COVID-19
Gallup Indian Medical Center
Facility Readiness

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Emergency Medicine

No Disclosures

- We have no financial relationships with commercial entities producing healthcare related products and/or services.

Objectives

- Describe hospital and clinic COVID-19 preparations at Gallup Indian Medical Center
- Understand pitfalls in our experience to avoid in other locations
- Identify upcoming challenges likely to be shared across IHS facilities

General Goals for Staff Messaging

- Patient *and* staff safety paramount
- Maintain important long-term services as much as possible (outpatient care, core hospital functions)
- Identify and weigh risks/benefits when evaluating options
- Do lots of drills! Multidisciplinary most useful for gap analyses

Seven Steps for Preparation

1. Nurse Call Line
2. COVID-19 Response Team
3. Entry Point Screening
4. Vehicle-based testing
5. Separate Care Streams
6. Public Health Nursing
7. Incident Command Structure

1. GIMC COVID-19 Nurse Call Line

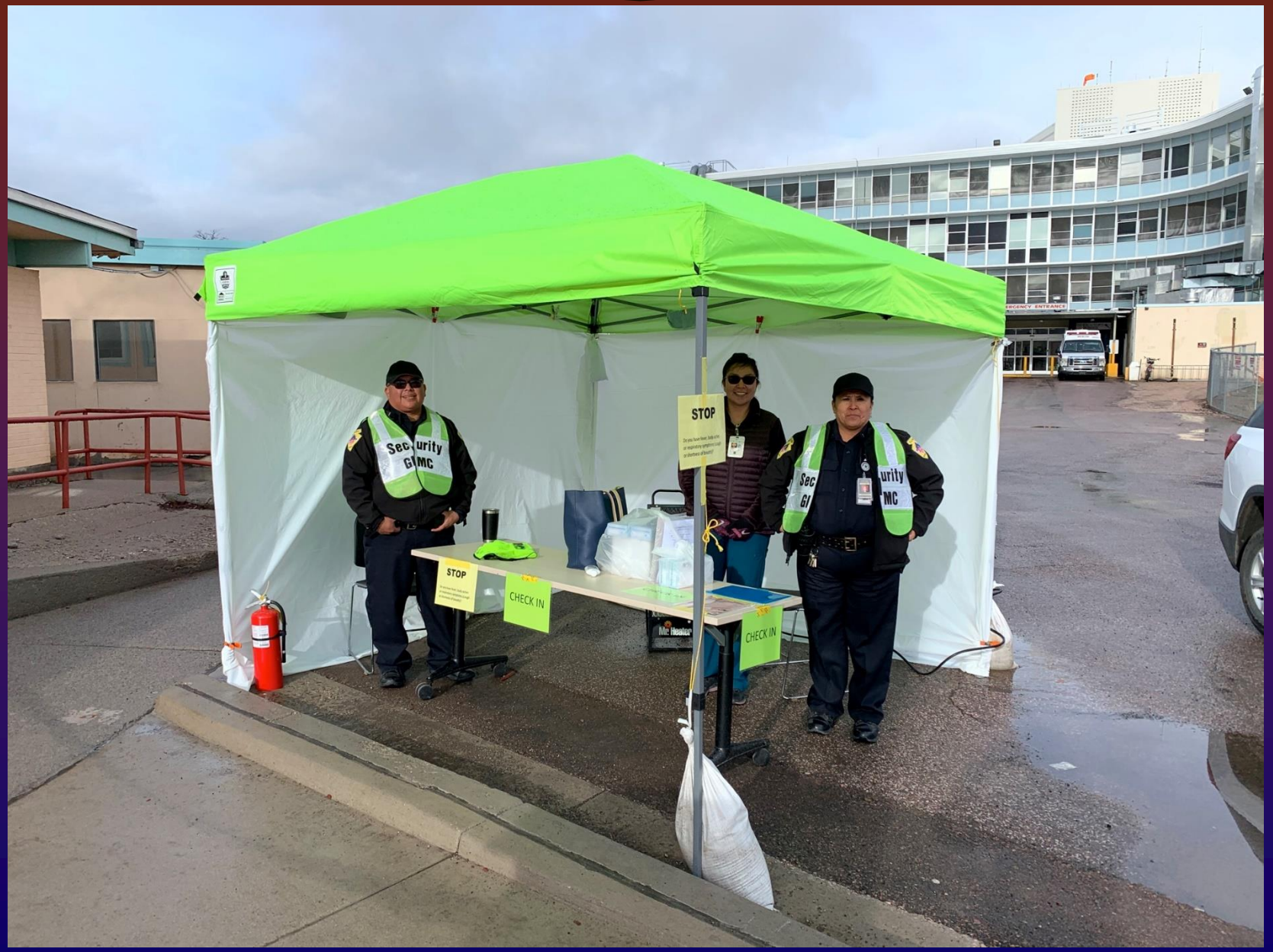
- For the public calling with questions
  - Number disseminated to public by radio, newspaper, public service announcements
- Staffed 24/7 by a nurse
  - Currently Public Health Nursing
- Points:
  - Aims to decrease need to visit hospital for information
  - Helped offload calls being routed to ED / other departments

