



COVID-19 CLINICAL ROUNDS

MASS CRITICAL CARE SERIES

Successful Staffing Models for Severe Pandemic Surge

University of Colorado Division of Hospital Medicine

Kasey Bowden, MSN, FNP, AGACNP
Assistant Professor, Division of Hospital Medicine
Associate Clinical Director, Division of Hospital Medicine
CARE Clinic Medical Director, Division of Oncology

Marisha Burden, MD
Associate Professor, Division of Hospital Medicine
Division Head of Hospital Medicine
University of Colorado School of Medicine

University of Colorado Hospital (UCH)

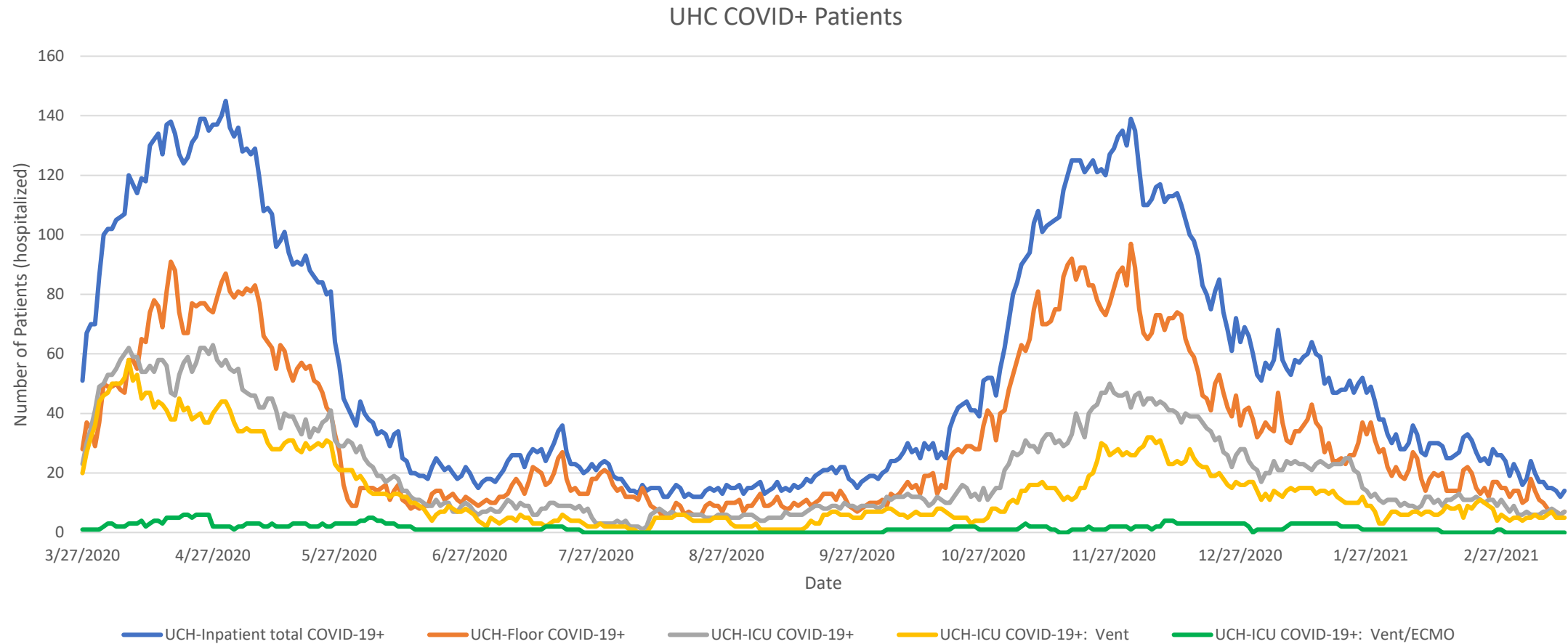
- 679 Beds
- Academic Medical Center
- Level 1 Trauma Center

