Jeff Boer

From:	Brian Ledley <bledley@pmhnet.com>
Sent:	Wednesday, April 29, 2020 12:04 AM
To:	staff@pmhnet.com
Subject:	[STAFF] COVID Updates
Attachments:	EOP.Board.Report.pdf; Isolation Code Blue.pdf

Good evening everyone,

A few updates from the COVID-19 Pandemic Task Force (CPTF):

1. Attached to this email is Tom's Open Session Report to the Board of Trustees. This report was presented tonight (Tuesday) and will be public information as of Wednesday. The document explains several actions PMH has taken to prepare and combat the pandemic. From enacting the Hospital's Emergency Operations Plan (EOP), to the formation of the CPTF and the COVID-19 Pandemic Medical Task Force (CPMTF), staff have worked tirelessly to ensure we are as prepared as possible, and that all associates are safe to care for our patients. Please review the document and direct questions to any member of the CPTF or your manager. If you have any suggestions on how we might be able to do something better or safer, please share them with a task force member or your manager. The EOP is a fluid document, as we continue to learn new information, and CDC and ISDH guidelines change, our response will too. So if you have an idea, please share it. Our top priority is to provide the best care to our patients while keeping our staff safe and healthy.

2. If any staff member begins to experience symptoms of COVID-19 or if they feel they have been exposed, either at work or out in public, please contact Vicki White immediately. **Her cell phone number is (574) 817-0010.** It is imperative to get her as much information as possible as quickly as possible. Vicki will provide you with guidance for your next steps. **No one who is experiencing symptoms of COVID-19 or who feels they have been exposed should present to one of the three screening stations in the Hospital.** We don't want to risk exposing staff.

3. In addition to the above point, we need to remain vigilant while working in the Hospital. While we may be safer at PMH then in other public places, it is possible that a staff member could be asymptomatic and spread the virus to others. Please remember CDC guidelines when in contact with patients and staff:
   a. Maintain proper social distancing as much as possible when in public areas
   b. Wear a surgical mask at all times in public areas
   c. Wash or sanitize your hands frequently
   d. Disinfect your work station and other high touch areas often
   e. If you feel sick, call your supervisor and stay home

4. Please remember to conserve your PPE as much as possible. Surgical masks should last two weeks as long as they don't become soiled, or the elastic doesn't become too loose. And remember, no emergency is more important than protecting yourself with proper PPE. When we say keeping our staff safe and healthy is our top priority, we mean it. We can't care for patients if we don't have staff. We have developed an "Isolation Code Blue" procedure to communicate to staff when a potential COVID-19 patient is in respiratory distress. Those instructions are attached to this email. Please take the time to protect yourself properly. If you have any questions about procedures or donning and doffing instructions, please speak with Lyndsey Ball or Erin Bonnell.

5. With the situation unfolding in Cass County, we will likely see Pulaski County confirmed cases increase over the next several days and weeks. There will be a lot of (mis)information shared on social media and throughout the community. Obviously, with HIPAA laws, we should not be sharing PHI with anyone who does not need to have that information. But I would ask that you please be mindful of the information you do share with friends and

family. Even if you share accurate information that isn't PHI, like the virus, it can spread quickly and grow into something very different. Like the children's game of Telephone, a piece of information can change drastically after it's shared a few times. In the last two days, I know of two pieces of information that was shared publically, that was inaccurate. Misinformation can lead to confusion and panic. As the old adage goes, "a lie can make it around the world, while the truth is still putting its shoes on." As public health associates, the community will have questions of us. It is our duty to inform and educate the public, but please only share information that has been confirmed from Hospital leadership or one of the Pandemic Task Forces. And please don't embellish or exaggerate the information, as Jack Webb used to say, "just the facts, ma'am."

Thanks,
Brian
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Pulaski
Memorial Hospital

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This document serves as an addendum to our current Emergency Operations Plan, H.P. 22.30.

