-Crit Care	2	0	2	0	0
6Silver-E	2	1	1	0	0
6Silver-W	2	0	2	0	0
5B-E	1	1	0	0	0
4B-South	1	0	1	0	0
5B-W	1	0	1	0	0
4Silver-E	1	0	1	0	0
2B-A-Maternity	1	0	1	0	0

Current Inpts

	Total	Positive	Negative	Inclnclsv	Pending
Totals	57	24	17	0	16
8Silver-W	11	8	0	0	3
5B-W	10	4	4	0	2
2R-W-Crit Care	9	8	0	0	1
5B-E	8	2	1	0	5
2R-E-Crit Care	6	2	3	0	1
6Silver-W	3	0	1	0	2
8Silver-E	3	0	3	0	0
6Silver-E	2	0	2	0	0
4Silver-E	2	0	2	0	0
5Silver-W	1	0	0	0	1
EDIP	1	0	0	0	1
5Silver-E	1	0	1	0	0

Deaths

	Total	Positive	Pending
Totals	20	20	0
2R-W-Crit Care	10	10	0
8Silver-W	5	5	0
2R-E-Crit Care	2	2	0
5B-W	1	1	0
ED	1	1	0
Hospice Wing 1	1	1	0

ED Discharges

	Total	Positive	Negative	Inconclusive	Pending
Totals	90	22	51	0	17
ED	84	20	49	0	15
EDIP	2	1	0	0	1
Redmond Plaza ED	4	1	2	0	1

**Data Source: Cerner

[Click for Detailed Data](#)

★ = Non Hospital Acquired

Timeline

- Thurs, Feb. 27** – Centers for Disease Control and Prevention (CDC) expands COVID-19 testing guidelines
- Fri, Feb. 28**
 - Two patients, at EvergreenHealth, test positive for COVID-19
 - First known COVID-19 death
 - Activated Incident Command
- Sat, Feb. 29**
 - Round with employees
 - Institute daily patient update
 - Launched communications
 - First media statement issued





First Letter to Staff on Feb. 28

“EvergreenHealth is equipped, ready and capable of screening and caring for those who may be at risk...”

All Staff, Physicians and Providers,

You may have heard that today, we tested two patients in our hospital for coronavirus. These patients have severe respiratory illness requiring critical care. We commonly care for patients with severe respiratory illness, and we are caring for these patients in the same manner. We are following all precautions recommended by the Department of Health to protect our staff.

While these patients have no travel history, they still meet the updated CDC requirements for testing.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

Last night, we contacted Seattle & King County Public Health as per protocol, and today the health department recommended we do the testing. Samples were sent to our local Washington state lab; results will likely be available soon.

If a patient does test positive, we will notify the patient and family and follow appropriate procedure for reporting coronavirus to public health and the CDC while protecting patient privacy.

EvergreenHealth is equipped, ready and capable of screening and caring for those who may be at risk with coronavirus, just as we are during the flu season and every other time of year.

As a representative of EvergreenHealth outside of work, thank you for helping inform others about **prevention, including good hand hygiene**. If people are seeking more information, please share the same trusted resources we ...

Identify Exposed Employees

- Identification through EMR and Interviews
- Quarantine for 14 days
- Rapidly Changing Furlough Policy
- Input from CDC on Day 3
- Active Monitoring
 - Temperature
 - Symptoms



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By the N
3/5 134

	TOTAL	ILL	WOUND	PATIENTS
COLLECTED	29	24	3	52
POSITIVE	29	1	1	27
NEGATIVE	12	8	1	3
PENDING	38	15	1	22

COVID-19 DEATHS	11
DEATHS (PENDING TEST RESULTS)	1

EH Employee Exposure

Exposed	399
Attempted Gals	399
Successful Contact	247
Symptomatics	Phyg

Incident
Command





Incident
Command





Staff with PPE





PPE, Cleaning Protocol



Inside a Seattle-area hospital on the front lines of the nation's first major coronavirus outbreak

March 10, 2020 at 8:51 pm | Updated March 10, 2020 at 10:10 pm



Storage of N95 masks during shift

In effort to preserve N95 supplies, please store mask in container when not in-use

1. Write name on container with removable tape
2. Place mask face down in container
3. Keep mask straps on outside of container

DO NOT STORE MASK STRAPS IN CONTAINER.

4. At end of shift, clean container with Bleach wipe and store to dry



To prevent contamination, store mask straps on outside of container.



