EvergreenHealth: Lessons for Hospitals
Webinar for WSHA Members

EvergreenHealth
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
Mary Shepler, RN, BSN, MA, NEA-BC, Chief Nursing Officer
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
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
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

### COVID-19 Tracking

#### Testing Counts

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#### Hospital DCs

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#### Deaths

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#### ED Discharges

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**Data Source: Cerner**
<table>
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<tr>
<th>Date</th>
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<tr>
<td>Thurs, Feb. 27</td>
<td>Centers for Disease Control and Prevention (CDC) expands COVID-19 testing guidelines</td>
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<td>Fri, Feb. 28</td>
<td>Two patients, at EvergreenHealth, test positive for COVID-19</td>
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<tr>
<td></td>
<td>First known COVID-19 death</td>
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<tr>
<td></td>
<td>Activated Incident Command</td>
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<tr>
<td>Sat, Feb. 29</td>
<td>Round with employees</td>
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<tr>
<td></td>
<td>Institute daily patient update</td>
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<tr>
<td></td>
<td>Launched communications</td>
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<td>First media statement issued</td>
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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](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
Incident Command
Incident Command
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 10:30 pm

Interview with The Seattle Times
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.
Use of CAPR

**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

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**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
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
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:

**ELECTIVE CASE**

**SCREEN FOR URI SYMPTOMS AND KNOWN RISK FACTORS**

- **POSITIVE**
  - **DELAY/CANCEL CASE**
  - **DELAY/CANCEL CASE**
  - **INDIVIDUAL CASE REVIEW ***
    - \(\text{ASA} \geq 4\)
    - Need for post-op ICU bed
    - Moderate-severe underlying pulmonary disease
    - Immunosuppression
  - **PATIENT AND SURGEON NOTIFIED OF DECISION**

- **NEGATIVE**
  - **INPATIENT**
  - **PROCEED WITH CASE**
  - **AS A 1-3**
  - Resources available

- **AMBULATORY**
  - **PROCEED WITH CASE**

*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

Version 2: 03.05.2020
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
## Testing

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

Jeff Tomlin, MD, Chief Executive Officer
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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.