Lessons From the Pandemic: How a Children’s Hospital Responded to the Challenges of COVID-19

John Lantos
Paul Kempinski
Laurie Ellison
Jennifer Watts
Angela Myers

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A pediatric hospital’s response to the COVID-19 pandemic:

Introduction and overview

John D. Lantos MD
Children’s Mercy Kansas City
May 2021/Pediatric Academic Societies
This graph of ED visits in one NY hospital could be a graph of everything during the pandemic.
"Is it safe to come to CHOP?"

Yes. We continue to safely provide care. Please don't delay a needed visit to your healthcare provider. Watch this video for a preview of what to expect when you come to our Philadelphia Campus.
Almost overnight, hospitals had to...

- develop new supply lines for PPE, drugs and devices
- develop new protocols for clinical care
- redesign family-centered care
- initiate telemedicine
- support staff morale
- manage acute budget shortfalls
- initiate regional collaborations
- allocate scarce resources
- communicate with local MDs, parents, public health, schools, and media
- participate in scientific studies
- care for sick patients with COVID and with other health problems
Employee wellness during COVID-19

The goal is to provide staff with the most recent information related to COVID-19 employee wellness. The page is reviewed at least twice a week to ensure accuracy.

NEW RESOURCES

- COVID wellness team member at your virtual huddle
- Inspirational phone line
- Lean On Me - suicide support and resources
- 1:1 support for all employees
- Pandemic support group
- Virtual mindfulness meditation
- Virtual support groups for teams
Protect our Doctors Heroes

REAL HEROES WEAR MASKS

Thank You
To the doctors, nurses, paramedics and all health workers that selflessly fight to protect our community against the Covid-19 outbreak.
You can help! Please visit www.website.com to know how.
Guilt

“My experience of COVID has been this gut-wrenching, helplessness, and what I can only describe as survivor’s guilt. I was torn between the guilt of not enduring what is happening in the hotspots and watching other nurses in the opposite situation who face furloughs and layoffs.”

Tiffany Mullen, MSN, RN, ACCNS-P, CCRN
PICU Clinical Nurse Specialist
https://www.aacn.org/blog/survivors-guilt-amid-a-pandemic
“Stop calling us heroes”

“We can’t justify the deaths of doctors and nurses and say, “They’re heroes...” We don’t want the recognition, we just want the support. They died because they didn’t have enough protective gear. Everytime somebody dies, I want people to think, “Somebody screwed up.”

COVID19: Pandemic to Permanently Change How Children's Hospitals Deliver Care

Despite the darkness of the COVID-19 pandemic, bright spots have begun to emerge. Children’s hospitals have quickly changed processes, policies and systems, which will affect how health care is delivered in the future.

By Megan McDonnell Busenbark
Redesigning family-centered care
Shoring up the safety net for children in the COVID-19 pandemic

Tina L. Cheng, Margaret Moon and Michael Artman and On behalf of the Pediatric Policy Council

Pediatric Research (2020) 88:349–351; https://doi.org/10.1038/s41390-020-1071-7

Impact 1
COVID-19 Morbidity & Mortality
Grandparents, Parents
Multisystem Inflammatory Syndrome in Children

Impact 2
Community Stress:
Unemployment, Food Insecurity
Education Interruption
Health Disparities

Impact 3
Child, Adolescent, Family Trauma:
Mental and Behavioral Health
Child Abuse

Impact 4
Other COVID consequences:
Delayed care
Under immunization
Obesity
Stress on Medicaid
Children’s Hospitals Battle COVID-19, Surging Mental Health Needs

Clinician leaders from Minnesota, Texas and California share how their hospitals have responded and innovated during the pandemic.
April-June 2019 vs 2020

• 2019:
  • 24,860 patients had 38,455 visits
  • 15 (0.04%) visits were by telemedicine.

