Excellence is just the beginning.

Keep calm. **Wash your hands.**

RUSH

April 8th 2020

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Associate Professor
Vice Chair Emergency Medicine

RUSH

Excellence is just the beginning.

Rush University Medical Center

Coronavirus Update

04/8/2020

Thank you

#HealthCareHeroes

RUSH

Rush University System for Heal... ✓

@RushMedical

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
Rush University Medical Center

Liked by **hatch3** and **1,060 others**

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 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!"

View all 29 comments

Surge planning

Rush began operating in surge mode nearly one month ago.

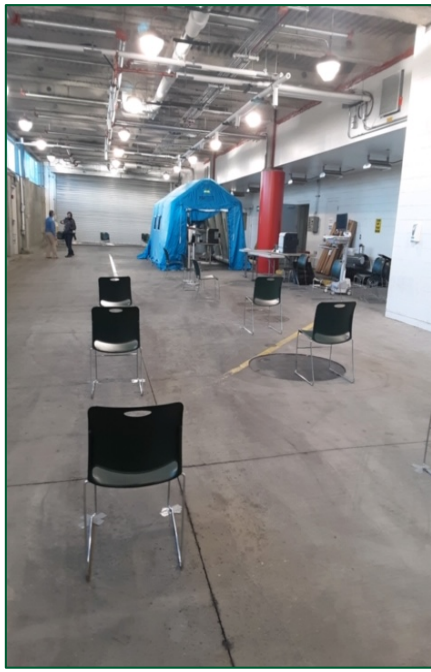
Today, we have made 3 years of changes in 3 weeks. Please see our playbook!

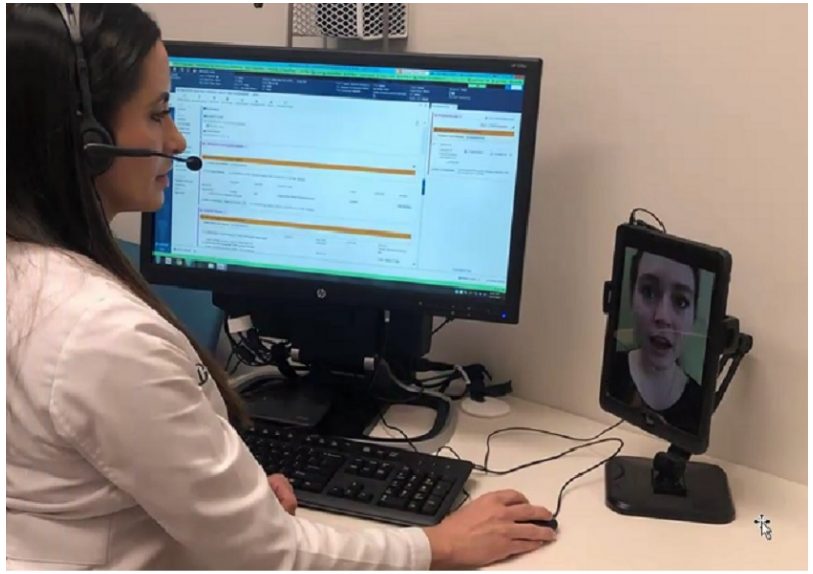
To organize the planning for surge, the following subgroups were developed to understand Rush's resources, define what constraints existed in Rush's growth, and produce plans around:

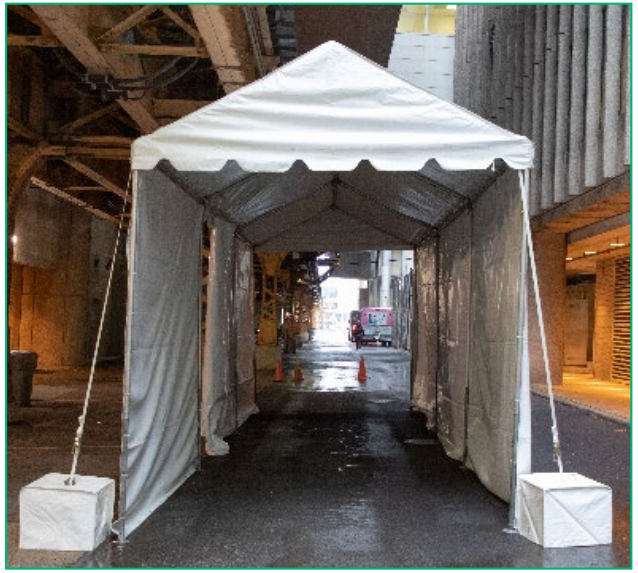
1. **Physical Capacity** – identifying, optimizing, and expanding physical spaces in ED, Critical Care and Medical/Surgical units
2. **Staffing** –staffing additional units with Providers, Nursing, Respiratory Therapists, and Support Services; and for anticipating staff outages with COVID
3. **Equipment 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 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





