

Updates from the field: Insights & actions from health systems

As of May 5, 2020

- 1 | Preliminary strategies for rolling recovery and “new normal”:** Health systems are shifting towards becoming pandemic-resilient and resuming delayed procedures and non-emergent care. These plans involve safety roadmaps that include sufficient PPE, expanded testing, remote monitoring, safe facility entrances, expanded social distancing, deep cleaning, and extended virtual care. They're also still focused on managing unprecedented virtual visits, rigorous screening policies, patient communication, and protective measures for staff burnout.
- 2 | Safe care environments through screening and contact tracing:** Systems must maintain “COVID-19-safe” care environments as they resume non-COVID-19 patient care, including elective procedures, primary & ambulatory care, and chronic disease care. Safety precautions and solutions include COVID-19 susceptibility indexing, surveillance, symptom-checking, thermal technology at hospital doors, antibody testing, and pre-surgery screening. Antibody testing is in high demand, but the accuracy of tests isn't yet clear.

Examples: One health system automated temperature-taking at every facility entrance using thermal sensor technology on iPads. Another health system is using its EHR to risk stratify appointments and resume surgeries and procedures based on COVID-19 considerations.
- 3 | Virtual care is here to stay:** Systems are scaling and optimizing virtual care and remote monitoring solutions. Many health systems have seen an unprecedented use of video visits, and expect that virtual care will be a large part of care delivery post-crisis. To continue managing virus spread and protecting patients and staff in “COVID-19 safe” environments, health systems are focused on extending online scheduling, mobile check-ins, digitizing patient intake, and remote monitoring in hospitals (e.g. ICU).

Examples: One health system extended digital intake capabilities to include mobile check-in and texting to allow patients to check-in from their vehicles and wait in their car until a room is ready. Many health systems report a huge uptick in virtual visits - one system experienced as many ambulatory care telehealth visits in two days as it did in all of 2019. Another health system is using remote monitoring to send patients home from the ED. Patients download an app and test device connection prior to discharge. Then trained nurses monitor their progress and notify providers based on alerts.
- 4 | Financial forecasting and new funding:** As health systems continue to navigate the significant financial impact of COVID-19, they're using financial forecasting to understand the magnitude of loss projections and how business strategy changes, like permanent shifts to virtual visits, will affect financial stability and well-being. Systems are also implementing cash management strategies and trying to capitalize on federal grant opportunities.

Example: One health system is offering innovative, new, direct-to-employer business solutions to bring in new revenue and support regional “safe to return” efforts that reopen the economy. They're using FCC funding to provide a subscription-based offering that provides regional employers with digital and physical clinical support as people return to work.

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ABOUT AVIA

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5 | Staff safety and wellness: While health systems are continuing to mitigate ongoing PPE supply shortages, they face another threat to their workforce: physician and nurse burnout.

Examples: One health system launched a behavioral health module for employees and after just a few weeks, 1,000+ people were on the platform with sessions lasting three hours on average. Another health system is focusing on physical safety for doctors treating COVID-19 patients. They created a large plexiglass box to step inside of while performing routine tasks in patient rooms.

6 | Rising concern for vulnerable patients and chronic care management: Chronic disease management and behavioral health took a backseat during the COVID-19 surge as health systems faced maximum capacity and advised high-risk patients to avoid hospitals. Many patients experienced care disruption and high acuity patients may now have escalating needs. Health risks are also rising for elders, people with comorbidities, and homeless or underhoused people. Pregnant women are also at risk; one health system reported that 15% of women admitted for delivery tested positive for the coronavirus, but most showed no symptoms upon admission.

Examples: Within three days, one health system converted an old building into a respite for homeless patients who tested positive for COVID-19. Another system continues to add virtual visits and e-visit services for non-COVID-19 patient care, including behavioral health for adults and pediatric patients.

7 | Communications that rebuild confidence: Health systems are resuming appointments and non-emergent healthcare operations, but patients may not get the care they need if they're avoiding the hospital out of fear. One surgery center reported that only 10% of patients agreed to reschedule a deferred surgery during phone follow-ups. Systems are encouraging patients to receive care by sharing information on safety protocols like new appointment policies and access to virtual care. They're also using text/chat tools and third party solutions to reach patients at home to provide updates, information access, and office hours.

Examples: One health system is encouraging patients to use telemedicine to mitigate the fear of coming in for physical appointments. Another system is actively working to offer patients real-time text updates on pre-scheduled appointment status to reduce the time patients sit in a waiting room.

8 | New role of command centers: Command centers vary in application, from remote monitoring command centers to incident command centers. They are shifting in response to COVID-19 and in some instances will be running in parallel to operations teams to develop considerations for "new normal" operations.

Examples: One health system reports that its command center is driving innovation and solutions, rapid decision making, and collecting useful data for predictive analytics. Another health system's command center has run a playbook established from a previous crisis (hurricane preparation) to respond more effectively to COVID-19. Another is using its command center to remotely monitor and measure COVID-19 patients and their key metrics, including respiratory rate, pulse-oximetry, and temperature.

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