University of Colorado Division of Hospital Medicine

- 67 Physicians, 32 Advanced Practice Providers
- Average Daily Census ~200



COVID-19 at UCH



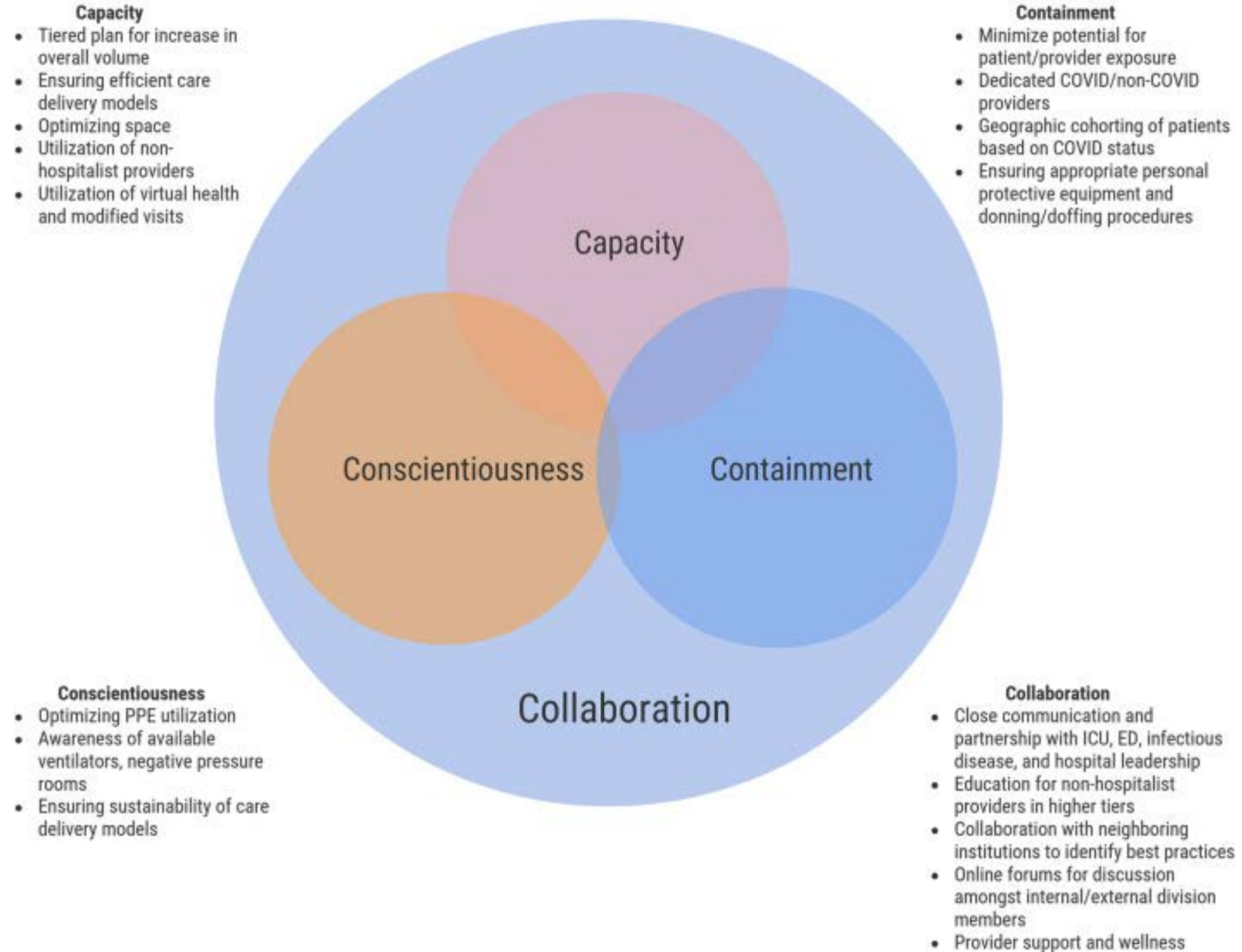
Surge Staffing Models

Recap:

CU Division of Hospital Medicine

COVID Conceptual Framework

4 C Approach to Hospital Capacity Planning for COVID-19 Pandemic



Bowden, K, Burnham, E, Keniston, A, Levin, D, Limes, J, Persoff, J, Thurman, L, Burden, M. "Harnessing the Power of Hospitalists in Operational Disaster Planning: COVID-19." *Journal of General Internal Medicine*. 2020; 35(9): 2732-2737.

