



Recovery and Reimagine

June 18

BRIGHAM HEALTH
BRIGHAM AND
WOMEN'S HOSPITAL

BRIGHAM HEALTH
recovery &
reimagining



Agenda

- Introductions
- Phased Reopening
 - Government Regulations
 - Prioritization Grid
 - Phased Opening Examples
- Ambulatory Operations
 - Waiting Areas and Alternate Approaches
 - Staff Lounges
 - Housekeeping
 - Elevators
 - Signage

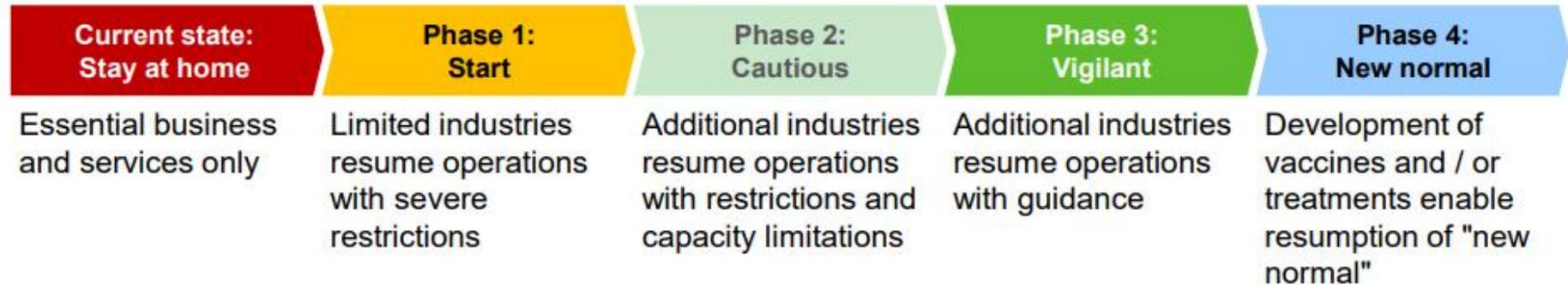
Introductions

- Yara Davila, Senior Director Ambulatory Services
- Bernie Jones, VP Public Policy and Chief of Staff to COO
- Cindy Peterson, VP Regional Ambulatory Operations and Business Development
- Tom Walsh, VP Analytics, Planning, Strategy and Improvement

Phased Reopening

REOPENING MASSACHUSETTS IN PHASES

The goal of this phased reopening plan is to methodically allow businesses, services, and activities to resume, while avoiding a resurgence of COVID-19 that could overwhelm our healthcare system and erase the progress we've made so far.



- **Each phase will last a minimum of three weeks and could last longer** before moving to the next phase
- **If public health data trends are negative**, specific industries, regions, and/or the entire Commonwealth **may need to return to an earlier phase**
- The Commonwealth will **partner with industries to draft Sector-Specific Protocols in advance of future phases** (example: restaurant specific protocols will be drafted in advance of Phase 2)
- **If we all work together to defeat COVID-19, we can proceed through each phase**



Phase 1 reopening is contingent on sufficient statewide hospital capacity being maintained

	Metric	Statewide thresholds that must be met
Statewide hospital adult ICU capacity	<ul style="list-style-type: none"> Staffed adult ICU capacity (including staffed surge capacity) 	<ul style="list-style-type: none"> ≥30% available
		<u>AND</u>
Statewide hospital total adult bed capacity	<ul style="list-style-type: none"> Staffed total adult bed capacity (including staffed surge capacity) 	<ul style="list-style-type: none"> ≥30% available

These metrics are currently met and must be maintained through at least 5/25 in order to move forward with Phase 1 for health care providers (including hospitals, CHCs and other providers)

Note: in order for an individual hospital or hospital system to proceed into Phase 1, that hospital or health system must also have ≥25% available capacity (≥25% staffed adult ICU and ≥25% total adult bed capacity, including staffed surge capacity). Whether an individual hospital or hospital system meets the available capacity required does not affect the ability of other providers to proceed



Phased reopening will begin with limited set of services for a subset of providers that meet public health/safety standards

