

# HEALTHTRUST

HealthTrust University Virtual Conference, August 5, 2020

# Beaumont's Response to COVID-19 & Lessons Learned

Thomas Chickerella & Melanie Fisher



#### Presenters



Tom Chickerella | Regional CEO | Managed Services



Melanie Fisher | SVP Supply Chain | Beaumont Health



# Speaker Disclosures

- The presenters have no real or perceived conflicts of interest related to this presentation.
- Note: This program may contain the mention of suppliers, brands, products, services or drugs presented in a case study or comparative format using evidence-based research. Such examples are intended for educational and informational purposes and should not be perceived as an endorsement of any particular supplier, brand, product, service or drug.



# Learning Objectives

At the completion of this activity, the participant will be able to:

- 1. Describe two key elements to improving the supply chain for pandemic preparedness
- 2. Identify areas of improvement for pandemic and disaster preparedness plans
- 3. Apply the experiences of the presenters' medical facilities to develop post-pandemic strategies for their own facilities



# Agenda

- Overview of Beaumont Health
- COVID-19 at Beaumont and in Michigan
- Significant Challenges Faced
- Our Response
- Review Lessons Learned
- Share COVID 2.0 Journey



# **Overview of Beaumont Health**



# Beaumont: The Facts

- Leading health system in Michigan for inpatient discharges and ER visits
- Highest number of deliveries in the state with ~18,000 babies delivered each year
- Clinical innovations:
  - First operational **proton beam** radiation program in Michigan
  - First oncology **rehab residency** program in U.S. to receive full accreditation
  - First in U.S. to replace an **aortic** valve with a catheter (TAVR) through a small incision in the leg



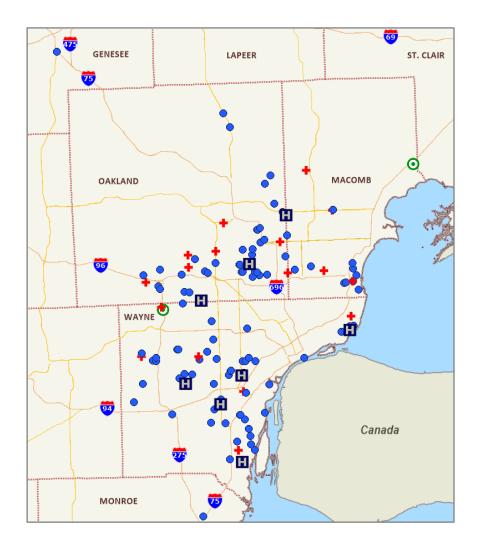
# **Beaumont: The Numbers**

- 8 acute care campuses
- 167 outpatient locations
- **4 3,375** beds
- **38,000** employees
- 4,800 physicians
- **\$4.7B** net revenue
- **179,000** inpatient discharges
  - 577,000 emergency room visits
  - 18,000 births
  - 14 non-acute pharmacy locations





# Beaumont in the Community



## LEGEND

- Acute Care Campus
  - **Outpatient Location**
- Future Outpatient Location
- Urgent Care





# Beaumont Health – Self Distribution Overview

- Opened in 2014 initially to serve 3 hospitals
- Partnered with Tecsys as our Warehouse Management System (WMS)
- Servicing Acute and Non-Acute Locations
- Ability to pick both Bulk and LUM
- Medical surgical distribution including IV solutions and contrast media