Use of PAPR

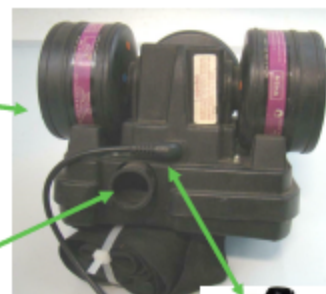


Hood: Write your name on your hood and keep for your shift, **disinfecting between uses**. At the end of your shift, place in the blue bag for cleaning.

Unit, as seen from above

Air hose connects as shown.

Battery connects as shown.



1. Inspect the unit for obvious damage.
2. Ensure all 3 round HEPA filters are screwed firmly in place.



3. Connect battery. Clip to belt.

4. Test battery: Wrap your hand to form a loose seal between the air hose and the **airflow meter**. The ball should float at or above 6 CFM. If it doesn't, use another battery.

5. Select hood—if **uncertain, choose a larger size**.
6. Attach the air hose to rear of the hood; **you should hear a "click"**.
7. Place unit on a table that is about waist-high. Back up to the table, secure & tighten belt.
8. Bring the mask & hose in front of you to don.
 - A. First pull bottom below chin.
 - B. Then pull remainder of hood over your head.
9. Pull forehead band down, so it is just above your eyebrows or the hood may pop off.

10. Upon removal, clean with **bleach** wipes. Allow to dry **4 minutes**, then use alcohol wipe (or red-top sani-wipe) to clear residue on visor.





Cap/Helmet: Disinfect between uses.

Comfort strip: install in front & rear to prevent hair catching in Velcro.



Install DLC Lens: Pull **white tab** to remove protective film. Membrane side goes towards helmet. Attach cuff to center hole, then side holes. Fold out temple flappers (away from lens, rest on sponge material).

Connect battery and cable to helmet. Turn on unit.

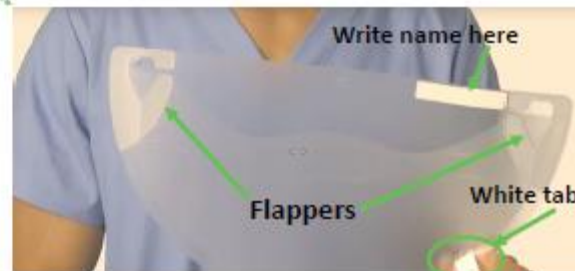


Don Helmet:

Loosen rear knob

Hold helmet in front of face and secure cuff membrane beneath chin. Then place helmet on head. Sweep finger between chin and membrane to ensure fit.

Tighten rear knob so that the helmet stays in place, even when bending forward or nodding vigorously.



Doffing:

Using **bleach** wipes—allow to dry **4 minutes**:

Remove and disinfect DLC Lens*.

Remove and disinfect Cap/Helmet, cable & battery.

Place battery on charger.

*may follow with alcohol to clear residue

Ensure adequate battery:

- DO NOT USE – Check/change filter – SEND TO BIOMED
- ● ● Battery 75%-100% charge
- ● Battery 50% - 75% charge
- Battery 25%-50% charge
- DO NOT USE - 0% - 25% charge Replace/Recharge Battery
- ● DO NOT USE – Check/Change Filter and Battery – SEND TO BIOMED



Incident Command: Supplies

- Gloves: ~ 3 days supplies on hand
- N95: ~10 days supplies on hand
- Masks: ~15 days supplies on hand
- Face Shields: ~3 days supplies on hand
- Future PPE shipments from distributor undetermined with back order status
- Working with King County Public Health through NWHRN on shortages



Incident Command: Communications

Internal/External Communications (2/28 – Present)

Internal

- 80 internal communications, posters, flyers, etc.

External

- 600-800 COVID-19 calls (daily) to EvergreenHealth Healthline & Nurse Navigator Hotline
- 50+ communications
- 5 patient newsletters to 70,000 patients

Media Requests

- 100+ Media Requests

Web/Social

- 2.2M impressions on web & social media (and growing)