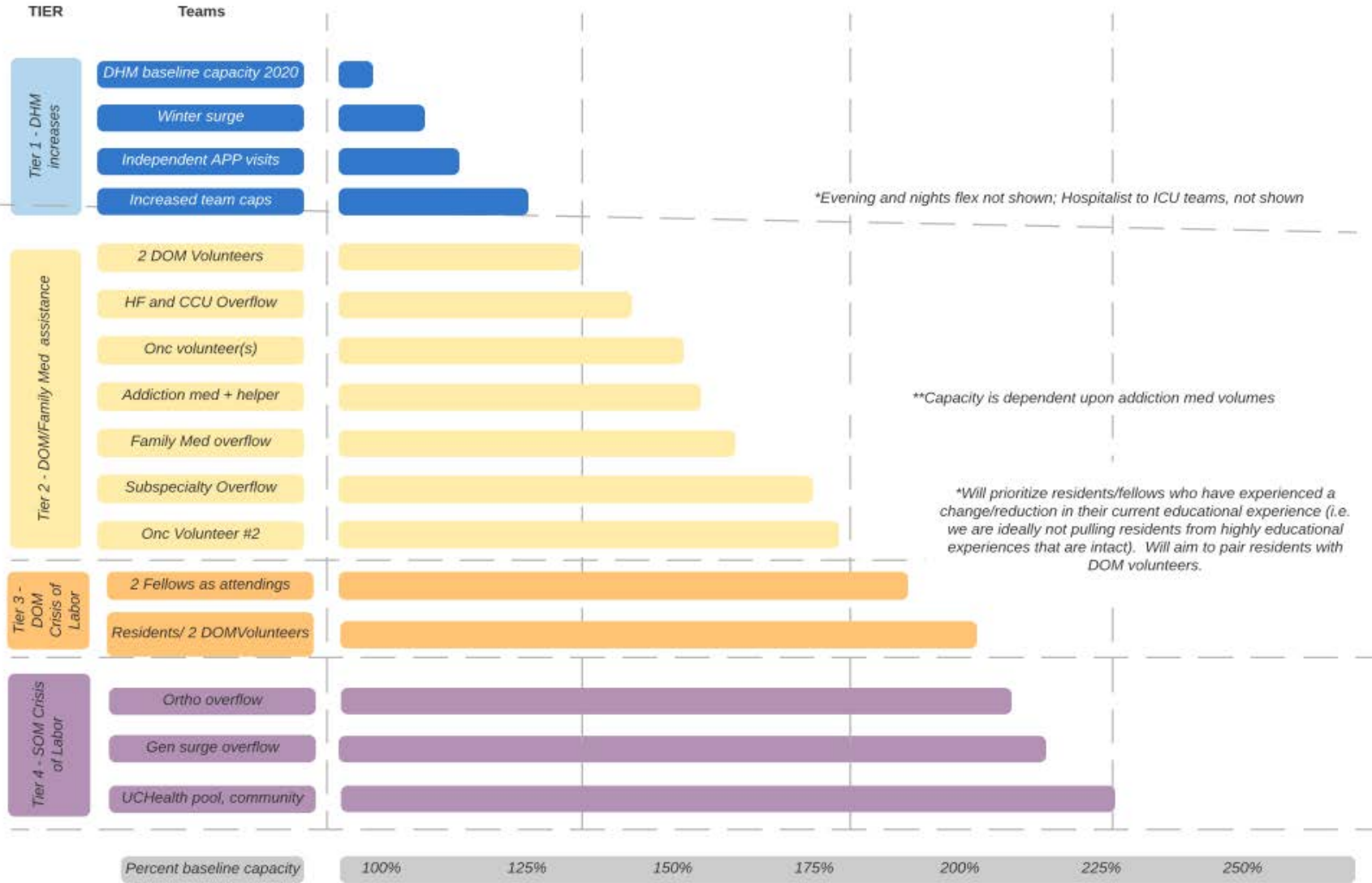
COVID SURGE PLAN - DRAFT CONCEPTUAL MODEL

Developed by Division of Hospital Medicine in partnership with SOM and UCH | March 8, 2021 |

Decreased general medicine volumes →

Reduced surgical/procedural operations →

↑
Levels of Implementation
↓



*This modeling includes maximum capacity and should not be taken to mean that there will be a stepwise approach as some of these initiatives will be started concurrently and in preparation for expected volumes.

