INSTITUTE FOR PERFORMANCE EXCELLENCE

BALDRIGE | PERFORMANCE EXCELLENCE | QUALITY | LEADERSHIP

A NATIONAL WEBINAR

COVID-19 CRISIS MANAGEMENT:

SWIFT COORDINATED ACTION, DATA, & COMMUNICATIONS

A PANEL DISCUSSION REGARDING THE COORDINATED HOSPITAL & COUNTY RESPONSES



Partner

Institute Trustee Members

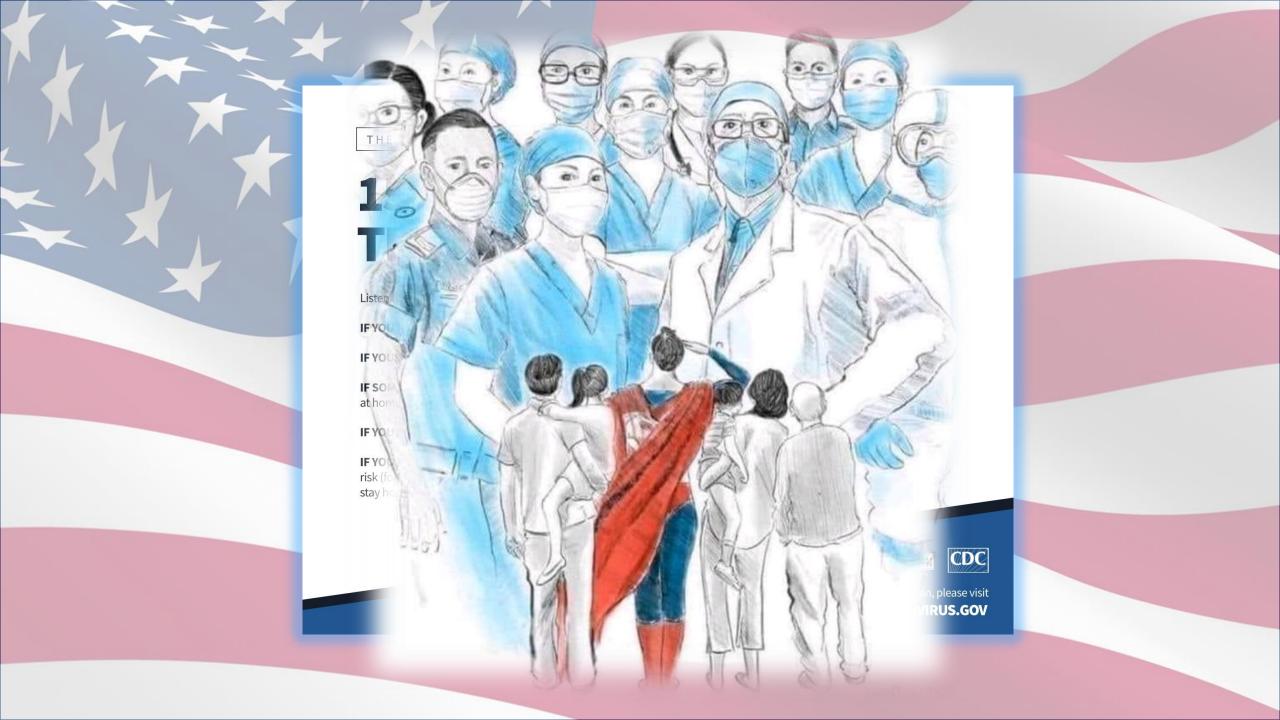
The Baldrige Family Midge, Molly, & Megar

Adventist Health



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Opening Remarks/Agenda

Introduction

Al Faber, President & CEO, Baldrige Foundation

Guest Panel



Russ Branzell: CEO, College of Healthcare Information Management Executives (CHIME)



Scott McIntyre: CEO, Guidehouse



Dr. Roger Spoelman: Community Leader, Muskegon County Covid-19 Response Team



Dr. Rulon Stacey: Director, Graduate Programs in Healthcare, University of Colorado & Partner, Guidehouse