• 2020:
  • 16,359 patients had 24,073 visits (30% drop)
  • 3,372 (26.7%) visits were by telemedicine.
Positive screenings for suicide risk

- April-June, 2019: 10.7%
- April-June, 2020: 12.1%

OR 1.15, 95% CI: 1.09, 1.20; z = 5.5, p < 0.001.
Agenda

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• **Prelude to COVID-19** | Paul Kempinski, MS, FACHE, President and CEO

• **Controversies in Using Scientific Data to Shape Hospital Policy** | Angela Myers, MD, MPH, Director, Division of Infectious Diseases

• **Coordinating a Regional Response** | Jennifer Watts, MD, MPH, Medical Director of Emergency Preparedness

• **Communicating with Key Audiences During a Pandemic** | Laurie Ellison, MBA, Chief Communications and Marketing Officer

• **Questions & Answers** | All
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May 2021 | Pediatric Academic Societies
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Prelude to COVID-19
Paul Kempinski, MS, FACHE; President and CEO
Alice Berry, DDS, and Katharine Berry, MD,
Endowed Chair in Executive Leadership
Children’s Mercy – Pre-COVID

• A new roadmap to the future
• New mission, vision, values
• New True North Pillars
  o Eliminate harm and perfect the patient/family experience
  o Achieve top decile performance in Quality, Safety, and Patient Experience within five years
• New strategic plan approved by Board March 11, 2020
Transformation Model

To create a world of well-being for all children

Our **WHAT**: what we aspire to be

Our **DIFFERENTIATORS**: what makes us stand apart

Our **HOW**: how we achieve our vision

Our **WHY**: why we exist

Children's Mercy is a leading independent children’s health organization dedicated to holistic care, translational research, breakthrough innovation, and educating the next generation of caregivers. Together, we transform the health, well-being and potential of children, with unwavering compassion for those most vulnerable.
March 15, 2020 – Shutdown Begins

• Substantial volume declines
• Net revenue loss of $1M per day
• Furloughs
• PPE shortages
• Exacerbation of mental and behavioral health issues
Re-Imagining Our Incident Command Structure

• Virtual and ongoing
• Decisions that were evidenced-based rapidly had to consider emotional impact
• Communication was critical
• Engagement with healthcare community and state & local governments evolved rapidly
• Competition turned to collaboration
New Ways of Communicating

• “Social distancing should not mean leadership isolation”
• Virtual town halls
• CEO Live Connects
• Town halls with community-based pediatricians
• Business and civic leader virtual roundtables
How We Evolved

• Resiliency
• Nimbleness
• Collaboration
• New leaders rising above the water line
... and Now

- An intense focus on supporting the well-being and safety of our employees
- “Mission Forward, People First”
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Controversies in Using Scientific Date to Shape Hospital Policy

Angela Myers, MD, MPH, Director of Infectious Diseases
Masking

**Challenges**
- Changing recommendations
- Desire for additional protections
- Defining an AGP

**Solutions**
- Transparent guidance from CDC recommendations
- Individual group meetings to hear concerns, allay fears, & discuss options
- Include stakeholders, utilized national organizations (e.g., CHA)
COVID-19 Testing

Challenges

- Timely diagnosis
- Supplies
- Trust in results
- Changing recommendations

Solutions

- Developed in house testing ability
- Utilized multiple testing platforms
- Provided internal PCR sensitivity data; viral loads in children
- Creation of testing flow chart & Individual team discussions regarding testing guidelines (e.g., pre-op)

Heald-Sargent, et al. JAMA Peds. 2020
No Testing
- Any PCR test result OR positive antigen testing from outside facility with same illness (obtain results from outside facility)
- Patients who have a negative test during current admission without new CLI symptoms or new known exposures
- Patients admitted for >14 days without new CLI symptoms or new known exposures
- Asymptomatic patients with a previously positive test within the last 90 days unless new CLI symptoms [Removing Patients from Isolation Guideline]
- Previously tested in the last 7 days, has sheltered at home and/or has no new COVID-19 exposures or symptoms

Routine Tests
COVID-19 like illness (CLI) defined as one of the following [Isolation Guideline]:
- Cough OR Shortness of breath/ difficulty breathing OR new loss taste/smell
OR
- Two of the following symptoms: fever or chills, muscle pain, headache, fatigue, sore throat, GI symptoms (e.g. nausea/vomiting/diarrhea), runny nose/congestion, or exposure to a person with COVID-19 within the last 14 days. Runny nose/congestion OR GI symptoms each count as one symptom. Patients with these symptoms need to have one other symptom to meet criteria for testing.
OR
- Fever or chills in a child who cannot articulate another CLI symptom (e.g. febrile infant or developmental delay)
OR
- Immunocompromised and ANY COVID-19 symptoms
OR
- Admission with COVID-19 like illness with negative antigen test from outside facility

