## COVID-19 Perspectives from the Frontline

May 6, 2021





#### **Outline**

- Background
- Mass General Hospital COVID-19 Timeline
- Critical Issues & Innovative Solutions
- Leadership During Crisis



## **BACKGROUND**





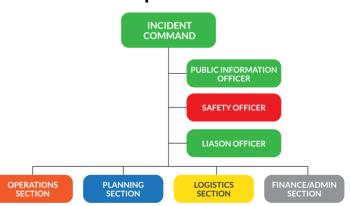
#### **Emergency Preparedness at Mass General**

- MGH has a robust history of emergency response.
  - 1919 molasses flood, 1942 Cocoanut Grove fire, 2003 Station nightclub fire, 2013 Boston Marathon bombing, others....
- Following, 9/11, like many hospitals, MGH revamped its emergency operations plan and systems.
  - Transition to dedicated emergency management staff
  - Data-driven approach to emergency preparedness
  - Adoption of the Incident Command System
- MGH houses:
  - A dedicated Center for Disaster Medicine, which is a multidisciplinary program dedicated to:
    - Research and innovation
    - Education and training
    - · Outreach and specialty consultation
  - One of two federal Regional Disaster Health System (RDHRS) pilot programs
  - One of ten federal Regional Emerging Special Pathogens Treatment Centers (RESPTCs)



#### The Incident Command System

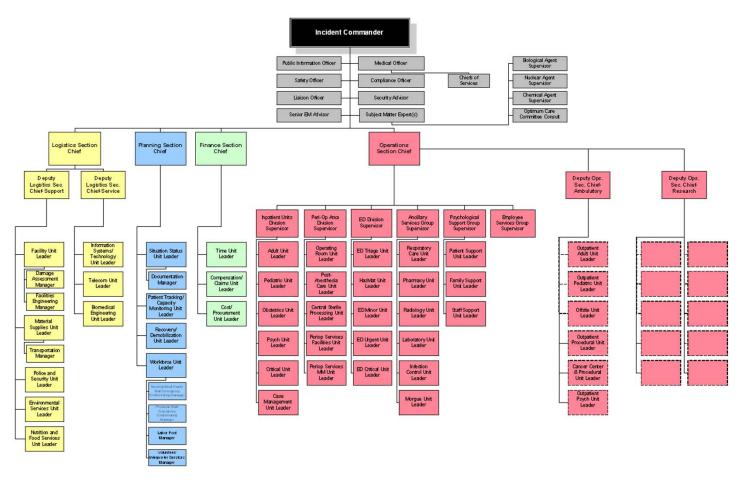
- An emergency incident management system that helps to organize and facilitate optimal response by providing:
  - A logical, predictable management structure
  - Clearly defined roles & responsibilities
  - Position-driven, not person-driven leadership
  - Prioritization of duties
  - Facilitation of communication
  - Documentation of actions taken
  - Flexibility & adaptability