Incident Command: Ops/Planning

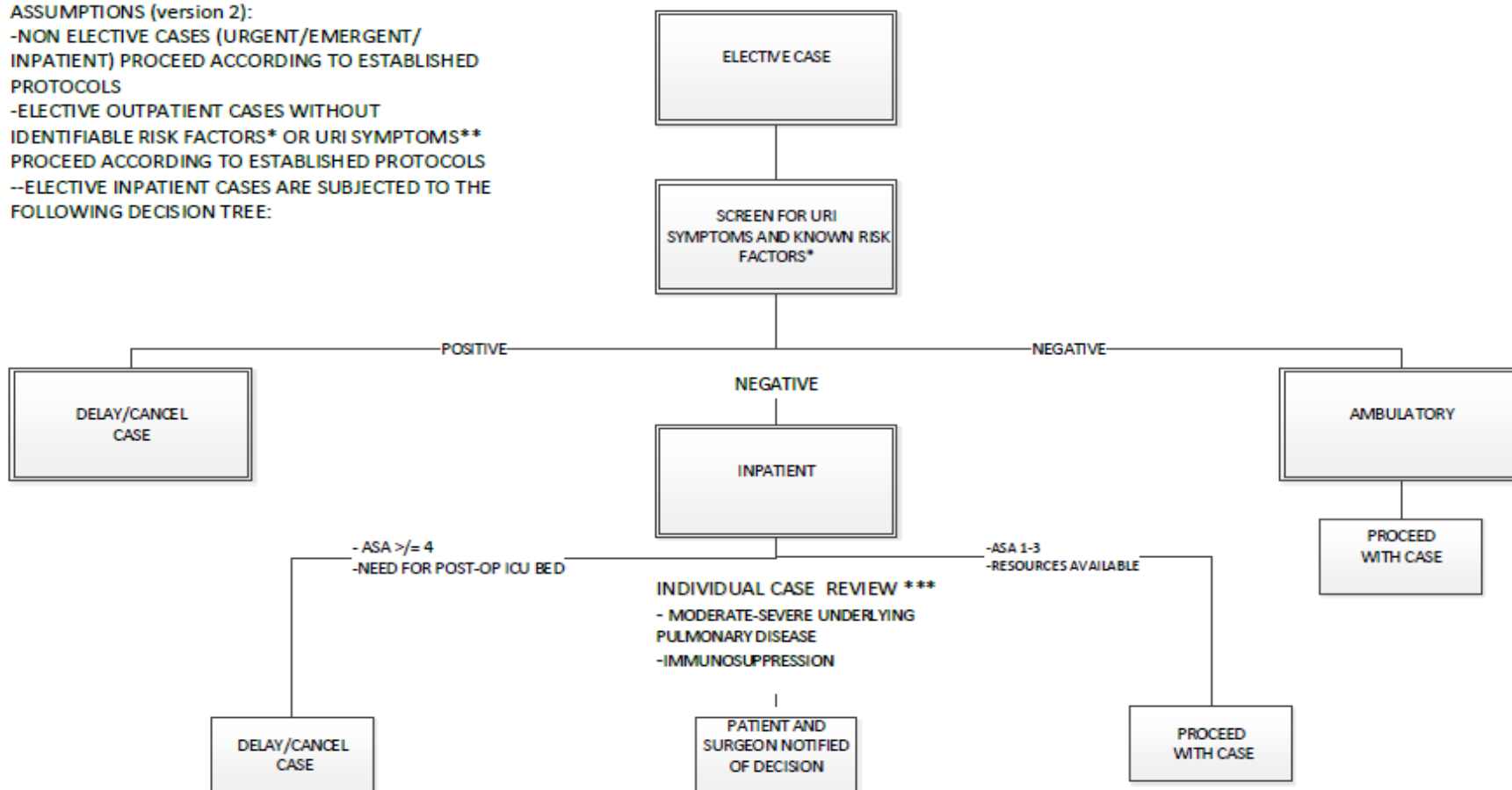
- Elective Surgery Algorithm
- Hospital Visitors
- Testing
- Contacts / Visitors/ Family of Positive Patients
- Discharging Patients to Long Term Care



Elective Surgery Algorithm

ASSUMPTIONS (version 2):

- NON ELECTIVE CASES (URGENT/EMERGENT/ INPATIENT) PROCEED ACCORDING TO ESTABLISHED PROTOCOLS
- ELECTIVE OUTPATIENT CASES WITHOUT IDENTIFIABLE RISK FACTORS* OR URI SYMPTOMS** PROCEED ACCORDING TO ESTABLISHED PROTOCOLS
- ELECTIVE INPATIENT CASES ARE SUBJECTED TO THE FOLLOWING DECISION TREE:



*RISK FACTORS: TRAVEL TO HIGH RISK COUNTRIES, LIFE CARE CENTER OF KIRKLAND EXPOSURE, RENAL DIALYSIS, AND KNOWN EXPOSURE TO COVID POSITIVE PATIENT

**URI SYMPTOMS: DIARRHEA, FEVER >100.0 , COUGH, MALAISE

***AD HOC COMMITTEE



Elective Inpatient Procedures

- Any patient with URI symptoms or identifiable risk factors will be delayed or rescheduled
- Age alone will **NO LONGER** be used as a primary criteria to determine appropriateness for surgery
- Any patient who will **require an ICU bed** post operatively will be delayed or rescheduled.
- Any patient with an **ASA classification of 4 or greater** will be delayed or rescheduled.
- Any patient with an **ASA classification of 1, 2 or 3** will now be allowed to be scheduled for inpatient elective surgery without further review
- Patients **with moderate to severe pulmonary compromise or immunosuppression** will still be reviewed prior to elective inpatient scheduling