Purpose:
To summarize Pulaski Memorial Hospital's preparedness plan to prevent, treat, and manage the Coronavirus-COVID-19 pandemic.

Activation:
PMH has activated the Emergency Operations Plan (EOP) and the Hospital Incident Command System (HICS). This plan will continue to be updated to include the most current information and guidelines available from the CDC (Centers for Disease Control) and the ISDH (Indiana State Department of Health).

The PMH Emergency Operations Plan will coordinate all of PMH's efforts and resources on the eminent dangers of the COVID-19 Pandemic to focus on the following:

- Protection of PMH Associates in the fight against the COVID-19 Pandemic.
- Prevent the spread of COVID-19.
- Treat patients who develop COVID-19.
- Manage the COVID-19 Pandemic process and its aftermath.

PMH's CEO, Tom Barry, FACHE, was affirmed by the PMH Board as the Incident Commander. The HICS is designed to be flexible enough to accommodate a traditional hospital disaster such as a tornado strike with casualties as well as a pandemic. The traditional Incident Command Center will be more of a "virtual concept" rather than the tradition "location". For PMH's EOP the Incident Command Center will be the combined functions of the COVID-19 Pandemic Medical Task Force (CPMTF) and the COVID-19 Pandemic Task Force (CPTF). In the event that the CEO is not able to function as the Incident Commander, then the combination of the President of the Medical Staff (Dr. Anderson), the CNO (Linda Webb) and the CAO (Peg Madsen) will function as the Incident Commander.

<u>Incident Command Staff:</u>

- Safety Officer – Mark Boer
- Public Information Officer – Brian Ledley
- Liaison Officer – Erin Bonnell, RN
- Medical/Tech Specialist – Dr. Daniel Anderson, Chief of Staff

<u>General Staff:</u>

- Operations Section Chief – Linda Webb, CNO
- Planning Section Chief – Lyndsey Ball, RN, Infection Preventionist
- Logistics Section Chief – Jason Kletz
- Finance/Administration Section Chief – Gregg Malott

Response:
- The COVID-19 Pandemic Task Force (CPTF) was developed on March 5th, 2020.

- The CPTF meets daily at 11:00 AM to discuss plans and procedure for the Hospital's response to the pandemic.
- Guidance for the plans/procedures are obtained from the Indiana State Department of Health (ISDH) and the Center for Disease Control and Prevention (CDC).
- Team members view updates from the ISDH regularly and report out progress of planning at the daily meeting.
- The CPTF includes Brian Ledley, Director of Communications, Erin Bonnell, RN, Emergency Department Nurse Manger and Emergency Preparedness, Jason Kletz, Laboratory Manager, Laura Doty, Executive Assistance, Mark Boer, Director of Plant Engineering, Vicki White, RN, Associate Health Nurse, Bryson Minix, Director Patient Access, George Ellis, Infection Control, Lyndsey Ball, RN, Clinical Nursing Manager and Infection Preventionist, Linda Webb, CNO, Margaret Dalphond, RN, Population Health Nurse, Peg Madsen, CAO, Tom Barry, CEO, and Will Fox, Vice President for Clinical Operations.