	Current (stay at home)	Phase 1: Start	Phase 2 and 3: Cautious and Vigilant	Phase 4: New Normal
Services Currently Operating	Open with restrictions, focus on emergency and COVID treatment	<ul style="list-style-type: none"> Continue to maintain close monitoring and oversight of hospitals, nursing facilities, group homes, and others providers 	<ul style="list-style-type: none"> Evaluate when certain restrictions can be modified 	All services may reopen with guidelines in place
Delayed/Deferred Services	Elective in-person services closed with exceptions for emergencies	<ul style="list-style-type: none"> 5/18 or 5/25*: Providers who attest to meeting public health standards can provide a limited set of services: High-priority preventative services such as pediatric care and chronic disease care for high-risk patients Urgent procedures/ services that cannot be delivered remotely, would lead to high risk or significant worsening of the patient's condition if deferred 	<ul style="list-style-type: none"> As metrics allow, begin to expand to less urgent ambulatory care Broader in-person preventative services (e.g., routine screenings, adult well visits, dental cleanings) Day programs (e.g., Adult Day Health, Day Habilitation, employment, and other human service programs) 	
Services Delivered Remotely/ via Tele	Telehealth / remote delivery increased significantly during emergency	<ul style="list-style-type: none"> Maximize telehealth to the greatest extent possible, including pre-appointment screenings Encourage primary care and others to expand telehealth and remote care delivery Preventative care, wellness, and chronic disease management managed through telehealth/ remote monitoring as much as possible 		

Patient Prioritization Index

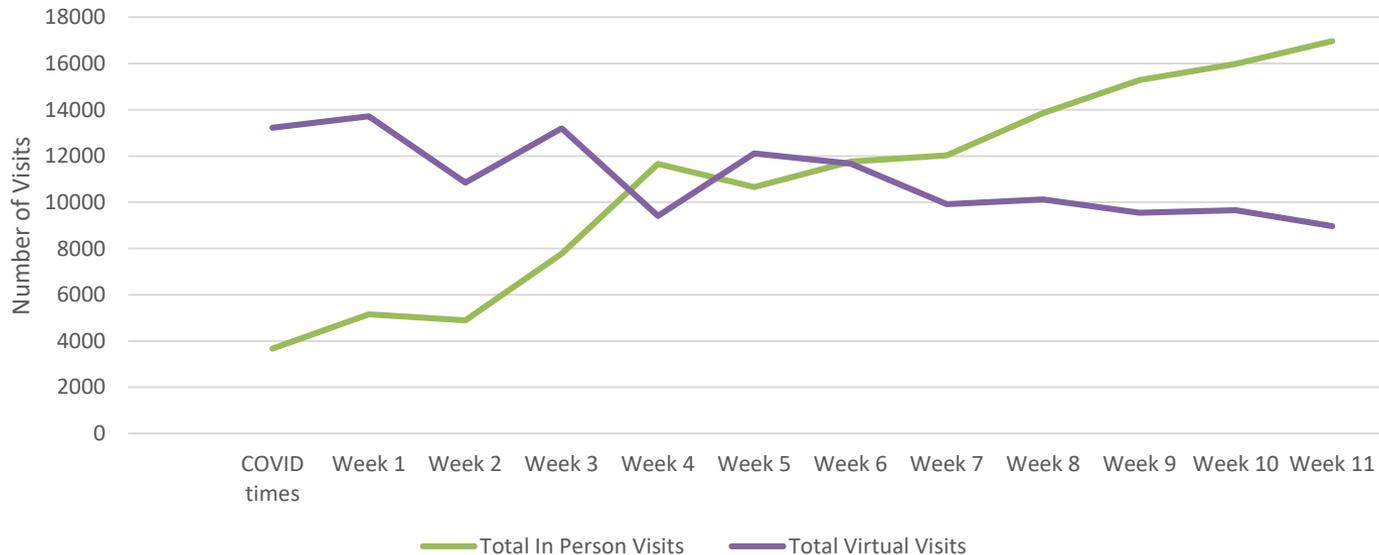
Tiers	Acuity	Mortality/Morbidity/Complications if Not Seen Within	Definition	Examples	Estimated BWH Go-Live
Tier 0	Stable and/or Healthy	1 Year	<ul style="list-style-type: none"> Not life-threatening Elective/Preventative Outpatient-focused 	<ul style="list-style-type: none"> Primary Care AWW Routine Screening Exams Specialty Group Visits Elective (Optional) Surgeries 	Phase III 8/1 - On
Tier 1	Low	6 Months	<ul style="list-style-type: none"> Not life-threatening Could include major discomfort and pain Outpatient-focused 	<ul style="list-style-type: none"> Active Management of Chronic Disease New Patients Requiring Diagnosis/Triage Elective (Medically Necessary) Surgeries 	Phase II 6/15 – 7/31
Tier 2	Intermediate	3 Months	<ul style="list-style-type: none"> Not life threatening Inpatient-focused 	<ul style="list-style-type: none"> <Moderate Risk Cancers Moderate Risk Established Patient Visits Critical/Time Sensitive Surgeries 	Phase I 5/18 – 6/14
Tier 3	High	Days – Weeks	<ul style="list-style-type: none"> Life/limb threatening and/or will result in morbidity Time Dependent Inpatient-focused 	<ul style="list-style-type: none"> ≥Moderate Risk Cancers Psychiatric Patients Obstetrical Patients Highly Symptomatic Patients Emergent/Urgent Surgeries 	Crisis Surge 3/16 – 5/17

