Alaska Hospital Leader Update

Keeping Patients Safe as Regular Operations Resume
Planning POV: “Not IF, but WHEN”

- PSJH team met daily in mid-January across medical leaders and Infection Prevention

- Our focus as medical leadership was system wide planning to understand:
  - Supplies
  - Protocols
  - How to triage patients?
  - How to minimize caregiver risks?
Establish Two-way Communication

Emergency Operations Center
- System EOC & Regional Command Centers
- Streamlined decision making

Resource Repository
- Agile iterative approach
- Best practice library

Virtual Emergency Ops Center
The purpose of this site is as a destination for information and intelligence on COVID-19 response
Any questions or inquires can be directed to ClinicalEOC@providence.org

DAILY RHYTHMS
- T:30 AM PDT – ClimOps COVID Huddle
- 11:00 AM PDT (approx.) – InCurCircle Caregiver Communication
- 7:45 PM PST – COVID-19 Evening Huddle

BACKGROUND SCIENCE & RECOMMENDATION
Subject: Droplet Precautions for COVID-19
Date: March 3, 2020

Science supports treating COVID-19 with droplet precautions

WHO GUIDANCE - LINK
Agreed by: PSJH System Infection Prevention Department and CDT

Situation:
- CDC recommends contact + airborne + eye protection for caring for all patients with COVID-19.
- recommends contact + droplet + eye protection with respirators only used when conducting air generating procedures

Background:
- Many care settings have not historically been fit tested because of limited necessity per risk ass
Clinical Components: T-T-T Framework

- Create simplicity out of complexity
- Build confidence that a path forward will be defined
- Clarify ways to manage patient and caregiver safety
- Identify how community needs will be met
Innovation Plan: The Gamechangers

Providence Telehealth

Telehealth instances annually

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<th>Year</th>
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<td>2012</td>
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Providence Clinical Analytics
Providence COVID-19 Clinical Recovery | Patient Safety Standards

- **Patient Testing and Screening:** Every elective surgical patient is tested for COVID-19 prior to surgery. Any patient who tests positive or exhibits symptoms will be rescheduled to a later date.

- **Patient Isolation:** Elective surgical patients are isolated from patients in the hospital who have been diagnosed with COVID-19. COVID-19 patients are not in areas that a surgical patient will visit.

- **Personal Protective Equipment (PPE):** All health care providers are required to wear surgical masks. We have proper PPE in place, in accordance with guidelines from the Centers for Disease Control and Prevention.

- **Facility Protection:** Every person entering our facilities is screened at the door for fever, a major symptom of COVID-19. All visitors are given masks.

- **Facility Sanitizer:** Hand sanitizer stations are located in every area of the hospital.

- **Limitation of Non-Essential Personnel:** Non-essential personnel are not allowed in the facility to decrease the likelihood of COVID-19 exposure.

- **Task Force:** A task force of physician leaders, chief executives and infection prevention specialists meets daily to examine all safety and infection prevention strategies.

- **Perioperative Clinical Focus Group:** A clinical focus group reviews all aspects of safety during the perioperative period — from admission through recovery. More than 400 physicians and caregivers continually identify and adopt safety improvements across our 54 hospitals.
Don’t Delay Care

• Nationwide drop in reported heart attacks and strokes – but they are still happening
• 30-40% drop in PAMC emergency department visits since March
• DHSS reports 50% decrease in child vaccine rates
• Our hospitals and clinics are open and safe
• Delaying care can lead to serious issues or death
Chuck Bill
Chief Executive Officer
Bartlett Regional Hospital
Preparing for an unexpected visitor this tourist season
The Goal: Sustain operations in this challenging time while fostering an environment of safety for all stakeholders
Key Strategies

- PPE Management
- Test Kit Inventory
- Human Resource Management
- Information Management
- Patient Flow Management
- Provider Engagement
- Facilities Changes to control air flow
Tactics Implemented During this Event

- Activation of Incident Command Structure / Unified Structure
- Processing N-95 mask in sterilizer
- Incident Directives guiding changes
- Scrubs / Clothing safety
- Segregation of patients in the Emergency Department using Triage tent
- Facility changes to augment air flow creating multiple negative pressure spaces
- Planning for surge of patients by converting existing spaces quickly
- Supply chain creativity
- Visitation changes
- Coordination with City to manage homeless populations
- Monitoring and reporting changes on key web sites daily
- Daily leadership lead huddles extended into Saturday and Sunday
- Staff Check-ins, documenting wellness before shift
- Color Coded Patient status system was developed by front line staff to denote Covid Status
In closing, our success as of today is being driven by our provider lead interdisciplinary teams working hard at coordination, collaboration, and conservation aimed at meeting the goal of sustaining our facility’s ability to provide the highest possible quality care to our community.
Roald Helgesen
Chief Executive Officer & Administrator
Alaska Native Medical Center
Access to Care at ANMC
Rethinking patient care

• 60% of our patients travel for care
• ANMC has revised the entire process:
  • Scheduling
  • Prior to travel
  • Travel
  • Housing
  • Food
  • Testing
  • Medical care
  • Post-care
  • Pre-return testing
  • And back home again
Safety measures at ANMC

• Testing patients and escorts before they return home
• Testing our providers before and after travel
• All meals for our guests and escorts in housing delivered to their door
• Amazing staff who are masking, distancing, providing for a safe environment
Video: https://youtu.be/r9hdsEovCaA
COVID-19: Safety Measures to Protect Patients

Alaska Chamber Presentation  May 20, 2020
Shelley Ebenal, CEO  Foundation Health Partners
1. Ensuring Healthcare Workers (all staff) Don’t Have The Virus (so can’t spread to patients).

  a. Daily temperature and symptom screening
  b. Stay home when ill procedures
  c. Universal masking of all staff
  d. Personal Protective Equipment for all staff
  e. Testing anyone with even mild symptoms
2. Screening All Patients Presenting For Care

a. For COVID symptoms before appointments and on arrival
b. Temperature screening
c. Universal masking
3. Testing all patients prior to elective procedures. If tested positive, the procedure will be deferred.

4. Patients who want to be tested are advised to get tested at drive through.
5. Patients with any symptoms that are COVID like are treated in special rooms with air flow that vents to the outside. Signs on the room and noted in the chart so all staff are aware to use personal protective equipment.

6. Visitor restrictions – limits possibility of visitors bringing the virus into the Hospital.

7. Curbside Pickup – Pharmacy, Sleep Study equipment, etc. to limit visitors to Hospital.
9. Strict cleaning protocols for all instruments, equipment, and rooms.

10. Clinical expert team monitoring local testing results and trends. FHP team also monitoring literature, State guidance, CDC guidance for anything new. Continual internal sharing of best practices for both infection control purposes to prevent spread but also best practices as to how to treat for best outcomes.

Probably safest time to visit ever!
Major buckets:

• Protecting Healthcare Workers – in addition to taking care of them prevents spread of virus from HCW.

• Limiting entry to Hospital of only what’s required – limits possibility of virus entering hospital.

• Early Identification - Screening and Testing of Patients Presenting for Care so can be isolated and prevent spread.
Questions?