Excellence is just the beginning.

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Excellence is just the beginning.

Rush University Medical Center

Coronavirus Update

04/8/2020
This is the new prone team at Rush University Medical Center, which works with vented and intubated patients being treated for #COVID19. Learn more about #proning in this video: rsh.md/2UCDkcF

 rushmedical If there is one thing I have learned in the last few months as a nurse, it is no matter how difficult or stressful things may get, it is the attitude, the flexibility and the willingness to just help each other that will get you through the night,” says Brendon David (@bren_dot, center), a nurse with the neuroscience intensive care unit at Rush University Medical Center. “I had the opportunity to work alongside some of the greatest nurses, combining our skillset from multiple ICUs in order to accommodate the needs of one of our new COVID ICUs. Although coming from different backgrounds and units, the teamwork I have seen from my fellow health care workers has united us as one, reminding us of how fortunate we are to do what we do, to not only care for our patients, but to care for one another!”
Surge planning
To organize the planning for surge, the following subgroups were developed to understand Rush’s resources, define what constraints existed in Rush’s growth, and produce plans around:

1. **Physical Capacity** – identifying, optimizing, and expanding physical spaces in ED, Critical Care and Medical/Surgical units

2. **Staffing** – staffing additional units with Providers, Nursing, Respiratory Therapists, and Support Services; and for anticipating staff outages with COVID

3. **Equipment and Supplies** – identifying critical resources such as Ventilators, Beds, PPE and medications

4. **Optimizing in-house capacity** – reducing elective office visits, surgeries and transfers; implementation of alternative care models, including virtual care

Rush began operating in surge mode nearly one month ago. Today, we have made 3 years of changes in 3 weeks. Please see our playbook!
Rush preparedness has included:

- COVID walk-in clinic
- COVID drive-through clinic
- ED Ambulance bay
- Virtual visits
- Consolidation of RUMG clinics
- Adding temperature scanning at entrances
COVID Surge Preparation

Converted 5 Atrium and 7 Tower post-anesthesia care unit (PACU) to be adult intensive care units (ICUs)

Moving PICU patients into NICU so PICU area can treat non-COVID adult ICU patients
COVID Surge Preparations - Brennan
ED Triage and Testing Protocol - Homeless Patients

Follow normal ED process

Homeless patient presents to the ED


Patient is given a mask

URGENT/JICK

YES

Ambulance Bay

Registration by PA/C

Triage by RN at Triage Station

Tent 1 or 2

 уг

Need further workup

No

Work up

Admit?

COVID screen in the last 2 weeks?

YES

COVID RML
NP Swab or Middle Turbine RED TOP

Preferred 22" or negative air flow
IF ICU preferred ordered Airbarrier/Contact precaution

RN transport to unit
Update ISSAC: call prior to transfer

Admit

Positive

POC COVID result

Discharge with SW support services as available

Id Consult Paper: 9377 (only when medically ncssc.)
Infection Control: 7424

If COVID negative, or COVID positive but was already discharged from the hospital, consult care.

Everywhere
Tiered ED Surge

1. Normal operation
2. COVID 19 specific area
3. More COVID 19 specific area
4. All COVID 19 unit with reallocation of non-COVID 19 patients
Other considerations

1. Redeployment of Staff
2. Labor pool staffing non-EM spaces
3. Residents come home
4. Staff expansion with EM backbone
5. Governmental Affairs
6. Philanthropy
7. Board of Directors
8. IPhone Videos
9. Saying Thanks
10. RUSH playbook
Latest PPE Guidance - COVID-19 Patients

To care for most COVID-19 Patients staff wear:
- A procedure or surgical facemask
- A face shield or goggles
- A yellow gown, and gloves

Only providers who perform aerosol-generating procedures, such as intubation or nebulizer treatment, need to wear a respirator (such as an N-95 respirator or a CAPR), a face shield or goggles, a yellow gown, and gloves

A negative pressure room is not required as long as a respirator (e.g., N95) is used during the procedure.
Personal Protective Equipment

*PPE is the best protection against COVID-19*

We are in a good PPE supply, but we need to be good stewards of this important resource for the likely surge of patients.

Rush has an emergency stockpile in preparation for emergencies, as does the city and state.

**Please continue to use PPE appropriately to help to maintain our supplies for the long-term**

Infectious disease specialists at Rush are advising on guideline changes based on the latest accurate information about the virus.
Rush Experience – with Employee Testing

With meticulous adherence to appropriate use of PPE
• Liberal testing criteria for staff
• Less than 0.01% of our staff have tested positive
• No EM Attendings so far

Higher positivity rate in non-patient facing areas

Return to work - CDC guidelines
If your test is positive, we return staff:
• 7 days after the start of symptoms AND
• 3 days of being afebrile and improvement of respiratory symptoms

If negative and symptomatic, we return staff: 3 days of being afebrile and improvement of respiratory symptoms
IDPH Trending

On 4/7/20, IDPH reported 13,549 total confirmed cases, up 1,287 cases

Implied doubling rate slowed to 7.3 days
Illinois Compared to Other Coastal States

On this “day”, Illinois cases are:
20% of NY, 144% of CA, 303% of WA

On this “day”, implied doubling rate in Illinois is slower than NY, CA, and WA
Confirmed Cases at Rush

Confirmed COVID19 Cases - 4/7/20

<table>
<thead>
<tr>
<th>Location</th>
<th>% of State</th>
<th>Rush is…%</th>
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<tbody>
<tr>
<td>Illinois</td>
<td>100%</td>
<td>8%</td>
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<tr>
<td>Cook County</td>
<td>70%</td>
<td>12%</td>
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<tr>
<td>Chicago</td>
<td>41%</td>
<td>20%</td>
</tr>
<tr>
<td>Rush</td>
<td>8%</td>
<td>100%</td>
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</tbody>
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Admission Trends – Admit Unit Type

COVID+ or Pending
10 admits to GMF (58%)
5 admits to ICU (41%)

To Date:
67% admitted to GMF
33% admitted to ICU
Admission Trends – Admit Source

4/5/20 Admits
12ea from ED (71%)
4ea from OSH Transfers (24%)
1ea Direct/Other (1%)

To Date:
81% ED Admits
18% Transfers
1% Direct/Other
Admission Trends – Age

Average age has hovered between 50-60