Other indications for Routine Testing:
- Anticipated surgery or sedation within the next 72 hours (Patient undergoing surgery with negative antigen from referring hospital should have a PCR test)
- Exposure to a confirmed case of COVID-19 (DO NOT test until at least 5 days after exposure) [Isolation Guideline]
- PICU Admission
- Anticipated delivery in the FHC within the next 72 hours
- DKA Admission
- Suspect MIS-C [Isolation Guideline]:
  - Fever AND
  - Laboratory evidence of inflammation (e.g. elevated CRP, ESR, fibrinogen, procalcitonin, D-dimer, ferritin, LDH, IL-6, neutrophilia, lymphopenia, or hypocalcemia) AND
  - Evidence of clinically severe illness requiring hospitalization, with multisystem (2) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic, and neurological) AND
  - No alternative plausible diagnosis
- Neonate born to a COVID-19 positive mother
- Residing in a group home or facility placement
- Admission with tracheostomy, on non-invasive ventilation or requires ACP [Isolation Guidelines]

Rapid Tests
- Emergent surgery/procedure requiring sedation where procedure can wait at least 1 hour and is necessary before routine testing is available
- Immediate facility placement before routine testing is available
- Women in labor
- Solid organ transplant prior to graft acceptance
- ED/UC patients or new hospital admissions who meet testing criteria

Page hospitalist COVID-19 pager (816-458-7008) for orders if meets criteria

<table>
<thead>
<tr>
<th>COVID-19 Testing Schedule*</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td><strong>Night Shift</strong></td>
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<tr>
<td>Monday-Friday</td>
</tr>
<tr>
<td><strong>Day Shift</strong></td>
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<tr>
<td>Saturday</td>
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<tr>
<td><strong>Evening Shift</strong></td>
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<tr>
<td>Sunday</td>
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<td>0000-0400</td>
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<tr>
<td>1000-1500</td>
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<tr>
<td>1500-2200</td>
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<tr>
<td>1500-2200</td>
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</tbody>
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*Specimens received in Microbiology during the timesframes above will generally have results within 8 hours provided repeat testing is not warranted due to specimen or instrument issues.
## Personal Protective Equipment

### Challenges
- Obtaining supplies
- Fit testing
- Maintaining supplies
- Communicating supply issues

### Solutions
- Tested options from multiple vendors
- Instituted “just in time” fit testing
- Created par levels on inpatient units with tracking; reduced number of people seeing each patient
- Developed a daily dashboard on website
## Restrictions

### Challenges
- Work related travel
- Physical distancing in the hospital
- Learner restrictions

### Solutions
- Input from COVID-19 taskforce, area hospitals, and other children’s hospitals
- Implemented WFH policy; creative space utilization
- Utilization of virtual learning; creation of an education task force
## COVID-19 Vaccination

### Challenges
- Creation of a fair system to distribute limited doses
- Responding to numerous questions/concerns
- High refusal rate in specific employee groups

### Solutions
- Team decisions, prioritization of frontline workers
- Communication of data in multiple venues
- Physician attendance at team huddles, virtual meetings; video testimonials; addressed equity issues
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Questions & Answers | All
Coordinating a Regional Response

Jennifer Watts, MD, MPH, Medical Director-Emergency Preparedness
<table>
<thead>
<tr>
<th>March 2020</th>
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<tbody>
<tr>
<td><strong>Challenges</strong></td>
</tr>
<tr>
<td>• Shut down</td>
</tr>
<tr>
<td>• Completely unknown expectation</td>
</tr>
<tr>
<td>• Children in virtual school post spring break</td>
</tr>
<tr>
<td>• Lack of coordination</td>
</tr>
<tr>
<td></td>
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## March 2020

<table>
<thead>
<tr>
<th><strong>Challenges</strong></th>
<th><strong>Solutions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Not a pediatric problem</td>
<td>• Equipment resources</td>
</tr>
<tr>
<td></td>
<td>• Accepting all pediatric patients</td>
</tr>
<tr>
<td></td>
<td>• Increasing age</td>
</tr>
<tr>
<td></td>
<td>• Preparation to care for adults</td>
</tr>
</tbody>
</table>
Regional

- MARC
- Health Care Coalition (HCC)
- MultiAgency Core Group
- Health Department
- Superintendents
Regional

