HOMERuN COVID-19 Initial Survey

Since its inception, the Hospital Medicine Reengineering Network (HOMERuN) has sought to support Academic Hospitalist Groups as they adapted and innovated care delivery to meet patients' needs. There has been no bigger need for such support than the COVID-19 pandemic.

HOMERuN would like to offer our time and resources to help gather information, disseminate best practices, and identify needs critical to Academic Hospital Medicine over the next few months.

To begin our collaboration, we would appreciate your help by filling out the survey below. The survey asks questions about how your hospital and Hospital Medicine group are adapting to the COVID-19 pandemic.

Please answer the questions as best you can about the site you know best and/or where your primary focus lies.

We will review results of this survey on our first collaborative webinar next week, so if you can complete the survey by 4/4, we would appreciate it greatly.

Thank you again for agreeing to be part of this collaborative. Please don't hesitate to email me (ada@medicine.ucsf.edu) if you have questions, anytime.

Sincerely,

Andy Auerbach

What is the name and location of your hospital?

_____

1 Which strategies does your hospital or health system currently have in response to the COVID-19 epidemic? (Check all that apply.)

- ☐ General medicine respiratory isolation (or 'COVID rule out') unit for patients with known or suspected COVID-19
- ☐ Transitional Care Unit-level respiratory isolation unit to cohort patients with known or suspected COVID-19, staffed by critical care
- ☐ Intensive Care Unit respiratory isolation unit to cohort specific patients requiring intensive care
- ☐ Visitor restrictions - Limiting non-hospital staff from entering the hospital after screening
- ☐ Visitor restrictions - No visitors allowed
- ☐ Screening of non-patients entering the hospital (questionnaires, temperature, etc)
- ☐ Screening patients entering the hospital through the ED, even if admitting problem is non-medical (e.g., surgical or obstetric)
- ☐ Quarantining exposed staff, regardless of symptoms
- ☐ Telling staff to stay home and avoid work if (sick, travel, exposed to COVID + person/patient with/without PPE)
- ☐ Health care workers attesting to their health each day before reporting to work
- ☐ Admitting team or provider specifically tasked with screening/admitting patients with suspected or known COVID
- ☐ Dedicated COVID Case Management, Social Work, or Utilization review team
- ☐ Dedicated COVID Rapid Response (RRT), Medical Emergency (MET), or ICU-outreach teams
- ☐ Dedicated COVID respiratory therapists
- ☐ Dedicated Physical or occupational therapists
- ☐ Resource Allocation or modified Ethics Consult service dedicated to assisting with choices such as allocating ventilators
- ☐ Ambulatory Respiratory Clinic
- ☐ Home care for moderately ill patients (substituting for hospitalization)
- ☐ Home care for early discharge of recovering patients hospitalized for COVID
- ☐ Dedicated sub-acute facilities to care for COVID patients after hospitalization
- ☐ Post-discharge monitoring (calls, video visits, other) of COVID + patients to ensure clinical stability

Please add further details you would like to share with the group:

_____

2 Current data for hospital and Hospital Medicine group (as of today):

COVID known or suspected non-ICU admits last 24 hours:
(Fill in whole numbers, enter '777' if you decline, '888' if not available, or '999' if not applicable.)

_____

COVID suspected currently non-ICU inpatients:
(Fill in whole numbers, enter '777' if you decline, '888' if not available, or '999' if not applicable.)

_____

COVID confirmed currently non-ICU inpatients:
(Fill in whole numbers, enter '777' if you decline, '888' if not available, or '999' if not applicable.)

_____

COVID 'negative' discharges last 24 hours:
(Fill in whole numbers, enter '777' if you decline, '888' if not available, or '999' if not applicable.)

_____

COVID 'positive' discharges last 24 hours:
(Fill in whole numbers, enter '777' if you decline, '888' if not available, or '999' if not applicable.)

_____

Physician providers covering COVID-dedicated non-ICU services:
(Fill in whole numbers, enter '777' if you decline, '888' if not available, or '999' if not applicable.)

_____

Physician providers now on quarantine due to known or suspected COVID:
(Fill in whole numbers, enter '777' if you decline, '888' if not available, or '999' if not applicable.)

_____

APP covering COVID-dedicated non-ICU services:
(Fill in whole numbers, enter '777' if you decline, '888' if not available, or '999' if not applicable.)

_____

APP providers now on quarantine due to known or suspected COVID:
(Fill in whole numbers, enter '777' if you decline, '888' if not available, or '999' if not applicable.)

_____

3 COVID test turnaround time for inpatients (as of today):

- ◯ 1 hour or less
- ◯ 2-6 hours
- ◯ 6-10 hours
- ◯ 10-18 hours
- ◯ >18 hours

Optional: additional details or comments about testing at your site:

_____

4 Estimated PPE stockpile (as of today):

- ◯ 1 week or less
- ◯ 2 weeks
- ◯ 3 weeks
- ◯ 4 weeks
- ◯ More than 4 weeks
- ◯ Don't know