# Consolidated Service Center (CSC) Inventory Locations



Pick Mod

Pallet Area

Bulk Area

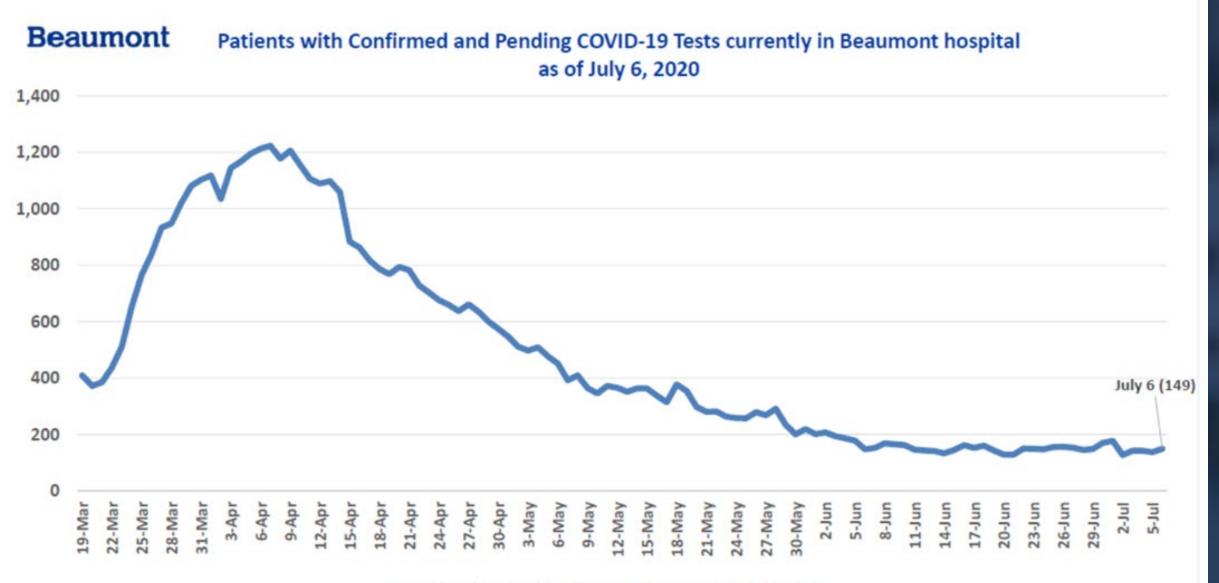
Very Narrow Aisle Hand Stack Area

# COVID-19 at Beaumont and in Michigan



# https://www.youtube.com/watch?v=JJzlXhXrD7l

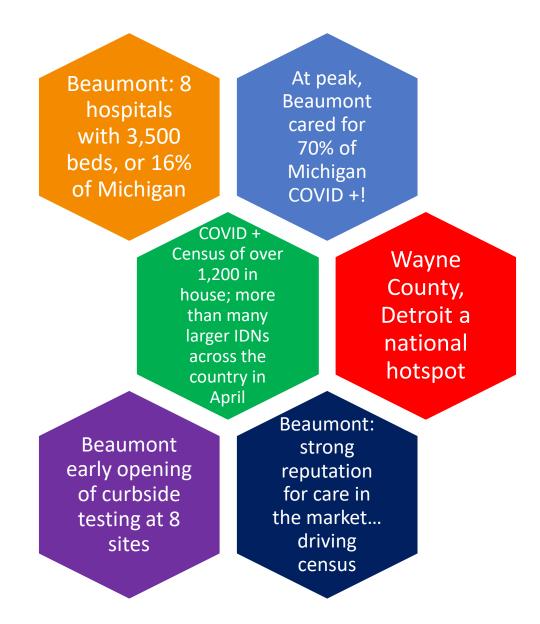




Total Confirmed and Pending Test COVID-19 Patients in hospital



# Beaumont – Highly Impacted by COVID-19





# Significant Challenges Faced



# Significant Challenges







## Our Responses...

**Emergency Operations Center** 

Allocation and Conservation

**Collaboration Efforts** 

Creative Sourcing

Hospital Capacity Management

Equipment Inventory and Capability



## Our Responses...

**Emergency Operations Center** 

- Established Emergency Operations Center
  - 1. Comprehensive organizational reporting with Section Chiefs: Operations, Logistics, Planning
  - 2. Site specific EOCs reporting to central organization
  - 3. Cadence of calls: 8AM and 4PM, 7 days week
  - 4. Supply Chain 24/7 coverage
  - 5. Pharmacy members of Operations and Supply Chain
  - 6. Real Time Census information from EPIC
  - 7. Ability to be "nimble" with decisions due to structure in EOC



