



**Jefferson Health: Response to the
COVID-19 Pandemic**



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PREPARATION PHASE

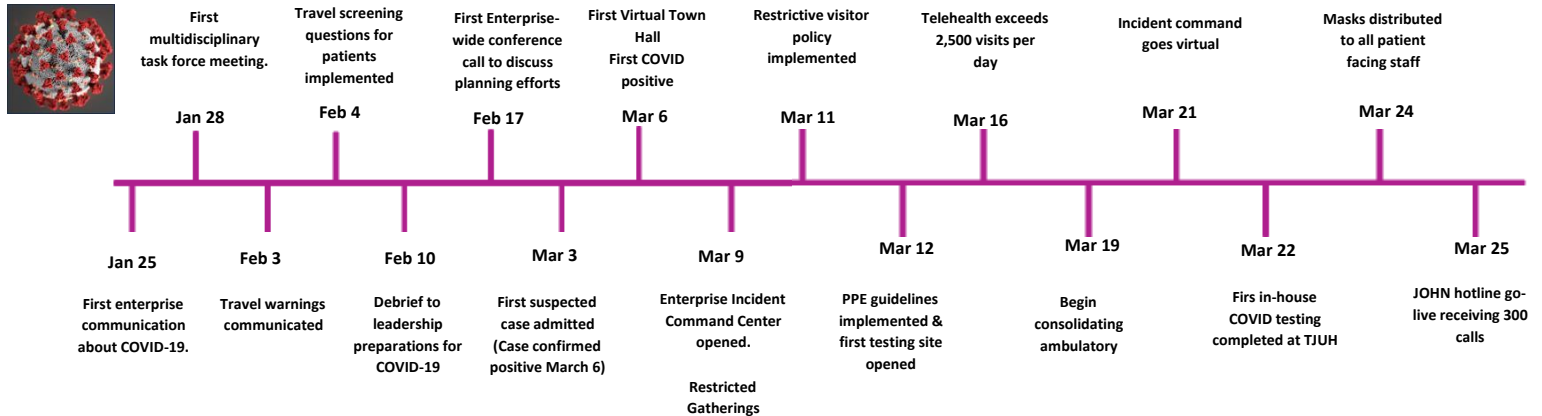
Chapter 1: Preparation Task Force

Jefferson Health (JH) has maintained a pandemic plan for decades. JH leadership began actively monitoring the novel coronavirus in early January, 2020. The first enterprise communication occurred on January 25, 2020.

Early activities included:

1. Broad communication regarding the novel coronavirus beginning on January 25th.
2. Implemented screening criteria in all electronic health records.
3. Conducted weekly enterprise leadership calls to discuss the developing situation.
4. Implemented travel guidelines.
5. Formed a multi-disciplinary COVID-19 Task Force comprised of 28 critical areas that would be needed for executing a response to a pandemic. Each area was given the task of preparing for worst-case scenario.
6. Secured additional supplies of hydroxychloroquine and personal protective equipment.
7. Expanded telehealth training in the first week of February. Trained more than 1,000 providers to conduct tele-health visits.

Jefferson Health COVID-19 Response Timeline



INCIDENT PHASE

The COVID-19 pandemic is the most significant health crisis in more than a century. Jefferson Health's top priority during this crisis was the safety of our patients, staff and students. Our goal was to mitigate risks and to alleviate and avoid as much suffering as possible.

This report highlights tactics and processes that were developed by the enterprise and divisional teams to ensure the safety of staff, students, patients and community.



Chapter 2

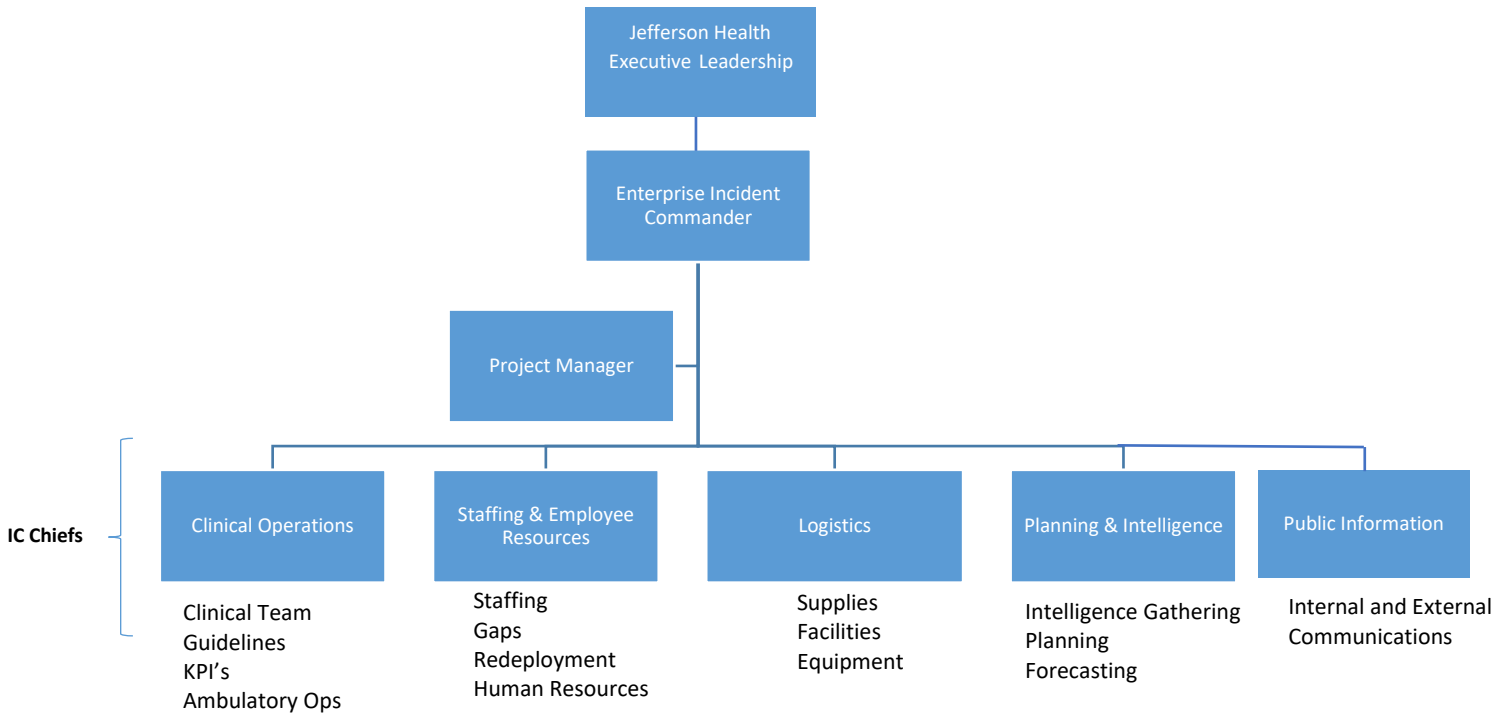
Enterprise Incident Command Center Structure

On March 10, 2020 Jefferson Health, Jefferson Health initiated the Enterprise Incident Command Center, or EICC, in order to proactively respond to the rising numbers of COVID-19 cases across the region. The Chief Operating Officer for Jefferson Health, oversees the EICC which includes representation from the clinical pillar and corporate services.

The EICC is charged with the following goals:

1. Provide information and guidance for the organization
2. Use limited resources most efficiently
3. Issue standard guidelines for the enterprise to be implemented locally
4. Coordinate activities and processes critical to the incident
5. Serve as a conduit for the executive team

Below is the structure of Jefferson’s EICC:



EICC Key Roles and Responsibilities:

- **Enterprise Incident Commander**
 - Leader of the Enterprise Incident Command Center
 - Communicates daily with COO and JH executive team to identify and assign priorities for the day
 - Leads the daily enterprise call
 - Makes final decisions and as appropriate escalates to executive leadership
 - Ensures enterprise command center priorities are communicated and completed
- **Project Manager**
 - Takes notes, schedules meetings, prepares reports and ensures assignments of all priorities
 - Identifies and escalates issues from the divisions
 - Other duties assigned by the Enterprise Incident Commander or Chiefs
 - Ensures communications are distributed and attends the communications and IS&T subgroup meetings
 - Responds to hotline and email requests

Incident Command Chiefs

- **Clinical Operations Chief**
 - Leads projects related to operations and knowledge management
 - Prioritizes the work for the operations teams
 - Identifies subject matter experts as needed
 - Reports out progress of the operations team
- **Staffing & Employee Resources Chief**
 - Takes lead on priorities related to staffing
 - Identifies appropriate teams to work on priorities and ensures work is being completed
 - Reports out progress of the staffing team
 - Coordinates efforts with Human Resources
- **Logistics Chief**
 - Leads projects related to supplies and facilities
 - Prioritizes the work for the supply chain and facilities
 - Identifies subject matter experts as needed
 - Reports out progress of the team
- **Planning and Intelligence Chief**
 - Takes lead on priorities related to surge planning
 - Gathers and distributes internal and external intelligence
 - Develops projections to inform scenario planning
 - Identifies appropriate teams to work on priorities and ensures work is being completed
- **Communication Chief/Public Information Officer**
 - Provides support for incident command to communicate messages out to the organization in multiple modes
 - Helps construct, format and edit documents



Other Key Roles

- Finance
 - Ensures all costs associated with an incident are charged to the appropriate cost center
 - Partners with staffing, facilities, IS&T and supply chain to prioritize purchases for incident command to review
- Human Resources
 - Helps with all employee issues from an enterprise perspective
 - Serves as a liaison to JOHN
- IS&T
 - Assists with technical needs of the command center
 - Coordinates Zoom meetings



Documentation:

The EICC team serves as the single source of truth for all divisions. Thus, documentation serves an important role in standardizing all messages. The project manager performs the following:

- Key performance indicators are collected each day from each division and used to create enterprise KPI's
- Minutes from all meetings are kept on a shared location to be viewed by executive leadership and members of the command center
- An update report is sent at the end of each day with what was accomplished and still being worked on by the enterprise team
- Daily priority log of the enterprise command center priorities and priorities of chiefs

In order to ensure that all information is updated on a daily basis, the project manager (PM) distributes daily reports outlining the tasks completed by the command center. The report outlines the topic, progress, accomplishments and owners of each of the projects. Not only does this report establish transparency and accountability across the enterprise, it also ensures that all leaders are updated on all initiatives occurring. Additionally, the PM keeps track of all questions presented during the 10:00am call and sends out a daily report accounting for all questions and answers.

