NETEC COVID-19 Webinar Series:
Use of HICS for COVID-19
Preparedness, Mitigation & Response
Welcome

Shelly Schwedhelm, MSN, RN, NEA-BC
Welcome: Shelly Schwedhelm, MSN, RN, NEA-BC

Hospital Incident Command Structure New York H+H:
Syra S Madad, DHSc, MS, MCP
Madeline Tavarez, MPA

Hospital Incident Command Structure Nebraska Medicine:
Dawn Straub, MSN, RN, NEA-BC
Brian Fox, MBA, PMP

Hospital Incident Command Structure Emory Healthcare:
Sharon Pappas, PhD, RN
Sharon Vanairsdale, DNP, APRN

NETEC Resources: Shelly Schwedhelm, MSN, RN, NEA-BC

Questions and Answers with NETEC
Welcome

National Emerging Special Pathogens Training and Education Center

Mission Statement
To increase the capability of the United States public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens

For more information
Please visit us at www.netec.org
or email us at info@netec.org
NETEC Overview

Assessment
- Empower hospitals to gauge their readiness using **Self-Assessment**
- Measure facility and healthcare worker readiness using **Metrics**
- Provide direct feedback to hospitals via **On-Site Assessment**

Education
- Provide self-paced education through **Online Trainings**
- Deliver didactic and hands-on simulation training via **In-Person Courses**
- COVID-19 focused **Webinars**

Technical Assistance
- **Onsite & Remote Guidance**
  - Compile **Online Repository** of tools and resources
  - Develop customizable **Exercise Templates** based on the HSEEP model
  - Provide **Emergency On-Call Mobilization**

Research Network
- **Online Repository** Built for rapid implementation of clinical research protocols
- **Develop Policies, Procedures and Data Capture Tools** to facilitate research
- Create infrastructure for a **Specimen Biorepository**

Cross-Cutting, Supportive Activities

NETEC

COVID-19 focused Webinars
FEMA Emergency Management Cycle

Shelly Schwedhelm, MSN, RN, NEA-BC
FEMA Emergency Management Cycle

Mitigation
Preparedness
Response
Recover
"Any activities that prevent an emergency happening, or reduce the damaging effects of unavoidable emergencies"
FEMA Emergency Management Cycle

Preparedness

"Plans or preparation made to save lives and to help response and rescue operations; takes place before an emergency occurs"
"Actions taken to save lives and prevent further damage"
"Actions taken to return to normal or an even safer situation"
Hospital Incident Command Structure:
New York H+H

Syra S. Madad DHSc, MS, MCP
Madeline Tavarez, MPA
Largest municipal healthcare delivery system in the U.S.

- 11 hospitals, 7 ambulatory care sites, 5 post acute care sites
- Safely & successfully treated NYC’s single confirmed Ebola patient at NYC Health + Hospitals / Bellevue
- One-of-a-kind, emergency management-based system-wide Special Pathogens Program
- Expanding reach via Center for Global Healthcare Preparedness for Special Pathogens
At the height of the surge, NYC Health + Hospitals was taking care of more than 3,000 COVID-positive patients. Almost a third of these patients were on ventilators.

Before and during the surge, NYC Health + Hospitals increased its ICU beds from 320 to 1,500.

To assist its hospitals experiencing the surge, NYC Health + Hospitals transported, or “level loaded,” more than 650 patients across its system to ensure they received the best care.

Photo Credit: NIAID-RML - This scanning electron microscope image shows SARS-CoV-2 (round magenta objects) emerging from the surface of cells cultured in the lab. SARS-CoV-2, also known as 2019-nCoV, is the virus that causes COVID-19.
Began planning December 31, 2020
Activated HICS January 21, 2020
Published first of a series of system clinical guidance on COVID January 23, 2020
COVID Mystery Patient Drills February 3 – February 12, 2020
COVID Surge TTX system-wide February 25, 2020
First lab confirmed NYC COVID Patient March 1, 2020
<table>
<thead>
<tr>
<th>Incident Management Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NIMS</strong>: a comprehensive, national approach to incident management</td>
</tr>
<tr>
<td><strong>CIMS</strong>: New York City’s application of NIMS</td>
</tr>
<tr>
<td><strong>ICS</strong> provides a flexible, standardized incident management structure</td>
</tr>
<tr>
<td><strong>HICS</strong>: the national standard application of ICS for hospitals</td>
</tr>
<tr>
<td><strong>NHICS</strong>: A variant of HICS scaled and customized for nursing homes and long term care facilities</td>
</tr>
</tbody>
</table>
National Incident Management System (NIMS)