2. Dedicated COVID-19 Response Team

- GIMC cell phone number, reliable point of contact
  - Phone answered by physician (in hospital during day, on call at night)
- Team Leader answering phone:
  - Knows most up-to-date information and logistics re. GIMC COVID-19 screening and testing
  - Helps troubleshoot unexpected situations involving COVID-19 questions
  - Team currently involved with car-based testing, but role will evolve
  - This line is not made public – only for staff to call

3. Entry Point Screening

- Purpose
  - Screen for potential COVID-19 patients, provide a face mask, and direct to appropriate care stream
  - Decrease unnecessary exposure of people without COVID-19
- Restricted number of entry points
- Efficient patient screening at each entry point
  - Security at all screening points
  - Qualifications of staff at screening point TBD (RN vs tech?)
- Screening role may become more complex


STOP
CHECK IN
STOP
CHECK IN

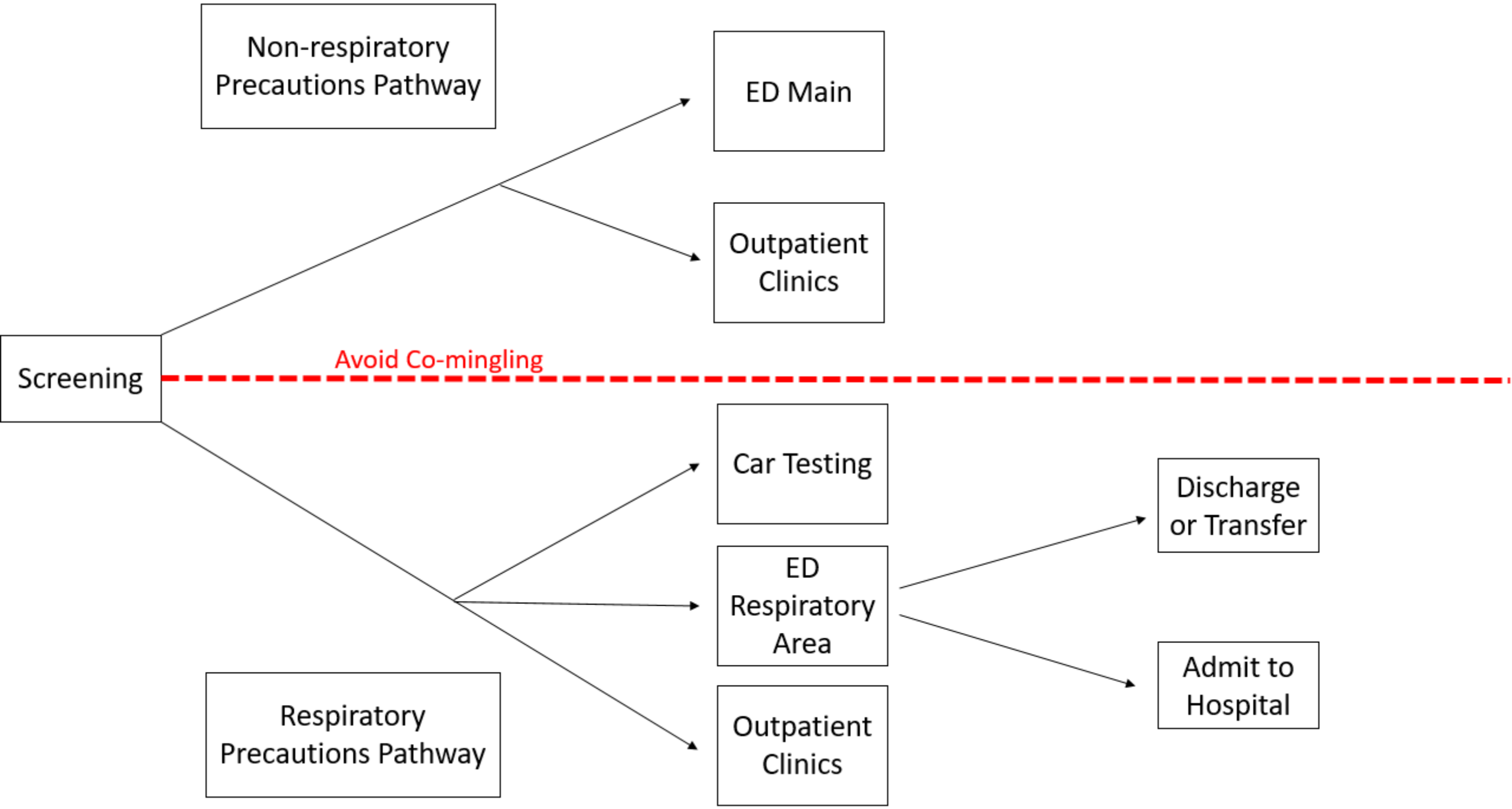
4. Vehicle-based screening / testing

- Currently a 4-person team
  - 1 Licensed Independent Practitioner, 1 RN, 2 helpers (any background)
  - Can scale up to run multiple teams simultaneously as needed
  - Vehicle-based testing possible at night using ED staff if low volume
- Consider:
  - Need canopy or sheltered area if rain or wind (staff PPE not effective if wet)
  - Implications for EMTALA (categorize as ED visit or clinic visit?)


2004
AUDIOLOGY
CLINIC
NO
PARKING
FIRE
LANE
DO NOT ENTER

5. Separate Care Streams

- Increasingly important once local community transmission exists
- Patients with respiratory symptoms (+fever, cough, sob) in one stream; patients without respiratory symptoms in another stream
  - Avoid co-mingling
- For patient and staff safety


Non-respiratory Precautions Pathway
ED Main
Outpatient Clinics
Screening