Concept to Completion: 6 Steps

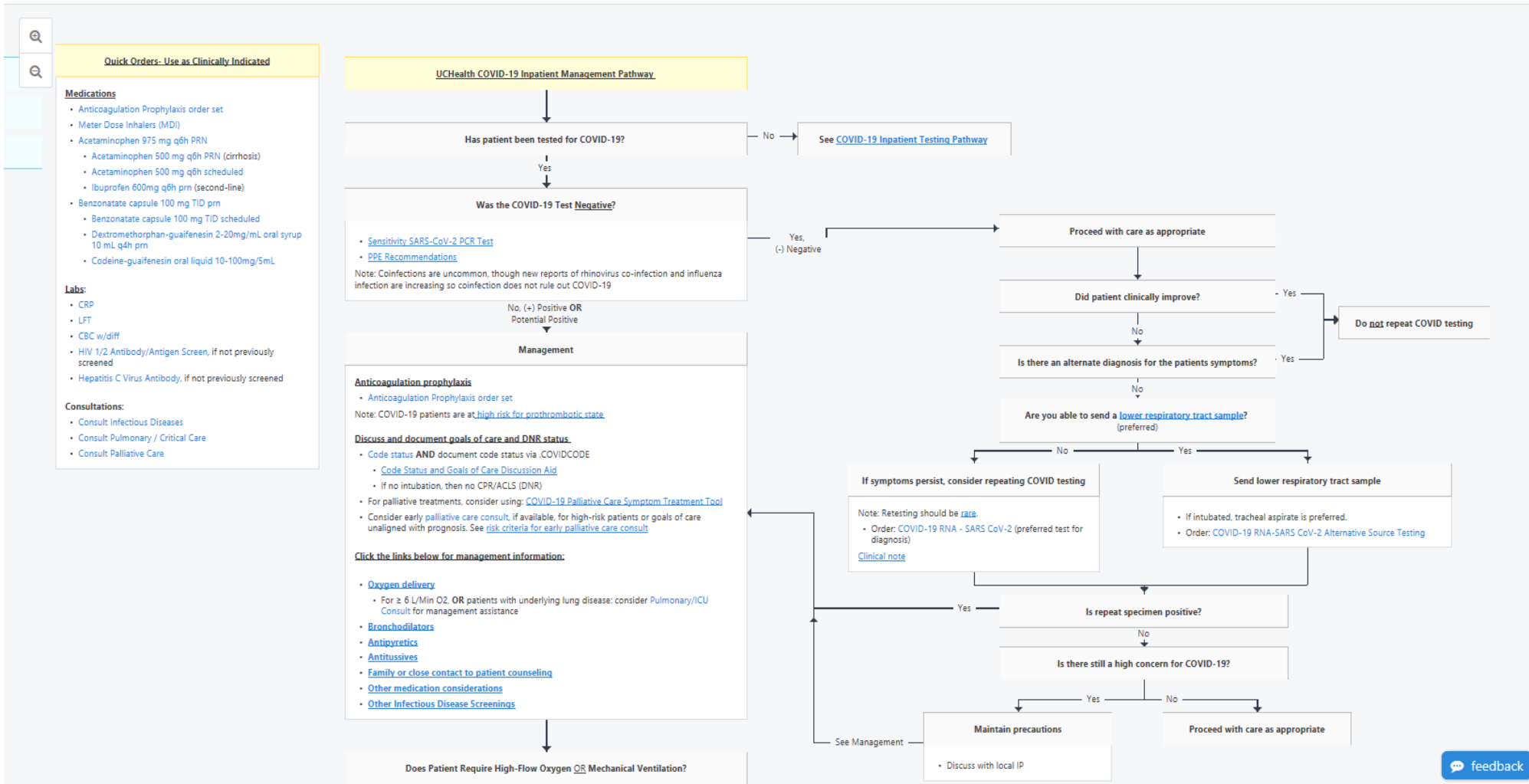
1. Engage Partners & Stakeholders
2. Work Within Existing Frameworks