What? NIMS provides a consistent nationwide template

Who? Enables Federal, State, tribal, and local governments, the private sector, and nongovernmental organizations to work together

How? To prepare for, prevent, respond to, recover from, and mitigate the effects of incidents regardless of cause, size, location, or complexity

Why? In order to reduce the loss of life and property, and harm to the environment
Incident Command System (ICS)

Incident

- An occurrence that requires a response to protect life, property, or the environment
- Any event causing disruption to normal operations

ICS features

- Standardized, on-scene, incident management concept
- Applicable for all-hazards as well as planned events
- Enables a coordinated response
- Establishes common processes for planning and management of resources
- Integrates within a common organizational structure
Why Use ICS?

✓ It Works!

✓ Mandates
Institutionalizing HICS

- Embrace and reinforce HICS policy and action as the organization’s official incident response system
- Direct that incident managers and response personnel train, exercise, and use HICS
- Integrate HICS into functional and system-wide emergency operations policies, plans, and procedures
- Conduct HICS training for incident management team staff, supervisors, and command-level leaders
- Conduct coordinating HICS-oriented exercises that involve responders from multiple disciplines and jurisdictions
Basic ICS Organization Command Staff

Command Staff
- Incident Commander
  - Safety Officer
  - Liaison Officer
  - Public Info Officer
  - Med/Tech Specialist

General Staff
- Operations Section
- Planning Section
- Logistics Section
- Finance/Admin Section

Four Command Staff Functions
- Safety
- Liaison
- Public Information
- Medical/Technical Specialist

Five Major Management Functions
- Command
- Operations
- Planning
- Logistics
- Finance/Administration
Hospital Incident Command System
System-to-Facility level
Incident Briefings
Use of analytics/intelligence for data-driven, evidence-based decisions

- Dashboards
- Data sharing
**Leadership Preparedness**

- Review emergency plans, policies, and procedures
- Establish resource and communication systems
- Ensure competency-based training and testing
- Participate in exercises in an executive leadership role

**Leadership means . . .**

- Motivating and supporting trained incident management team members so that they can accomplish difficult tasks under challenging, stressful circumstances
- Instilling confidence in the public that the incident is being managed effectively
$1.8 billion academic health system

8,000 employees and more than 1,000 affiliated physicians

Primary clinical partner of University of Nebraska Medical Center

Two hospitals, anchored by tertiary/quaternary academic medical center, Nebraska Medical Center

More than 70 specialty and primary care clinics, offering 50 specialties and subspecialties

Partial ownership of two rural hospitals and one specialty hospital

809 licensed beds in Omaha and Bellevue

33,606 discharges

1.06 million outpatient visits (primary and specialty)

95,040 ER visits

Fred & Pamela Buffett Cancer Center opened in 2017

Behavioral Health Intensive Outpatient Program was added in July 2018
Timeline

1/1/2020– 2/17/2020
Prepare

1/26/2020– 3/17/2020
Contain

2/17/2020– 6/1/2020
Mitigate and Respond
Prepare

Pandemic plan

• Teams
  • Triage and Crisis Standards of Care
  • Infection Prevention and Medical Counter Measures
• Support Services
• Behavioral Health Support
• Communication Strategies
• UNMC Research
• UNMC Education