- The COVID-19 Medical Task Force (CPMTF) was developed on March 23rd, 2020
  - Physicians and Executive Team Members meet three days a week (Monday, Wednesday, Friday) to discuss plans and procedures in regards to caring for patients that are suspected of COVID-19 and those who have tested positive for COVID-19.
  - The CMPTF task force is comprised of:
    - Dr. Daniel Anderson - As the Presidents of the Medical Staff and Chief of Surgery, Dr. Anderson will serve as the Medical Director/Chairman of the CPMTF.
    - Dr. Clint Kauffman – As the Chief of Med/Surg and the Chief of OB, Dr. Kauffman will serve on the CPMTF and function as the Assistant Medical Director/Vice Chairman.
    - Dr. Brad Healton – As the Medical Director for the Emergency Department, Dr. Healton will serve on the CPMTF.
    - At certain times other physicians and nurse practitioners will be asked to attend and participate on the CPMTF.
    - Administrative members of the CPMTF include Tom Barry, CEO, Linda Webb, CNO, and Peg Madsen, CAO, Kelly Ortman, RN, Med/Surg Nurse Manager, Laura Doty, Linda Powers, RN, Clinical Nursing Leader, Laura Doty, Executive Assistant
  - The team's focus is clinical management of COVID-19 outpatients, inpatients, ventilator allocation, end-of-life care, resource availability (medication, equipment, supplies, PPEs), staff and community education (CDC & ISDH guidelines, and Critical Guidelines).
  - Revised the admission process for inpatients and set up a process to review all surgery cases before posting to the schedule to avoid elective cases (CDC & ISDH guidelines).
- PMH's Emergency Operations Plan (EOP) was implemented on March 13th, 2020
  - Daily meeting minutes will serve as a resource for actions and implementations.
  - Staff will utilize HICS forms as well to document activity.

Emergency Operations Plan (EOP)

Communication Strategies

1. Pulaski County Health Department (PCHD) Incident Command Center.
   Erin Bonnell, ED and Preparedness Manager and Liaison Officer for Pulaski Memorial Hospital and Brian Ledley, Public Information Officer for PMH serve on this team. Brian also serves as the deputy Public Information Officer for PCHD's Incident Command.

2. Indiana Public Health Preparedness Districts – District 2 (Figure 1).
   Erin Bonnell participates in weekly calls that include hospital, health departments, EMS and first responders in the district.

3. Reporting - Daily reporting to Indiana State Department of Health (ISDH) Emergency Management Resource (EMResource) and Centers for Disease Control and Prevention (CDC) database, National Healthcare Safety Network (NHSN). The reporting consists of patient impact and hospital capacity, healthcare worker staffing and healthcare supply status. This information is used at a district, state, and federal level for epidemiological surveillance and public health decisions for the COVID-19 pandemic.

4. Internal Communications
   a. Brian Ledley continues to provide staff with frequent updates via e-mail.
   b. Other methods of communication continue through CPSI, social media, flyers, departmental communications, and COVID-19 Dashboard (Figure 2).
   c. Tom Barry sent out communications to the Physicians and nurse practitioners on 4-9-20, and staff memos on 4-3-20 and 4-13-20 (included in Tom's Board Report)

5. Community Communications
   a. As the Public Information Officer, Brian Ledley continues to provide communication to the public via social media posts, radio interviews, PMH's website, newspaper ads/press releases, and signage. The focus has been on explaining the disease of COVID-19, self-care at home, when to seek care/treatment, visitor restrictions, the importance of social distancing, cough etiquette - including wearing a mask, and hand-hygiene.
   b. Virtual screening tool – IT staff developed a virtual screening tool for public use. Links to the screening tool are available on the Hospital's homepage and through Facebook. Initially, the tool was used often by community, but we have seen a decrease in traffic since implementation, averaging 1-2 hits per day.
   c. A hotline was established to triage patient calls about COVID-19. The hotline continues to be active. It is manned 24/7.
   d. MOB Leadership, Infection Control, and Emergency Preparedness developed an Outpatient "Care at Home Packet" to provide information to patients who are tested for COVID-19. The "Care at Home Packet" is available in Spanish as well.

6. Cooperative planning with other healthcare organizations
   a. We have received response plans and treatment guidance from the following organizations:
      i. Parkview Health
      ii. South Bend Memorial (Beacon)
      iii. Franciscan Health Western Indiana (St. Elizabeth)
   b. Local Hospitals (Logansport, Woodlawn, Dukes) continue to meet via conference call on a weekly basis.