## Beaumont Health COVID Impact: Peak – April 8

#### COVID-19 EOC Trackboard

	SUCCESS STORIES DEFINITIO	ONS:						
Total IP Discharges	IP Discharges Yesterday 94	Total Off Vents 75	Off Vents Yesterday	Discharged Patients: Alive patients who tested positive or have a pending result and were admitted as inpatient and have been discharged Off-Vents: Alive patients who tested positive and no longer have an active ventilator order BED OCCUPANCY DEFINITIONS:				
	ICU BED OCCUPANCY -	SYSTEM OCCUPANCY: 76.3%		The number of available beds shows all physical beds, without staffed bed adjustments. Numbers might not match the Canacity Management dashboard as bed changes are constantly.				
Royal Oak 117	Troy 53/67	Grosse Pointe 2	Farmington 5	POSITIVE PATIENTS				
Occupancy 80.1% Beds Available: 29	Occupancy 79.1% Beds Available: 14	Occupancy 68.6% Beds Available: 11	Occupancy 89.8% Beds Available: 6	4 4 4 0 4	Hospital ,071	Inpatient 1,071	•	harged 371
Dearborn 81/87	Wayne 18/42	Taylor 2	Trenton 2		PATIEN	ITS PENDING RESULT	S	
Occupancy 93.1% Beds Available: 6	Occupancy 42.9% Beds Available: 24	Occupancy 48.9% Beds Available: 23	Occupancy 74.4% Beds Available: 10		Hospital	Inpatient 96		narged 75
VENTS. & ANES. MACHINES (INCLUDES BIPAPS) - SYSTEM UTILIZATION: VENTS. 47.7% ANES. 4.3%			NEGATIVE PATIENTS					
<b>Royal Oak 75/</b> Anesthesia Machines: 0/90	Troy 50/89 Anesthesia Machines: 8/44	<b>Grosse Pointe 2</b> Anesthesia Machines: 0/17	<b>Farmington 2</b> Anesthesia Machines: 1/23		Hospital	Inpatient 557		harged 828
VentilatorsAnesthesia54.3%0.0%	VentilatorsAnesthesia56.2%18.2%	CapacityAnesthesia43.5%0.0%	CapacityAnesthesia37.2%4.3%	0,001		PPLY UTILIZATION	10 0,0	
<b>Dearborn 65/</b> Anesthesia Machines: 0/38	Wayne 17/58 Anesthesia Machines: 0/12	Taylor1Anesthesia Machines:1/12	Trenton 2 Anesthesia Machines: 1/18	Supply Type	•	Status Date Q	Last Update Q	•
CapacityAnesthesia53.3%0.0%	CapacityAnesthesia29.3%0.0%	CapacityAnesthesia35.7%8.3%	CapacityAnesthesia53.2%5.6%	Extraction Supplies NP Collection Kits		4/7/2020 4/9/2020	4/7/2020 5:21:00 PM 4/9/2020 7:16:00 AM	



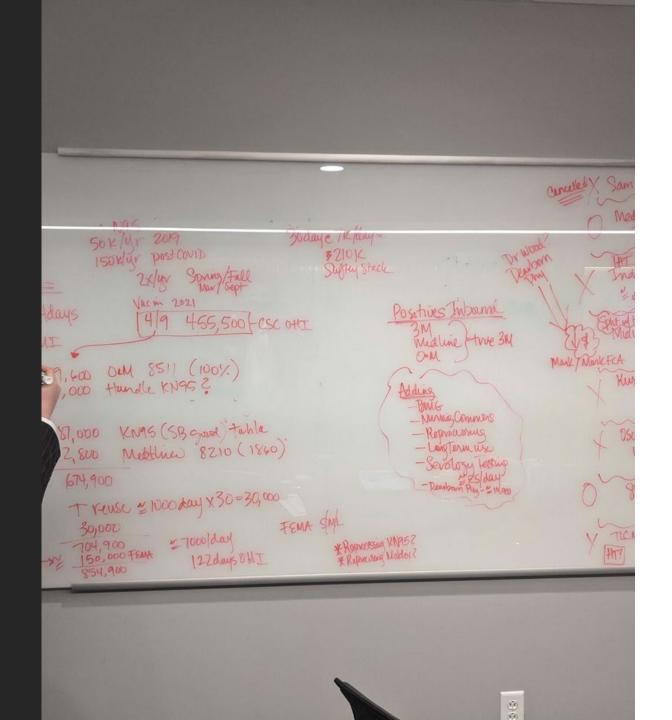
## Our Responses.....

