Jefferson Health: Response to the COVID-19 Pandemic
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PREPARATION PHASE

Chapter 1: Preparation Task Force


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:

- Jefferson Health Executive Leadership
- Enterprise Incident Commander
- Project Manager
- Clinical Operations
  - Clinical Team Guidelines
  - KPI’s
  - Ambulatory Ops
- Staffing & Employee Resources
  - Staffing Gaps
  - Redeployment
  - Human Resources
- Logistics
  - Supplies
  - Facilities
  - Equipment
- Planning & Intelligence
  - Intelligence Gathering
  - Planning
  - Forecasting
- Public Information
  - Internal and External Communications

IC Chiefs
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.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Progress</th>
<th>Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Laboratory Testing</td>
<td>Determining need for additional Abbott machine. May be able to use existing equipment.</td>
<td>Preparing for testing of pre-procedure patients and ICU patients. The Abbott test will be used for the ICU and the Kobe test for the pre-procedure patients.</td>
</tr>
<tr>
<td>7 Personnel and Staffing Mitigation Planning</td>
<td>Working through staffing models for all surge plans.</td>
<td>Focused on critical areas such as respiratory therapy.</td>
</tr>
<tr>
<td>14 JOHN</td>
<td>Database for reporting is being requested.</td>
<td>Continue to focus on returning employees to work.</td>
</tr>
<tr>
<td>26 Supply Inventory</td>
<td>Continue to look at sourcing PPE for staff from available channels.</td>
<td>Meetings with Center City and New Jersey today to review supply and equipment needs related to surge.</td>
</tr>
<tr>
<td>46 Expensive Surge Planning</td>
<td>Meetings with Northeast and Atkinson scheduled for later this week.</td>
<td>Meetings with Center City and New Jersey today to review surge plans and phases.</td>
</tr>
<tr>
<td>44 Elective Surgeries</td>
<td>Group meeting regularly to prepare to be able to do Elective surgeries when able to do so.</td>
<td>Pre-procedure testing guidelines completed.</td>
</tr>
<tr>
<td>46 Guidelines for masking everyone entering Jefferson's buildings</td>
<td>Existing materializing inventory around additional masks going to patients and visitors.</td>
<td>Communication out for all patients and visitors to wear a mask.</td>
</tr>
<tr>
<td>47 Cleaning of PPE's</td>
<td>Continue to work with the state on cleaning processes that will occur at the Navy Yard.</td>
<td>Defined a workflow for collecting and returning masks to staff.</td>
</tr>
<tr>
<td>48 Policy statement on PPE</td>
<td>Staff to work with their HR business partner for any questions.</td>
<td>Communication sent regarding sharing except for religious reasons.</td>
</tr>
<tr>
<td>49 NLM Organization of different data requests from government agencies</td>
<td>Receiving many different requests from many organizations regarding PPE, supplies and occupancy.</td>
<td></td>
</tr>
</tbody>
</table>
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 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.

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

* 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 855-502-JEFF (462-5333) to confirm hours and availability.

<table>
<thead>
<tr>
<th>IF YOU ARE HOSPITALIZED, PROCEDURING OR STAYING AT:</th>
<th>YOU WILL NEED TO HAVE YOUR COVID-19 TESTING COMPLETED AT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allentown Hospital – Jefferson Health</td>
<td>Allentown Hospital – Jefferson Health testing site</td>
</tr>
<tr>
<td>Abington Hospital – Jefferson Health</td>
<td>Abington Hospital – Jefferson Health testing site</td>
</tr>
<tr>
<td>Thomas Jefferson University Hospital</td>
<td>Thomas Jefferson University Hospital or Jefferson Health</td>
</tr>
<tr>
<td>Jefferson Hospital – Montmorency</td>
<td>Jefferson Hospital – Montmorency</td>
</tr>
<tr>
<td>Jefferson St. Joseph Hospital</td>
<td>Jefferson Hospital – Montmorency</td>
</tr>
<tr>
<td>Jefferson Abington Hospital</td>
<td>Jefferson Hospital – Montmorency</td>
</tr>
<tr>
<td>Jefferson Emmaus Hospital</td>
<td>Jefferson Hospital – Montmorency</td>
</tr>
<tr>
<td>Jefferson Children’s Hospital</td>
<td>Jefferson Hospital – Montmorency</td>
</tr>
<tr>
<td>Jefferson Hospital – Stratford</td>
<td>Jefferson Hospital – Montmorency</td>
</tr>
</tbody>
</table>

