



Department of Medicine

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO

ANSCHUTZ MEDICAL CAMPUS

DOM COVID-19 TOWN HALL

- Welcome and Introduction
- Recovery of the clinical, educational, and research operations

Q/A – Use the chat box to ask questions

Leadership to Address Questions

- AMC – DOM Vice Chairs, Anne Fuhlbrigge, Mike Romano, Duane Pearson, Shanta Zimmer, Geoff Connors, Tom Flaig, and Peter Buttrick
- VAMC – Jim Beck
- NJH – Kevin Brown
- Denver Health – Ed Havranek

UCH COVID19 Ambulatory Reactivation

Mike Romano
Vice President, Ambulatory Services
5.6.2020

Reactivation: Reality

- 1) Care has been delayed
- 2) Care givers feel urgency
- 3) An uncoordinated reactivation may cause harm
- 4) There are many interdependent work streams
- 5) We are continually balancing and learning

Guiding Principles

- 1) Partner dyad physician partners
- 2) Reassure Trust With Patients
- 3) Reactivate Services to Meet Demand
- 4) Optimize Processes and Care Systems
- 5) Strengthen Quality and Safety
- 6) Solidify Virtual Health Strategy

Clinic Flow

- Identify point of entrances/exits that promote distancing
- Develop one-way traffic to limit crowding
- Distance staff work stations

Patient Reassurance

- Consistent Social Distancing
- All staff and patients are masked
- Deep Cleaning Protocols

Patient Expectations

- Active in My Health Connection (MHC)
- Complete e-Check-in process prior to visit
- Comfortable with Virtual Visit

Staffing

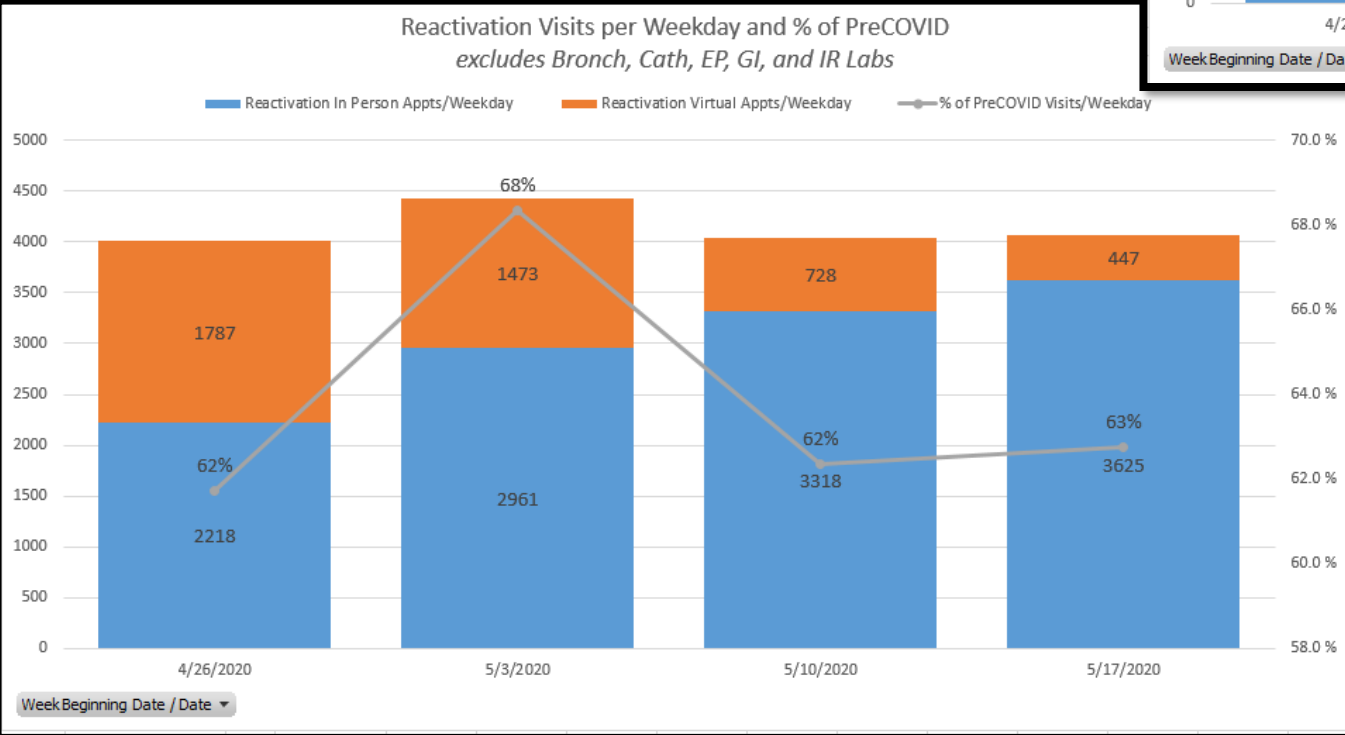
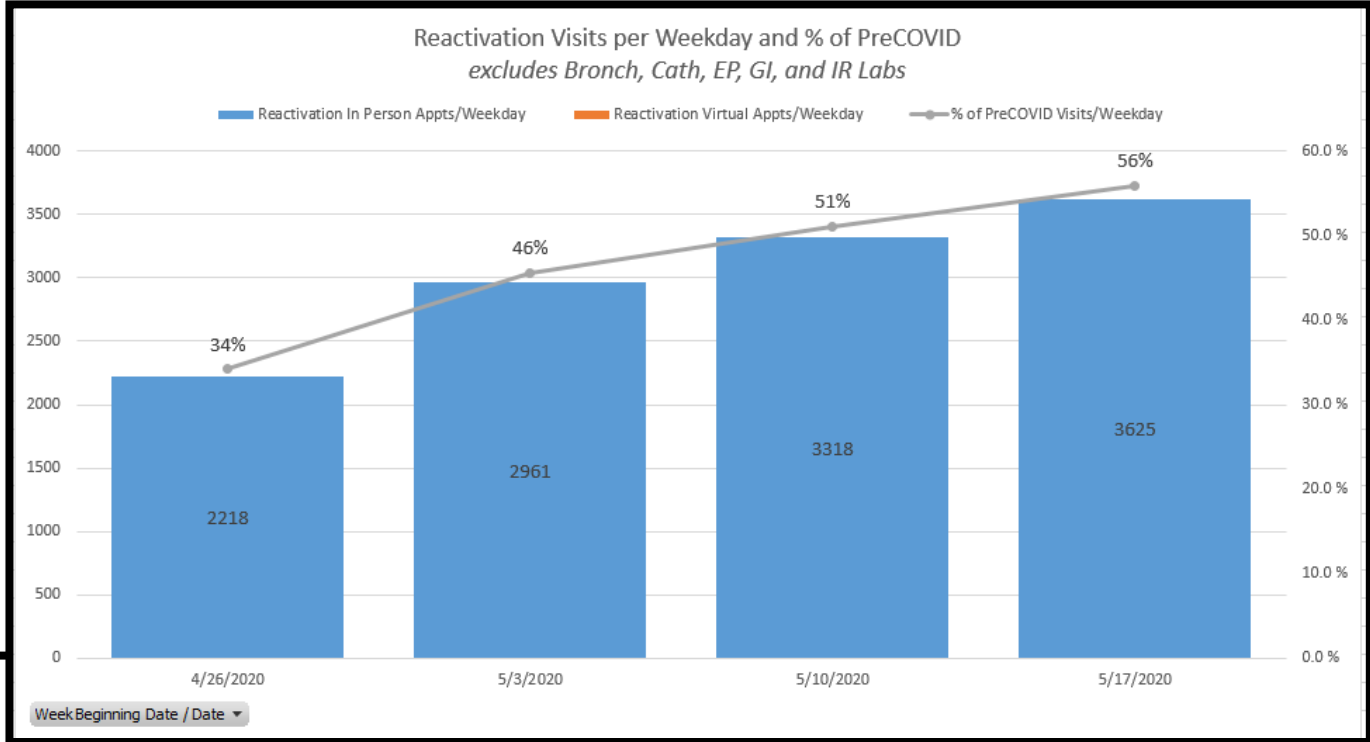
- If staff are effectively working at home, they need to stay at home
- Staff continue to support other prioritized acute surge areas