Allocation and Conservation

- Formal Control, Allocation, and Conservation efforts
  - Reprocessing of N95 masks inhouse late March; over 50,000 completed. 8 campus approach
  - 2. Reprocessing of Reusable Isolation Gowns through current partner and new relationship with a dry cleaner
  - 3. Eliminated "Rag out" policy on chipped Isolation Gowns
  - 4. Manual process for all PPE out of CSC
  - 5. Daily Burn Rate report created to document use by campus of key PPE



High Performing Team with one goal: Do not run out of inventory... Simple Math



# https://www.youtube.com/watch?v=h1lqmHOUsU4&feature=youtu.be



## Our Responses...

#### **Collaboration Efforts**

#### Collaboration

- 1. HealthTrust, Other Michigan IDN's, Other HealthTrust IDN's, Government Agencies (National Guard, Admiral, Local Senators)
- 2. Defining unprecedented policies
- 3. Donors wanting to help
- 4. Vendor "relationship" leveraging
- 5. Outside Industry discussion—Ford, GM, FCA, others
- 6. Single Donation Point



## Our Responses.....

**Collaboration Efforts Continued** 

### Collaboration and Transparency

- 1. Guidelines committee
  - Reviewed medical evidence for rapidly changing therapeutic recommends
  - Managed implementation of guideline changes
- 2. Predictive modeling and inventory management
  - Daily inventory tracking
  - Daily calls with Pharmacy, Infectious Disease and Intensivists to review current patient drug consumption and inventory needs
- 3. Vendor relations
  - All vendor meeting held April 2, 2020
  - Shared Beaumont COVID experience including drug consumption and surge projections



# TCF FEMA Hospital Preparation



# National Guard...Learning from Beaumont Supply Chain at the CSC

## Our Responses...

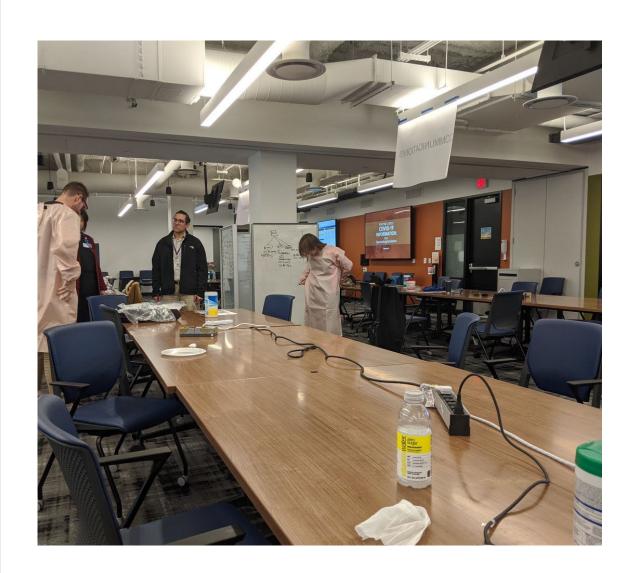
**Creative Sourcing** 

#### Creative Sourcing

- 1. Alternative global supply sources
- 2. Automotive local engagement
- 3. Staff redeployed to help where needed
- 4. Assigned leads to 12 PPE categories as well as Respiratory and Ventilators
- 5. Vetting reliable sources and associated financial demands
- 6. Expedited vendor

"onboarding"=additional 200+ vendors





Local "Engineers" sampling Ford Pink Gowns





Auto Manufacturer Petoskey Plastic new Isolation gown on a... ROLL!

## Our Responses...

#### Hospital Capacity Management

#### Collaboration

- Hospital Capacity Management
  - 1. ICU Beds
  - 2. Cohorting patients
  - 3. COVID hospital
  - 4. Mortuary constructed to manage capacity



## Our Responses...

#### Equipment Inventory and Capability

#### Equipment Inventory & Capability

- 1. Assessed future needs through CHIME model
- Placed large supplemental equipment orders (vents and Continuous Renal Replacement Therapy [CRRT]); Requested loaner and demo units
- Developed process for movement of equipment to include clinical leaders in Operations and Logistics capabilities
- 4. Refined equipment tracking to include key capabilities...vents





Bring us your tired and hungry!

