What’s the Problem?

In mid March 2020 a highly infectious and deadly disease appeared in Philadelphia that no American physician had ever treated before. The challenge of disseminating reliable and relevant information about a novel and dangerous pathogen across practice areas cannot be understated.

Usual practices for communication and leadership are not designed to manage this kind of challenge.

Cause analysis

- Frontline providers lacked situational awareness regarding the crisis and current local and national status
- “The best available data” changed daily
- The quantity and density of e-mails created “information overload” and “communication fatigue”
- The central repository for information from the institution was too difficult to access or search for answers in real time.
- There was no one “source of truth” for problems having a “known solution”
- Problems without a known solution were difficult to escalate through the regular channels

How Might We: Communicate rapidly changing and evolving information across a large group of providers?

On March 16th we convened the Hospital Medicine COVID19 Emergency Taskforce, including the Depts of Medicine, Family Medicine, and Farber Neuroscience.

Expanded Network: Each member was integrated into other facets of COVID19 organizational management in order to increase the knowledge of the group as a whole. Daily task force meetings brought info in as members tackled challenges in their own areas of expertise/interest.

Situational Awareness: A twice daily Tiger Text report out alerted all hospitalists to the census, distribution of patients, and urgent issues.

“Push” communication: Taskforce meetings generated a once daily e-mail summarizing divisional updates, institutional updates, and anticipated future changes, cutting down on communication fatigue.

“Pull” resources: The HM Covid Manual was built containing all guidelines and local practices developed for the care of covid19 patients. The manual played a role in onboarding new covid providers (“bolus”) and served as a reference for questions (“drip”).

Real time problem solving: An on-service Tiger Text thread allowed any provider to ask a question and get an answer in real time, or if there was not an answer, escalate the issue to the taskforce to address. Answers were fed back in the daily e-mail if needing validation or consensus.

Sunday warm handoff: Off-going and oncoming providers met on Sundays to review changes in protocol and practice to assure that all providers were up to date.