



COVID-19 CLINICAL ROUNDS

Surge Planning: Ramping up and down in a purposeful way

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Utilize Transparent Processes

- * Good communication rules
 - Clear
 - Comprehensive
 - Coordinated
 - Bidirectional
- * Clear decision-making processes
 - Support front-line leaders
- * *Who knows their triggers?*



Ramping Up and Down

- * Find *your* leading indicators
 - Ex: % beds filled with COVID patients; model
- * Act before you obviously must
 - Being wrong must be ok
- * Staff>stuff>space
 - Ex: Orienting nurses to new spaces/roles
 - Unions/travelers, oh my!
 - Supply chain is your new friend



MHealth Fairview Example

Definitions:					
Heightened Awareness	Critical COVID-19 measures reviewed through daily tiered management system, report of any concerning trends				
Modified Incident Command	Twice daily check-ins lead by incident commanders, review of measures, quick problem solving				
Full Incident Command	Above plus daily incident command meeting focused on real time problem solving and escalations, work not related to COVID-19 response deprioritized				
Theme	Measure/Criteria	Ranking/ Priority	Heightened Awareness	Modified Incident Command	Full Incident Command
Viral spread	Minnesota COVID Case Numbers	Strong leading indicator	10% rise within 1 week in state	10% rise within 1 week in system and continued rise in state	10% rise 2 weeks or more in system
Viral spread	7 day positivity rate	Strong leading indicator	5%	7%	10%
Viral spread	PUI Conversion rate	-	-	-	-
Viral spread	System Ill call rate	-	8%	9%	10%
Capacity	Admissions	-	-	-	-
Capacity	Med/Surg operational capacity	-	90%	95%	95%
Capacity	ICU operational capacity	-	90%	95%	95%
Capacity	COVID ICU % (COVID patients/ICU patients)	-	17-18%	25%	30%
Capacity	Admission rate	-	-	-	-
Resource constraint	Volume of C4 Calls	-	5	10	15
Resource constraint	# of systems using surge beds	-	2	5	10
Resource constraint	# of "large" health systems altering procedural schedules	-	2 new over prior week	4	5+
Resource constraint	Diversion rate	-	-	-	-
External mandate	Government Intervention	-	X	X	X
System mandate	Judgement of Senior leaders	-	X	X	X

Ramping Down/Returning to Normal

- * Two ramps at once
 - Multiple teams
 - Communication essential
- * Plan early; use data
- * Act in concert (ex: visitor restrictions regionally)
- * Who goes first? Who decides?
 - Ex: procedures tiers



Final thoughts and lessons learned

- * Over-react on the way up the ramp
 - Implementation always longer than you expect
- * Ramping down is emotionally hard
 - Rollercoaster phenomenon or “dual ramps”
 - Burnout may appear here; watch for it!
- * Blend of data and gray
- * *Others from the audience? (put in chat)*

Obligatory puppy picture





Thank you very much!

**WHAT TRIGGERS AND
PROCESSES ARE YOU USING?**