Visitation

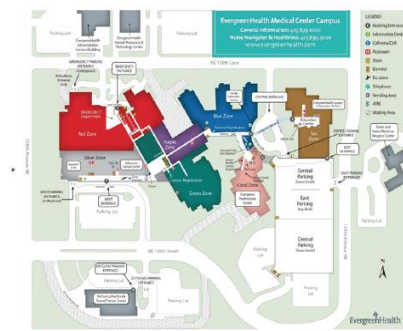
- COVID-19 Positive or Suspected Patients:
 - No Visitation (Exception for End-of-Life with PPE)
- Family Maternity Center:
 - Patient and 2 Consistent Support Persons
- Children's:
 - 2 Consistent Adults only
 - No minors
- General Visitation Discouraged

Visitors:

To help ensure the *health and safety* of our patients, staff and community, *we are discouraging visitors* from coming to the EvergreenHealth Kirkland campus, and are limiting points of entry to the following entrances:

Emergency Department, West Entrance, Central Entrance (Blue – Family Maternity Center).

For more information, visit: evergreenhealth.com/coronavirus



EvergreenHealth

For Absolute Safety

Patients, please **cover your cough**, and take **just one mask**.

Visitors, if you have a fever or cough, **please return home** and visit us when you are well.

Our **24-Hour Nurse Navigators – Healthline** is a free service available any time of day and night. Our consulting nurse service provides home care information, and can help determine if urgent care or emergency care are called for. Call 425.899.3555.

Thank you.

ABSOLUTE
SAFETY + SERVICE



Testing

Symptoms	Risk Factors	Covid-19 Testing
New fever, cough, shortness of breath, sore throat, diarrhea	NONE	After clinical evaluation, consider flu testing.
New fever, cough, shortness of breath, sore throat, diarrhea	*Special Populations	After clinical evaluation, flu testing and appropriate treatment, refer for COVID-19 testing.
New fever, cough, shortness of breath, sore throat, diarrhea	In last 14 days <ul style="list-style-type: none"> • Travel to affected area • Close contact with positive COVID-19 individual • Contact with adult family homes or long term care facilities • Visit to a dialysis center 	After clinical evaluation, flu testing and appropriate treatment, refer for COVID-19 testing.
*Special Populations	<ul style="list-style-type: none"> • Healthcare Workers • Immunocompromised individuals • Pregnant women • Resident of Long-term Care Facility • Resident of Adult Family Home 	