Ambulatory Phased Reopening

Volume - By Visit Type

	Historical			Phase I	Phase 2						
	FY20 (thru Feb.)	FY20 (March)	FY20 (April)	6/7 - 6/13	6/14-6/20	6/21 - 6/27	6/28 - 7/4	7/5 - 7/11	7/12-7/18	7/19-7/25	7/26-8/1
Total	26456	19035	16907	21070	22775	23509	22063	24049	25010	25897	26365
Total In-Person	26378	15732	3678	11536	10666	11769	12032	13878	15309	16032	17108
Total Virtual	78	3303	13229	9534	12109	11741	10031	10171	9701	9865	9256
	In Person as % of Normal			44%	40%	45%	46%	53%	58%	61%	65%
	Total as % of Normal			80%	86%	89%	83%	91%	95%	98%	100%

Visits by Week



Procedural Room Reopening Plan

Planned Open Procedural/Imaging Rooms					
Week	Endoscopy Max: • BWH- 7 • BWFH- 5 • 850 - 6	IR Max: • BWH- 13 • BWFH- 2	Cath Lab Max: • BWH- 5	EP Max: • BWH- 4	Requirements & Dependencies
4/27	0	9	2	1	
5/4	0	9	2	1	
5/11	4	11	3	2	<ul style="list-style-type: none"> • Reopen Endo Suite at BWH (4)- 5/13 • BWFH Endo approved but currently not open COVID (2)- 5/18 (1), 5/20 (2)
5/18	8	11	3	2	<ul style="list-style-type: none"> • BWFH Endo approved but currently not open COVID (2)- 5/18 (1), 5/20 (2) • Endo rooms at 850 reopening (2)- 5/20
5/25	8	11	3	2	
6/1	10	14	4	3	
6/8	14	14	4	3	
6/15	15	14	5	4	
6/22	16	15	5	4	Social distancing and patient throughput will become main concern
6/29	17	15	5	4	

Phase 1

Operating Room Reopening Plan

	Planned Open Rooms				
Week	BWH (Max: 43)	BWFH 1 st FI (Max: 12)	BWFH 6 th FI (Max: 4)	FXB (Max: 4)	Requirements & Dependencies
4/27	10	2	0	0	
5/4	16	2	0	0	
5/11	21	2	0	0	
5/18	30	6	2	0	BWFH effective 5/20
5/25	30	6	2	0	15 ORs running on Memorial Day (5/25)
6/1	43	8	4	2	
6/8	43	8	4	4	
6/15	43	12	4	4	
6/22	43	12	4	4	
6/29	43	12	4	4	Standard holiday schedule on July 3rd
7/6	Currently exploring options for creating capacity by modeling options for extending hours.				

Phase 1

Ambulatory Operations

Ambulatory Infrastructure Guidelines: May 2020

Audience: Ambulatory practices, both on and off main campus

Objective:

- Provide solutions for the short term (next 0-60 Days) for all ambulatory practices to adapt physical environment in order to:
 - Minimize densification of space
 - Minimize proximity of patients, staff, and visitors to one another
 - Ensure disciplined cleaning

Note: This is a short-term guideline; it therefore does not include plexiglass barriers as an infrastructure solution due to lead-times and product availability across all sites.