Jennifer Strahan: COO, SOAR Vision Group



Charles A. Peck, MD, FACP: Partner, Guidehouse







Audience Ben Sawyer & Al Faber Moderate



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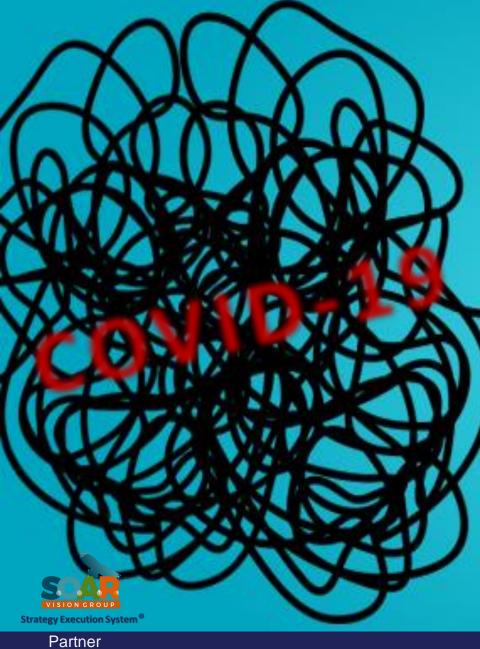


Muskegon County is a county in the U.S. state of Michigan. As of 2018, the population was 173,588. The county seat is Muskegon. Muskegon County comprises the Muskegon, MI Metropolitan Statistical Area, which is part of the larger Grand Rapids-Wyoming-Muskegon, MI Combined Statistical Area.

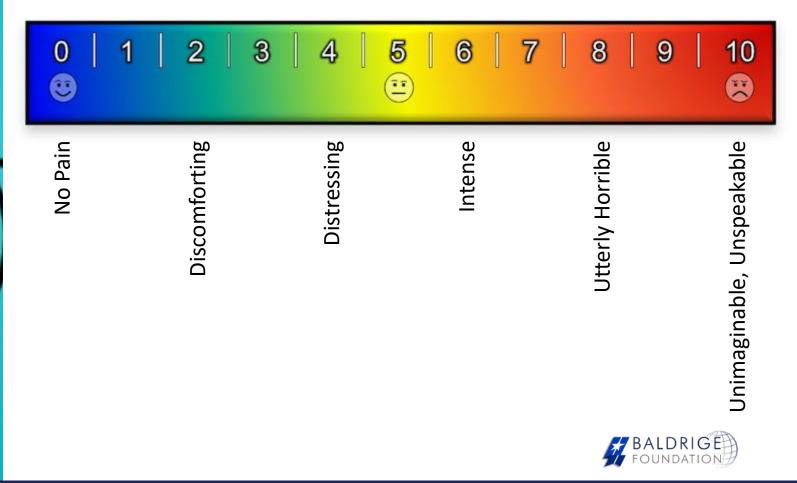




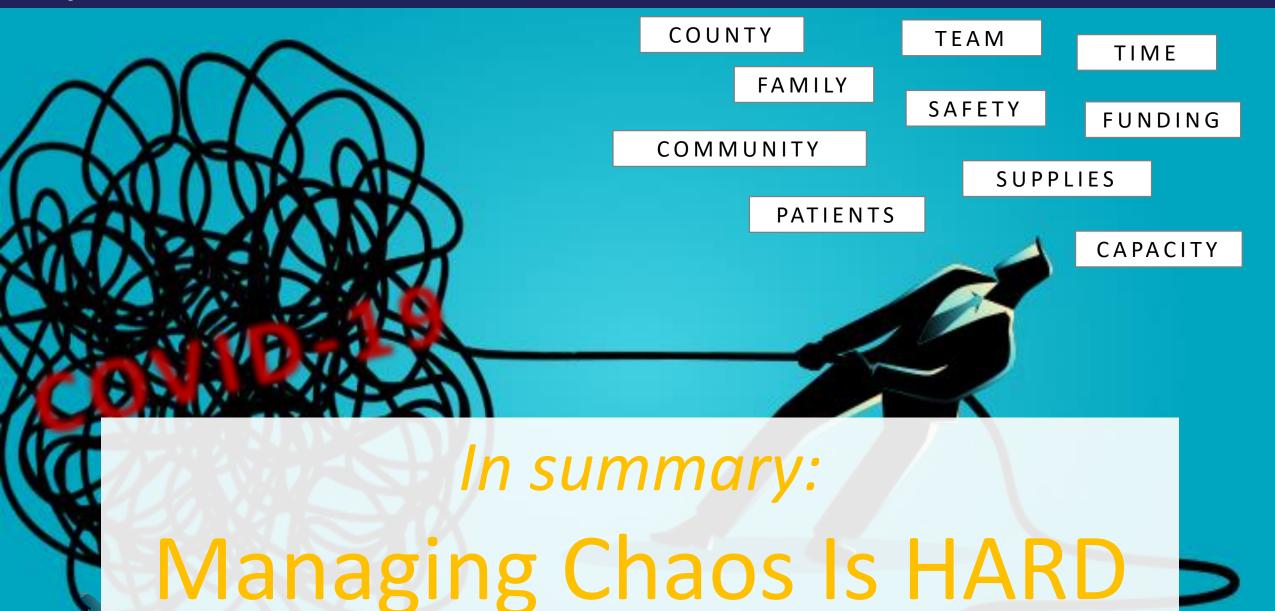
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On a scale of 1 - 10, how would you rate your organization's response to COVID-19?