Drive-Thru Testing: Security



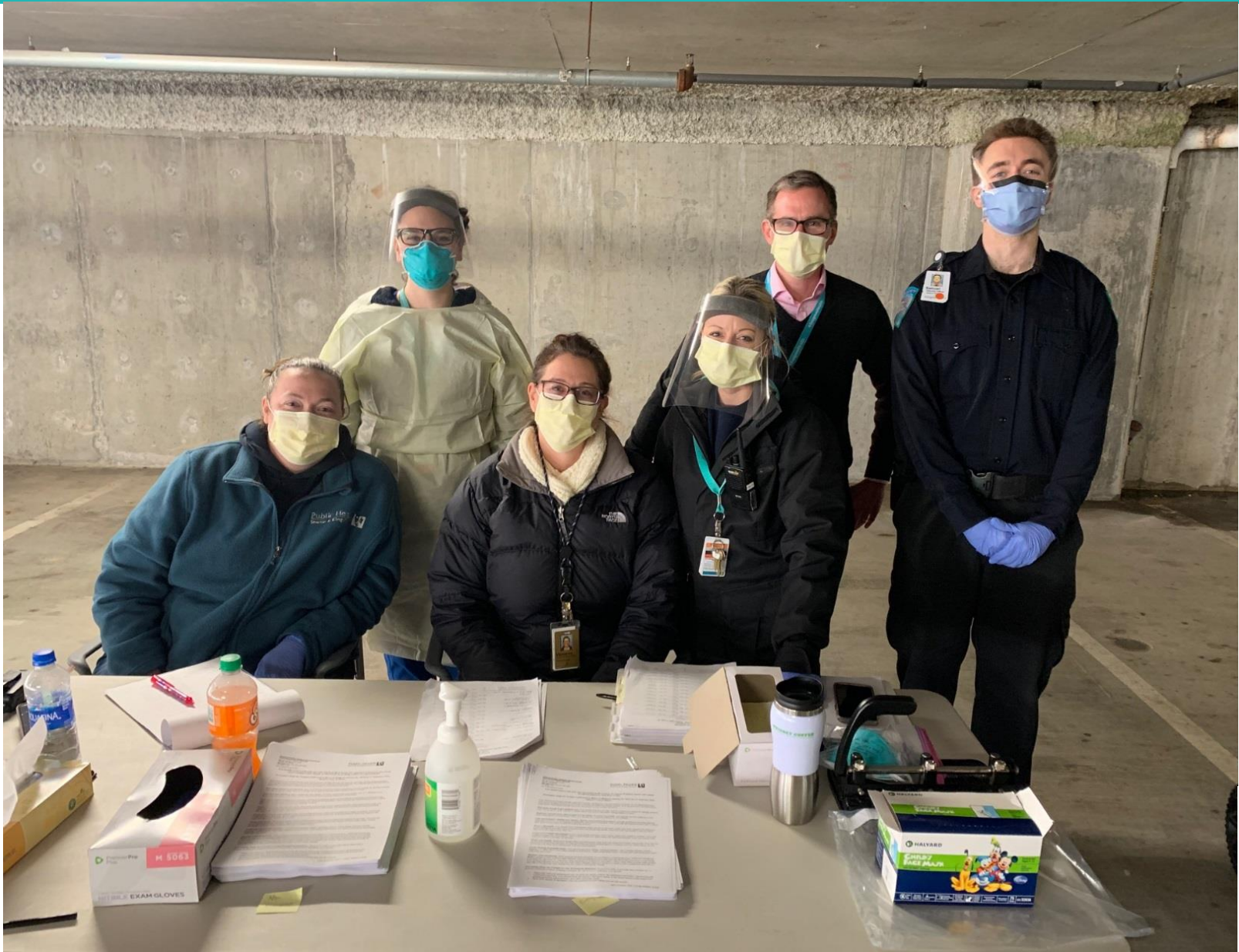
Drive-Thru Testing: Privacy



Drive-Thru Testing: Registration



Drive-Thru Testing: Registration



Drive-Thru Testing: Collection



Drive-Thru Testing: Samples



Lessons Learned / Recommendations

- Institute **PPE conservation** plans
- Need for Tracking **Dashboard**
- Consider **video conferencing** for internal meetings and patients/family members ('virtual visits')
- **Adjusted staffing levels** to meet patient needs
- Anticipate **Supply Needs** for the long haul
- **Over Communicate** Internally and Externally
- Importance of **Being Present**



Lessons Learned from Home Care

- 2,250 patients on active EvergreenHealth Home Care census (Home Health, Hospice Home Care, Hospice Care Center & In-Home Mental Health)
- Home Care Incident Command Center stood up immediately
- Tracking Facility, Patient Infection and Clinician Infections
- Significant communication efforts with mobile workforce of 600 clinicians and report staff via virtual town halls
- Tackling unique supply and PPE challenges to keep field staff protected
- Prepare for surge of discharges from hospital and SNFs into Home Health & Hospice



Lessons Learned from EvergreenHealth Medical Group

- Actions
 - Revised testing criteria for patients
 - Testing Center for patients
 - Patient Education
 - Scripting for staff
 - Database creation
- Challenges
 - PPE specific to clinics
 - Safety of clinic procedures
 - Communication during constant change
 - Tracking data for exposed employees
 - Tracking patient test results



Lessons Learned from Communications

#1 Lesson Learned – Anticipate stakeholder questions and preemptively provide them the information to where they are in this process, thus reducing fear and multiple calls for the same information.

Actions:

- Immediately define each stakeholder impacted (internal & external) to be considered at every point of communication throughout the duration of event.
- Immediately communicate beginning with the COVID-19 patient in the bed, their family, most impacted staff and providers, other patients in beds, all staff and providers, community at large. Make it explicit there will be routine updates. Be sure to number and date each edition to ensure you audit routinely for updates.
- Communicate through multiple venues such as web, phone, face-to-face, & written same messages and update inline.
- In all communications, direct all stakeholders to common resources web and update in real-time.
- Communicate to grassroots and grassroots external stakeholders with community health messaging and link them to your website to invite their help, posting messages and linking all published back to web.





Thank you to our
dedicated staff!



Thank You for Joining Us for a Conversation...



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Kay Taylor, Chief Marketing, Communications & Customer Engagement Officer

**If you have further questions, please contact
Melissa Madsen at MMadsen@evergreenhealth.com and
she will direct your email to the appropriate staff.**





Thank you.