7. Technology management
   a. Methods of communication regarding patient care include a secure texting platform (QLIQ).
   b. Two way radios are being used in the isolation area and screening area to communicate with staff as needed.

c. COVID-19 Shared folder accessed by the COVID-19 Pandemic Task Force and the Leadership Team.
d. iPads are being used for patient and family engagement in the hospital and tele-health in the Medical Office Building. These iPads are on loan from the Winamac Public Library and Winamac Community School.

Managing Resources and Assets

1. Personal Protective Equipment (PPE)
A PPE Sub-committee was developed to assess the current inventory of PPEs (N95 masks, surgical masks, gloves, gowns, face shields, hair covering and shoe covering). In addition, the committee has been focusing on implementing re-use and extended use guidelines provided by the CDC, sanitization and sterilization of surgical and N95 masks, identifying needed supplies and alternative ways to procure supplies. We continue to have a shortage of N95 small masks. Approximately 40 of our direct care staff require a small mask. N95 masks must be individually fit tested and the solution to fit test continues to be in short supply.

Each day Kevin Kennedy counts the PPE supplies and updates his inventory. This is then sent electronically to George Ellis Jr. at work or home to be complied into a house wide PPE inventory. Each day the task force is able to see, in real time, the amount of PPE we have on hand, what is on order, how much has been used and any restock that has occurred that day.

2. Donations
We have received many donations from the community for PPEs and we have many community seamstresses making homemade masks. Individuals with 3D printers are making mask extenders. Tippy's, Edward Jones, Bennett/Shepherd Insurance, Winamac Coil Spring have provided meals for the staff.
Good Oil – gas cards
Alliance Bank – gift cards
McDonalds – coupons for free meals

3. Equipment
a. Ventilators - Currently we have 3 transport ventilators. One is our ventilator and two are rented. We have ordered a new ventilator but it will not be shipped until June.
b. Powered air purifying respirator (PAPR) We currently have four. We have ordered an additional four, however, no delivery date has been set.
c. UV light oven for sanitizing surgical masks

4. Supplies – ordered
a. High-flow oxygen tubing
b. Dial-a-flow IV tubing
c. Various cardiopulmonary supplies – received
d. Spacers for Metered Dose Inhaler (MDI) – received and re-ordered
e. Fit test solutions
f. Varies PPEs
g. Glidescope – blade covers ordered – received

5. Pharmaceuticals
    a. Inventory assessment of medication to manage patients on a ventilator.
    b. Developed treatment order set for COVID-19 patients.
    c. Increased stock of MDI

Safety and Security

1. While PMH continues to serve our communities, plans have been implemented to ensure all patients can continue receiving excellent healthcare in the safest way possible. Upon entry to the hospital, patients can sanitize their hands and are given a handmade cloth mask. All admission points now have a glass or Plexiglas barrier to protect the patient and staff member during the registration process. PMH continues in its dedication of serving patients who have either tested positive for or are suspected of having COVID-19. Protocols have been developed to ensure high-quality patient care while limiting unnecessary exposure to other patients and staff. Department staffs have worked together to restrict patients who are positive or suspected of having COVID-19, to as few locations in the hospital as possible. Along with how to bring them into the hospital and return them to their vehicle if needed.

2. Decontamination
    a. Appropriate cleaning solution was made available to each department. Staff have been encouraged to increase cleaning frequency and as well as completing an end of shift cleaning of their work area and all high-touch areas.
    b. Continue to use CDC recommendations for terminal cleaning after a patient has occupied an area.

3. PPE Use
    a. PMH continues to focus on associate safety through education and the appropriate use of PPE. Associates are receiving updates on changes in CDC guidelines and new protocols to conserve PPE. Stress and mental health issues are being addressed through our EAP and Behavioral Health Therapist, Catherine Dywan, LCSW. PMH realizes its greatest asset in this pandemic is a healthy and educated staff to meet the needs of our patients.