Baldrige Foundation Institute for Performance Excellence Webinar



Strategy Execution System®

A Typical Response for Hospitals

PREPARE

• Assign a COVID-19 Executive Leader and create a task force

IDENTIFY

- Develop remote symptom support
- Stand up testing tents and/or temperature checks

MANAGE & REPORT

- Host a Huddle multiple times per day (e.g., 10 am and 5 pm)
- Create an Incident Command Center for central reporting
- Coordinating with Suppliers to anticipate or address shortages
- Limit or eliminate patient visitors

Scenario





Mary Jane (MJ) Watson	
ICU Director	Ch
PuLSE Leader	

Carol Danvers nief Operating Officer PuLSE Leader

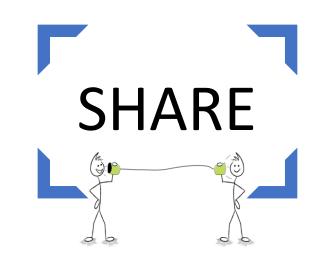






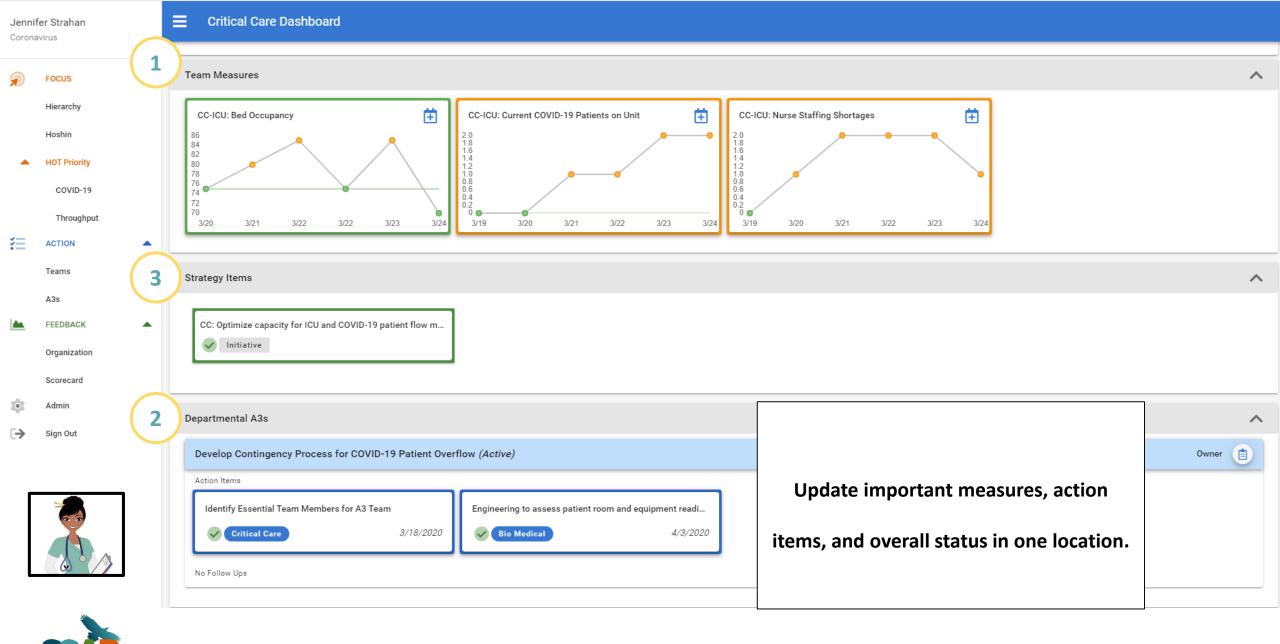








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Jenni Corona	er Strahan virus		COVID-19 Huddle Scorecard	COVID-19 Huddle	d	+
		_	Quality, Safety, and Service			
R	FOCUS Hierarchy	•	Objective COVID-19 2. Process for rapidly identifying and isolating COVID-19 patients Infection Control	S. Rogers, Director	>	•
	Hoshin		Initiative COVID-19 Critical Care 1 CCRNno CCRNN C	S. Rogers, Director	>	•