Patient Waiting Options

For practices with limited ability to physically distance patient waiting areas, consider the following approaches:

- Assess your practice's patient parking lot, and the ability to set aside spaces as a cell phone waiting area outside of building. Patient calls upon arrival, or receives a call or text message when ready, enabling timely check-in without waiting room use.
- Create additional “overflow” waiting areas in other parts of building by re-purposing conference rooms, set up for physical distancing.
- Change patient workflow to enable rooming of patients immediately upon arrival.
- Check patient in using a Workstation On Wheels (WOW) if available, directly in exam room.

Physical Distancing in Waiting Areas

How we should maintain 6' physical distance in our waiting areas, for both patients and staff?

Solutions:

- Short Term (next 0-60 Days):
 - Floor markings every 6 feet and/or stanchions, floor tape pathways to guide the patient queueing process.
 - Ensure 6-foot distance between staff members and patients achieved by one or more of the following:
 - Physical barrier in front of the desk preventing patients from moving closer (e.g. table or backward chairs)
 - Repositioning of staff 6 feet back from the desk
 - Floor markings and signage requesting that patients remain 6 feet in front of desk



Physical Distancing at Check-in Areas



Physical Barriers Using Furniture



Physical Barriers Using Furniture



Ribbon and Signage



Ribbon Attached to Chairs



Painters Tape on Floor

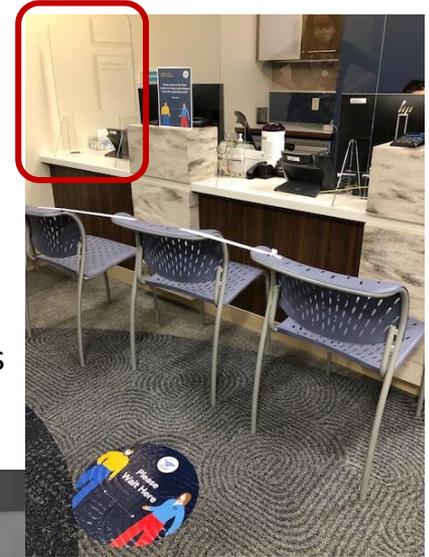
Clinic Space Set Up – Guidance Provided

Plexiglass – Long Term Solutions

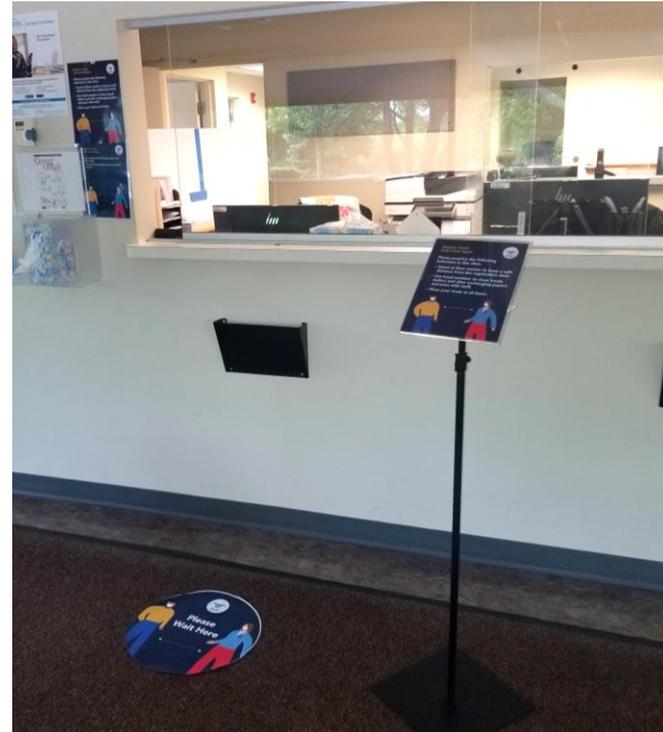
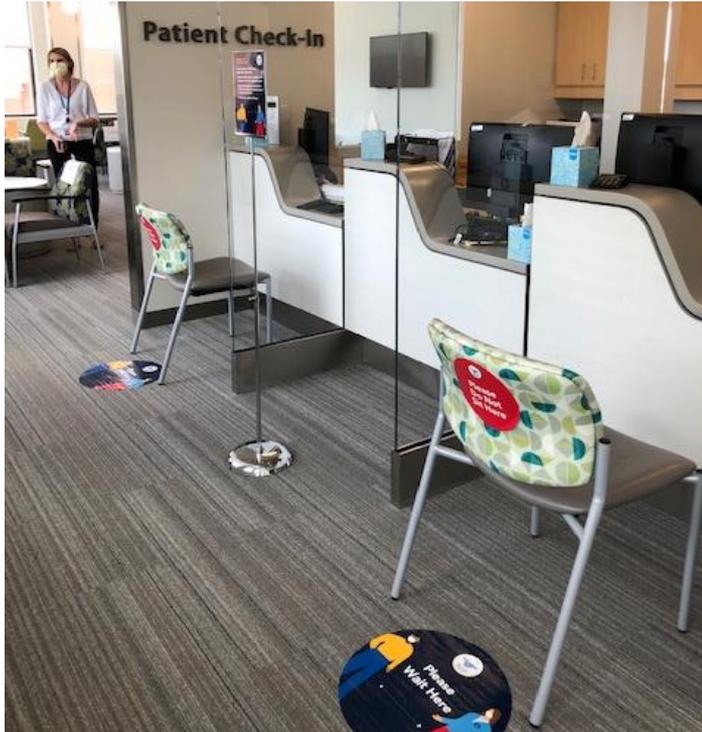
- **Main Campus:**
 - Enter ticket with Engineering
- **Faulkner:**
 - Contact Linda Burgoon & Emily Jenkins
- **Offsite ambulatory practices:**
 - Cindy Peterson & Regional Operations Team have assessed all offsite practices for Plexiglas needs
 - Plexiglas order has been approved & placed

Right: lightweight counter-top plexi screen.

Bottom: freestanding plexiglas screens for check-in.



Physical Distancing at Check-in



Stickers for floors and chairs to cue patients for physical distancing at check-in.

Physical Distancing in Waiting Areas



Ribbon Across Seats



Signage on Chairs



Stack Chairs if Possible



Remove Chairs if Possible



Turn Chairs Around

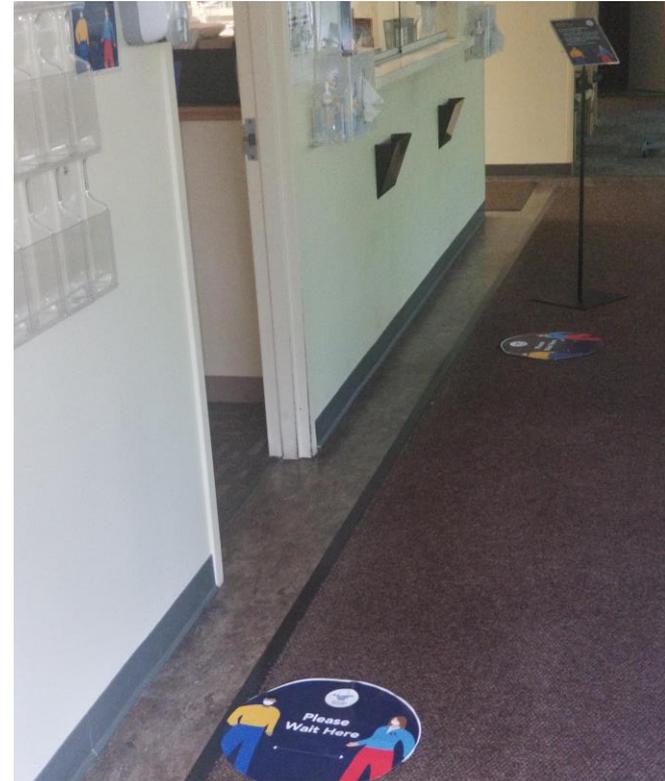


Signs and Ribbon

Physical Distancing in Corridors



One-way patient flow wherever possible, complete with arrows on the floor.