# Our Community Support

# Lessons Learned



#### Lessons Learned



Self Distribution

- 1. Understand what "allocation" means
- 2. Leverage storage space and transportation
- 3. Maximize key vendor relationships
  - Request prioritization
  - Understand capabilities outside normal use
- 4. Overcommunicate
- 5. Seek domestic partnerships
- 6. Improve dashboards
- Understand Cohorting / COVID only hospital (best use of people and supplies to narrow focus)
- 8. Equipment lead times and capabilities



# COVID 2.0 Journey



## COVID 2.0

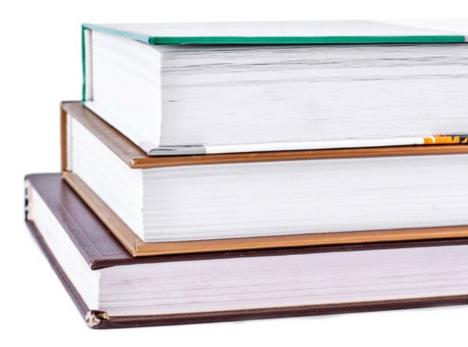
Planning	Understand your COVID plans for 2.0 alongside leaders throughout organization—ELT, Phy., etc. Seek alignment on 2.0 or peaks and valleys?
Continuity	Use "downtime" to develop Business Continuity Plans
90 Day Stock	Develop what is needed based on your "COVIDING" to include 2 weeks prior, 30 days during, 2 weeks post. Space allocation for pallets, rotation of stock, financial burden/risk
	Closely monitor your burn rate daily and add new items/remove items from your
Burn Rate	radar to focus on what is key (outside top 5 PPE items of N95/Iso Gown/Gloves/Masks/Faceshields). Ensure appropriate use of PPE by patient/procedure type



#### Assessment Question 1

Based on the experience at Beaumont Health, the following elements to improving supply chain are recommended for pandemic preparedness EXCEPT which one?

- a. Development of conservation strategies
- b. Ensure clinical protocols are in place for appropriate PPE use
- c. Collaboration with vendors to help mitigate disruption
- d. Work in a silo to be focused only on Supply Chain

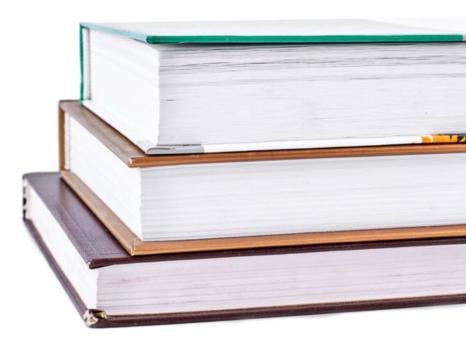




#### Assessment Question 2

Recommended areas for improvement for pandemic and disaster preparedness planning include all of the following EXCEPT:

- a. Standing up an EOC with clinical and site level support
- b. Ability to determine PPE levels across the system only every 60 days
- c. Visibility to equipment functionality and need by location
- d. Test functionality of remote work from home ability

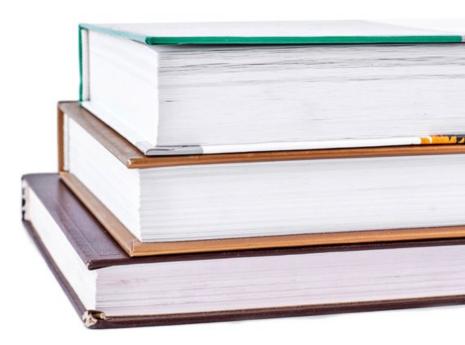




#### Assessment Question 3

Which of the following is not a strategy recommended for developing post-pandemic plans in healthcare facilities?

- a. Improvement of dashboards to include accurate information around equipment location and functionality
- b. Understanding OEM offshore and domestic production capabilities
- c. Change EMR
- d. Active inventory management to allow for additional space to store targeted PPE





#### References

- ECRI. COVID-19 resource center. <u>https://www.ecri.org/coronavirus-covid-19-outbreak-preparedness-center/</u>. Accessed July 23,2020.
- 2. State of Michigan. Statewide available PPE and bed tracking. <u>https://www.michigan.gov/coronavirus/0,9753,7-406-98159-523641--,00.html</u>. Access July 23, 2020.

Reference note: The core content of this presentation reflects the internal workflow and thought processes of Beaumont Health during the COVID-19 pandemic.



# Thank You...

Melanie Fisher Melanie.Fisher@beaumont.org

Tom Chickerella Thomas.Chickerella@healthtrustpg.com