Example of Jefferson Health List of Initiatives

	Topic	Progress	Accomplishments
4	Laboratory Testing	• Determining need for additional Abbott machine. May be able to use existing equipment.	• Preparing for testing of pre-procedure patients and L&D patients. The Abbott test will be used for the L&D patients and the Roche test for the pre-procedure patients.
7	Personnel and Staffing Mitigation Planning	• Working through staffing models for all surge plans.	• Focused on critical areas such as respiratory therapy. • Nurses being trained to do some respiratory therapy treatments. • 116 employees need to be redeployed and will be notified this week.
14	JOHN	• Database for reporting is being repaired.	• Continue to focus on returning employees to work.
26	Supply Inventory	• Continue to look at sourcing PPE for staff from available channels.	• Meetings with Center City and New Jersey today to review supply and equipment needs related to surge.
42	Enterprise Surge Planning	• Meetings with Northeast and Abington scheduled for later this week.	• Meetings with Center City and New Jersey today to review surge plans and phases.
44	Elective Surgeries	• Group meeting regularly to prepare to be able to do elective surgeries when able to do so.	• Pre-procedure testing guidelines completed.
46	Guidelines for masking anyone entering Jefferson buildings	• Closing monitoring inventory around additional masks going to patients and visitors.	• Communication out for all patients and visitors to wear a mask.
47	Cleaning of N95's	• Continue to work with the state on cleaning processes that will occur at the Navy Yard.	• Defined a workflow for collecting and returning masks to staff.
48	Policy statement on facial hair	• Staff to work with their HR business partner for any questions.	• Communication sent regarding shaving except for religious reasons.
49	New! Organization of data requests from government agencies	• Receiving many different requests from many organizations regarding PPE, supplies and occupancy.	•

Chapter 3

Clinical Operations

Clinical Operations at Jefferson Health

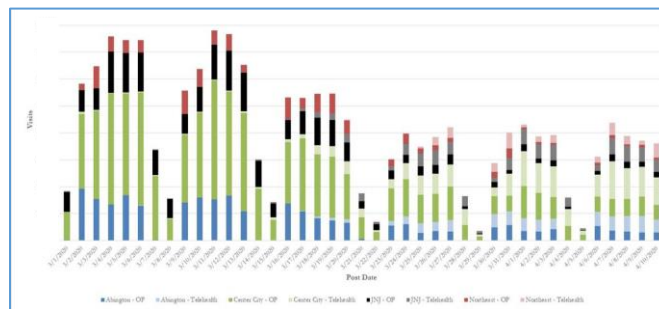
The team focuses on creating clinical guidelines and protocols to inform and guide safe and effective inpatient, outpatient and ambulatory operations. Below are examples of policies and protocols that are disseminated and regularly updated by the operations team.

❖ Ambulatory Operations

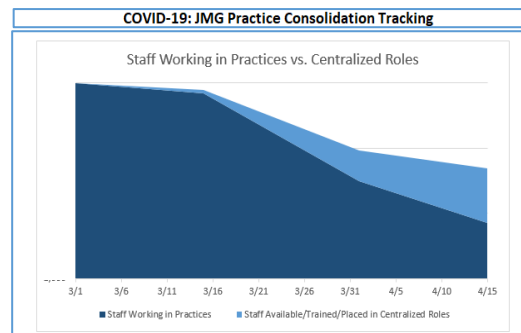
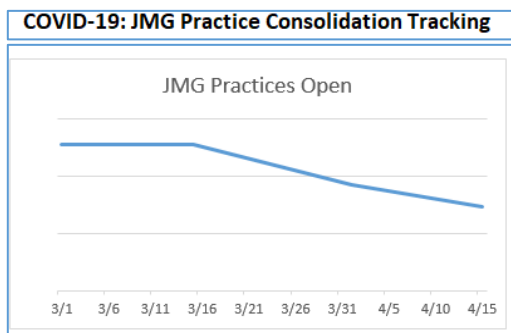
Jefferson Ambulatory Operations quickly responded by prioritizing the continuity of care for patients while maximizing safety for providers and support staff. This strategy can be summarized in the following key areas:

- Shift to telehealth with only medically necessary visits being done in the office
- Practice consolidations- implemented progressive 3 phased plan of practice consolidations; over 60 practice locations consolidated
- Coordinated results management and communication process for patients awaiting COVID-19 test results
- Mobilized providers across the enterprise to assist with COVID-19 needs; these include, rotating between telehealth, clinical care, Covid-Testing Centers, Jefferson Employee Health Network (JOHN), and Respiratory Centers
- Administrative and Clinical support staff across were mobilized and trained (>400 FTE) to provide support to critical areas including: JOHN Hotline, Acute Care Hospitals, Jefferson Laboratory, COVID-19 Testing Centers, Patient Communication Teams, Respiratory Centers,
- Ambulatory support staff trained and deployed to support patient engagement center and IS&T focusing on providing quick resolution to patients with MyChart questions and issues;
- JMG Partnered with Philadelphia Firefighters and Paramedics Union to provide a coordinated seamless process to test Firefighters and first responders following potential exposures
- Partnered with Camden County Governmental leaders to open testing location with expedited testing for first responders and health care workers
- Mobilized staff to create central support teams to enable accelerated scaling of telehealth across the ambulatory enterprise

Example of Jefferson Medical Group Trended Visit Volume as of 4/10



Examples of Jefferson Medical Group Practice Consolidation Tracking as of 4/5



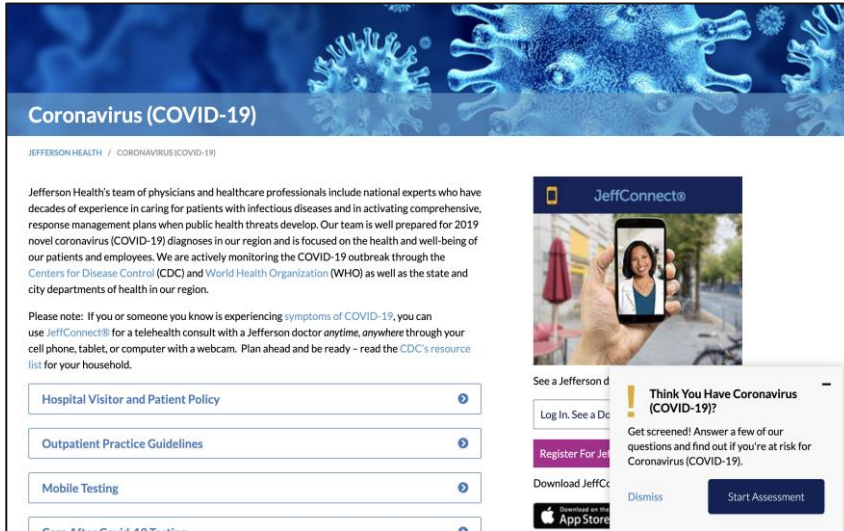
❖ **Telehealth:**

Current Jefferson patients with known risk factors have been advised to consider converting office visits to telehealth visits. Resources for physicians to get enrolled in telehealth training are available on MyJeffHub:

[Telehealth Training Enrollment Guide](#)

[Use of Telehealth Across State Lines Policy](#)

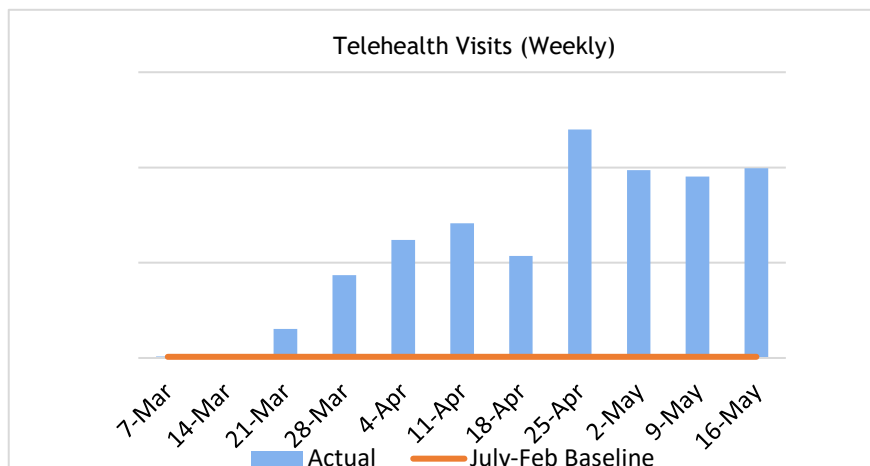
[Teleprescribing Controlled Substances](#)



Additionally, the team developed a new workflow in our appointment Chatbot with LifeLink that allows people to self-assess their COVID-19 risk after answering a few questions. This will help alleviate traffic to JeffConnect and ED Registration.



Jefferson provided care virtually for over 1,000 patients a day across specialties (baseline had been 40-60 per day at JeffConnect).



❖ **Testing:**

- Example of I COVID-19 Testing Guidelines:

This is meant to be a clinical guideline for testing for the COVID-19 infection, based on the best information we have to date. We recommend deferring to clinical judgement where appropriate.

Clinical Features	Risk Factors?	SARS-CoV-2 Testing?
Asymptomatic	See below*	No*
Symptoms of acute respiratory infection (fever, new cough, new shortness of breath, myalgias, etc.) and DO NOT require hospitalization	None	Test if the result is likely to change management†
Symptoms of acute respiratory infection (fever, new cough, new shortness of breath, myalgias, etc.)	Special Populations: <ul style="list-style-type: none"> • Older adults (age ≥ 60 years), • immunocompromised individuals (e.g., cancer, solid organ transplant, • immunosuppressive drugs, • chronic lung disease, • hemodialysis, advanced HIV), • homeless or in congregant facilities (such as dorms, fraternities, sororities, shelters, jail, prison, skilled nursing facilities, adult family homes). 	Yes
Symptoms of acute respiratory infection (fever, new cough, new shortness of breath, myalgias, etc.) and DO requiring hospitalization		Yes

* No current guidelines from public health agencies recommend testing of asymptomatic persons.