Concept to Completion

3. Harness Operational Power of Hospitalists

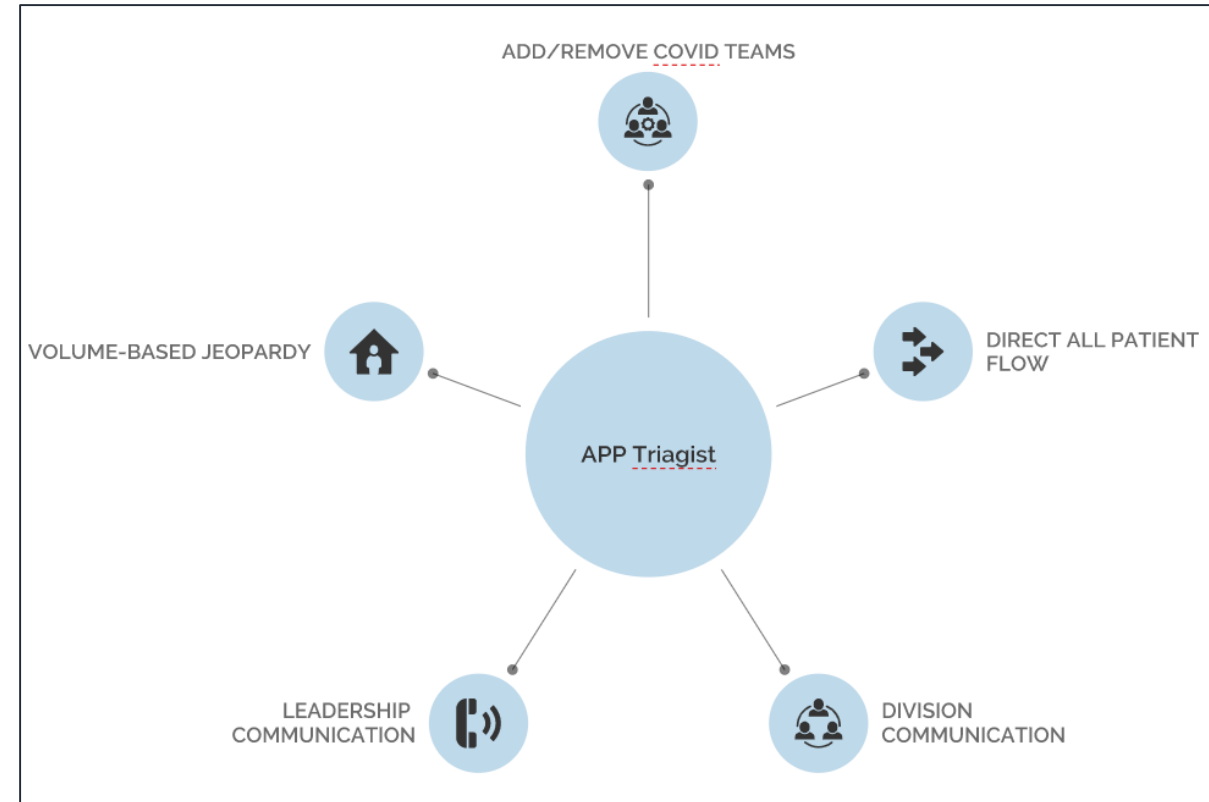
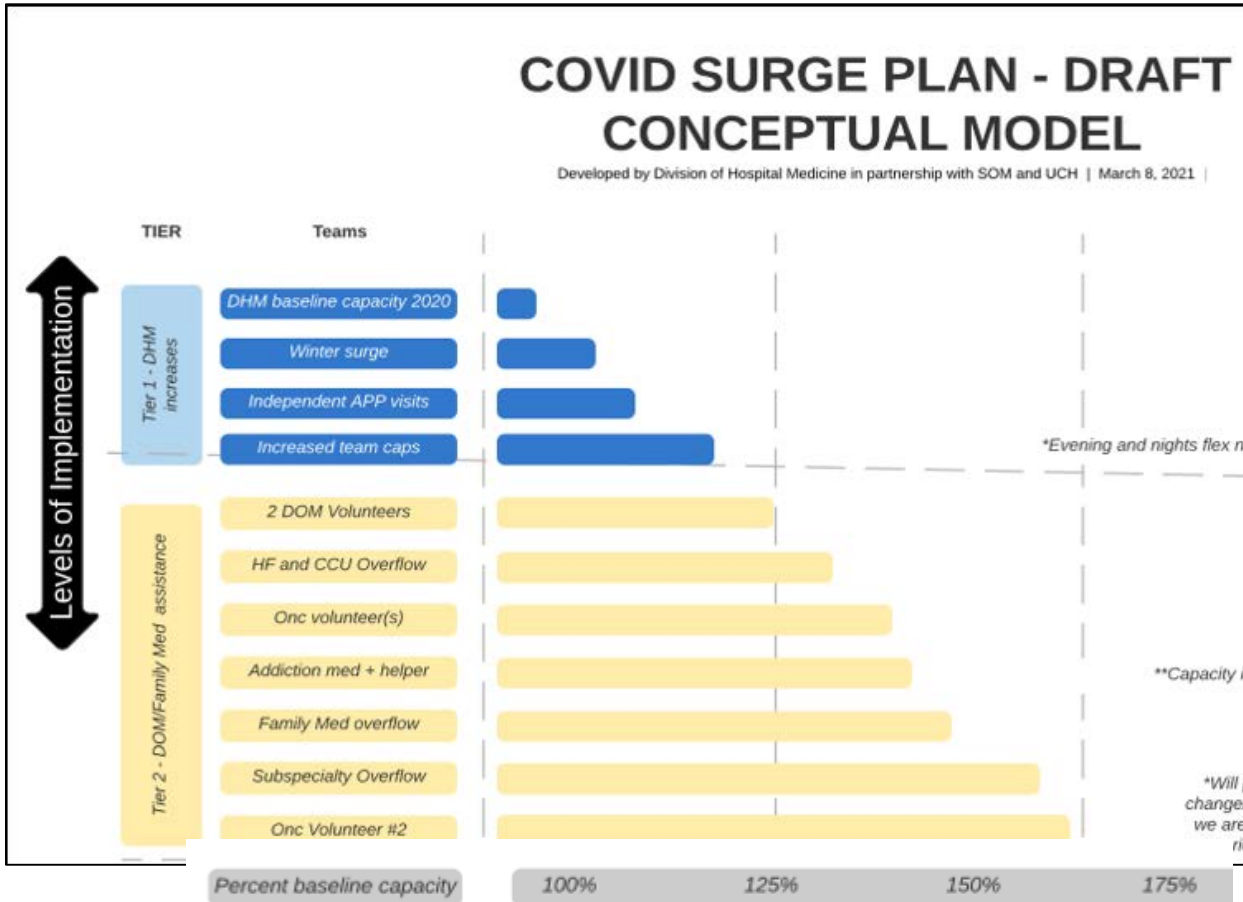
4. Identify Triggers Processes for Up/Down Staffing



