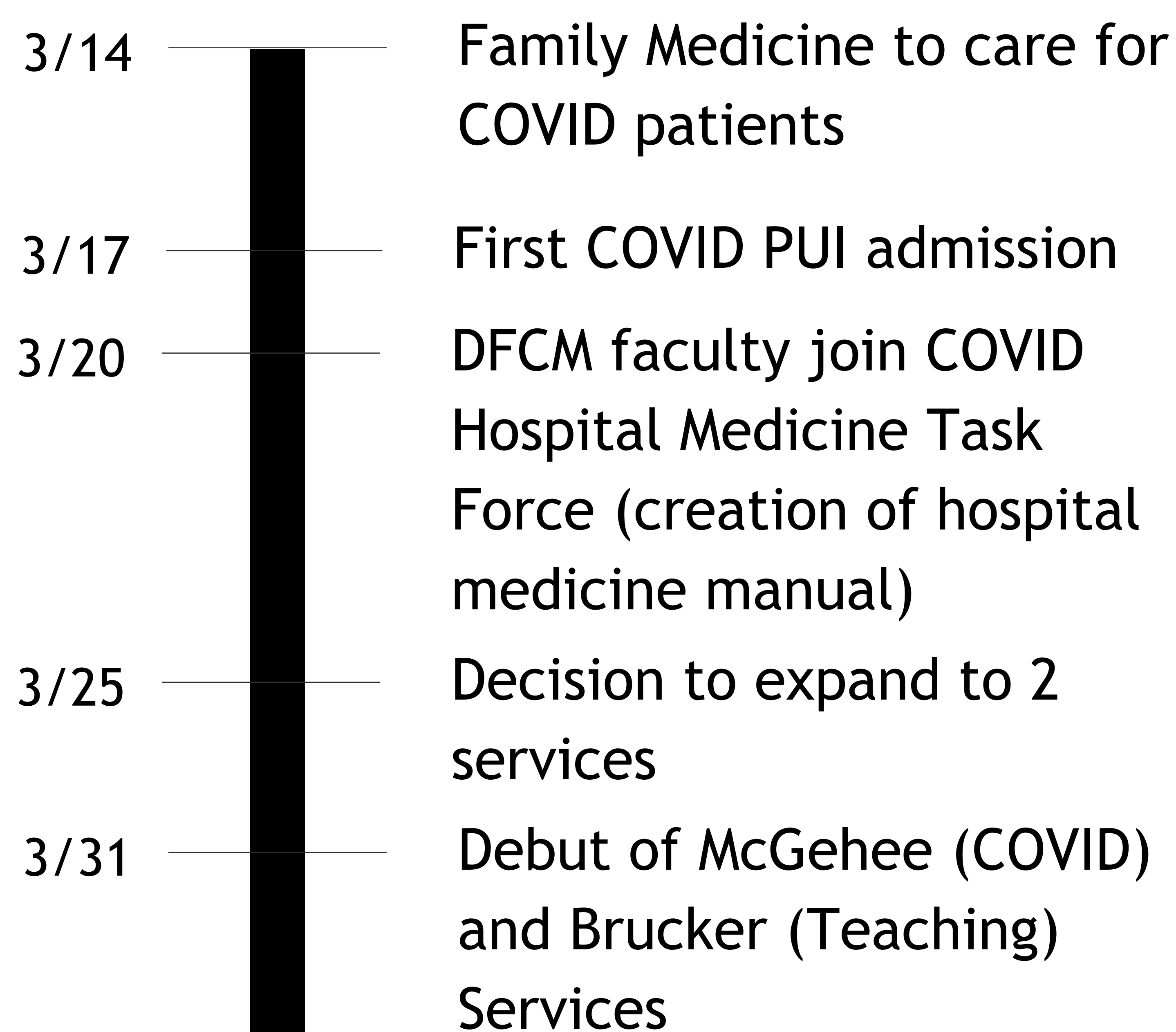


What's the Problem?

- During the COVID-19 pandemic, there was an anticipated increase in the number of patients admitted with COVID-19.
- To meet the increased number of admitted patients, additional providers and teams were needed to care for hospitalized patients during the pandemic.
- Pre-existing teams needed to find ways to expand (in the case of the Family Medicine service) and repurpose (in the case of the Neurohospitalist service) in order to care for an increased number of patients.

Timeline of Family Medicine Response to the problem



How might we increase the number of primary inpatient teams caring for patients admitted with COVID-19.

Challenges, solutions to expanding & converting inpatient services

1. Staffing

- Creating teams with a similar structure to existing medicine teams allowed them to be more easily incorporated into the established workflow and cycle of admissions.
- Two FM teams were staffed by attendings through August 31 and residents through June 30.
- “Missional Mindset” to reframe new/modified responsibilities and inspire collaborative spirit.
- Set expectations and communicate clearly with all affected parties (surgical teams, residents, medicine teams, etc.)

	Number of Teams	Patient Cap	Attendings	Residents, NPs	Overnight
Family Medicine	-2 teams created and staffed -1 team implemented based on volume	14 patients	-1 per team -FM physicians -Significant support from Geriatrics & Palliative Med.	-2 Senior Residents. -Shifted from ambulatory responsibilities	-In house residents accept admissions -Attending on call at home
Farber Neuro-hospitalist	-2 neurohospitalist teams repurposed to COVID teams -1 medicine consult team to co-manage complex patients on surgical services	13 patients	-1 per COVID team -1 to staff the medicine consult service -1 twilighter to assist with late admissions and consults	-1 Farber NP transitioned to COVID team 1 -1 surgical NP transitioned to COVID team 2	-In house attending covering both COVID teams, full med consult service, and transfer calls -New admissions by medicine residents

2. IT concerns

- Create teams in Epic EMR with the assistance of the IS&T team
- Obtain cell phones to be able to communicate with other team members, specifically with nursing

3. Workflow and integration into existing structure

- Find work spaces, call rooms, scrubs
- Create protocols for PPE, admission, discharge
- Integrate teams into a centralized admission process, hospital task forces, and resident education
 - FM and Neurohospitalist faculty involved in the following task forces: COVID Inpatient, Escalation/De-escalation, Anticoagulation, Universal Testing, Nursing Unit COVID Care
 - Resident education via COVID Journal Club, BiWeekly Provider Meeting, weekly COVID update

4. De-escalation

- Anticipate future needs, communicate early, slowly transition teams, use the above formula