WE DO NOT RECOMMEND testing asymptomatic persons since a negative test is not sensitive to rule out COVID-19. These are the unique situations in which we have agreed to testing asymptomatic persons:

- Asymptomatic Gift of Life Transplant Donors.
- Asymptomatic transplant recipients.
- Asymptomatic ED or in-house patients who cannot be discharged without a negative COVID-19 test (nursing home, assisted living, group homes, homeless, etc.).

† Given the limited availability of testing supplies and the fact that most patients without risk factors will recover, consider testing only if the results of testing will change clinical management.

- **Mobile Testing Teams:**

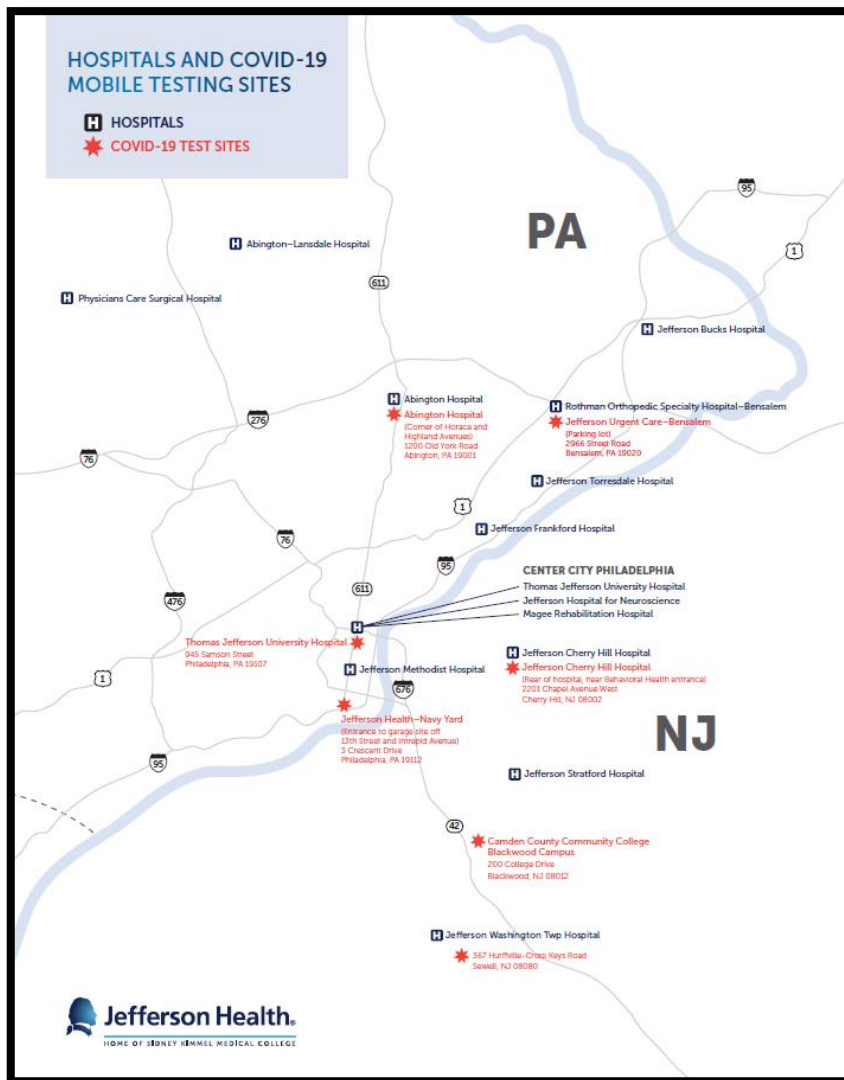
On 3/13/20, Jefferson Health opened the first drive-through testing centers in the southern New Jersey region. Mobile-testing sites for COVID-19 are open at all major Jefferson locations, including the Navy Yard, which are designed to control infection and limit symptomatic (non-emergent) patients from entering enclosed care spaces such as crowded emergency rooms. Patients are accepted through JeffConnect and from allied primary care providers in the area.



Please Note: Physician referral is required for testing at these sites. Prior to your arrival, please call **855-GO2JEFF** (462-5333) to confirm hours and availability.

IF YOU ARE HAVING A PROCEDURE OR SURGERY AT:	YOU WILL NEED TO HAVE YOUR COVID-19 TESTING COMPLETED AT:
Abington Hospital – Jefferson Health Abington – Lansdale Hospital Physicians Care Surgical Hospital	Abington Hospital – Jefferson Health testing site
Thomas Jefferson University Hospital Jefferson Hospital for Neuroscience Jefferson Methodist Hospital	Thomas Jefferson University Hospital or Jefferson Health – Navy Yard testing site
Jefferson Bucks Hospital Jefferson Frankford Hospital Jefferson Torresdale Hospital Rohtman Orthopedic Specialty Hospital – Bensalem	Jefferson Urgent Care – Bensalem site
Jefferson Cherry Hill Hospital Jefferson Stratford Hospital Jefferson Washington Township Hospital	Jefferson Cherry Hill Hospital or Washington Township site

Mobile-testing sites at 10th and Sansom streets in Center City



❖ **Utilization of MyJeffHub as platform to house all clinical guidelines:**

Jefferson is utilizing the MyJeffHub platform in order to house all published clinical guidelines. Additionally, all staff receive a broadcast email notifying them of any new and updated guidelines. Below is a snapshot of the Clinical Guidelines page on MyJeffHub:

CLINICAL GUIDELINES

These guidelines are listed in alphabetical order. Click to access.

Aerosol-Generating Procedures COVID-19 04-03-20	EPIC In-House Testing Orders COVID 19 03-28-20	Phone Script COVID 19 Positive 03-20-20
Autopsies for COVID 19 03-20-20	FAQs COVID 19 03-24-20	PPE FAQs COVID 19 04-03-20
Critical Care Patient Management COVID 19 04-01-20	IL-6 Inhibitors COVID-19 04-03-20	Rapid Response Code Blue Guidelines COVID 19 03-11-20
Critical Care Patient Stabilization Non-intensivist COVID 19 04-01-20	Imaging Guidelines Known-Suspected COVID 19 Patient 03-24-20	Screening Guidelines Access Points COVID 19 03-11-20
De-escalation of Isolation Guidelines COVID 19 04-01-20	Lab Alert for Testing COVID 19 03-26-20	Screening Guidelines Women and Children COVID 19 03-11-20
Deaths COVID 19 Hospital Workflow Toolkit 03-29-20	Laboratory Sample Collection Swabs and Media COVID 19 03-24-20	Surgery Tier 1A - 1B Planning COVID 19 03-31-20
Deaths COVID Reporting Guidelines EDRS COVID 19 03-24-20	Mask Usage COVID 19 03-24-20	Surgical Guidelines Minimally Invasive Procedures COVID 19 03-31-20

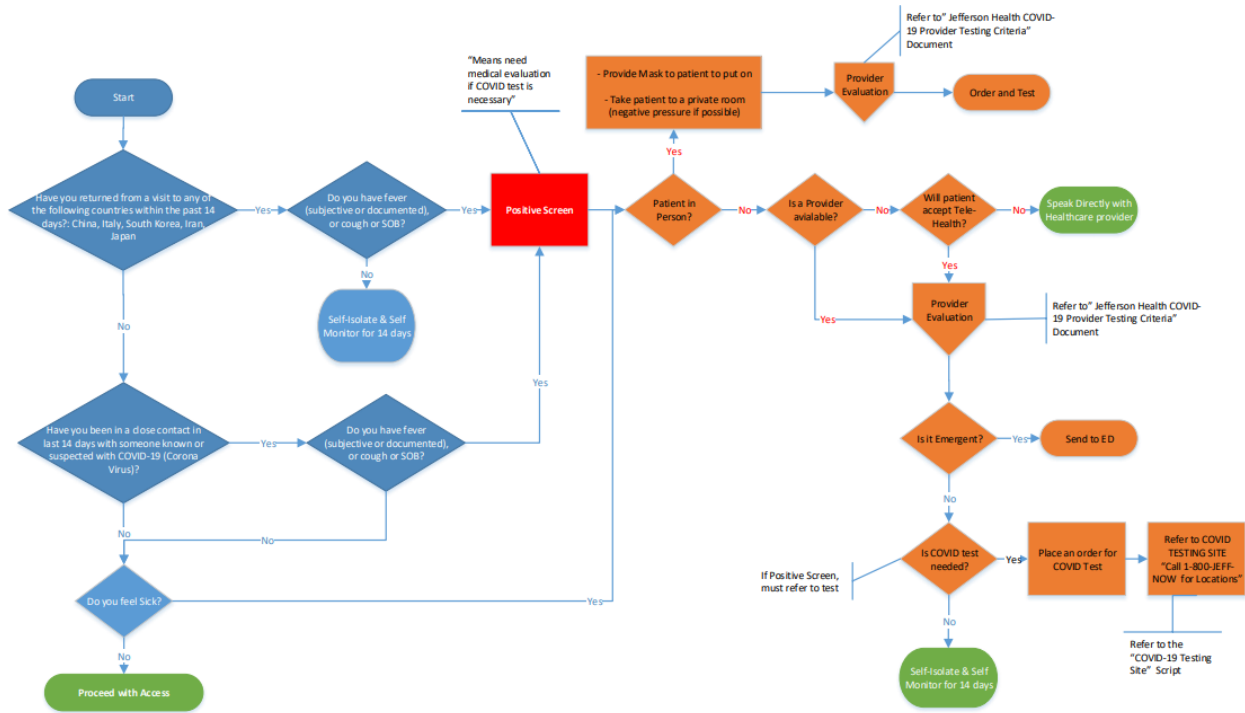
❖ **Visitation Policies:**

- There will be **no inpatient visitation unless authorized by the clinical leadership team**. *Exceptions will be made for circumstances involving clinical authorization (e.g., one visitor will be allowed in cases of informed consent, discharge support, maternity and labor & delivery and family meetings; for end-of-life situations one visitor will be permitted in 15 minute increments).*
- **Outpatient and Emergency Department visitation will be limited to one support person.**
 - Screening of all visitors and patients will take place at the designated entry points for each hospital.
 - Persons with upper respiratory or flu-like symptoms are not permitted
- Signage announcing these restrictions are at these designated points of entry and visitor information is also posted on our websites. Current inpatients and outpatients have been notified of these restrictions.