4. Isolation capabilities – facility
    a. Converted the Scope Room in Surgery into an airborne infection isolation room (AIIR) room for intubation of ED patients, since it has negative pressure
    b. Designated Room 36 on Med/Surg as the AIIR for intubation of inpatients.
    c. Designated Room 34 on Med/Surg as a backup negative air room for intubation of inpatients. This room does not meet all the requirements for an AIIR, so it will be used as an emergency backup only.
    d. The Scope Room, Room 36, and Room 34 are monitored daily to ensure functionality of the negative pressure.
    e. Converted east hall of the Med/Surg area into an isolation area with temporary walls to allow for an ante-area for donning and doffing PPEs.
       This area has a high-efficiency particulate air (HEPA) filtered, negative air machine pulling air out of the hallway to the outside. This area has two private rooms and two semi-private rooms available for COVID-19 positive patients and persons under investigation (PUI) for COVID-19 (Figure 3). The temporary soft wall system and negative air machine are monitored daily to assure proper operation.
    f. The Progressive Care areas will be used for COVID-19 positive or highly probably patients on ventilators.
    g. Plexiglas barriers have been installed at the Admission’s desk (Figure 4) and at the North Judson clinic.

5. Lockdown – limited access points
   a. Entry points into the hospital have been limited to four. All other entry points have been locked. Patients can enter through the Emergency entrance, the north entrance and the MOB entrance. The north entrance is only open between 7:00 a.m. and 5:00 p.m.
   b. Staff enter through those locations and the south entrance.
   c. A disaster tent has been acquired from our county's Emergency Management Agency to be utilized as an outpatient treatment/specimen collection area for possible COVID-19 patients. The purpose of this tent/testing location is to reduce the chance of spread of the virus inside the hospital from possible COVID-19 patients. (figure 6)

Medical Office Building and Clinics

1. Tele-health visits continue in the MOB
2. Outpatient screening and testing continues in the MOB
3. Patient groupings (cohorting) have been established in the MOB. Each patient category will be seen in designated suites and at designated times. The following categories are:
   a. Acutely ill adults,
   b. Acutely ill children 2-18 years of age,
   c. Chronically ill or acutely injured children form 2-18 years of age
   d. Chronically ill or acutely injured adults
   e. Acutely ill children under 2 years of age
   f. Pregnant and newborn patient.

Staff Roles and Responsibilities

1. Responsibilities – Memos from Tom Barry – See Tom's Board Report
2. COVID-19 Crisis pay was set up to pay associates up to their FTE, even if hours are not worked. Hours worked as overtime will be paid as compensatory time at 1.5 times their base pay.
3. Staffing Sub-Committee was developed to address scheduling, COVID-19 pay, available staff, contingency (dooms day) staffing model, and cross training.
4. Emotional support provided by our behavior health specialist.
5. A virtual personnel pool was developed to identify available staff.
6. Screening stations were set up at three entrances to screen all patients and associates for symptoms of illness. One at the north entrance, one at the Emergency Department entrance and one at the MOB.
7. Daily schedule for couriers to take laboratory specimens to Indianapolis has been established.
8. Training and education – Many educational opportunities have been made available to staff via on-line means (HealthStream), in-servicing with demonstration and return demonstration and validations of skills, drills, cross-training to other departments to accommodate our surge plan. We have participated in weekly updates/webinars from ISDH, CDC, Indiana Hospital Association, to name a few.

Utilities

1. Medical gas system – Oxygen levels and ice build-up on the vaporizers are monitored daily. Once we get to a point of increased oxygen use, ice build-up on the outside tank vaporizers could be an issue.