•	HOT Priority COVID-19		Action Item COVID-19 II Sample plan to document HCP's entering room	S. Rogers, Director	>	•
	Throughput		Objective COVID-19 Infection Control Actpts Mort 4. Prevent the spread of respiratory diseases including COVID-19. 6 1	S. Rogers, Director	>	•
÷	ACTION	•	Initiative COVID-19 Central Supply X	S. Rogers, Director	>	•
	A3s		Action Item COVID-19 Central Supply !	S. Rogers, Director	>	*
	FEEDBACK Organization	•	Objective COVID-19 5. Monitor and manage personnel that might be exposed to COVID-19 Infection Control	tor	>	+
	Scorecard		Initiative COVID-19 Infection Control COVID-19	stom Scorecards to	>	+
© (→	Admin Sign Out	•	Initiative COVID-19 C	s targeted information	>	+
	-		Action Item COVID-19 Enviro Services across t	he organization.	>	•
l r			Objective COVID-19 8. Monitoring and managing HCP Case Management	tor	>	•



VISION GROUP Strategy Execution System[®]

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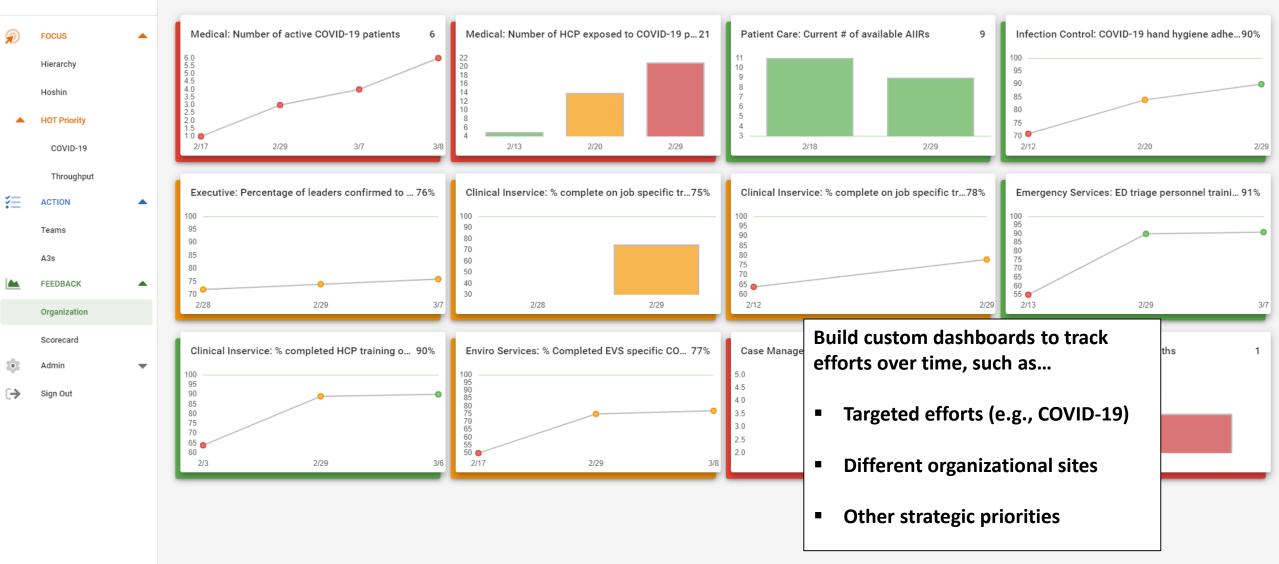
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Preparation for COVID-19 (Center for Disease Control)