These measures may be inconvenient, but they are important steps for keeping our patients—and ourselves—safe. We will regularly re-evaluate these visitor restrictions as we monitor the CDC and all relevant state and local health official recommendations.

Thank you for everything you are doing to get through this challenging time.

❖ Visitor Screening:



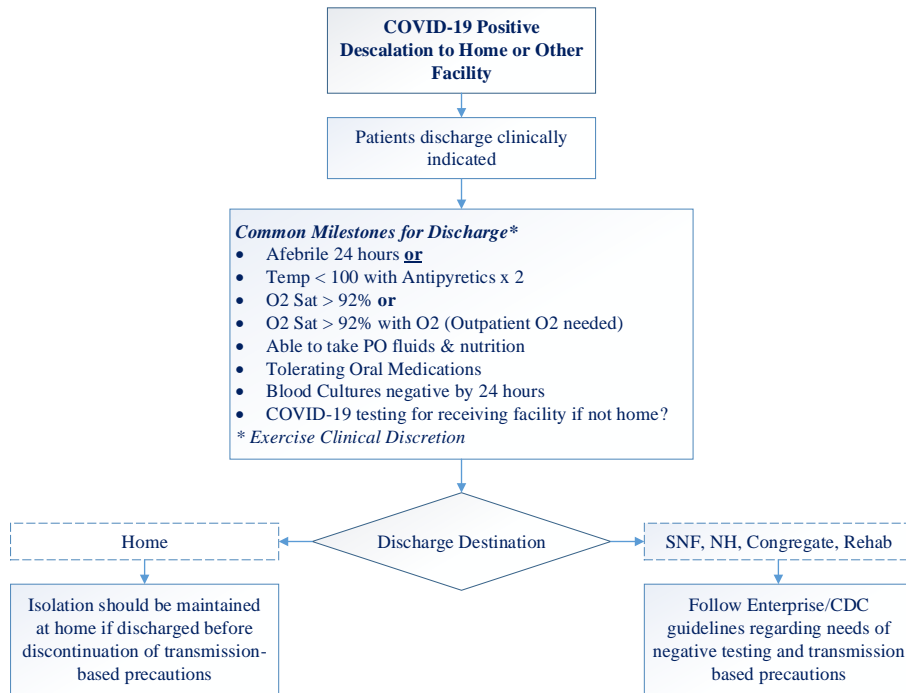
❖ Elective Surgery Guidelines:

Following the American College of Surgeons' recommendations, Jefferson Health developed guidance regarding the scheduling and performance of elective procedures:

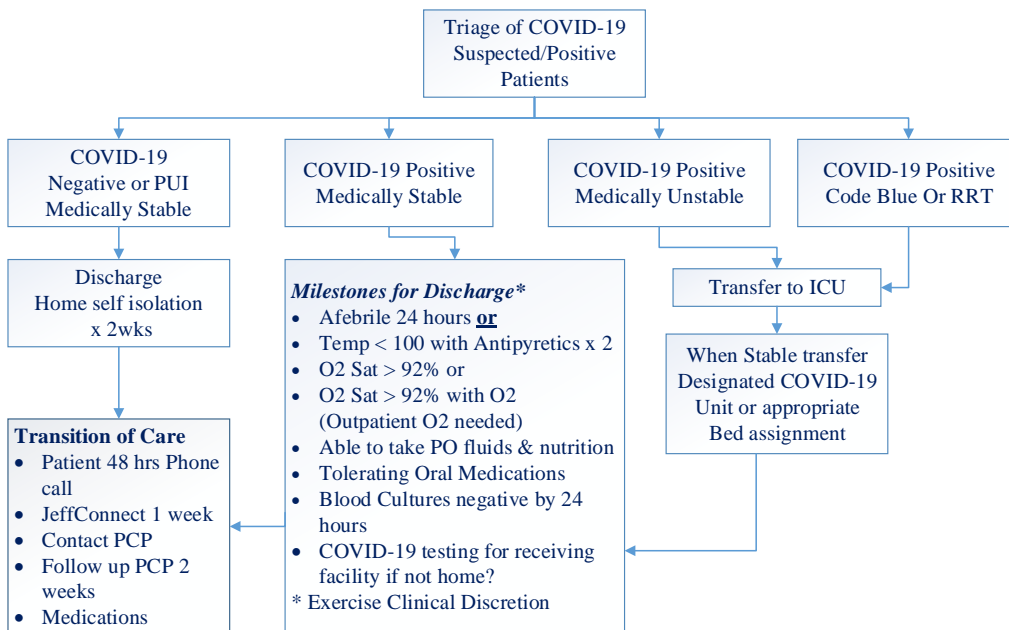
- Urgent procedures (**Tier 1**): Move forward.
- Elective, medically necessary (**Tier 2**): Further reduction of cases with goal of delaying all cases.
- Elective, non-urgent (**Tier 3**): Further reduction of cases with goal of delaying all cases.

As of 4/3/2020 Jefferson will delay elective surgeries until further notice in compliance with the Governor's cessation of all elective surgeries.

❖ **Patient Discharge Milestones Algorithm:**



❖ **COVID-19 Triage and Non-ICU Clinical Care algorithm Example:**



❖ **Jefferson COVID-19 Clinical Experience:**

The clinical team uses data to inform clinical guidelines and treatment protocols. Using EPIC, Infections Disease shared both patient demographics and Jefferson specific clinical experience and outcomes in treating patients with COVID-19.

Example of COVID-19 Clinical Experience to Date 3/11/2020 - 4/8/2020
Center City (CC) and Jefferson New Jersey (JNJ)

Measure	Total	% of Total Admissions	% of sub category
Total Admissions			
<i>Age Range</i>			
<i>Mean Age</i>			
<i>Median Age</i>			
<i>Male</i>			
<i>Female</i>			
Require ICU Admission			
<i>Mean Age</i>			
<i>Median Age</i>			
Require Mechanical Ventilation			
<i>Mean Age</i>			
<i>Median Age</i>			
Discharged			
<i>Mean Age</i>			
<i>Median Age</i>			
ALOS			
<i>Median LOS</i>			
<i>Require ICU Admission</i>			
<i>Require Mechanical Ventilation</i>			
Expired			
<i>Age Range</i>			
<i>Mean Age</i>			
<i>Median Age</i>			
Hospitalized			
Received Hydroxychloroquine			
<i>Require ICU Admission</i>			
<i>Require Mechanical Ventilation</i>			
<i>Discharged</i>			
<i>Expired</i>			
<i>Expired Mean Age</i>			
<i>Hospitalized</i>			

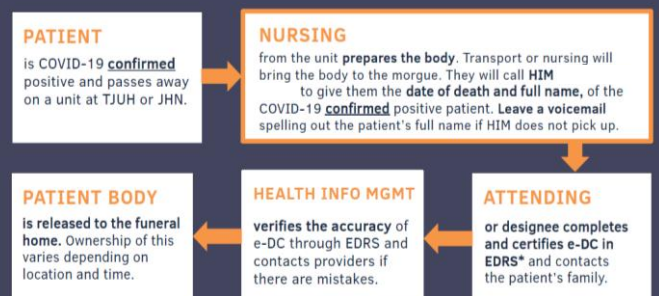
❖ **Jefferson COVID-19 Patient Death Protocols:**

Preparation & Release of COVID-19 Positive or Pending Positive Bodies

- The body must be **double body bagged** with a **disinfected, wet barrier in between** before transporting to the morgue.
- The outside of **both body bags** must be **wiped down** with disinfectant/virucidal wipes.
- Any patient belongings must be **placed in-between the double body bags**.
- The zipper must be **shut with a zip tie**, to ensure that the bag cannot be easily opened. **Write the following on the outside of the body bag:**
 - DECONTAMINATED
 - Patient's First & Last Name
 - Medical Record Number
 - "COVID-19 CONFIRMED", "COVID-19 PENDING", or "COVID-19 SUSPECTED"
 - COVID-19 confirmed = patient got test results back before death that they are positive for COVID-19.
 - COVID-19 pending = patient has been tested for COVID-19 but died while waiting for test results.
 - COVID-19 suspected = patient may have COVID-19 but died before getting tested.
- Upon release of COVID-19 positive, pending, or suspected bodies, gloves and a face mask must be worn by staff.
- After the body has been released, staff must wipe down gurney using disinfectant/virucidal wipes or spray while wearing gloves and a face mask.

02
Rev. 3/29/20

COVID-19 CONFIRMED POSITIVE DEATH WORKFLOW



For **confirmed** COVID-19 deaths, the Attending or his/her designee is responsible for **completing and certifying the e-DC** through EDRS. The body is released to the funeral home of the family's choosing.

04
Rev. 3/29/20

Weekly Highlights and Accomplishments

- Jeff Health Ethics Steering Committee delivered an **Ethical Critical Care Allocation Framework**, unanimously adopted by all Divisional MECs and Boards, as a Standard of Care during a State activated crisis.
- Organized a COVID-19 **networked In-situ simulation plan**, that enabled divisions to stress test critical COVID care situations
- Structured a network of frontline clinical guideline coordinators and worked with them to produce COVID-19 Clinical Management Guidelines.
- In collaboration with the Epic@Jeff & Enterprise Clinical Informatics team, developed an essential documentation data set based on CDC recommended guidelines for a reduction in documentation during a pandemic

Chapter 4

Staffing and Employee Resources

Staffing and Employee Resources Overview:

The team focuses on assuring adequate staffing for both normal and surge operations. The team provides support to maintain morale and assures that staff have the resources to continue to work.

Employee & Student Safety

❖ Universal Face mask policy:

- Our number one priority is patient and workforce safety. Given evidence of widespread transmission of COVID-19 in our community, beginning Monday, March 23, all workforce receive a face mask (surgical or procedural mask) to wear continuously throughout their entire shift, while on the premises. New masks are distributed each day.