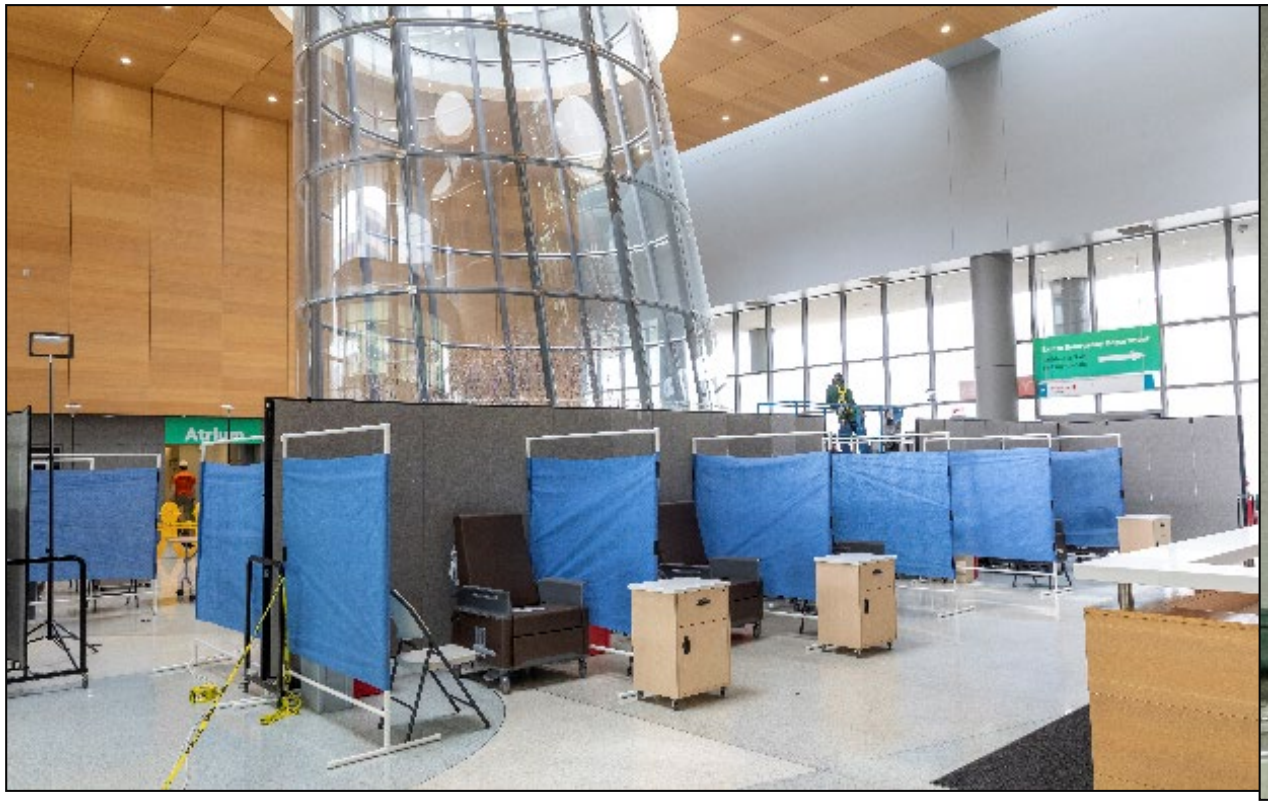


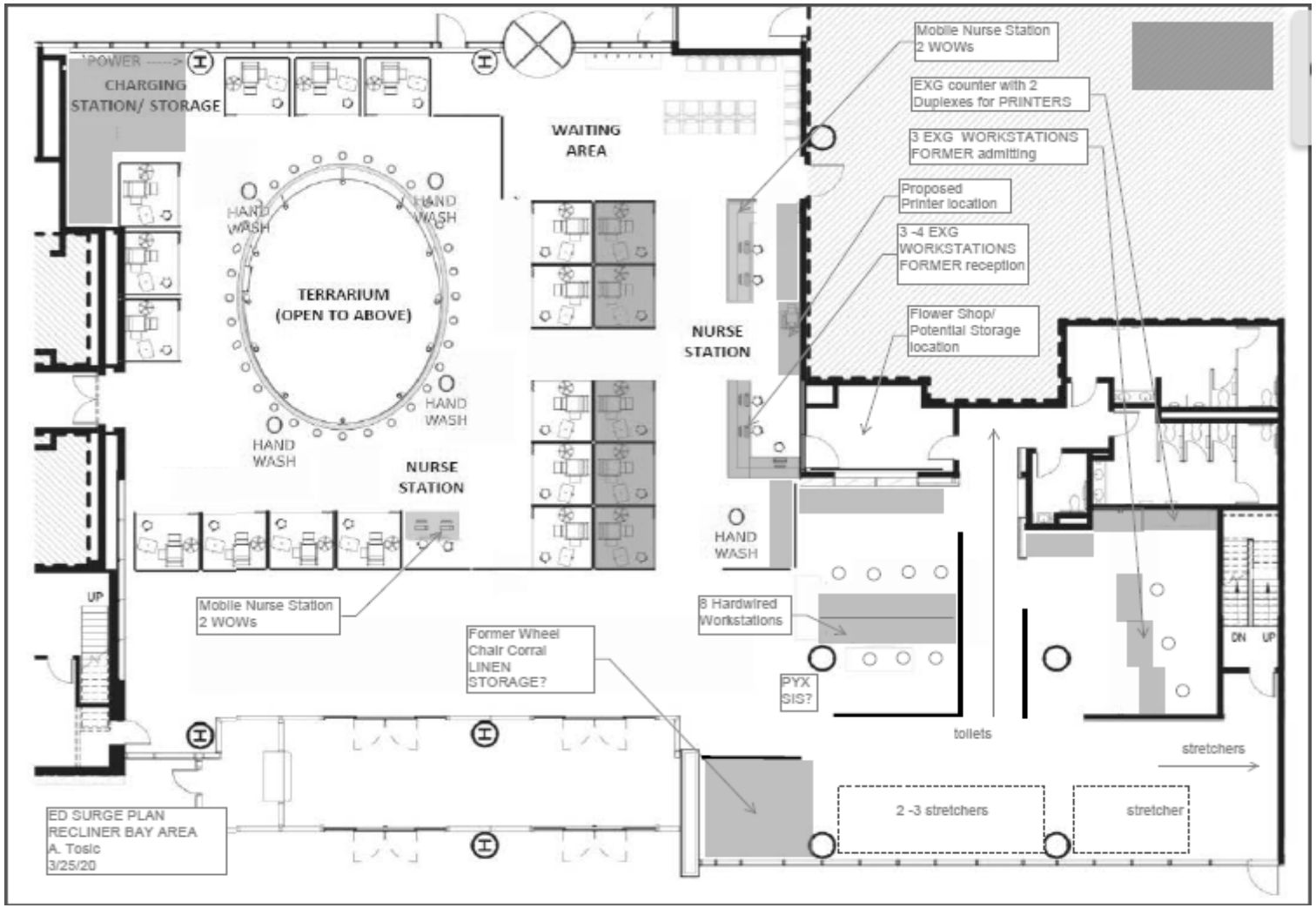
COVID Surge Preparation

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

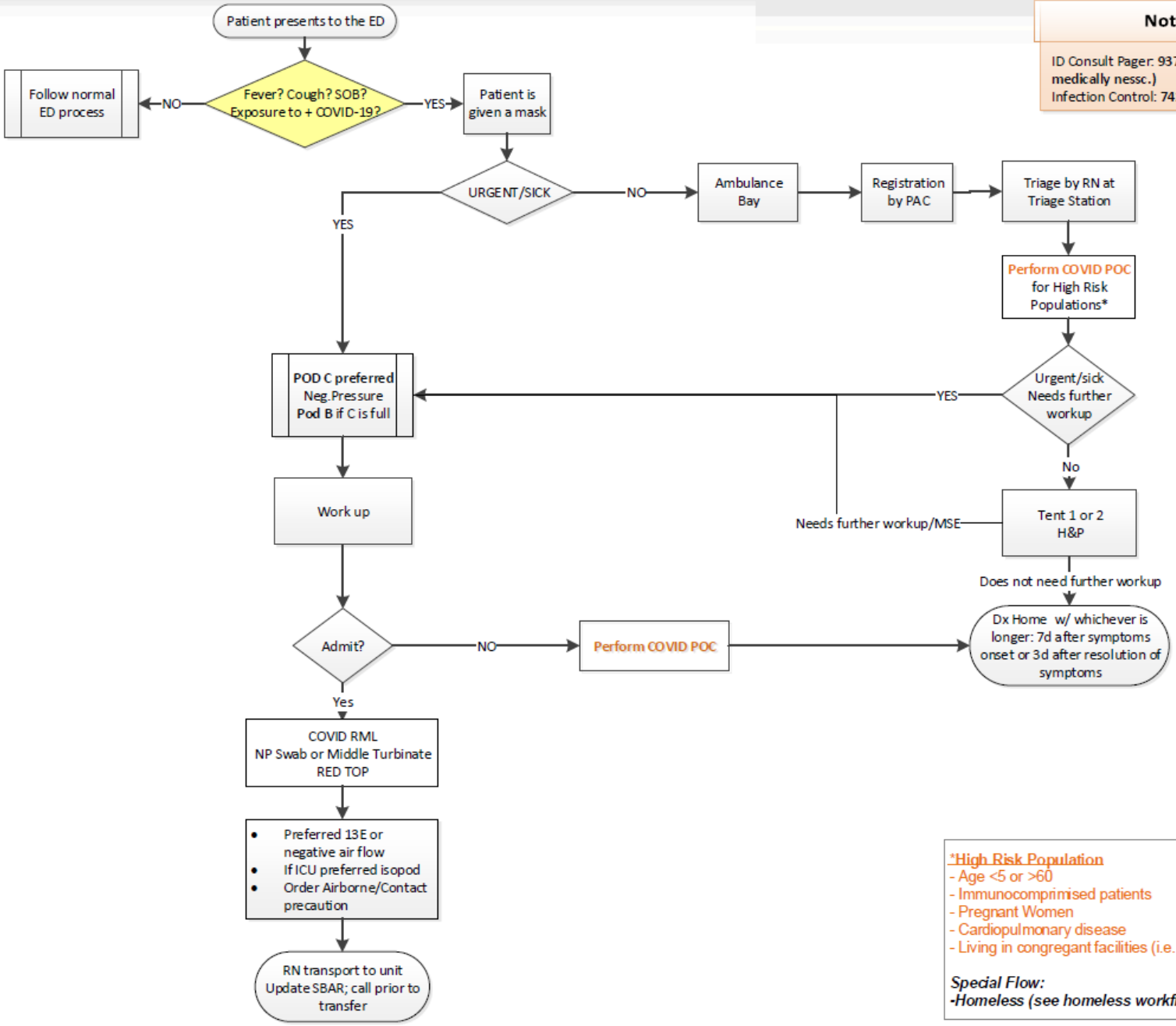
COVID Surge Preparations - Brennan




POWER ----->
CHARGING STATION/ STORAGE
WAITING AREA
HAND WASH
HAND WASH
TERRARIUM (OPEN TO ABOVE)
HAND WASH
HAND WASH
NURSE STATION
NURSE STATION
HAND WASH
Mobile Nurse Station 2 WOWs
EXG counter with 2 Duplexes for PRINTERS
3 EXG WORKSTATIONS FORMER admitting