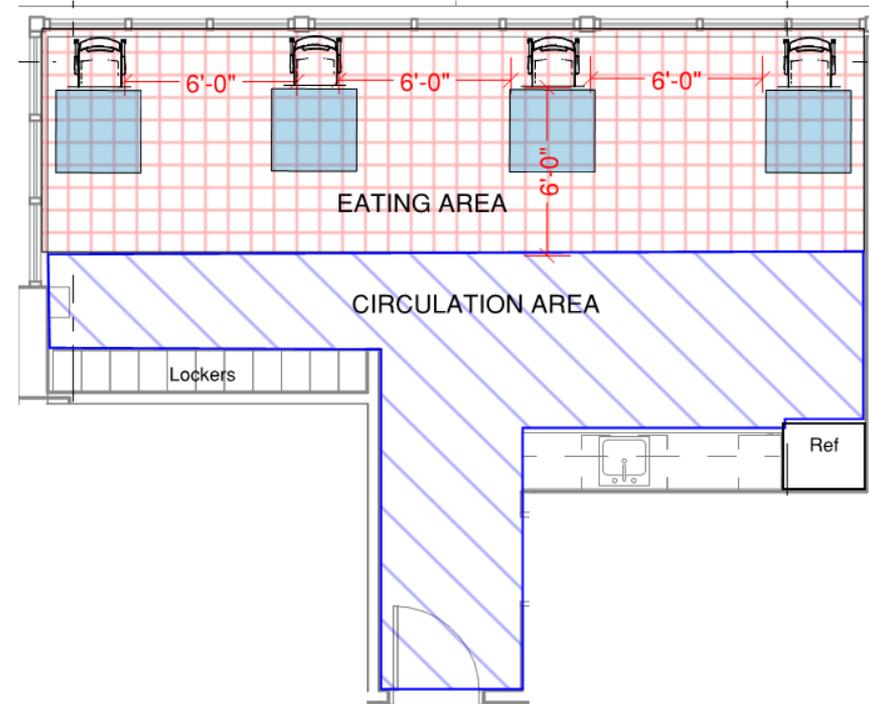


Floor stickers to cue patients for physical distancing at check-out.

Staff Lounges

For staff breaks and eating areas, consider:

- Staggering staff break times.
- Utilizing larger rooms, such as conference rooms, to expand staff eating areas during peak times.
- Eating areas vs circulation areas – see adjacent diagram as an example. Ensure 6' distance between staff eating, and staff moving/working at counters. Mark boundaries with blue tape if helpful.
- Signage to request staff practice hand hygiene prior to using shared items (water, coffee, microwave, etc.)
- Suggest staff bring a lunchbox with ice pack and store in a locker, or in desk – this eliminates the use of high touch shared items (refrigerator).
- Add signage at coffee or water stations for hand hygiene.



Housekeeping

For housekeeping at your site, consider:

- Communicating plan to housekeeping service and/or staff – normal routine cleaning plus frequent cleaning of high touch surfaces per infection control guidelines.
- Reviewing exam room cleaning protocol with staff.
- Touchless Purell dispensers in waiting rooms with signage requesting patients to Purell prior to taking a seat (see signage appendix).

Physical Distancing in Elevators

For physical distancing at sites with elevators, consider:

- Request staff utilize stairs rather than elevators, if able.
- Indicate standing spots in elevator cars with paint tape or stickers.
- Elevator cars should have 2' physical distancing at all times.
- Install signage that indicates:
 - Maximum occupancy due to physical distancing
 - “Please be respectful of physical distancing when using elevators”
- For practices located in non-Brigham-owned space, work with building landlord regarding elevator guidelines.

Signage

The following pages are signs that can be easily printed and laminated onsite. These signs are short term solutions (next 0-60 Days) for all ambulatory practices to adapt physical environment.



BRIGHAM HEALTH

Please practice physical
distancing and limit the number
of occupants in this elevator to

two people

Thank you.



BRIGHAM HEALTH

For your safety, as well and the safety of our staff, please stand behind this point.

Thank you!

Keep in touch and receive important updates from us – ask about signing up for Patient Gateway!





BRIGHAM HEALTH

For your safety, as well and the safety of our staff, please stand behind the blue line on the floor.

Thank you!

Keep in touch and receive important updates from us – ask about signing up for Patient Gateway!