• Updated plan from early 2019
<table>
<thead>
<tr>
<th>Week I</th>
<th>Week II</th>
<th>Week III</th>
<th>Week IV</th>
<th>Week V</th>
<th>Week VI &amp; VII</th>
<th>Week VIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor worldwide cases of influenza through Infection Control. Meet w/IDC, Activate HEC for notification &amp; planning. HEC: Monitor inpatient bed capacity &amp; hospital status twice daily. (Coordinate w/Tsunami Alert, MFL &amp; FPU). To transfer unaffected patients to long-term care if possible. Convert ICU rooms to doubles when possible (Consider ICU at 7 &amp; 8 fingers). Identify available beds &amp; resources w/Public Health daily. Monitor influenza-like illness outpatient visits, admissions &amp; ventilation needs. Secure additional beds for patients &amp; staff (HUMC colleges). Use backup ventilation, *Use HUMC standards of Care. Convert all rooms to doubles if appropriate.</td>
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<tr>
<td>Review the Pandemic Plan. SDIC &amp; FID: Set up information lines for flu clinic &amp; area to Control &amp; Medical Call Centers, MD staff, patients &amp; public. Align community resources w/St. Cloud Metro Healthcare Coalition (SCHCC). DGIC, look down to control patient &amp; visitor flow. Not all ICU patients will receive ventilations. *Use HUMC standards of Care.</td>
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<tr>
<td>Review and prepare the activation plans for walk in flu clinics. Discourage visitors. Consider areas to accommodate staff. Use HCLC and Winter Pre-Op &amp; PACU for isolated beds &amp; possibly Pediatric ICU. Consider use of CDR or abate for staff sleeping areas.</td>
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</tr>
<tr>
<td>Place primary care staff and providers on standby to be able to hit walk in flu clinics. Activate JTT plan for staff &amp; volunteers. Activate Phase 3 clinics/intended hours to triage &amp; care. Breastwood, Chaska Family, Fountain Lake, Eagle Run, &amp; Medfield. Convert OR anesthesia machines to ventilators. Implement palliative care model &amp; alternative location for isolation for allergens care.</td>
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<tr>
<td>Monitor NEDOC trends &amp; total daily volume sustained care nursing measure to initiate ER flu split time &amp; week in flu clinics. Evaluate capacity for double occupancy rooms on NM &amp; BICU campuses achievable. ED activates alternate location for triage &amp; care. Centralize non-pandemic ICU patients in new ICU. Triage patients off vents. See HUMC Standards of Care.</td>
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<tr>
<td>Begin community communication regarding social distancing &amp; other preventative measures. Consider utilizing unused beds that are not currently operational on NM &amp; BICU campuses. Triage patients &amp; implement Alternate Standards of Care—identify &amp; activate Triage Team members. Triage patients off vents &amp; implement additional Alternate Standards of Care. Implement Mass Facility Surge Plan (Minneapolis District Plan).</td>
<td></td>
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<tr>
<td>If active &amp; available—initiate plans for vaccination of high risk population, staff, and the community. Discharge routine admissions, elective procedures, preventive care, especially for pediatric patients. Shift electives &amp; other procedures to DOCC or Village Pointe. Possible use of body warmer system for remain—provide JTT to non-ICU staff. Mobilize refrigerator trucks for bodies.</td>
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<tr>
<td>Begin ER planning for split flow for low acuity influenza like illness complaints (likely an area in the waiting room/pack or triage). Limit incoming patient transfers; encourage dismissal of immune-compromised patients. ER triage area: Monitor influenza patient &amp; receive bland test supplies; communicate limits to Triage Team. HUMC care team staff becomes essential ICU (PNU, OR, Clinical educators, CNS, faculty). Pandemic Staff Plan: Use students, staff &amp; family members. Continually monitor staffing needs.</td>
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</tr>
<tr>
<td>Monitor the number of times the hospital surge management protocol is triggered. Consider home care/other options when possible. Students, volunteers, &amp; staff will support clinical care providers and serve as nurse extenders. JTT for family members in patient care.</td>
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<tr>
<td>Consult with lab leadership for recommendations for novel influenza testing—communication sent to all providers via the Lab Alert Process. Separate flu patients from non-flu patients who do not meet discharge criteria. Consider alternate ED locations. Empty DOCC clinics/ former Pre-Op/PACU.</td>
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</tbody>
</table>
FluSurge 2.0 is a modeling tool that allows one to assess the burden of a pandemic flu on their health system given their capacity, resource availability, and flu severity.

The resource information in the previous slides were used to model this table.