- Community organizations
- Community pediatricians
- CMO/CEO
- ICU
- State level – MHA and KHA
Recommendations for a Safe Return to Sport and Physical Activity After COVID-19

Updated November 9, 2020

Guidance for School Re-opening During the COVID-19 Pandemic
# Vaccines

## Challenges
- Supply
- Eligibility Tiers

## Solutions
- Employees
- Community participation
- Teens
- Educational role for pediatric vaccination
Takeaways

- Complexity
- Thinking outside the box
- Elevation of leaders
- Collaboration
- Strength in Unity
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Communicating with Key Audiences During a Pandemic
Laurie Ellison, MBA; Chief Communications and Marketing Officer
# Prioritize audiences

<table>
<thead>
<tr>
<th>Tier One</th>
<th>Tier Two</th>
<th>Tier Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Employees</td>
<td>• Schools</td>
<td>• Community Leaders</td>
</tr>
<tr>
<td>• Patients and Families</td>
<td>• Health Departments</td>
<td>• Donors</td>
</tr>
<tr>
<td>• Community Providers</td>
<td>• Media</td>
<td>• Community-at-Large</td>
</tr>
</tbody>
</table>
Employees

Challenges

• Keep employees educated and informed, quickly and frequently
• Reassure, minimize fear
• Build trust, confidence in leaders and our Infectious Diseases experts

Solutions

• Daily COVID-19 email
• Dedicated COVID-19 intranet home page
• Employee Town Halls with Infectious Diseases experts, leaders
Patients & Families

Challenges

• Sharing timely changes to how CM was operating
• Myths and misinformation about COVID-19 in the community
• Communicating with our growing Spanish-speaking population

Solutions

• Dedicated COVID-19 section of the website – English and Spanish
• Video series with hospital experts – shared on social media and the website
• Routinely updated regular communications channels
Community Providers

Challenges
Provide community providers with the timely answers and information they need about COVID-19 to better manage their practices and patients/families.

Solutions
• e-Newsletter to 3,100 providers
  When surveyed, 95% of respondents rated these communications as “valuable” or “extremely valuable.”

• Eight Virtual Town Halls
  When surveyed, 98% rated the town halls as “valuable” or “extremely valuable.”

• Provider FAQs page on childrensmercy.org
Schools / Health Departments

Challenges
• Helping schools get kids back in the classroom safely.
• Working in conjunction with the local health departments.

Solutions
• Created an online portal for school districts and early childhood centers to request assistance/submit questions.
• Developed a Return to School guidebook available on our website.
• Developed an email newsletter distributed every other week.
Local and Regional Media

Challenges

• Controlling the narrative
  o First COVID-19 patient
  o Furloughs
  o Getting Back to Getting Better
• Getting updated/timely information to the community and patient population

Solutions

• Announcements/updates were first posted in CM’s newsroom and shared on our social media platforms followed by a news conference
• Created a COVID-19 “update” graphic for social media to alert media of new information
• Shared videos of our experts answering FAQ
Community Leaders / Donors

Challenge
• Keeping community leaders and donors understanding our financial challenges and maintaining their support

Solutions
• Roundtables for select business and community leaders
• Town Halls for donors
• E-Newsletters geared specifically to business leaders and to donors

COVID-19 Updates from Children’s Mercy
April 13, 2020

Partnering to Meet the Challenge Ahead

I am pleased and encouraged to see the progress being made on both sides of the state line to prepare our communities for the anticipated surge of COVID-19 patients. To meet this unprecedented challenge, hospitals and health systems throughout the region are working together to increase bed capacity. At Children’s Mercy Kansas City, we’ve developed a three-tiered plan to help.

First, as announced this week by Kansas Governor Laura Kelly, Children’s Mercy Kansas City has offered to receive pediatric patients from across Missouri and Kansas in order to allow for immediate local bed availability for those adult facilities whose surge requirements are likely to be the greatest.

Secondly, we are preparing to accept young adult patients up to age 26 who may be able to be appropriately cared for by us at Children’s Mercy. As the surge evolves, we are recommending that hospitals who currently have hospitalized pediatric and young adult patients coordinate with us by calling 1 (800) GO-MERCY or 1 (800) 406-3239 for transfer of those patients.

Finally, we also have offered to temporarily convert our 52-bed hospital in Overland Park,
Questions & Answers
Questions and Discussion

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