

Health System 100 Coronavirus Task Force Executive Summary

April 2 - COVID 19: The National Surge & Nurse Burnout

April 2, 2020

Through complimentary weekly **Health System 100 Coronavirus Task Force** conference calls with top experts and providers on the front lines, we aim to **share best practices in crisis management** and **valuable business-scenario planning**.

This week focused on how recently hit markets are managing their surge plus highlighted the growing issue of staff burnout, including a first-person perspective from a nurse in a COVID-19 unit at a large NYC area health system.

Guests:

David Callecod, CEO, Lafayette General Health

Sean O’Grady, Chief Clinical Operations Officer, NorthShore University Health

Dr. Imran Andrabi, President & CEO of ThedaCare

Dr. Robert Fields, SVP, Chief Medical Officer of Population Health, Mount Sinai Health System

Dr. Timothy Lynch, SVP, Chief Medical Office, South Shore Health

Rob Vissers, President & CEO, Boulder Community Health

Christi McCarren, SVP & COVID Incident Commander, MultiCare Health

Overview

David Ellis gave a brief opener on the state of the surge. The Lincoln Model forecasts the average national surge peaking in May with roughly 12k deaths per week (or 6x typical flu season) and 100k deaths by early June. ICU beds will continue to be a bottleneck, and ventilator need will be 20x typical flu season. He cited Chris Murray’s IHME model that forecasts surge by state, including resource shortfalls (ventilators, ICU beds, PPE). Finally, he reminded the group that factors influencing all models include state and city lockdown dates and intensity; demographics (age and health); and weather.

Surge and Infection Rate

There continues to be a wide variance by region in COVID-19 spread. Some systems are reporting the “infection doubling rate” is slowing. Christi McCarren (Multicare) says they expect their peak to hit in two weeks and noted statewide doubling rate has slowed to 7.7 days. (Multicare’s rate doubles faster - every six days - which she attributes to their proximity to Seattle.)

Sean O’Grady (NorthShore Health) also reports a slowing in the doubling rate, from four days to seven days, that he attributes to stringent social distancing in Chicago, which he said was 10 days ahead of what New York enacted. At SouthShore Health in Boston, Tim Lynch reports a rapid rise in cases (from

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mid-teens last week, to 24 Wednesday, to 35 Thursday 4/2). He says the IHME model predicts Boston will peak around April 15.

ICU Bed Capacity and Alternative Sites of Care

All health systems are scrambling to create more bed capacity (for COVID-19 and non-COVID-19). In New York, Mount Sinai reports four major public health efforts to add beds:

- a 1,000-bed naval ship (non COVID-19)
- the Javitts Convention Center (non COVID-19)
- Arthur Ashe tennis center (undetermined)
- Central Park field hospital (COVID-19 patients)

Five-hospital NorthShore Health has channeled all of its COVID-19 patients into one 150-bed hospital. Lafayette General Health has increased its critical care beds from 32 to 70, including capacity it has created at its orthopedics hospital. SouthShore created two CV units, increasing ICU beds from 24 to 70.

At Boulder Community Health, Rob Vissers is working with the state of Colorado to create “Safe Havens” for convalescing patients. To create bed space, they’re exploring converting vacant hospitals, hotels and dorms. They’re also working with the Army Corps of Engineers to create field hospitals in university arenas.

Testing

Providing adequate testing and securing a regular supply of test kits is a high priority for all. Multicare now has in-house testing with a three-hour turnaround. NorthShore has streamlined outpatient test results to a 12 to 24-hour turnaround. Lafayette General has partnered with another local hospital for the creation of a single, centralized testing site (Lafayette has also partnered with the Schumacher Group for a 311-call center for symptom management.) SouthShore Health set up a testing center in its ED parking lot, which helped prevent prospective COVID-19 patients from clogging the ER. Tim Lynch said Massachusetts-based Quest Labs set up a local testing center, which greatly increased turnaround times.

Ventilators and PPE

In the face of the heavy surge in New York, Mount Sinai is exploring a new technique (pioneered by NY Presbyterian Health) to “split” one ventilator for use with two CV patients. (See protocols here). Given the large array of ventilators in circulation, Lafayette General has put in place a [Ventilator Decision Tree](#)

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to help clinicians decipher one from another. Personal Protective Equipment continues to be a real concern for most systems.

Mount Sinai's Robert Fields says their modeling on PPE in New York is tracking OK, but "it changes every day" and is highly dependent on sourcing channels. Dr. Imran Andrabi (ThedaCare) said that a shipment of supplies he ordered was diverted by the feds to markets in greater need (his system in rural Wisconsin has seen 18 CV+ patients, including one death.) In Louisiana, Lafayette General is sourcing masks from local a manufacturer (using surgical drapes).

Multicare is also relying on local mask manufacturers. Christi McCarren says the region's shift to "universal masking" among the general population is a major concern for the future availability of PPE. A nurse from a large health system in the New York region, who was on the Task Force call to share her experience from the front lines, said the need for PPE is so urgent in her area that her team recycles their face shields and N95 masks.

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To receive an invitation to participate in task force calls, please contact:

Amy Rafael

VP Marketing

Lincoln Healthcare

Leadershiparafael@lincolnhc.com

(203) 644-1706