Proposed Printer location
3 -4 EXG WORKSTATIONS FORMER reception
Flower Shop/ Potential Storage location
UP
Mobile Nurse Station 2 WOWs
Former Wheel Chair Corral LINEN STORAGE?
8 Hardwired Workstations
PYX SIS?
toilets
DN
UP
stretchers
2 -3 stretchers
stretcher
ED SURGE PLAN
RECLINER BAY AREA
A. Tosic
3/25/20

ED Triage and Testing Protocol – w/ COVID POC

April 6, 2020



Notes

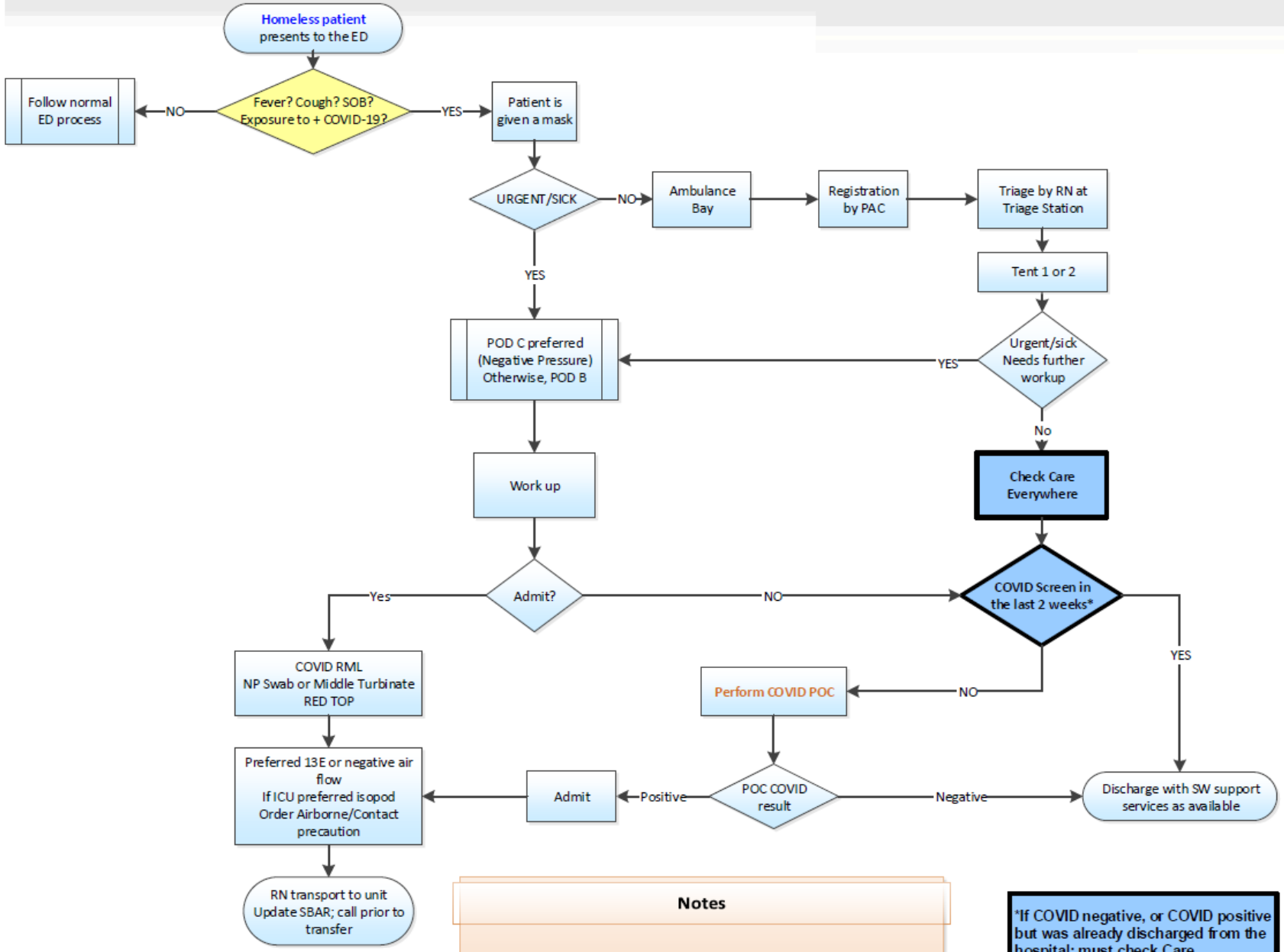
ID Consult Pager: **9377 (only when medically nessc.)**
Infection Control: **7424**