FluSurge 2.0 and other CDC pandemic modeling tools can be found here: [https://www.cdc.gov/flu/pandemic-resources/pandemic-resources.html](https://www.cdc.gov/flu/pandemic-resources/pandemic-resources.html)

<table>
<thead>
<tr>
<th>Pandemic Influenza Impact</th>
<th>Weeks</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Hospital Admissions</strong></td>
<td></td>
</tr>
<tr>
<td>Weekly Admissions</td>
<td>152</td>
</tr>
<tr>
<td>Peak Admissions/Day</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital Capacity</strong></td>
<td></td>
</tr>
<tr>
<td># COVID-19 Patients in Hospital</td>
<td>152</td>
</tr>
<tr>
<td>% Hospital Capacity Needed*</td>
<td>32%</td>
</tr>
<tr>
<td><strong>ICU Capacity</strong></td>
<td></td>
</tr>
<tr>
<td># COVID-19 Patients in ICU</td>
<td>35</td>
</tr>
<tr>
<td>% ICU Capacity Needed*</td>
<td>38%</td>
</tr>
<tr>
<td><strong>Ventilator Capacity</strong></td>
<td></td>
</tr>
<tr>
<td># COVID-19 Patients on Ventilators</td>
<td>18</td>
</tr>
<tr>
<td>% Ventilator Usage</td>
<td>94%</td>
</tr>
<tr>
<td><strong>Deaths</strong></td>
<td></td>
</tr>
<tr>
<td># COVID-19 Deaths</td>
<td>30</td>
</tr>
<tr>
<td># COVID-19 Deaths in Hospital</td>
<td>21</td>
</tr>
</tbody>
</table>
Facilities

- Converted 1 out of 4 bed towers to negative air flow
  - 117 to 137 beds
- Cascading sequence of opening based on 80% capacity
- Increased ICU beds from 92 to 178
- Increased med/surg beds from 505 to 575
- Total capacity increased from 597 to 753
- Ordered vents slated for next FY – increase from 69 to 95
Planning

Staffing
- Micro teams
- Flex pool
- Swab squad
- PPE Extenders

Intensivist Model: Critical Care

Adapted from:
Society of Critical Care Medicine
ED Pandemic Staffing Model

- ED MD with Dlid Leader
- Non-ICU MD
  - Anesthesia
  - CRNA/APP
  - Resident HO/II & Above
- Clinical Support Team
  - CRNA
  - Perfusionist
  - Pharmacist
  - RT
  - Nutritionist
- ED-RN
  - Unit RN
  - CRNA/APP
- Non-ED RN Extenders
  - Licensed RN
  - CRNA/APP
- Non-Clinical Support Staff
  - PCT
  - PAT
- Extra Non-Clinical Staff
  - Students
  - HR
  - Finance
  - Staff Assistants
  - Admin Assistants
Camp Ashland: Quarantine 2/7/2020

57 Americans and families from Wuhan

“We’re six feet apart, Masks conceal our smiles beneath Eyes connect the world”
Contain

National Quarantine Center 2/17/2020

- Princess Cruise Line Mission
  - Daily briefings at 9 a.m.
  - Quarantine versus Isolation Mission

15 Americans from the Princess Cruise Line, Japan 2/17 – 3/19
### Mitigate

| ✓ Screening       | ✓ Masking all employees |
| ✓ Testing        | ✓ Masking all patients |
| ✓ Work from home | ✓ Restricting all visitors |
| ✓ Social distancing | ✓ Telehealth and e-visits |
| ✓ State HDM      | ✓ Restricted students/learners |
| ✓ 3/19 – elective surgery cases stopped | |
Respond

Execution Model 1/15/2020 - Current

Sections/Experts

1. Community
2. Operations
3. Safety
4. Logistics
5. Workforce
6. Planning
7. Legal
8. Communications
3/13/2020 – Pandemic teams transition to HICS structure
3/21/2020 – Provider staffing strategy and adoption of micro teams
3/22/2020 – Statewide coalition calls begin
3/26/2020 – HICS workforce section created and splits from planning planning section
3/30/2020 – HICS report out begins transition to 4 p.m. daily
4/6/2020 – COVID monitory dashboard rolled out in support of HICS daily calls
4/6/2020 – Forecasting in-patient census demand roles out on dashboard
Innovations

- N95 decontamination
- Steri drape masks
- 3D printed swabs
- Pooling of tests
- PAPR adapter
- IACM

• First Initial and Last Name
• Department/Unit Location

• Date of First use

• Tally Marks for Decontamination Cycles
  • These Marks are Added by the UVGI Staff
Communication is essential

- Internal and external
- Use of Zoom with camera

Education

Latest COVID-19 news from NOW
- Who needs to wear a mask? Read our latest guidance
- Is your PPE offering the right protection? Read this message from Mark Rapp, MD
- Surge capacity plans for Clarkson Tower and Lind Transplant Center
- Review past daily COVID-19 updates from home page image
- Do you have an innovative idea to support pandemic work? Submit your idea here
- Has your area implemented alternative practices during this pandemic? Please report those here.