BRIGHAM HEALTH

All furniture has been thoughtfully positioned to adhere to physical distancing regulations.

Please do not move any furniture.

Thank you



BRIGHAM HEALTH

Reserved for family member, or
caregiver of patient only.

Thank you.

Keep in touch and receive important updates from
us – ask about signing up for Patient Gateway!





BRIGHAM HEALTH

Out of an abundance of caution
and consideration for those
around you, please practice
physical distancing and only seat
one person per table.

Thank you!



BRIGHAM HEALTH

Please practice hand hygiene prior
to touching shared items.

(ex: water, microwave, refrigerator)

Thank you!





BRIGHAM HEALTH

Out of an abundance of caution and for patient safety, please utilize our Purell dispensers prior to taking a seat.

Thank you!

Keep in touch and receive important updates from us – ask about signing up for Patient Gateway!



Discarded Slides

Clinic Space Set Up – Guidance Provided

Signage

- Ambulatory Clinic Signage:

- Order decals (including new floor ‘Arrow’ with Tues 6/16 supply survey)
- Contact [Andrew Shinn](#) if additional signage needed in the future

8” Stickers for Chairs (For fabric or vinyl surfaces)



16” Stickers for Floors

Available for smooth floors AND carpet floors.
***Please ensure to separate requested quantity by smooth floor, and carpet floor.*



8.5” x 11” Signage for Check-in Areas

Hygiene. Heart.
And 6 Feet Apart.

Please practice the following behaviors in this clinic:

- Stand at floor marker to keep a safe distance from the registration desk.
- Use hand sanitizer to clean hands before and after exchanging papers and pens with staff.
- Wear your mask at all times.



- [General Clinic Signage](#)
- [Hygiene, Heart and 6’ Apart](#)
- [BH Masking Policy](#)

Safe care commitment

We Screen



We Clean



We Protect



[BWH Pike Notes Safe Care Commitment link](#)

Safe care commitment



We screen to protect you, your families, and our staff

- We screen all employees daily for symptoms. Anyone with symptoms of a possible respiratory illness is not allowed to work until they are better.
- We screen visitors for symptoms. Any visitor with symptoms is restricted from entering our hospitals.
- We test and screen patients for COVID-19.
 - Admitted patients are tested for COVID-19 prior to admission and then screened for symptoms each day of their hospital stay.
 - Patients visiting for clinic appointments are screened for symptoms prior to their visit and again upon arrival. If symptomatic, patients are cared for via virtual visits or in designated areas where we use personal protective equipment (PPE) recommended by the Centers for Disease Control to prevent spread of the COVID-19 virus.

Safe care commitment



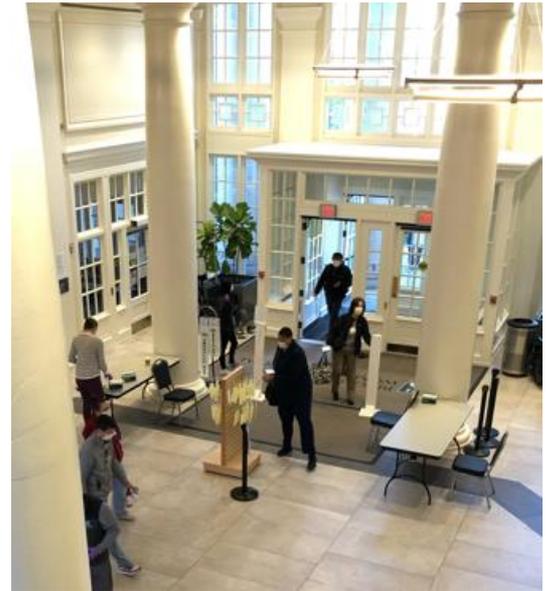
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Staff Screening

- Employee screenings / attestations will continue
- **Changes in June:**
 - Self serve mask stations
 - Manual attestation self service stations
 - Mid-June – use of Security staff for overnights and off peak hours



COVID Pass

**CLEARED FOR WORK
TODAY**

Please make sure to pick up a face mask.