❖ Large Group Gatherings:

- Jefferson strongly advised employees against Jefferson sponsored in-person gatherings where 30 or more attendees are anticipated through May 12, 2020. For all internal meetings, Jefferson recommended the use of audio visual technologies such as Zoom or phone conferencing.

❖ Jefferson Occupational Health Network (JOHN):

- Developed an automated system to follow exposed employees.
- Developed policies to address the major concerns of both the Academic Pillar and the Clinical Pillar.
- The JOHN COVID-19 hotline was opened to handle the volume of calls, address the exposures across the enterprise and to enable Jefferson employees to be assessed and tested for SARS CoV-2.
- The call center is staffed by 30+ people at times – enough that the center needed to spread out for social distancing and the teams of providers – intake, exposure, sickness, testing, and return to work – were moved to 3 different locations.
- Edited algorithms for the standardization of care as guidelines change rapidly.

❖ Jefferson Travel Policy:

- All Jefferson supported international air-travel by students, faculty, and staff remains suspended through May 12, 2020
- All Jefferson supported domestic air-travel by students, faculty, and staff is suspended through May 12, 2020.

❖ Jefferson launched two hotlines that will be manned by Jefferson volunteers, staff, medical residents and APPs:

1. Jefferson Occupational Health Network (JOHN) COVID-19 Enterprise Employee Hotline
2. Jefferson COVID-19 Employee Hotline

❖ **Jefferson University in-person classes transition to online format:**

- There will be no in-person classes as of Friday, March 13. Classes will begin in an online format on Monday, March 16 for those who are not on spring break. For students on spring break, classes will be delivered in an online format beginning on Monday, March 23.

Employee and Student Mental Health and Morale



❖ **Team Wellness and Mental Health Resources:**

Examples of Mental Health & Coping Resources selection available on MyJeffHub:

- 📄 [Family Emergency Readiness Checklist: checklist to prepare employees and their families for pandemic, disaster or other emergencies.](#)
- 📄 [Managing Your Anxiety About Health Risks: document that outlines common signs of anticipatory anxiety and coping mechanisms.](#)
- 📄 [EAP Contact Information: document that provides contact information for Jefferson’s Employee Assistance Program \(EAP\), and outlines services available, i.e. mental health counseling, work life services, and legal & financial services.](#)
- 📄 [For Clinicians - How to Manage Anxiety: document that outlines best practices for clinicians to prevent and manage stress at work and outside of work.](#)

❖ **Employee Benefits:**

- Child Care: Jefferson was able to support employee childcare needs through a partnership with YMCA and KinderCare Centers.
- Food Deliveries: All employees received a voucher for \$25 dollars off Go Puff. Additionally, vendors from the community supply employees with free food on a daily basis.
- Discounted hotel fares for employees
- Free Parking: Free parking available for employees in Center City.

❖ **Better Together Fund:** Jefferson established a Better Together Fund and 100% matched donations in order to establish a relief fund for employees in need. The fund has so far has garnered almost \$3.3M in donations and has allocated more than \$1M in employee assistance. The team purchased 15,000 milk chocolate bars with a specially designed wrapper that states Jefferson Hero. 40 of the bars will have a golden ticket that will be redeemed for a gift card. Jefferson Hero t-shirts will be sold to support the better together fund. Staff can purchase at the hospitals or on line.

The COVID-19 Better Together Fund



16

Days remaining

Match Gifts! 16 days left!

GIVE NOW!

Better Together Fund T-shirt and Chocolate wrapper



❖ **Employee Wellness Rooms:**

Several divisions across the enterprise are setting up wellness rooms for their employees. In combination with the mental health resources that are supplied to employees via Zoom and other platform, Jefferson Health puts an emphasis on the stress that a physical environment can induce. Such rooms exist at Jefferson Northeast, Jefferson Abington, and Jefferson Center City, Neuroscience, and Methodist locations.



❖ **Employee Morale:**

Jefferson believes its team of heroes who work tirelessly on a daily basis, are our most important and critical asset. Enterprise and divisional teams organize activities to assure staff feel appreciated. The communities we serve have also thanked our heroes. Below are examples of the community's salute to Abington's staff and the painted rocks that greeted staff at Northeast as they enter the hospital.



❖ **Micro Markets:**

Several divisions across the enterprise are setting up micro markets for their employees to safely and conveniently obtain necessities while at work. Below is an example of the minimarket at Jefferson New Jersey.



Staffing:

JMG, Jefferson Nursing and Human Resources have worked diligently to finalize the pool process for reallocating staff within the enterprise to high demand areas in order to staff needed positions with existing positions.

❖ **Telehealth:**

Jefferson has trained over 1,000 providers within the system to provide telemedicine services. As of 03/30/2020 all providers can find 6 modules on how to do various components of the physical exam and document within a telemedicine visit. This will increase Jefferson’s capacity of accepting telemedicine visits and decrease the amount of patients seen at the hospital.

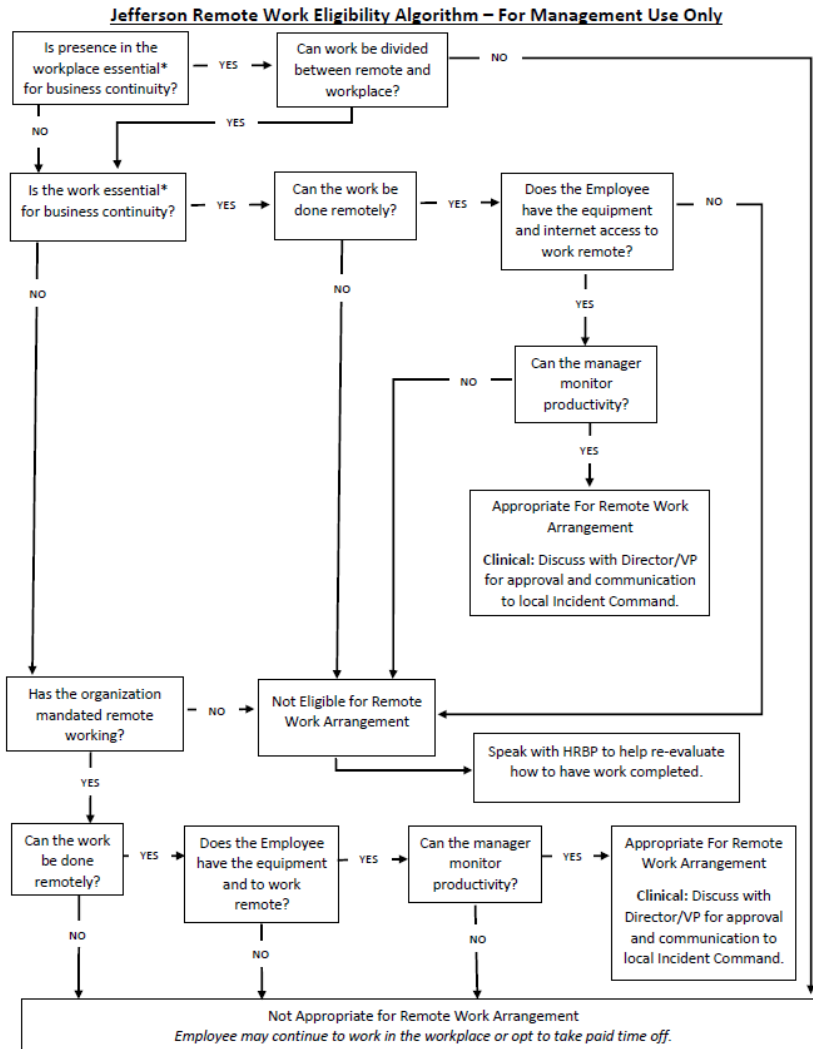
❖ **Surge Preparations:**

- A survey has been sent to all nurses in the enterprise to report their ICU experience in the case staff needs to be deployed from current units to the ICU.
- The current focus is on critical care and environmental services. Employees that can be reallocated have been identified from various areas and their profiles are with each division for review.
- See table below for an example of how divisions plan to staff their surge plans

Scenario	Staffing	Non-ICU Bed Capacity	Provider Plan
Level 1 (current state)	10-15% staff are out	Manageable operations and available bed capacity	Hospital Medicine Family Medicine Hospitalists
Level 2	Assume 20-25% staff are out	15-20 % of hospital beds delivering Non-ICU level of care with Little surging	Hospital Medicine, Family Medicine Hospitalists, Primary Care Physicians, APPs
Level 3	Assume 25 - 50% staff are out	25% of hospital beds delivering Non-ICU level of care, with surging to other units	Hospital Medicine, Family Medicine Hospitalists, Primary Care Physicians, APP, Subspecialist
Level 4	Assume 50% + staff are out	25% + or more hospital beds delivering Non-ICU level of care, with full surging to other units	Hospital Medicine, Family Medicine Hospitalists, Primary Care Physicians, APPs, Subspecialist,

❖ **Remote Work:**

- Jefferson’s Human Resources department worked with each division and with enterprise leaders to develop an algorithm to determine those employees who are eligible to work from home. See below for an example of the algorithm managers can use to determine the eligibility of their staff to work from home.
- Jefferson expanded its Zoom accounts by 5,500 to accommodate the need for employees to work from home. Assistance and troubleshooting is provided for new and current users, maintaining same day for issue resolution, and resolving Zoom Room issues as needed.



Weekly Highlights and Accomplishments

- Nursing and clinical teams’ e adopted a tiered staffing model to expand the number of patients that can be cared for safely. This is achieved by partnering non-ICU nurses and clinicians with primary care nurses and clinicians.
- While ambulatory patient volumes are declining, they are doing their part in partnering with inpatient areas. For example, they are functioning in extender roles with RNs, techs, case managers, and supporting our mobile testing sites.
- Jefferson academic teams are partnering with the clinical team through providing volunteer medical and nursing students in non-clinical and areas.
- ED patients and registrars are utilizing iPads outside patient rooms to complete virtual registration
- 855-Go2-Jeff Dedicated COVID testing patient line : 97% answer rate, 24 second average speed of answer, 3% abandoned rate

Chapter 5

Logistics

Logistics Overview

In collaboration with supply chain, pharmacy, and respiratory therapy the logistics team sources and tracks the usage of supplies in each location. Surge plans included detailed estimates of supplies and equipment needed to resource the additional capacity.