*High Risk Population
- Age <5 or >60
- Immunocomprimised patients
- Pregnant Women
- Cardiopulmonary disease
- Living in congregant facilities (i.e. nursing homes)

Special Flow:
-Homeless (see homeless workflow)

ED Triage and Testing Protocol- Homeless Patients

April 6, 2020



Tiered ED Surge

1. Normal operation
2. COVID 19 specific area
3. More COVID 19 specific are
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 resources 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

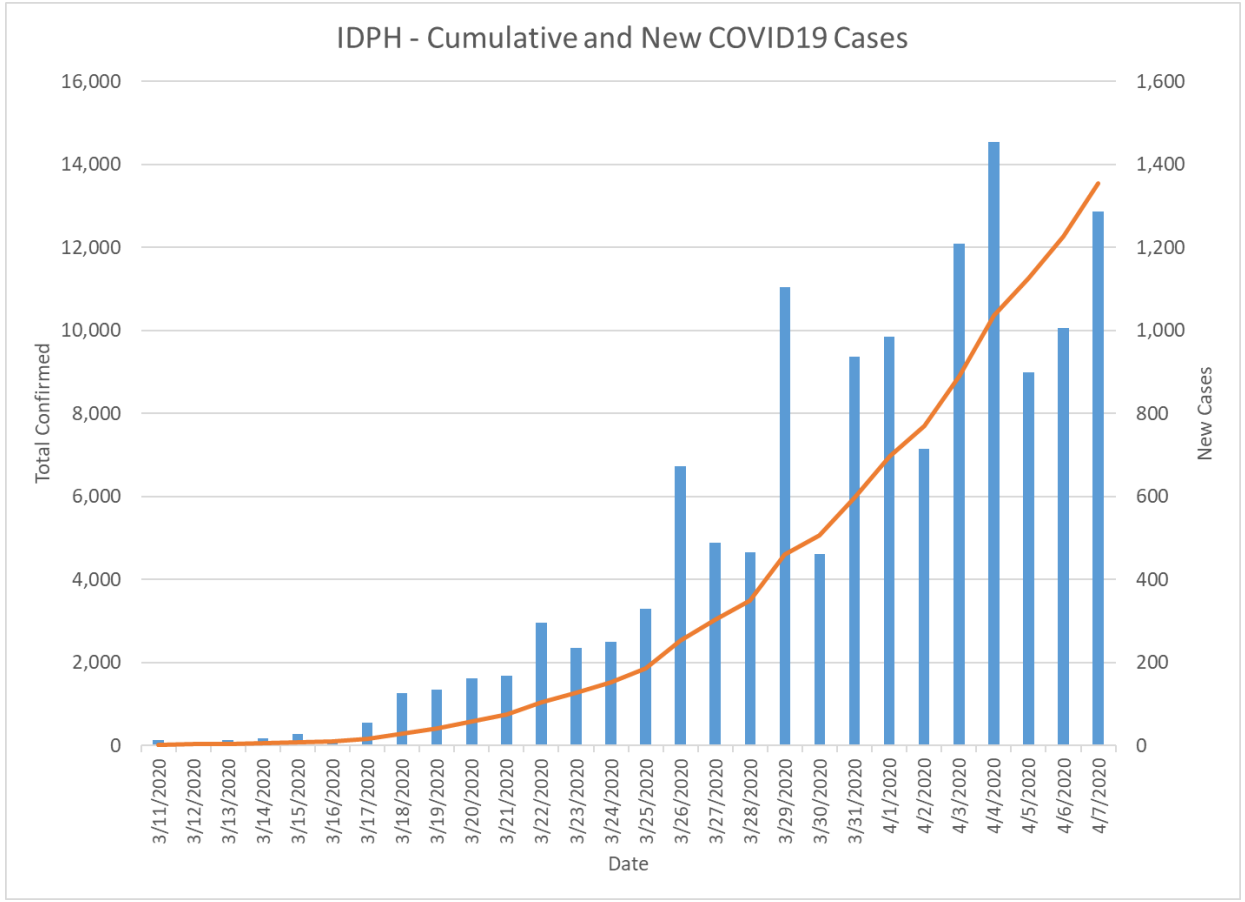
If your test is positive, we return staff:

- **7 days after the start of symptoms AND**
- **3 days of being afebrile and improvement of respiratory symptoms**