Clinical & Support Activities

1. COVID-19 Medical Staff Task Force continues to meet at 8:00 a.m. Monday, Wednesday, and Friday. Members include: Dr. Anderson, Dr. Kauffman, Dr. Healton, Dr. Bejes, Tom Barry, Peg Madsen, Linda Webb and an inpatient representative (Linda Powers or Kelly Ortman). Topics discussed have included:
   a. Ventilator allocation/management
   b. End-of-life care

c. Patient placement
d. Code Blue protocol
e. Outpatient testing
f. Medication protocols and availability
g. Equipment and supplies
h. Staffing
i. Infection Control
j. Patient education
k. EMS protocols
l. Education/training
m. Treatment protocols
n. Discharge planning
o. Ambulatory care
p. Resuming non-urgent/non-emergent elective services

2. Testing – Continue to do daily testing for COVID-19 at PMH (Figure 5). We have seen improved turn-around times with LabCorp and ISDH. As of this writing, we have had two positive cases, one in Pulaski County and one in Starke County. Figure 5 only represents the tests performed at PMH. As of today (Monday, April 27th), we have performed 143 tests for COVID-19, we have 18 Pulaski County residents who have tested positive and we have 19 tests awaiting results. In addition to the Pulaski County residents, we have seen positive test results for one Starke County resident, one Cass County resident, and one clinical COVID diagnosis for a Cass County Resident. Of the 143 tests, roughly two-thirds have been Pulaski County residents with one-third coming from patients who live in surrounding counties.

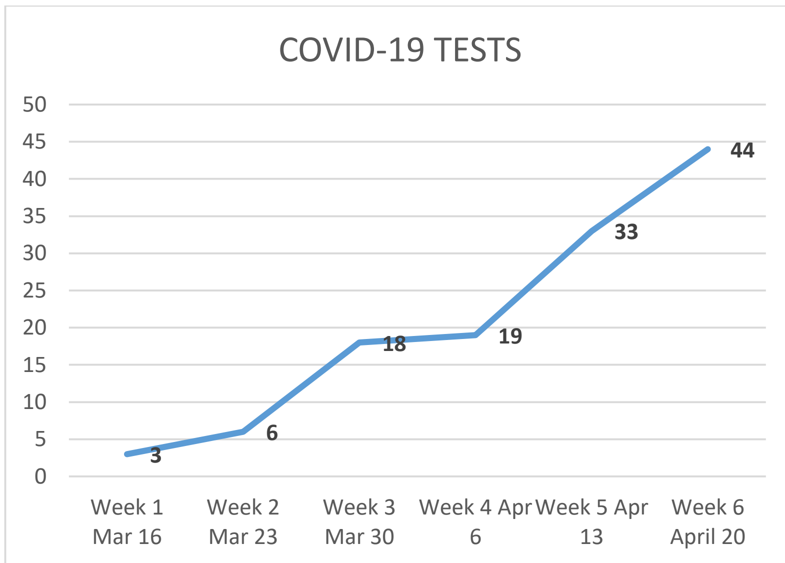

Figure 5.

3. Scheduling – Staff scheduling has been adjusted to decrease staff cross over. Each department has developed a team concept to cover the department.
4. Services
   a. Continue to put elective surgeries and services on hold.
   b. Developed action plans/procedures for the Emergency Department, Medical/Surgical Unit, Progressive Care Unit, Medical Office Building, Surgery, Rehab Services, Cardiac and Pulmonary Rehab, Senior Care, OB, Oncology and outlying clinics and RHCs.
5. Transfers – Working with Pulaski County EMS for COVID-19 transfers. They have modified one ambulance as a COVID-19 transport unit.

Infection Control

1. Visitor restrictions along with visitor screening has been implemented. Every visitor is given a homemade mask upon entry.
2. All associates are wearing surgical masks to protect themselves and others.
3. Social distancing measures has been set up in the lobbies, cafeteria, dining room, and at screening stations.
4. Donning/doffing observations have been put into place to ensure proper technique of PPE use.
5. Patient surveillance – the number of persons under investigation, testing and positive cases are monitored on a daily basis.
6. Associate surveillance – associates who are under quarantine are monitored on a daily basis.