- ❖ In order to ensure staff safety through the use of PPE conservation mechanisms were put in place. To mitigate the risk of running out of N95 masks, we procured 1,000 scuba masks and collaborated with Stanford University to create N95 alternatives.



Example of Jefferson's PPE Conservation Guidelines

JEFFERSON PPE CONSERVATION GUIDELINES

Context: In accordance with OSHA we have ceased fit testing in order to conserve supplies of N95 masks. These PPE conservation guidelines are derived from the Centers for Disease Control and Prevention. This statement applies just to those patient encounters where the use of PPE is indicated per CDC guidelines. For those patients who do not require the use of any PPE, staff, providers, trainees should continue to see patients as per usual process.

Definition of PPE: masks, masks with faceguard, face shields, goggles, PAPR, gowns, surgical gowns, and surgical masks.

SECTION I:

INPATIENT Personal Protective Equipment (PPE) Conservation Policy

- **Please refer to RE-USE of PPE standards, delineated in the general PPE Usage Guidelines.**
- The Centers for Disease Control and Prevention has approved the use of N95 masks with a manufacture date of 2003 and more recent.
- Do not dispose of any unused PPE.
- If PAPR is available, use is encouraged and should follow appropriate usage guidelines defined in the PPE Usage Guidelines.
- PAPR hoods are multiuse by an individual and as the situation dictates, may be used by multiusers. Cleaning the PAPR machine and hood per infection control policy.
- Cleaning will be done between use and between users by the person wearing the PAPR.
- There should be no bedside team rounding, on any patient (COVID Suspected or NOT).
 - Limit room entry to the physician and/or APP, and RN directly caring for the patient
 - Limit the encounter to just one time in and out of the room
 - Consider talking with the patient via alternative modes of communication (phone, video chat); especially for encounters not requiring an examination or physical contact.
- If a bedside procedure is required, the same specifications as above for "procedures" apply.
- Consulting services should determine whether a direct patient encounter is necessary for each day (including initial consult); and if a consult recommendation can be provided to the primary service without seeing the patient, then the consultant(s) should do so.

- consider a non-face to face visit; or use of tele-health

SECTION II:

Ambulatory care clinics—primary care, urgent care, specialty care when caring for suspected COVID + Cases in private room.

- All providers, residents/fellows will need to obtain their PPE from the unit/clinic/OR.
- Limit the encounter to just one time in and out of the room
- Limit the care team in the practice to as few individuals as possible who will interact with these patients in order to conserve the use of PPE.
- **Limit the use of masks for non-clinical Office staff in accordance with CDC guidelines.**
- Only the attending provider or primary APP should see the patient, donning the necessary PPE for that patient encounter.
 - Residents and fellows should see the patients if they are the patient's primary provider in their continuity clinic. Otherwise, all other encounters in clinics should be seen by attending providers only.
- Consider talking with the patient via alternative modes of communication, such as by phone or video chat; and donning a PPE for the physical exam and any other interactions that require direct contact.
- Shared visits for attending providers and APP, should be limited to just the APP see the patient, unless a clinical consultation is requested for challenging situations.

3-18-20

Jefferson Health COVID PPE & Isolation Utilization Guideline for Non-OR Environments (03-31-20)

PPE guidelines are derived from the CDC/WHO Guidelines. Additional references below

The SAFETY of our patients and staff are our #1 Priority.

What Has Changed and/or Added:

Added a section to address N95 or PAPR use when caring for known or suspected COVID-19 positive patients.

Mask Guidelines for Non-OR and Non- ER Environments

- Though there have been no changes to national guidelines regarding the use of surgical masks in caring for COVID-19 patients, we recognize the concern raised by many caregivers across the enterprise who would feel better protected in using an N95 respirator or PAPR along with other standard PPE in caring for known or suspected COVID-positive patients.
- Any employee caring for patients with known positive COVID-19, or Persons Under Investigation (PUI), can wear an N95 mask, or PAPR.
 - Surgical masks are acceptable if an N95 or PAPR are unavailable.
- Employees should continuously wear a mask while in a hospital or clinic setting. Ear-loop or surgical masks are being distributed to all staff in clinical areas.
- If switching from ear-loop or surgical mask to an N95 mask for a COVID-19 or PUI patient, the surgical mask can be removed and placed in a paper bag and the N95 mask can be carefully donned. When leaving the patients' room, the staff member may carefully switch back to their surgical mask.
- Masks of all descriptions do not need to be discarded or removed when going between patient rooms unless they are soiled, damaged or after aerosol-generating procedures.

Inpatient Guidance for Non-OR and Non-ER Environments for patients with suspected or confirmed COVID19 infection:

Enhanced Airborne Precautions (Higher Risk Patient)	
Patient	<ul style="list-style-type: none"> • Type of Patient: ICU patients, patients with tracheostomy, positive pressure ventilation (e.g. BiPAP), high flow nasal cannula. • Room type: negative pressure room <i>if available</i>, otherwise private + door closed. • Patient transport: (only when essential) – patient wears a surgical mask.
Clinical Staff	<ul style="list-style-type: none"> • N-95 + face shield/goggles (<u>or</u> PAPR)+ gowns + gloves.

Enhanced Respiratory Precautions (Lower Risk Patient)	
Patient	<ul style="list-style-type: none"> • Type of Patient: Patient not in category above. • Room type: private room, door closed (not negative pressure). • Patient transport: (only when essential) – patient wears a surgical mask
Clinical Staff	<ul style="list-style-type: none"> • PAPR or N95* + gowns + gloves + face shield/goggles <ul style="list-style-type: none"> ○ Surgical mask is acceptable if N95 or PAPR is unavailable. ○ N95 should be worn when administering nebulized medications and for 1 hour afterward.

Outpatient Guidance for patients with suspicion of COVID-19:

- Patient should wear a surgical mask and should be isolated in a private room.
- Staff having contact within 6 ft. of patient:
 - surgical mask + eye protection + Isolation gown + gloves

Emergency Department PPE

Patients will be designated as **Non COVID** or **Possible COVID**, at check in:

- **Non COVID** = any patient with an entirely non-respiratory, febrile complaint such as ankle sprain
- **Possible COVID** = any patient with ANY of the following: sneezing, coughing, sore throat, URI symptoms, fever



- ❖ Atlantic Gasket, a local Philadelphia-based company, produced mask material and Jefferson medical and nursing students utilized the material to construct masks.

Weekly Highlights and Accomplishments

- Developed list of equipment and supplies which will be needed for surge plans.
- Secured 35,000 SF additional space in Center City and other building spaces to assist with expansion for use in COVID-19 response.
- Expanded total morgue capacity three fold through acquisition of refrigerated sea containers, and coordinated transportation to various morgues and FEMA sites
- Successfully navigated complicated, drug shortages to obtain and maintain safe levels of medications for our patients
- Built up inventory of key products and continuously scoured drug wholesaler inventory to purchase where possible to maintain a safe supply of medications to care for our patients.

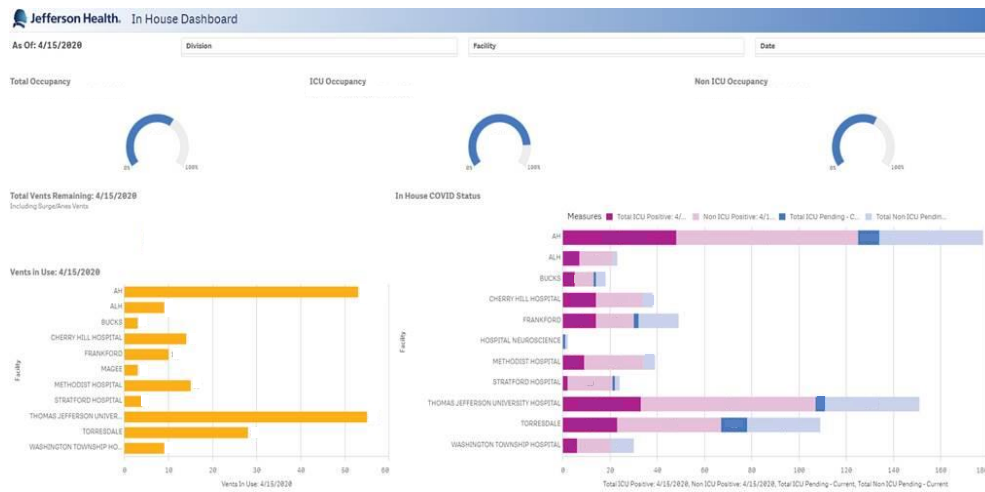
Chapter 6

Planning and Intelligence

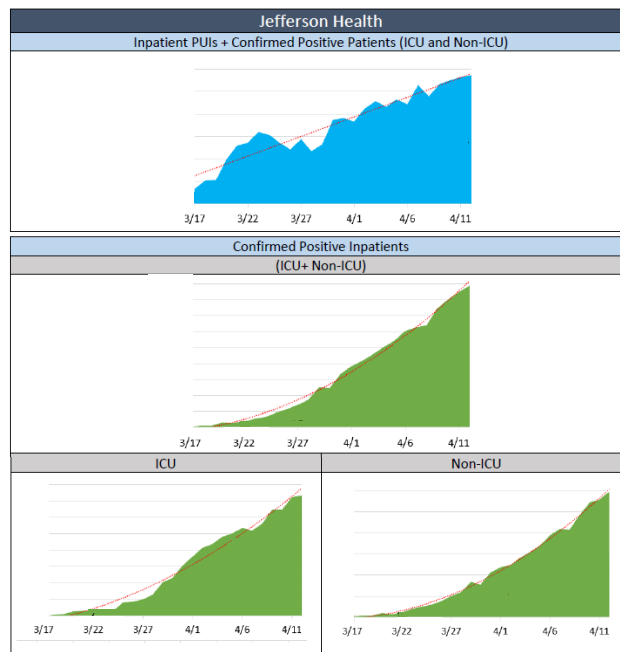
Planning and Intelligence Overview:

The Planning & Intelligence team coordinates surge planning, provides internal and external intelligence, utilizes predictive modelling to develop census projections and maintains a dashboard of key metrics. The team monitors trends and intelligence across the world, the US and in our region including New York, New Jersey and Pennsylvania. Using a predictive model developed by Penn Medicine, Jefferson projected lower impact and higher impact scenarios to estimate potential utilization of critical care, inpatient care and ventilation over time. The team also worked with enterprise analytics to develop an automated daily dashboard that summarizes current status of the enterprise and each division and weekly trend charts showing the progression of the pandemic.