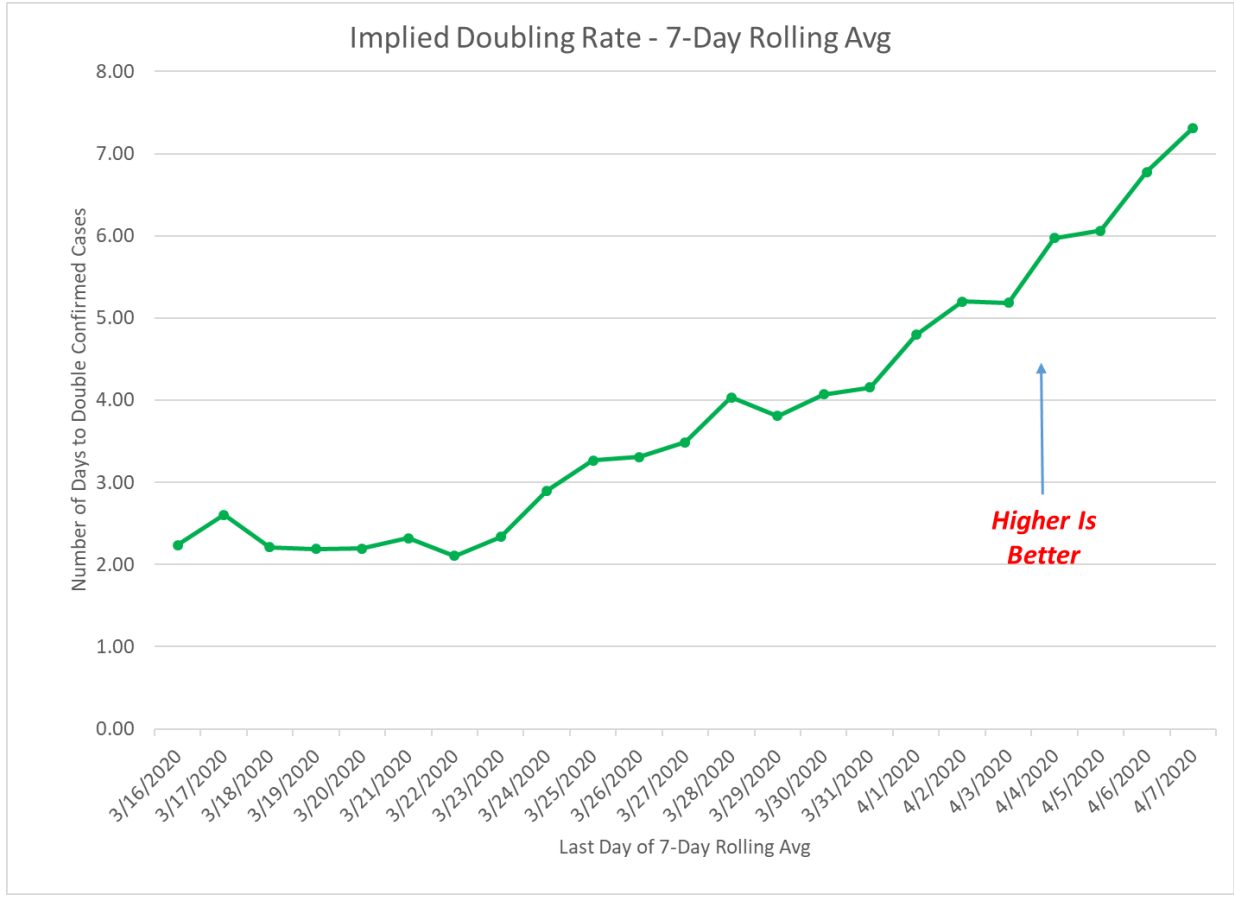
If negative and symptomatic, we return staff: 3 days of being afebrile and improvement of respiratory symptoms