Concept to Completion

5. APPs Utilization Essential to Flex Strategies

6. Communicate, Communicate, Communicate!



Concept to Completion: Recap

1. Engage Partners & Stakeholders
2. Work Within Existing Frameworks
3. Harness Operational Power of Hospitalists
4. Identify Triggers and Implement Processes for Up/Down Staffing
5. APPs are Essential to Flex Strategies
6. Communicate, Communicate, Communicate!

References

*Persoff J, Ornoff D, Little C. The Role of Hospital Medicine in Emergency Preparedness: A Framework for Hospitalist Leadership in Disaster Preparedness, Response, and Recovery. *J Hosp Med* 2018; 13:713-718. DOI: 10.12788/jhm.3073.

*Bowden K, Burnham EL, Keniston A, Levin D, Limes J, Persoff J, Thurman L, Burden M. Harnessing the Power of Hospitalists in Operational Disaster Planning: COVID-19. *J Gen Intern Med* 35, 2732–2737 (2020). DOI: 10.1007/s11606-020-05952-6.

*Merkel, Matthias Johannes MD, PhD; Edwards, Renee MD, MBA; Ness, Joe MHA, BSPHarm3; Eriksson, Carl MD, MPH; Yoder, Susan RN; Gilliam, Stephanie MN, RN, NE-BC; Ellero, Katie MHSA; Barreto-Costa, Coral BA; Graven, Peter PhD; Terry, Jeffrey R. MBA; Heilman, James MD, MBA. Statewide Real-Time Tracking of Beds and Ventilators During Coronavirus Disease 2019 and Beyond, *Critical Care Explorations*: June 2020 - Volume 2 - Issue 6 - p e0142 doi: 10.1097/CCE.0000000000000142