5	Current PPE Stewardship approaches in your hospital as of today (check all that apply):	☐ Reuse of masks for set number of encounters, if not soiled ☐ Reuse of face shields for set number of encounters, if not soiled ☐ Reuse of gowns for set number of encounters, if not soiled ☐ Use of surgical masks on top of N95 ☐ Use of launderable gowns (not scrubs) ☐ Reusable elastomeric respirators (have exchangeable filter cartridges) ☐ Disinfect or sterilize masks or non-launderable gowns ☐ Repurpose other masks not usually used in health care (e.g., bandanas, ski masks, helmets with visors) ☐ 3D printed masks ☐ Plastic ponchos or poly bags, bedbug sheet material for gowns ☐ Adhesive bandage as nasal PPE ☐ Homemade PPE (e.g., fabric masks and/or gowns, coffee filter masks, home HVAC filter masks) ☐ Plastic face shields (water bottle cutouts, thermoplastic sheets, A4 acetate sheets, Ziploc bags) to preserve face masks and eyewear ☐ Centralized distribution of PPE to providers ☐ No reuse, adhering to CDC guidelines
	Optional: additional details or comments about PPE stewardship at your hospital, such as practices not listed above, or whether PPE stewardship varies by care unit or patient type (e.g., COVID vs. non-COVID units, non-COVID respiratory patients vs. patient under investigation [PUI]):	_____

6 Have you noted any of the following in relationship to patients in isolation for known or suspected COVID, and if so, are they a result of local policies or not?

	NO	YES, is result of existing policy or algorithm	YES, but not due to policy/algorithm
Fewer in-room assessments by attending hospitalists	○	○	○
Fewer in-room assessments by APPs	○	○	○
Fewer in-room assessments by Residents	○	○	○
Fewer in-room assessments by consulting services ('blocking' or converting to curbside consults)	○	○	○
Fewer in-room assessments by consulting services, converting to phone or video visits	○	○	○
Fewer in-room assessments by an interprofessional team (PT, OT, etc)	○	○	○
Fewer in-room assessments by RRT/MET, or ICU	○	○	○

Optional: additional details or comments about changes in consultative or diagnostic behaviors you have noted since adapting to COVID-19: _____

7 Have you noted either of the following taking place among hospitalized patients at your hospital?

	Yes	No
Missed non-COVID-19 diagnosis (e.g., PE, CHF) in patient under evaluation for COVID	◯	◯
Missed COVID diagnosis in patient admitted for other reasons	◯	◯

8 Would you be willing to share your institution's algorithm for screening/admitting/isolating patients with known or suspected COVID with other HOMERuN hospitals?

◯ Yes, will send separately for HOMERuN to share
◯ Yes, have interested hospitals contact me directly
◯ No

Respiratory Isolation Unit Survey

1 Date the first unit opened:

_____

2 Criteria for admission (check all that apply):

- ☐ Fever
- ☐ Cough
- ☐ Dyspnea
- ☐ Infiltrate pattern
- ☐ Hypoxemia
- ☐ Exposure to COVID/travel to high-risk areas
- ☐ Known positive test
- ☐ Lab abnormalities (e.g., lymphopenia)

Optional: Any other admission criteria you are willing to share:

_____

3 Criteria for discharge from the RIU (check all that apply):

- ☐ When COVID test negative
- ☐ When transitioning to comfort care
- ☐ At time of hospital discharge
- ☐ When meet certain criteria for clinical improvement

Optional: Details of criteria for discharge or other aspects of the discharge process you are willing to share:

_____

4 Is the RIU geographically localized?

- ◯ Yes
- ◯ No

5 Number of non-critical care beds on RIU (as of current date):

- ◯ 0-10
- ◯ 11-20
- ◯ 21-30
- ◯ 31-40
- ◯ 41-50
- ◯ 51+

6 Services provided on respiratory isolation unit (check all that apply):

- ☐ Continuous pulse oximetry
- ☐ Telemetry
- ☐ Video monitoring for falls
- ☐ BiPAP/CPAP
- ☐ Telemedicine links (e.g., FaceTime or Zoom into room)

Optional: Please feel free to provide additional details or comments about services provided on your respiratory isolation unit(s):

_____

7 Number of clinicians who currently care for patients on the respiratory isolation unit at your primary site:

Attending hospitalists:

_____

Locum hospitalists:

_____

	Non-hospitalist physicians (e.g., general internal medicine, subspecialists):	_____
	APPs:	_____
	Fellows:	_____
	Residents:	_____
	Medical students:	_____
	Optional: additional details or comments about staffing models:	_____
8	Number of patients per attending (planned, not actual):	◯ Fewer than 5 ◯ 5-10 ◯ 11-15 ◯ 16-20
9	Nurse staffing, patients/nurse:	◯ 2 per nurse ◯ 3 per nurse ◯ 4 per nurse ◯ More than 4
	Optional: Additional details or comments about MD or RN patient ratios:	_____
10	Rounding models:	☐ MD and RN round separately ☐ Shared rounds with RN, MD general medicine floor-based teams primarily responsible for day-to-day issues (outside room) ☐ Shared rounds with with RN, MD team, along with broader specialist (e.g., ID, critical care, palliative care) teams ☐ Video linkages to patient in room during rounds
	Optional: Other approaches or details about rounding models you are willing to share:	_____
11	Do you take any approaches to minimizing room entry on the Respiratory Isolation Unit? (Check all that apply.)	☐ Timing medication administration ☐ Video links to room ☐ Allowing non-billable notes ☐ Clustered nursing activities (e.g., medication administration, bed changes, food delivery) ☐ RN blood draws rather than separate phlebotomy draws
	Optional: Any other approaches to minimizing room entry you are willing to share:	_____

Optional: Any pearls or key lessons learned you would like to share with the collaborative group?