Continuity of Operations

1. Waivers and funding opportunities – See Tom Barry's Report

New Medical Director for Laboratory

The below message was sent to Jason Kletz, Laboratory Manager:

As you may be aware, Dr. Christian's last day will be May 8, 2020. Dr. Jonathan Konopinski will serve as the interim medical director for your facility (CLIA#15D0359044). You will have 30 days to report this change to your accrediting agency.

Please feel free to contact me if you have any questions or need any assistance in this process.

https://www.sbmf.org/pathologists

INDIANA PUBLIC HEALTH PREPAREDNESS DISTRICTS

Figure 1, Indiana Public Health Preparedness Districts

PMH COVID-19 Dashboard

Last Updated: 4/19/2020 @ 1:00PM EST

Communication Updates

April 16, 2020
April 14, 2020 – PM Update
April 14, 2020 – AM Update
April 13, 2020 – CEO Communication
April 10, 2020
April 8, 2020
April 7, 2020
April 6, 2020
March 27, 2020
March 24, 2020

Hospital Staffing

Staffing levels are adequate organization-wide.

PPE Supplies

Green – More than 96 hours of PPE supplies & receiving some orders or at normal supply levels
Yellow – More than 96 hours of PPE supplies and no longer receiving orders
Red – Less than 96 hours of PPE supplies and no longer receiving orders

Surgical Masks

Green – Wear a surgical mask with direct patient contact when the patient has an undifferential diagnosis, reuse based on manufacturer's recommendations
Yellow – Wear a surgical mask and reuse strategies are based on CDC/ISDH guidelines
Red – We have an inadequate supply to meet our needs, wear any protection that is available (surgical, homemade, etc)

N95 Masks

Green – To be worn when caring for a patient with COVID-19 or suspected COVID-19 and reuse based on manufacturer recommendations
Yellow – To be worn when performing an aerosol-generating procedure (AGP, intubation, nebulizer treatment, nasal/oral specimen collection) and reuse based on CDC/ISDH guidelines for reuse
Red – Wear any protection that is available (N95, surgical, homemade, etc)

Face Shields

Green – Wear a face shield when performing an aerosol-generating procedure, reuse based on manufacturer recommendations
Yellow – Wear a face shield when performing an aerosol-generating procedure, reuse strategies based on CDC/ISDH guidelines
Red – Wear any protection that is available to shield face

Testing

Green – Collect any test that has been ordered by a provider
Yellow – Collect any test that has been ordered by a provider that meets ISDH criteria and/or approved criteria based on usage formula
Red – Collect a test that has passed ISDH's RedCap screening only

Pulaski County Status

Confirmed Cases: 4

Figure 2, PMH COVID-19 Dashbaord

Figure 3, Med/Surg Soft Wall and Negative Air System.

Figure 4, Plexiglas installed at Front Admissions

Figure 6, EMA Disaster Tent and Staff

Consider resuscitation appropriateness upon admission

- Address goals of care
- Adopt policies to guide determination, taking into account patient risk factors for survival

Reduce provider exposure

- ISOLATION Code Blue will be announced
- Don PPE before entering the room/scene
- Limit personnel
- Communicate COVID-19 status to any new providers
- Recorder outside room
- Designate one person to observe appropriate use of PPE and passing of supplies to avoid or identify contamination

Prioritize oxygenation and ventilation strategies with lower aerosolization risk

- Use a viral filter, if available, for all ventilation
- Intubate early with a cuffed tube, if possible, and connect to mechanical ventilator, when able
- Engage the intubator with highest chance of first-pass success
- Pause chest compressions to intubate
- Consider use of video laryngoscopy, if available
- Before intubation, use a bag-mask device (or T-piece in neonates) with a viral filter and a tight seal
- For adults, consider passive oxygenation with non-rebreathing face mask as alternate to bag-mask device for short duration
- If intubation delayed, consider supraglottic airway
- Minimize closed circuit disconnections