#### Hospital Incident Command System (HICS)





## POLLING QUESTION



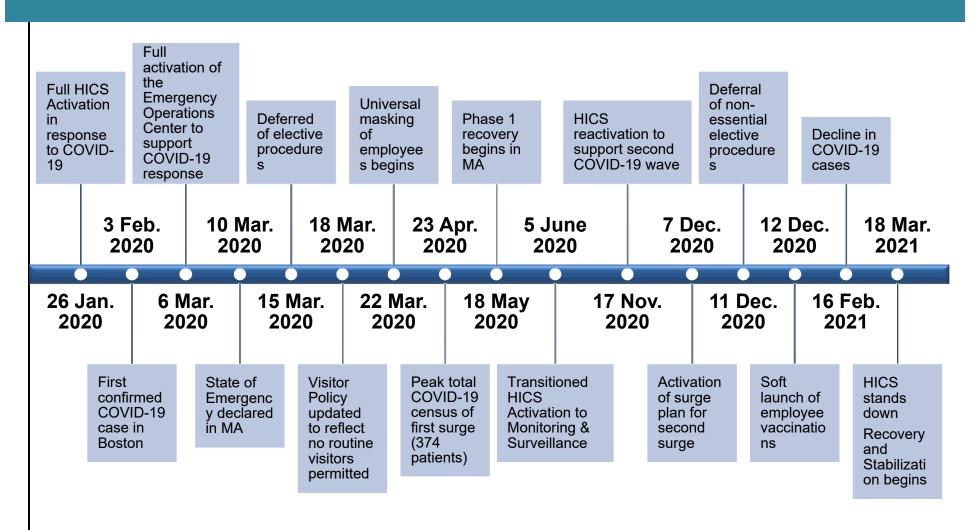


# MASS GENERAL HOSPITAL COVID-19 TIMELINE





#### **COVID-19 Timeline**





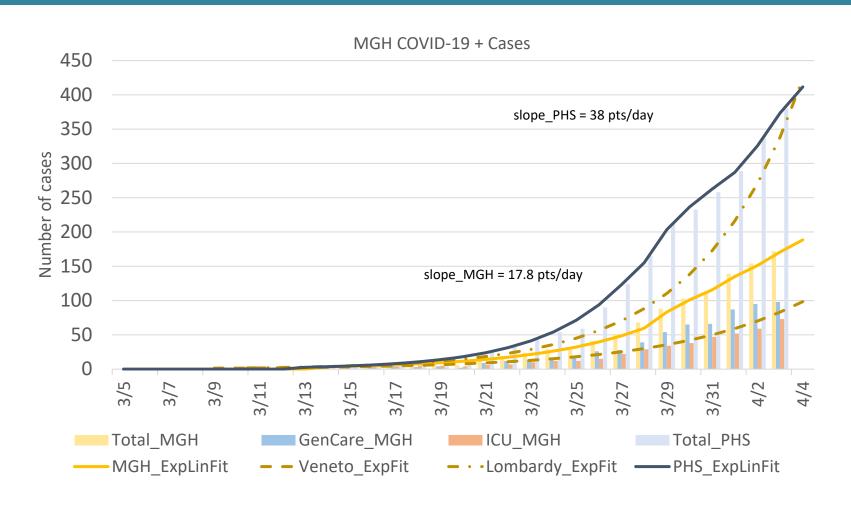


# CRITICAL ISSUES & INNOVATIVE SOLUTIONS





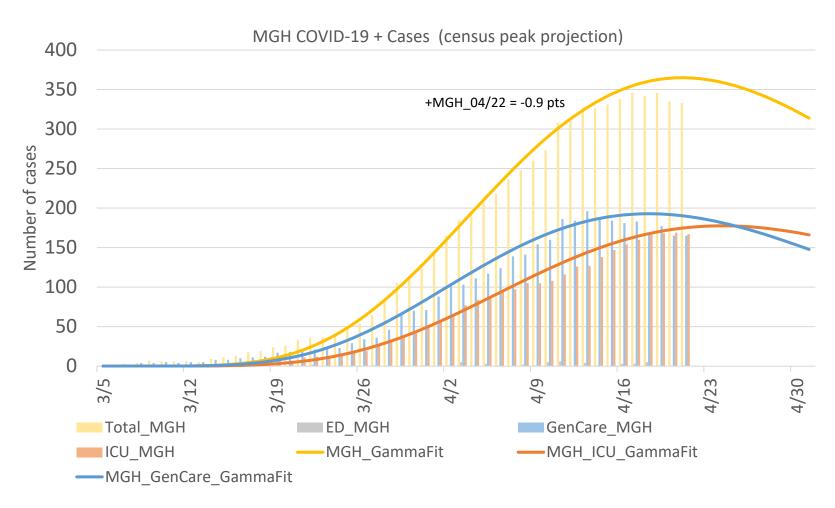
#### Importance of Forecasting Models







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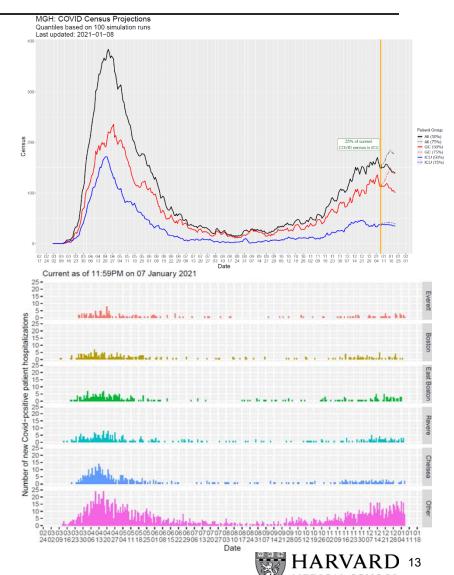