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Preparation for COVID-19 (Center for Disease Control)



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Solving Problems, Managing the Chaos

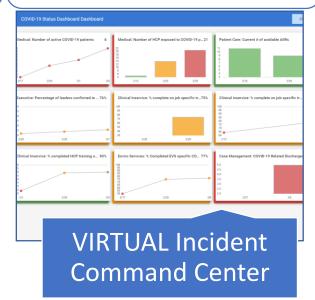
We're assigning tasks to dispersed people and facilities; <u>managing the</u> <u>tasks</u> is time-consuming. - County Representative

Operational A3 Vehicle / CC Optimize capacity for CO and COVID-19 patient flow management / Densing Contingency Process for COVID-19 Patient Overflow evelop Contingency Process for COVID-19 Patient Overflow	tiest Overflow
Status Antine Start Date: 21/6/2020 Starget Date: 4/3/2020	Revision: 4 2020-03-23702:14:38 Teaen: Oritical Care Leader: Owner
Problem Statement 50) second is converying ASIN is the options, with pargine reaching up to 5% with the partners. If the hospital induces areas a face mode of a news CPOV partners, this part the option partners and the meaning out available reasoning to progregations placement. This terms will assess the converticity and flaceptat Derefords. Process to see see feasibility for increased CPUPD19 optimity, make economications to lakarding, and implement actions to the option are available.	Analysis
Current State Brock, May Jons, and Carol are meeting with the appropriate leaders to assess the current policy and process for IOU capraity measurement. Clicks the direct impact of the dura units in the languated for broady transform. A generative of the proprious different policy of the control of the control of the control of the spectra of the policy different to provide the out policy of the control of t	Results
Target State The same with here a dush updated overflow plan by and of weak.	Sustainability
Action Item(s)	
 Orchestrate Ac 	tion -
the RIGHT Ac	tion

We seem to huddle 5 times a day to hear updates. It's a <u>waste of time</u>; no action comes from them. - E.D. Physician

im Measures		
20-402: Bed Occupancy	CO-COJ Current COVID-19 Patients on Unit CO-COJ Current COVID-19 Patients on Unit CO-COJ Norme Staffing Shortsper CO-COJ Norme St	3/23 3/24
ategy Items		
CC: Optimize capacity for ICU and COVID-19 p Initiative	start flow m.	
partmental A3s levelop Contingency Process for COVID-	19 Patient Overflow (Active)	
ction Rems Identify Essential Team Members for A3 Tear @ Critical Care	n 3/78/2020 Contraction and equipment readi Contraction and equipment readi	
	nimize TIME awa	ลง
		μу
	from Patients	

Communication is our biggest challenge. We have a daily video clip and new policies we have to send out to large, diverse groups. - County Representative



E.D. volumes are down 30%. We cancelled elective procedures. We're <u>spending a lot</u> <u>of money</u> adding negative pressure rooms. - Hospital Executive

y, Safety, and Service				
o Priority patient harm			9	
o Priority ency Response Measures (CDC)			•	
tive rection prevention and control policies and training for (HCP):	COVID-19	Clinical Inservice	9	
tive rocess for rapidly identifying and isolating COVID-19 patients	COVID-19	Infection Control		Actpts +
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tive revent the spread of respiratory diseases including COVID-19.	COVID-19	Infection Control	8	Actpts 1 6
tive Ionitor and manage personnel that might be exposed to COVID-19	COVID-19	Infection Control	۲	HCPexp + 21
tive and Hygiene precautions and Protocols	COVID-19	Infection Control	ø	Hygodh 🕈 50%
tive nvironmental Cleaning	COVID-19	Enviro Services	0	
tive Ionitoring and managing HCP	COVID-19	Case Management		HCPexp * 21
tive isitor access and movement within the facility	COVID-19	Security	•	
o Priority eliability in c				
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Roundtable Discussion





Jennifer Strahan COO, SOAR Vision Group



Russ Branzell CEO, College of Healthcare Information Management Executives (CHIME)



Partner



Scott McIntyre CEO, Guidehouse



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Ben Sawyer CEO, SOAR Vision Group (Moderator)



Al Faber CEO, Baldrige Foundation (Moderator)

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