Example of Jefferson Health's Daily COVID-19 Dashboard as of 4/15



Example of Jefferson Health COVID-19 Trended Statistics as of 4/12

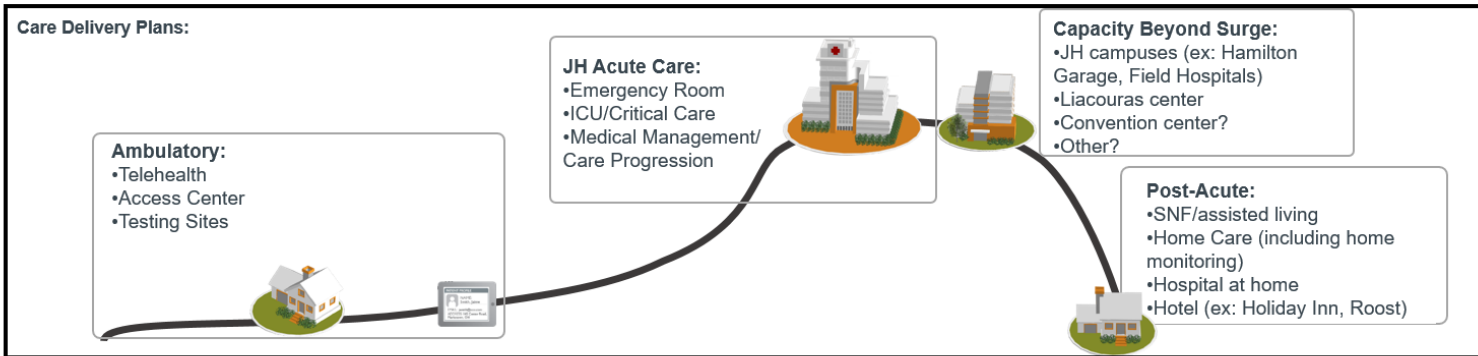


Surge Planning and Jefferson's Predictive Model:

Clinical leaders convened working groups with representatives from each of the divisions to develop comprehensive surge capacity plans for Critical Care, non-ICU, Emergency Department and Post-Acute Care. In addition ancillary and support department such as pharmacy, lab, radiology, medical transport, transfer center, dietary and others developed response plans to support the care delivery system. These plans informed need for staffing, supplies, equipment, IS &T and facilities changes.

Jefferson Health COVID Response

Principle: Create an integrated approach to care delivery in response to COVID-19 that maximizes the efficiency of the care team, minimizes impact on the workforce, and safely and effectively cares for our patients



Care Delivery Support Plans:

Medical Transport, Transfer Center/CORE, Lab, Morgue, Radiology, Pharmacy, SKCC, Transportation, Nutrition, EVS, and Facilities

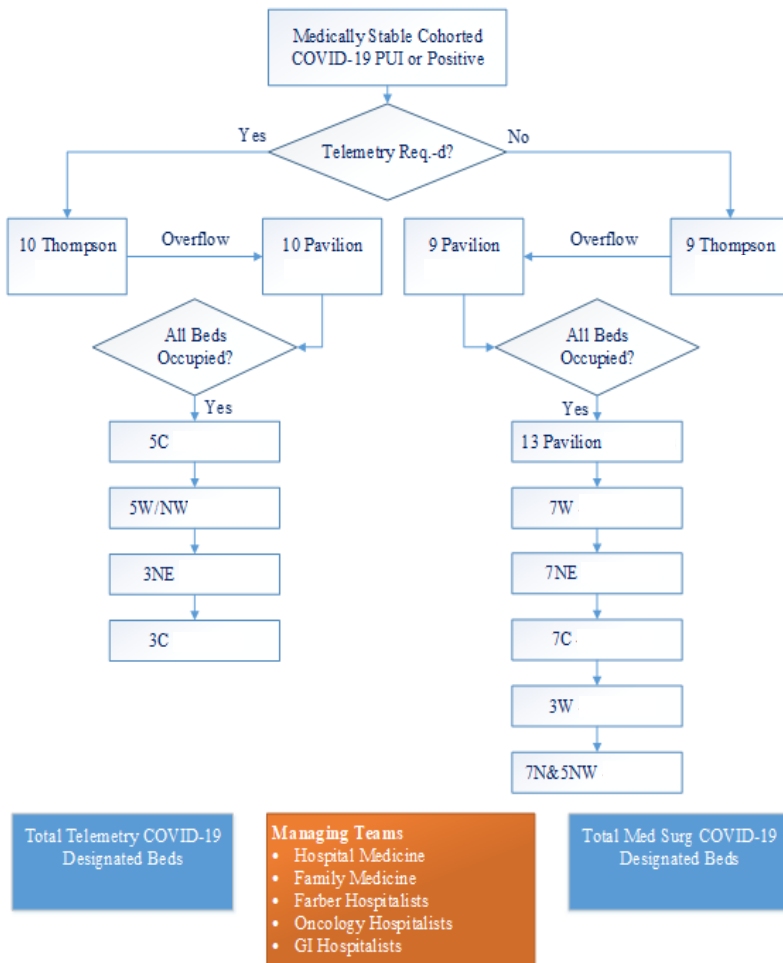
Total Beds Available:

Example of risks identified at each Jefferson Division

Location	People	Process	Supplies	Space	Technology
Center City/Methodist	<ul style="list-style-type: none"> - Recruitment and training of outpatient internist, family physicians and specialists - Maximizing scope of practice for NPs, PAs, all practice to top of license - More environmental services staff for rapid bed turnover - Loss of daytime and nighttime staffs due to COVID exposure and contraction of the disease - Case Management, social services, and pharmacy staffing to aid with rapid discharge of patients out of the hospital setting - Palliative Care/Pastoral Care as surge increases - More Transport personnel for patient transfers within the hospital - Reinstute Concierge Pharmacy services for patients in COVID units - Burnout of clinical staffs 	<ul style="list-style-type: none"> - Cohorting of COVID-19 patients until the system is maximized - Tiered discharge process for low risk, moderate and high risk patients (being worked on) - Process for monitoring discharged COVID patients via telemedicine and home monitor devices - Transition of Care planning for vulnerable patient populations such as group home residents, non-domiciled patients, substance abuse patients, and patients with mental disability - CORE Admission process that is streamlined and standardized for non-ICU admissions - Transfer Center/CORE process for OSH COVID vs Non-COVID OSH transfers and Direct Admissions with standardized screening and Epic Communication for accepting inpatient teams through MOD 	<ul style="list-style-type: none"> - PPE equipment, PAPR device - Disinfectant wipes - Access to scrubs - Viral media/swabs (rapid turn around time testing) 	<ul style="list-style-type: none"> - Expanding space for Non-ICU COVID-19 Care as indicated - Maximize inpatient and ICU space via alternative use spaces - Potential risk of in-hospital transmissions to non-COVID patients in inpatient unit - Partnership with city for care of overflow when space has been maximized - Dedicating additional workspaces to account for the increase in Hospital Staffing while maintaining social distancing. - Alternative housing options for Providers who prefer to not/cannot go home - Availability of negative pressure OR for COVID-positive surgical patients such as hip fracture, spine osteomyelitis 	<ul style="list-style-type: none"> - Remote patient monitoring tech - Pulse Oximetry on floors - Chest compression device for a code blue of COVID positive patients
Jefferson NJ	<ul style="list-style-type: none"> - Training Internal Medicine and Family Medicine practice providers to support surge needs - Surge plans for ICU/intermediate care patients and when to activate them - Expectations of the hospitalists handling ICU patients - Nurses and Advance Practice Providers for staffing for surge - In house anesthesia/ anesthetist to handle airway for Code Blue or RRT - Clear TOC plans with who is responsible for executing them 	<ul style="list-style-type: none"> - Mental Health Patients with COVID symptoms - CORE Admission process that is streamlined and standardized for non-ICU admissions - Cohorting of COVID positive patients 	<ul style="list-style-type: none"> - PAPRs/hoods (PAPRs and hoods) - Surgical masks - N95s for all COVID+ patients, not just enhanced airborne - Gloves (all sizes) - Access to scrubs 	<ul style="list-style-type: none"> - Expanding space for Non-ICU COVID-19 Care as indicated at three JNU sites - Maximize inpatient and ICU space via alternative use spaces - Partnership with State of New Jersey for care of overflow when space has been maximized - Housing if needed for providers who prefer not to/cannot go home due to quarantine 	<ul style="list-style-type: none"> - Additional COWs - Pulse Oximetry on floors - Workspace for additional staffing
Abington/Lansdale	<ul style="list-style-type: none"> - Recruitment of outpatient internist, family physicians, medical residents, subspecialists - Recruit and Maximizing use NPs and PAs - More environmental services staff for rapid bed turnover 	<ul style="list-style-type: none"> - Expeditious process to move patients from inpatient to home, SNF, NH, group home - Rapid EVS bed turnaround - Rapid turnaround COVID test, consider POCt by Abbott Lab 	<ul style="list-style-type: none"> - All PPE Equipment - PAPRs/hoods - Surgical masks - N95s - Gloves - Swabs that can be used for COVID-19 and influenza - Portable pulse ox monitors 	<ul style="list-style-type: none"> - Inpatient space and rapid turnover of this space for clinical use 	
Jefferson NE	<ul style="list-style-type: none"> - Recruitment of outpatient internist and family physicians - Recruitment of Internal Medicine Residents - Recruitment of APNs from in house services to support clinical care. Will need to define the collaborative practice agreements - More environmental services staff for rapid bed turnover 	<ul style="list-style-type: none"> - Expeditious process to move patients from inpatient to home, SNF, NH, group home - What is the testing guidance for sending patients to the above facilities - Rapid EVS bed turnaround - Rapid turnaround COVID testing - Rapid Transition of care process to outpatient settings 	<ul style="list-style-type: none"> - All PPE Equipment - PAPRs/hoods - Surgical masks - N95s - Gloves (all sizes) - Swabs that can be used for COVID-19 and influenza 	<ul style="list-style-type: none"> - Expanding space for Non-ICU COVID-19 Care as indicated - Maximize inpatient and ICU space via alternative use spaces - Partnership with city for care of overflow when space has been maximized 	<ul style="list-style-type: none"> - COWs - Remote patient monitoring tech - Pulse Oximetry on floors