Protocol and resource categories
- Personal protective equipment
- Ambulatory
- Inpatient, ICU and Emergency Dept
- Perioperative and procedural
- Other protocols and resources
- Special populations
- Telehealth
- COVID-19 One Chart Resources
- Just in time training
- Additional resources

Visitor restriction information
- How to facilitate family visits for end-of-life patients
- Patient letter explaining visitor policy update
- Visitor policy talking points
- Visitors no longer allowed in hospital or clinic setting
- Exceptions to our visitor policy

Colleague FAQs and COVID-19 information
- Frequently-asked Questions (Public Facing)
- Frequently-asked Questions (for Colleagues) (updated 4/24/2020)
- Drop-in Babysitting Q&A (for Colleagues when/if essential staffing is enacted) (updated 3/19/2020)
- Hotel Options for Colleagues Q&A (updated 4/8/2020)
- Operational principles for scheduling procedures (updated 3/18/2020)
- Changes, cancellations and delays at Nebraska Medicine (updated 3/27/2020)
- UNMC Welben Symposium: Handling Stress in Uncertain Times (4/9/2020)

Employee health and quarantine information
- How to file an employee safety event for a possible COVID-19 exposure (one page version)
- Personal with symptoms
- Guidance for work after travel, information for health care workers from Employee Health (updated 4/23/2020)
- Guidance for pregnant health care workers, FAQs from our OB experts (updated 4/13/2020)
- Instructions for people undergoing home care or home quarantine

Flex scheduling information
- Manager tool email
- Manager request form
- Manager FAQ for staff request forms
- Flex scheduling FAQ (updated 4/21/2020)
- Flex scheduling op in form
- Pandemic Preparedness Application FAQ
COVID-19 Tracking and Reporting

### Patient Tracking/Reporting

<table>
<thead>
<tr>
<th>Date</th>
<th>ICU</th>
<th>Med/ Surg</th>
<th>Total</th>
<th>Med/ Surg Total</th>
<th>ICU Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/1/2020</td>
<td>15</td>
<td>20</td>
<td>25</td>
<td>45</td>
<td>25</td>
</tr>
<tr>
<td>3/2/2020</td>
<td>14</td>
<td>18</td>
<td>22</td>
<td>40</td>
<td>22</td>
</tr>
<tr>
<td>3/3/2020</td>
<td>13</td>
<td>17</td>
<td>20</td>
<td>37</td>
<td>20</td>
</tr>
<tr>
<td>3/4/2020</td>
<td>12</td>
<td>16</td>
<td>18</td>
<td>34</td>
<td>18</td>
</tr>
<tr>
<td>3/5/2020</td>
<td>11</td>
<td>15</td>
<td>16</td>
<td>31</td>
<td>16</td>
</tr>
</tbody>
</table>

### PPU and Supply Inventory Tracking

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mask, Surgical N95</td>
<td>100</td>
</tr>
<tr>
<td>Gown, Isolation</td>
<td>200</td>
</tr>
<tr>
<td>Glove, Nitrile</td>
<td>500</td>
</tr>
<tr>
<td>PPE Kit</td>
<td>100</td>
</tr>
</tbody>
</table>

### Bed Tracking

<table>
<thead>
<tr>
<th>Bed Meeting data - % Occupancy (previous day)</th>
<th>TNMC Occupancy %</th>
<th>TNMC ICU Occupancy %</th>
<th>TNMC Med/Surg Occupancy %</th>
<th>Consorium Total Occupancy % (BMCC &amp; TNMC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/15/2020</td>
<td>85</td>
<td>65</td>
<td>45</td>
<td>70</td>
</tr>
<tr>
<td>3/16/2020</td>
<td>80</td>
<td>60</td>
<td>40</td>
<td>65</td>
</tr>
<tr>
<td>3/17/2020</td>
<td>75</td>
<td>55</td>
<td>35</td>
<td>60</td>
</tr>
<tr>
<td>3/18/2020</td>
<td>70</td>
<td>50</td>
<td>30</td>
<td>55</td>
</tr>
</tbody>
</table>