Avoid Co-mingling
Car Testing
ED Respiratory Area
Discharge or Transfer
Admit to Hospital
Respiratory Precautions Pathway
Outpatient Clinics

Separate Care Streams

- Respiratory track ≠ automatically testing everyone in this track for COVID-19
- Do as much outside / from cars as reasonable
- Clinics identified dedicated, segregated spaces for each stream
  - No shared waiting rooms or shared check-in processes
- Emergency Department:
  - Outside tent for “ED Respiratory Triage”
  - Temporarily using Pediatrics building re-purposed for ED respiratory care
    - Because GIMC Main ED is small with curtains; few rooms with doors


CLINIC

6. Public Health Nursing

- Monitor database of all patients / staff tested for COVID-19
  - Also tracking staff involved with each COVID-19 patient's care
- Follow up on patients tested for COVID-19

7. Incident Command Structure

- Manage supply line & staff labor pool
- Establish work groups
- Single point of contact for each group/topic
  - With deputy so that staff can rotate days off
- Help hire staff quickly, onboard efficiently
  - Housekeeping, security, RNs, Physicians/APPs
- Coordinate with EMS, other community stakeholders
- Coordinate regular internal communication with staff

Contingency Planning

- If 10+% of staff out sick at once?
- How to expand labor pool? Cross-credentialing existing MDs/RNs?
- Large number of admitted patients with no place to transfer them?
- Disposition for shelter / detox center patients with COVID-19?
- Planning scenarios for full PPE supplies / rationed PPE supplies / no PPE supplies?

Questions?

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- Dr. David Cheever: david.cheever@ihs.gov

Resources

- EB Medicine:

https://www.ebmedicine.net/topics/infectious-disease/COVID-19

- University of Washington Resources

https://www.uwmedicine.org/coronavirus