IDPH Trending

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

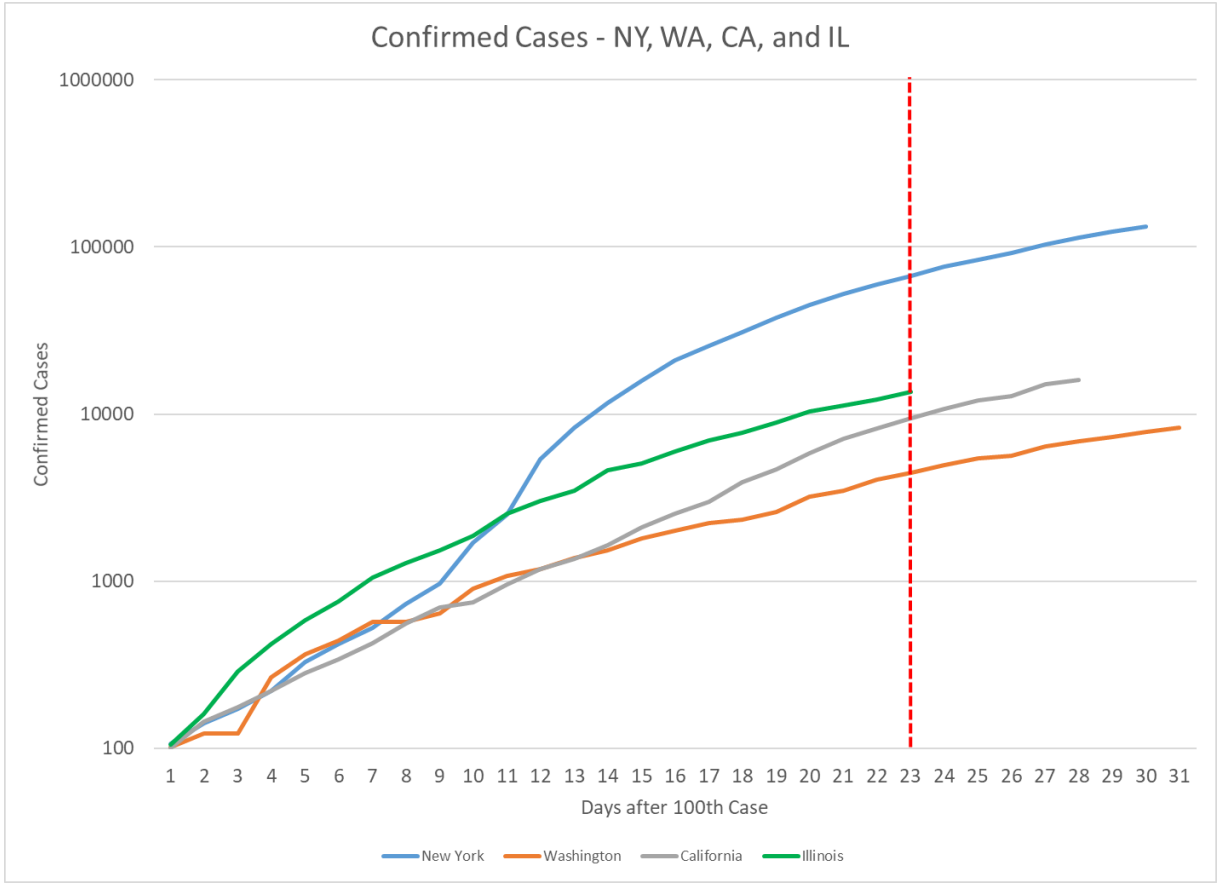


Implied doubling rate slowed to 7.3 days

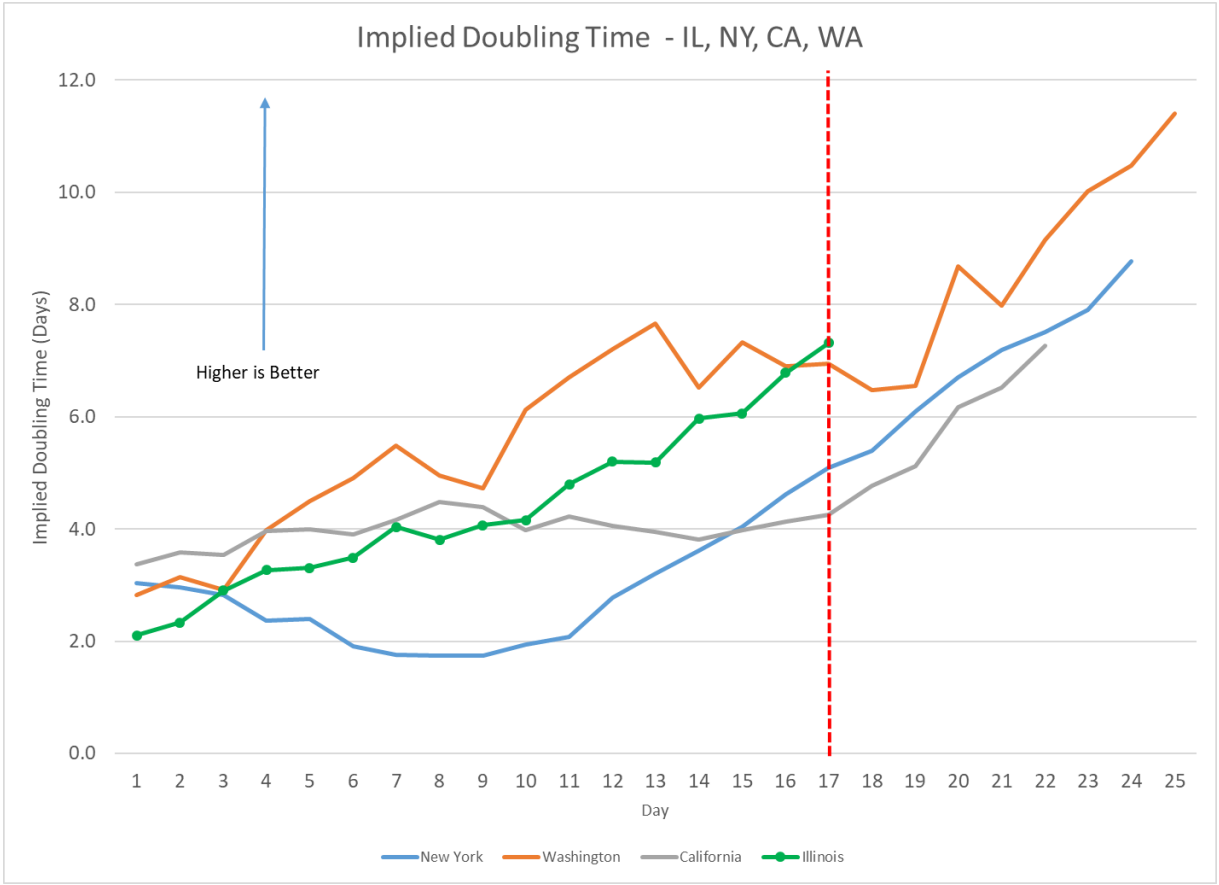


Illinois Compared to Other Coastal States

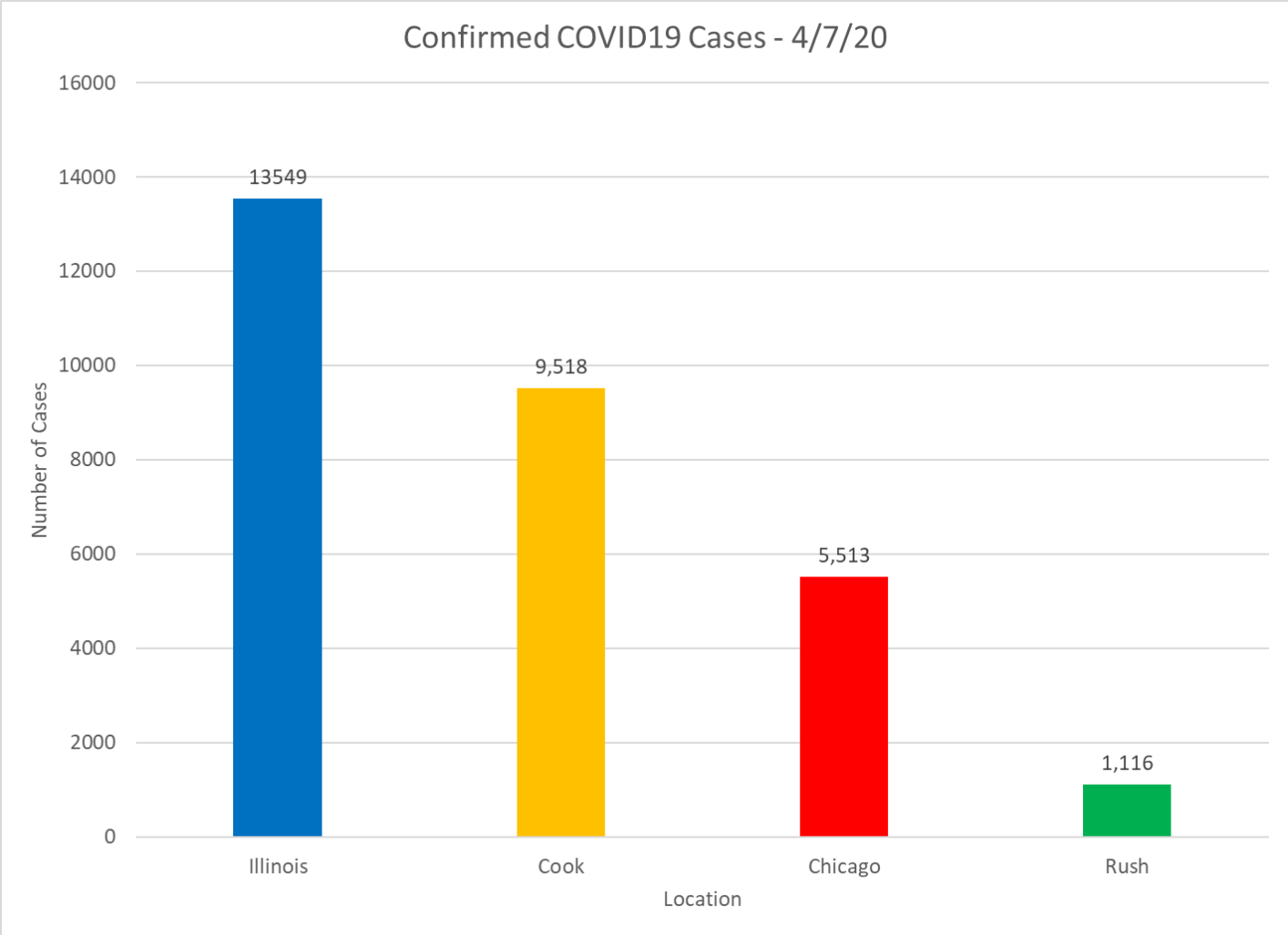
On this “day”, Illinois cases are:
20% of NY, 144% of CA, 303% of WA