Multidisciplinary Site at 16th 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:

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 electives surgeries until further notice in compliance with the Governor’s cessation of all elective surgeries.
**COVID-19 Triage and Non-ICU Clinical Care algorithm Example:**

**Patient Discharge Milestones Algorithm:**

- **COVID-19 Positive Descalation to Home or Other Facility**
  - Patients discharge clinically indicated
  - **Common Milestones for Discharge**
    - Afebrile 24 hours or
    - Temp < 100 with Antipyretics x 2
    - O2 Sat > 92% or
    - O2 Sat > 92% with O2 (Outpatient O2 needed)
    - Able to take PO fluids & nutrition
    - Tolerating Oral Medications
    - Blood Cultures negative by 24 hours
    - COVID-19 testing for receiving facility if not home?
    - *Exercise Clinical Discretion*

- **Discharge Destination**
  - Home: Isolation should be maintained at home if discharged before discontinuation of transmission-based precautions
  - SNF, NH, Congregate, Rehab: Follow Enterprise/CDC guidelines regarding needs of negative testing and transmission-based precautions

**Triage of COVID-19 Suspected/Positive Patients**

- **COVID-19 Negative or PUI Medically Stable**
  - Discharge: Home self isolation x 2wks
  - Transition of Care
    - Patient 48 hrs Phone call
    - JeffConnect 1 week
    - Contact PCP
    - Follow up PCP 2 weeks
    - Medications

- **COVID-19 Positive Medically Stable**
  - **Milestones for Discharge**
    - Afebrile 24 hours or
    - Temp < 100 with Antipyretics x 2
    - O2 Sat > 92% or
    - O2 Sat > 92% with O2 (Outpatient O2 needed)
    - Able to take PO fluids & nutrition
    - Tolerating Oral Medications
    - Blood Cultures negative by 24 hours
    - COVID-19 testing for receiving facility if not home?
    - *Exercise Clinical Discretion*

- **COVID-19 Positive Medically Unstable**
  - **Transfer to ICU**
  - Designated COVID-19 Unit or appropriate Bed assignment

- **COVID-19 Positive Code Blue Or RRT**
  - When Stable transfer

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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.

![Jefferson COVID-19 Clinical Experience Table]

Jefferson COVID-19 Patient Death Protocols:
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:**
  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 online.
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

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

- Nursing and clinical teams 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.

- 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.
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, mask 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 heads 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.
  - Consultation 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/Division.
- 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 clinic 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 APPs should be limited to just the APP see the patient, unless a clinical consultation is requested for challenging situations.

3-18-20
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.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>JH Acute Care: Emergency Room</td>
<td>- Joint planning for triage, flow, and logistics to ensure rapid and efficient care</td>
</tr>
<tr>
<td>ICU/Critical Care</td>
<td>- Rapid transfer of patients from ICU to non-Critical Care areas</td>
</tr>
<tr>
<td>Medical Care</td>
<td>- Rapid transport of patients from ICU to non-Critical Care areas</td>
</tr>
<tr>
<td>Care Progression</td>
<td>- Rapid transport of patients from ICU to non-Critical Care areas</td>
</tr>
</tbody>
</table>

Example of TJUH Scenario Planning Guide

1. TJUH - Remote patient monitoring tech
2. Parking Demolition on floors
3. Chest compression device for a code wave of COVID-19-positive patients

Example of TJUH Scenario Planning Guide

1. TJUH - Remote patient monitoring tech
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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
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

A CALL TO ACTION FOR PHILADELPHIA DURING THE CORONAVIRUS CRISIS

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