### Labor Pool - Inpatient

<table>
<thead>
<tr>
<th>Labor Pool - Inpatient</th>
<th>RN III Calls (Previous Day)</th>
<th>PCT III Calls (Previous Day)</th>
<th>Unmet RN Staffing Needs</th>
<th>Unmet PCT Staffing Needs</th>
<th>NMC # of ED Visits (Previous day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/16/2020</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>120</td>
</tr>
<tr>
<td>3/17/2020</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>120</td>
</tr>
<tr>
<td>3/18/2020</td>
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<td>0</td>
<td>120</td>
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<td>3/19/2020</td>
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<td>120</td>
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<tr>
<td>3/20/2020</td>
<td>10</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>120</td>
</tr>
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</table>
COVID-19 Monitoring Dashboard
## Workforce and Planning

### Planning

**Analytics and Reporting:**
- Manual tracking / reporting of all sections within HICS
- Significant lift with manual tracking & automation development
- Coordination of reporting requirements between:
  - Global Center for Emergency Preparedness, Health System, College of Public Health, UNMC, Douglas County Health Department, NEHII, State Government, Knowledge Center, Etc.

**Demand Forecasting:**
- Tool & Model Development to inform forecasts:
  - COVID-19 disease spread in our community/region
  - Forecasting demand of PPE / Beds / Vents
- Stakeholder Engagement / Management:
  - Internal and External Parties needing different versions of forecasting information from hospital operations to Governor and Chancellor requests

### Workforce

**Colleague Staffing:**
- Labor Pool and Staffing
- Flex Pool Management
- Policies, Protocols and Practice
- Employee Health
- Family Care
- Training

**Provider Staffing:**
- Labor Pool and Staffing / Redeployment
- Policies, Protocols and Practice
- Department Chairs / Chiefs Succession Planning
- Activation Planning
- MICRO-Team Support
- Process and Infrastructure for Governance
- Training
- Compensation

Too much for one section!
### Workforce Status As of 5/13/2020

<table>
<thead>
<tr>
<th>Colleague</th>
<th>Today</th>
<th>Next 5 Days</th>
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<tbody>
<tr>
<td>Inpatient</td>
<td>Comments</td>
<td>Comments</td>
</tr>
<tr>
<td>Ambulatory</td>
<td>Comments</td>
<td>Comments</td>
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<tr>
<td>COVID-ICU</td>
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<td>Comments</td>
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<tr>
<td>COVID-ICU</td>
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<tr>
<td>ED</td>
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<td>Comments</td>
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<tr>
<td>Respiratory Care</td>
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<tr>
<td>Pharmacy</td>
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<td>Lab</td>
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**Green:** Clinical obligations covered by normal staffing

**Yellow:** Department staff are re-deployed to perform new tasks (providers or non-clinical staff is being used to meet demands (colleagues))

**Red:** Department staff require surge pool addition (non-clinical) or demand cannot be met even with overtime and flex pool (colleagues)

*High volumes in non-COVID ICUs impacting capacity; activated ICU micro teams*
Hospital Incident Command Structure: Emory Healthcare

Sharon Pappas, PhD, RN
Sharon Vanairsdale, DNP, APSN
Emory Healthcare Organizational Framework

- 3,277 faculty
- 5,700 students / trainees
- 25,874 employees
- $4.7 billion enterprise
- $585 million research funding

Sources: 2018 WHSC At A Glance, SOM Strategic Initiatives Department, FY20 EHC Annual Operating Plan
Overview of Emory Healthcare

- Generates $4.7 billion net revenue annually
- Comprises 11 hospitals (including JVs) with 2,691 beds
- Emory Healthcare Network, a clinically integrated network with 2,900 Emory and private practice physicians, 250 provider locations

Joint venture hospitals:
- Emory University Orthopaedics & Spine Hospital
- Emory Decatur Hospital
- Emory Saint Joseph’s Hospital
- Emory John’s Creek Hospital
- Emory Wesley Woods Campus
- Emory Long-Term Acute Care

Other hospitals:
- Emory University Hospital
- Emory University Hospital Midtown
- Emory Rehabilitation Hospital
- Emory Hillandale Hospital
- Emory at Smyrna
- Emory Decatur Hospital
- Emory Hillandale Hospital

* Joint venture hospitals
### Overview of Emory Healthcare and Emory School of Medicine