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

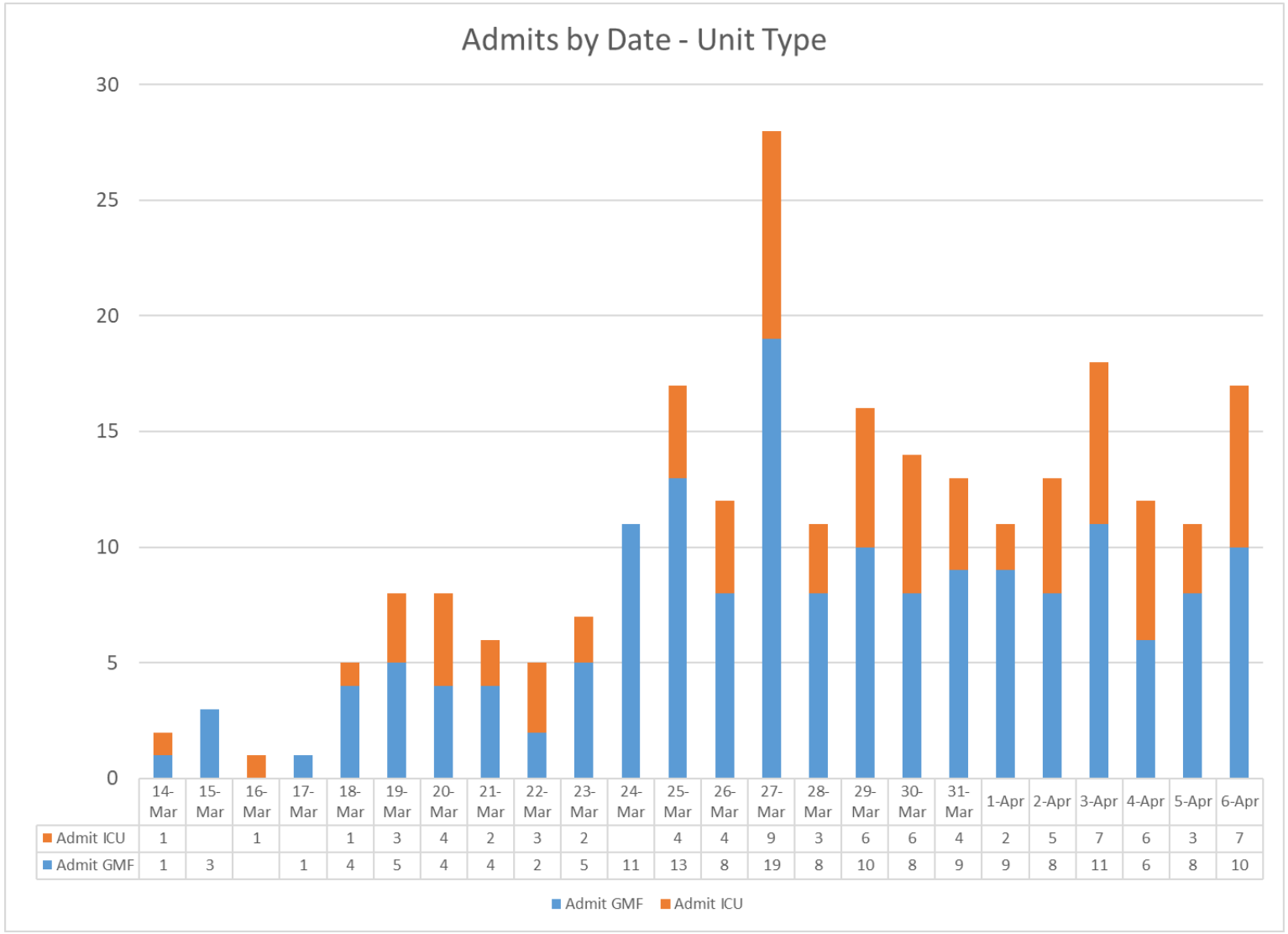


Confirmed Cases at Rush



Location	% of State	Rush is…%
Illinois	100%	8%
Cook County	70%	12%
Chicago	41%	20%
Rush	8%	100%