Example of TJUH Bed Management Expansion Plan

TJUH Bed Management and Expansion Plan



Scenario Planning Guide:

Scenario	Staffing	ICU Bed Capacity	Provider Plan
Level 1 (current state)	10-15% staff are out	Manageable operations and available bed capacity	Pulmonary
Level 2	Assume 20-25% staff are out	15-20 % of hospital beds delivering ICU level of care with Little surging	Pulmonary + Non-Pulmonary Critical Care
Level 3	Assume 25 - 50% staff are out	25% of hospital beds delivering ICU level of care, with surging to PACU, telemetry, etc.	Pulmonary + Non-Pulmonary Critical Care + Anesthesia (Cardiac then Non-Cardiac)
Level 4	Assume 50% + staff are out	25% + or more hospital beds delivering ICU level of care, with full surging into ORs + Tented Hospital	Pulmonary + Non-Pulmonary Critical Care + Anesthesia (Cardiac then Non-Cardiac) + All Other Physicians

Weekly Highlights and Accomplishments

- Finalized COVID-19 Surge Plans in collaboration with key enterprise and divisional leaders
- Consolidated all clinical care delivery and response plans to have an enterprise view of surge impact
- Created a process to evaluate plans at each level of surge to consolidate the supplies , staffing, and IS&T requirements and associated costs
- Utilized Qlik to automate the Daily COVID-19 Dashboard

Chapter 7

Communication

Communication Overview:

Internal and external communication is critical to responding to the impact of COVID-19. The Communication team coordinates and streamlines communication processes, establishes consistent protocols intended to inform and reassure employees, staff and students. Jefferson's communications strategy is threefold: EICC communications, communications to employees and students and external communication to our patients and communities.

1. EICC Communications

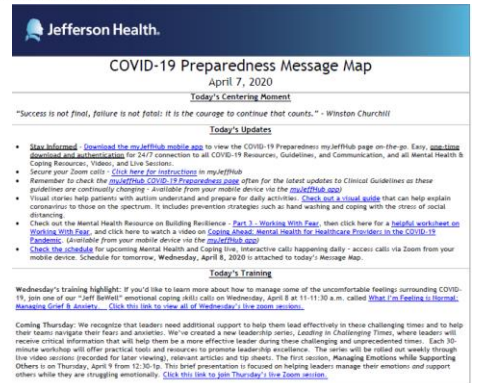
In order to maintain regular and transparent communication, the EICC convenes an enterprise leadership call at 10:00am daily. Following the call, notes, the COVID-19 dashboard, and intelligence report are disseminated to participants to share with staff through Town Halls and department meetings.

2. Communication to Employees, Students and Patients

The largest part of Jefferson's communication strategy is based on communication to employees, students and staff. Internal communication methods are the following:

- MyJeffHub, our engagement platform, is continuously updated with all protocols and COVID-19 related news and benefits. This serves as the single source of truth for all employees, students and staff. The platform is organized in the following manner:
 - 1) Daily quick updates
 - 2) Featured guidelines, memos and videos
 - 3) Clinical Guidelines
 - 4) Resources For Everyone
 - 5) Thomas Jefferson University Updates
- Daily All-TJU Broadcast email is sent by end of day that includes the following:
 - Message Map: focuses on centering moments, daily updates, daily trainings, local updates, and mental health and coping live sessions.
 - Jefferson COVID-19 Intelligence Report: Highlights COVID-19 cases in the world, NY, NJ and PA and TJU. Additionally, highlights breaking news articles related to the day before.
- Daily face-to-face divisional leadership rounding
- Virtual Town Halls

Example of a section of the TJU COVID-19 MyJeffHub Page



COVID-19 Statistics									
	World	1 day Δ	USA	NY	NJ	PA	TJU	Δ	Δ
Total Cases	1,418,730	+81,929	391,475	+29,343	138,863	+8,174	144,416	+3,336	14,559
Total Deaths	81,497	+7,338	12,552	+1,844	5,489	+731	1,332	+229	240
Total Recovered	501,298	+23,641	20,462	+2,580	918	+194	184	+118	114

Jefferson Health Counts as of 4/7	
# Under Investigation (UI) (Non-ICU)	274
# COVID-19 Positive (ICU + Non-ICU)	313

World/News	
Finland to begin randomized coronavirus antibody testing	Reuters Link
Public health agencies get \$186 million to test, track COVID-19	Modern Healthcare Link
Federal government, stressed by coronavirus, seeks to hire and retain workers through incentives	Philadelphia Inquirer Link
At least 600 staff at Henry Ford Health test positive for COVID-19	Fox Detroit Link
Long-standing racial and income disparities seen creeping into COVID-19 care	Modern Healthcare Link
New data on New York coronavirus deaths: Most had these underlying illnesses; 61% were men	USA Today Link

PA	
Wisconsin Valley Park sees surge of visitors during Pa. stay-at-home orders	Philadelphia Inquirer Link
State sees huge surge in deaths, with 78 more reported	Morning Call Link
Philadelphia drug maker poised to ramp up production of possible COVID-19 therapy	Phil. Bus. Journal Link
Limited tech forces thousands of Pa. state workers to still report for work, despite their offices being closed	Philadelphia Inquirer Link
SEPTA confirms 3 coronavirus deaths	Philly Trib. Link



All Employees are invited to Attend:
A VIRTUAL TOWN HALL ON COVID-19

Jefferson's number one concern is protecting our employees. Interested staff members are invited to attend one of these Town Halls to discuss PPE.

Wednesday, March 25
 7 a.m. - 12 p.m. [Go](#) 7 p.m.

[ACCESS THE LINK BELOW AT THE TIME THE TOWN HALL BEGINS](#)
[jeffersonhealth.com/COVID-19-Townhall](#)

In addition to these Town Halls, allTeam is committed to keeping you updated. We cannot stress enough how important it is for ALL employees to check their emails for updates and to become educated consumers of the information we are sharing. Our communications, along with ongoing updates, resources, tools and more, are regularly posted to the [jeffersonhealth.com/COVID-19-Preparedness](#) page.

External Communication:

Jefferson’s media relations strategy emphasized telehealth, which surged in popularity and aligned with a strategic investment the institution had made that allowed it to rapidly scale amid the pandemic. National media placements in the Washington Post, STAT News, U.S. News, and more positioned Jefferson as a national telehealth leader, while local media saturation helped drive visits. Jefferson drove multiple waves of telehealth coverage locally, including the benefits telehealth gives to quarantined providers, who can still provide patient care remotely. This storyline was highlighted with a front-page Philadelphia Inquirer profile


As decisions were made regarding elective surgeries and outpatient visits, all patients received phone calls and letters in the mail notifying them with changes to their appointments. They were encouraged and given instruction on how to utilize telehealth for their upcoming appointments and were aided by a call center employee to reschedule elective surgeries, radiological appointments...etc. to upcoming months.

Jefferson leveraged its internet website to reiterate its visitors and patient policy, outpatient practice guidelines, care after COVID-19 testing, COVID-19 review and CDC recommendations, preventative methods, donation needs and sites, and resources for healthcare professionals and facilities.

When it comes to social media, user-generated content from frontline staff has led to a tremendous groundswell of community support as Philadelphia rallies to celebrate healthcare workers. Jefferson has spurred public engagement through compelling photos and videos of staff, including morale-boosting dance routines by nurses that have led to influencer amplification and additional media coverage. Jefferson capitalizes on influencer amplification through various engagement mechanisms to show how connected Jefferson is to its communities.

A CONVERSATION ABOUT CORONAVIRUS WITH JEFFERSON HEALTH PRESIDENT DR. BRUCE MEYER

Episode seven of *The Health Nexus Podcast*

VOICE
Jefferson scientists tout dual COVID-19-rabies vaccine to meet 'unprecedented' scale of pandemic
Discussions underway with manufacturer as researchers hope to move toward human clinical trial
BY MICHAEL TANENBAUM
PhillyVoice Staff

Coronavirus (COVID-19)

Jefferson Health's team of physicians and healthcare professionals include national experts who have decades of experience in caring for patients with infectious diseases and in activating comprehensive response management plans when public health threats develop. Our team is well prepared for 2019 novel coronavirus (COVID-19) diagnoses in our region and is focused on the health and well-being of our patients and employees. We are actively monitoring the COVID-19 outbreak through the Centers for Disease Control (CDC) and World Health Organization (WHO) as well as the state and city departments of health in our region.

Please note: If you or someone you know is experiencing symptoms of COVID-19, you can use **JeffConnect** for a telehealth consult with a Jefferson doctor anytime, anywhere through your cell phone, tablet, or computer with a webcam. Plan ahead and be ready - read the CDC's resource list for your household.

- Hospital Visitor and Patient Policy
- Outpatient Practice Guidelines
- Mobile Testing
- Care After Covid-19 Testing
- COVID-19 Overview and Additional CDC Resources
- Preventing COVID-19 Spread in Communities
- Resources for Healthcare Professionals and Facilities
- Donations

Last Updated: 04/06/2020

See a Jefferson doctor - Online, Anytime, Anywhere
Log In, See a Doctor Now
Register For JeffConnect
Download JeffConnect
The Health Nexus Podcast
A Conversation About the Coronavirus
Jefferson Health's President, Bruce Meyer, M.D., discusses all things COVID-19 in the latest episode of The Health Nexus podcast.



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2,482,121 views

ciara Seeing the Doctors and Nurses of @Tjuh_pool do the #LevelUp Dance brings me so much joy. Grateful for each and every one of you! You all are on a whole nother level for how you're working so hard and sacrificing so much to take care of everyone! LevelUp Champs. #WereInThisTogether 🙌❤️

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This document reflects the collective work of many individual and teams across the Jefferson Enterprise.