#### Emory Healthcare
- 4 Magnet Designated Hospitals
- 11 Hospitals
- 2,000+ Employed Physicians
- 23,600+ Employees
- 7,000 Nurses
- 819,000+ Patients Served Annually
- 2,691 Licensed Beds
- 80,000 Operating Room Procedures Annually
- 556 Volunteer Faculty
- 2,895 Faculty
- 111,300 Inpatient Admissions Annually
- 37% Retention rate of Emory MD graduates practicing in Georgia
- 325,000 Emergency Room Visits
- 2,000+ Open Heart Surgeries Annually
- 2,000+ Solid Organ Transplants Annually
- 1,850 Average Daily Census
- 10,200 Deliveries
- 1,311 Residents & Fellows in 106 training programs
- 5,060,000 Outpatient Visits Annually
- 21,000+ Clinical Research Patients on Studies
- 500 Countries Served
- 2,691 Licensed Beds
- 2,895 Faculty
- 556 Medical students
- 530 Academic Health Students in 5 programs
- 325,000 Emergency Room Visits
- 5,060,000 Outpatient Visits Annually
- 21,000+ Clinical Research Patients on Studies
- 500 Countries Served

#### Emory University School of Medicine
- 792 Volunteer Faculty
- 556 Medical students
- 530 Academic Health Students in 5 programs
- $122 million Charity Care
- $11.4 billion Emory’s Annual Economic Impact to Georgia
- $4.7 billion Net Revenue
- 60+ Countries Served
- 1,850 Average Daily Census
- 10,200 Deliveries
- 1,311 Residents & Fellows in 106 training programs
- 23,600+ Employees
- 2,000+ Open Heart Surgeries Annually
- 2,000+ Solid Organ Transplants Annually
- 5,060,000 Outpatient Visits Annually
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- 500 Countries Served
- 325,000 Emergency Room Visits
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#### Key Statistics
- 4 Magnet Designated Hospitals
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Georgia by the Numbers

- **Total Tests***: 378,156
- **Confirmed COVID-19 Cases****: 38,624
- **ICU Admissions*****: 1,584
- **Hospitalizations**: 7,002
- **Deaths****: 1,649

* Updated twice daily
** Note: The time series chart for cases and deaths or cumulative cases and deaths may not include data missing dates or invalid dates, so the totals may not match the above totals
*** These data only include ICU admission information at the time the case is reported to GA DPH and could be underreported

EHC Acute/Rehab/LTAC COVID-19 Trends
Always use the 3 C’s
  • Communication
  • Coordination
  • Collaboration
Meeting frequency
- Mon-Sun: 1000
- Mon-Fri: 1600
- Mon-Fri: 1700
Emory’s Incident Command

Incident commander

Media Relations
Government Affairs
Safety Officer
Legal

Hospital Operations
Care Model
Community Partners
Data Analytics
Supply Chain
Occupational Health
Recovery
Human Resources

Critical Care
Emergency Department
Surgery
Ambulatory Care
Mitigation Phase

- Renovating existing patient rooms into airborne isolation rooms
- Screening at all points of entry
- Educating on and implementing routine infection prevention and control practices — hand hygiene campaigns!!!
**Preparedness Phase**

- Meeting through the Serious Communicable Diseases Steering Committee
- Reviewing Pandemic Preparedness – supply chain, protocols, etc
- Conducting personal protective equipment training
Response Plan

- Activating Incident Command
- Setting up working groups to address evolving needs
- Validating PPE
“Alone we can do so little; Together we can do so much”

- Helen Keller
Resources

- Slides 61-63: Georgia Department of Public Health – COVID-19 Dashboard

  http://training.fema.gov/IS/crslist.aspx?all=true

- Additional Linkable Resource: Hospital Incident Command Systems Resources
  http://hicscenter.org/SitePages/HomeNew.aspx

- Additional Linkable Resource: Greater New York Hospital Association Emergency Preparedness Resources
  https://www.gnyha.org/topics/#emergency-preparedness

  http://www.acphd.org/media/353585/cider_hseep_quickguide.pdf

- Additional Linkable Resource: HSEEP Toolkit
  https://www.preptoolkit.org/web/hseep-resources/home
NETEC will continue to build resources, develop online education, and deliver technical training to meet the needs of our partners.

**Ask for help!**

Send questions to [info@netec.org](mailto:info@netec.org) - they will be answered by NETEC SMEs.

Submit a Technical Assistance request at [NETEC.org](http://NETEC.org).
Questions and Answers