Admission Trends – Admit Unit Type

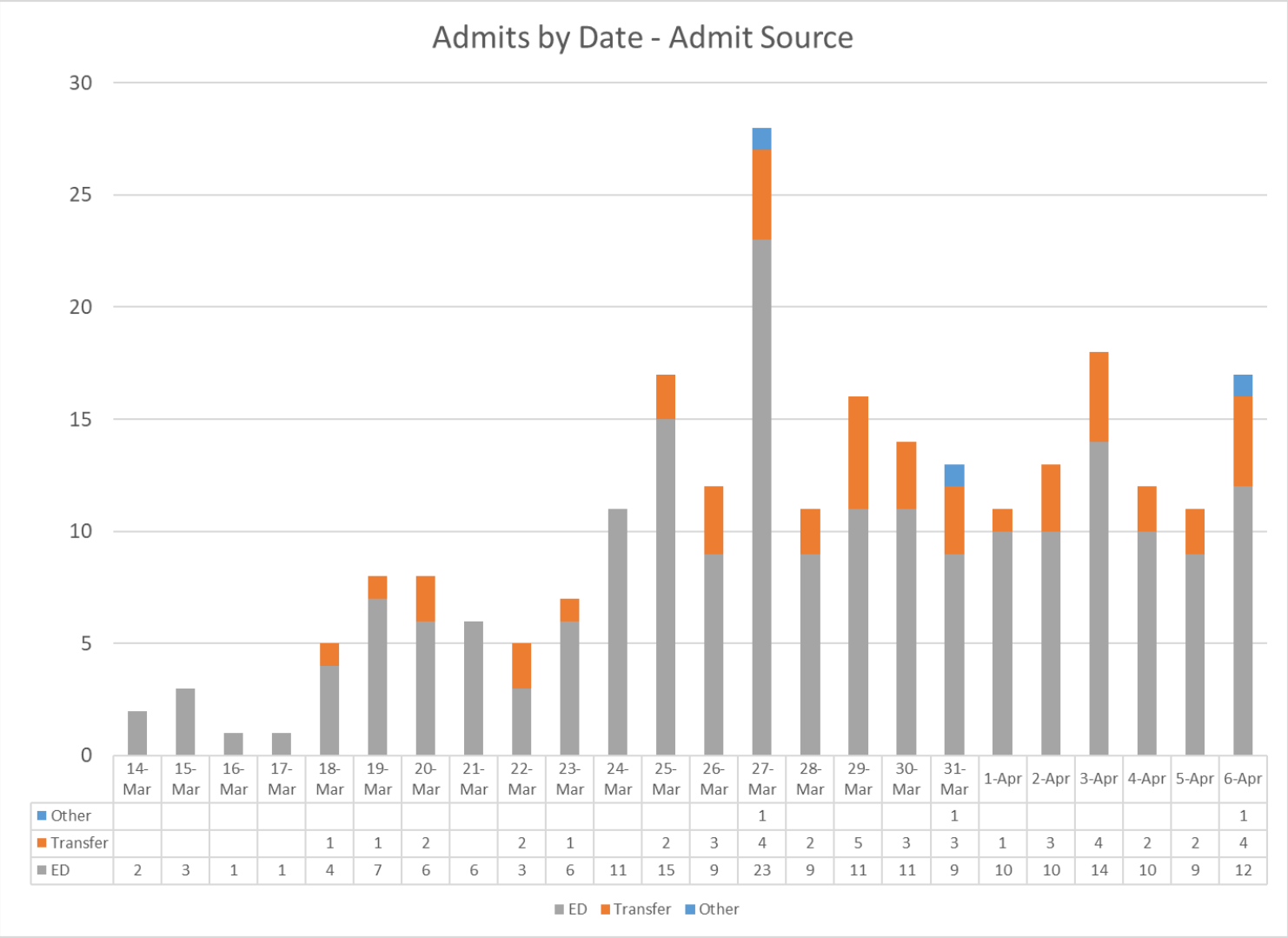


	14-Mar	15-Mar	16-Mar	17-Mar	18-Mar	19-Mar	20-Mar	21-Mar	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	28-Mar	29-Mar	30-Mar	31-Mar	1-Apr	2-Apr	3-Apr	4-Apr	5-Apr	6-Apr
Admit ICU	1		1		1	3	4	2	3	2		4	4	9	3	6	6	4	2	5	7	6	3	7
Admit GMF	1	3		1	4	5	4	4	2	5	11	13	8	19	8	10	8	9	9	8	11	6	8	10

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

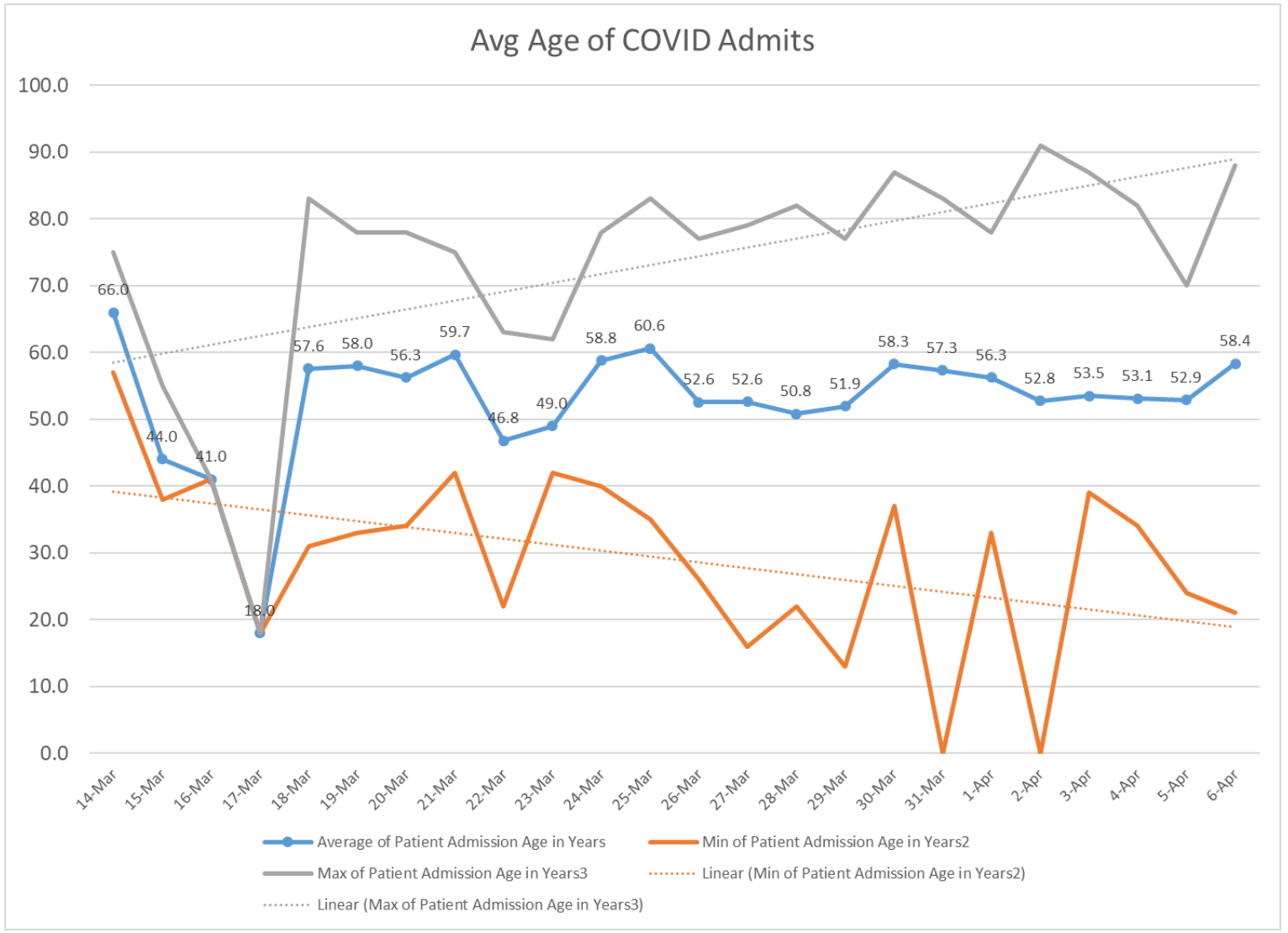


	14-Mar	15-Mar	16-Mar	17-Mar	18-Mar	19-Mar	20-Mar	21-Mar	22-Mar	23-Mar	24-Mar	25-Mar	26-Mar	27-Mar	28-Mar	29-Mar	30-Mar	31-Mar	1-Apr	2-Apr	3-Apr	4-Apr	5-Apr	6-Apr
Other														1				1						1
Transfer					1	1	2		2	1		2	3	4	2	5	3	3	1	3	4	2	2	4
ED	2	3	1	1	4	7	6	6	3	6	11	15	9	23	9	11	11	9	10	10	14	10	9	12

<u>4/5/20 Admits</u>
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


Thank you!