MON

05/18/2020 17:11:03



Patient Screening

- **Patients are screened** for respiratory illness at time they make an appointment and again prior to their visit
- Upon arrival, all patients and visitors undergo a **symptoms screening at the entrance**
- **Visitor flow** at 75 Francis St. and all other patient entrances is continuously reviewed
- All **inpatients** are rescreened every day for symptoms

Safe care commitment



We clean our hands and spaces and make it easy for you to do the same

- We have increased the frequency and intensity of cleaning of all high touch areas throughout the institution.
- We require frequent hand-cleaning and have added hand sanitizer stations so patients and staff can clean their hands easily and frequently.



Rigorous Cleaning

- **Increased frequency** of cleaning care standards that align with the CDC guidelines at all BH sites

Changes in June:

- Active recruitment for filling EVS vacancies at both BWH and BWFH





Hand Hygiene

- We expect everyone to **wash their hands** with soap and water often
- We will provide **hand sanitizer** for patients, visitors and staff to help prevent the spread of infection

Changes in June:

- Increasing the availability of hand sanitizers throughout the clinical and administrative areas



Safe care commitment



We protect everyone in our environment

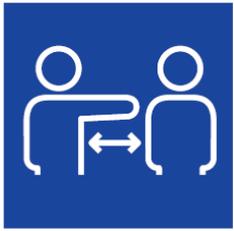
- We require all people on campus—employees, patients, and visitors—to wear a mask.
- We have rearranged spaces to accommodate physical distancing and prevent transmission of infections by removing chairs from waiting rooms, and in some high-use areas, installing plexiglass barriers.
- We limit visitors coming into the hospital and clinics.



Masking

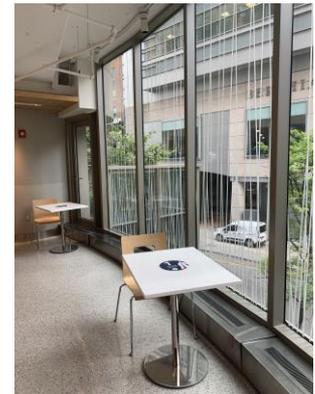
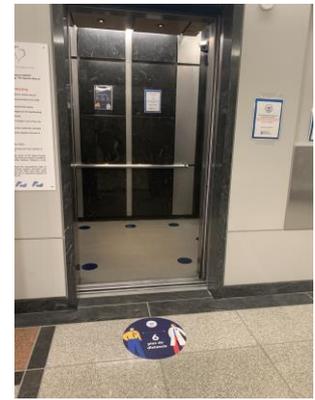
- Everyone in our environment will be wearing a **BH provided** mask for your safety and their own
- We give all patients and visitors a mask to help prevent the spread of infection
- [Masks Work!](#) (NEJM Video)





Physical Distancing

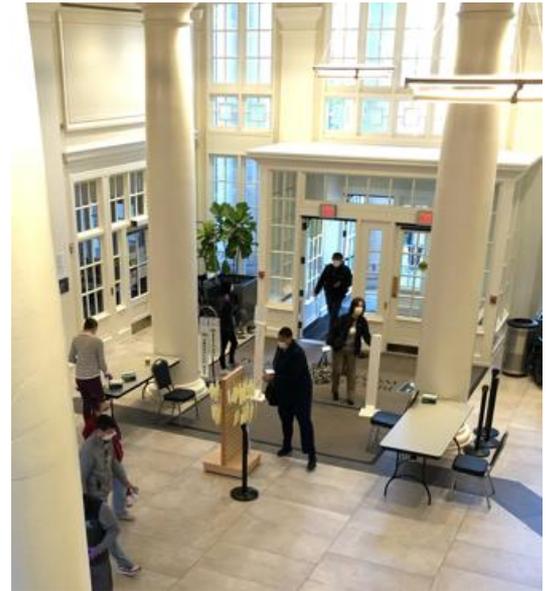
- We're doing the following to promote physical distancing:
 - Minimizing the number of people onsite by encouraging remote work
 - Staggering appointment times
 - Limiting visitors to our facilities, except in special cases
 - Modifying our waiting rooms, dining areas and other common spaces
 - Erecting partitions and screens to protect against infection





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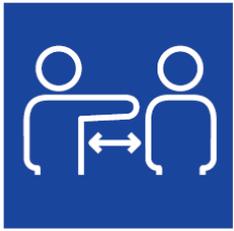
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