#### Using an Evidence-Driven Approach

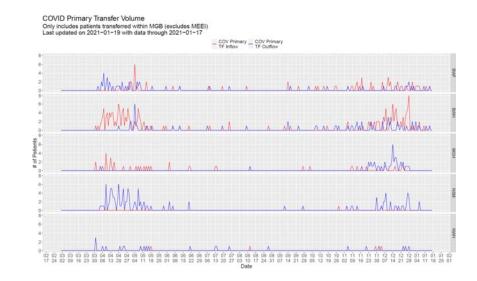
- Pulling in data from multiple streams of information allow for evidence-based decisions, anticipation of next steps and early identification issues.
  - Examples: Hospital capacity, ventilator use, PPE use, safety reports, vulnerable communities, and local & national trends





#### Planning for Patient Influx

- Engaging operational leaders early to plan for all facets of surge.
  - Unit conversions
    - Conversion of PACU to surge ICU
  - Staffing to support increase patient acuity
    - · Labor pool, agency staff, etc.
  - Equipment
- Develop plans for multiple outcomes & scenarios.
- Level-loading and capacity management within the health system and across the state.







## POLLING QUESTION





#### **Combating Staff Fears**

- Transparent, frequent communication is key.
  - Why are decisions made?
  - What is the evidence behind the decisions?
  - How and where can staff report questions & concerns?
- Visibility of trusted voices.
- Identify multiple avenues to reach staff.
  - Content in multiple languages
  - Fmail
  - Internal websites
  - Town halls & video platforms
- Resources to support staff and their families.







#### Innovation Solutions to Solve Problems





- Spanish Language Care Group
- Boston Hope, Post Acute Care, Community Health Centers
- Supply chain issues & disruption
  - N95 reprocessing, PPE conservation efforts, Hexapod
- Acuity and volume of patients
  - Proning Team
  - COVID-19 Central Access Team
  - ICU Support Teams
- Increased testing demands
  - Creation of Respiratory Illness Clinics





## LEADERSHIP DURING CRISIS





#### Motivation & Change Management

- Transitioning from routine operations to command and control.
- Actively listening and seeking input.
  - Recognizing the significance of what our teams have experienced and how we express our gratitude.
- Leadership visibility across departments and role groups.
  - Walking rounds
  - Asking staff what they need
  - Teachable moments
- Communication at every step of the process.
  - Ensuring our messages are reaching the intended audience.





#### Supporting Our Teams

- Despite the increased demands at the hospital majority of staff also felt the impacts at home.
- Ensuring that staff have access to the resources they need.
  - Child Care
  - Respite for food
  - Hotels
  - Parking
  - Wellness resources



## Going home checklist

- Take a moment to think about today.
- Acknowledge one thing that was difficult on your shift, then let it go.
- Be proud of the care you gave today.
- Consider three things that went well.
- Check on your colleagues before you leave: Are they OK?
- Are you OK? Your colleagues are here to listen to and support you. Never worry alone.
- Now switch your attention to home: Rest and Recharge.





## **TAKEAWAYS**





#### **Takeaways**

- Never underestimate peoples' willingness to do the right thing, especially in healthcare and enjoy the surprise of who "steps up"
- Empathy and compassion are critical
- Encourage creativity
- Be willing to make the tough calls based on scientific evidence and lots of input
- Share the burden—do not worry alone
- Communicate, communicate, communicate





## POLLING QUESTION





## **DISCUSSION & QUESTIONS**