In-Person Reactivation

Includes UCH, HRMC, Inverness, Lone Tree, & CU Community Based Clinics



There is no recommended ratio of In-person to Virtual Visits



Total Reactivation

Includes UCH, HRMC, Inverness, Lone Tree, & CU Community Based Clinics

UCH procedural volume (IR, GI, EP, Cath) roughly 50% reactivated



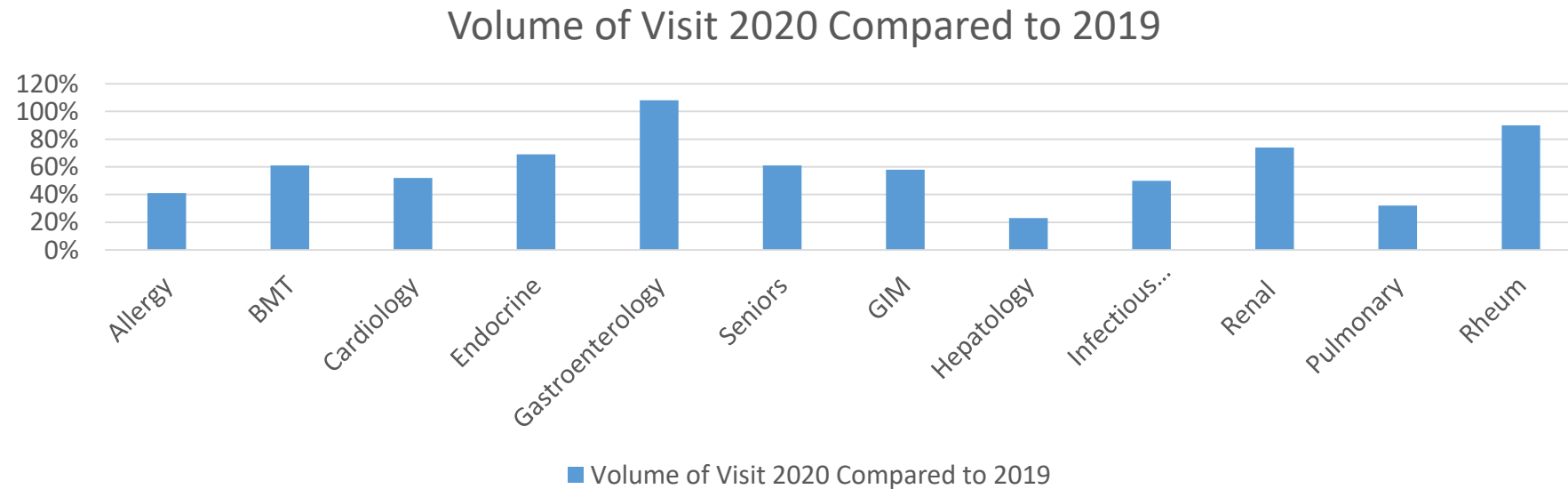
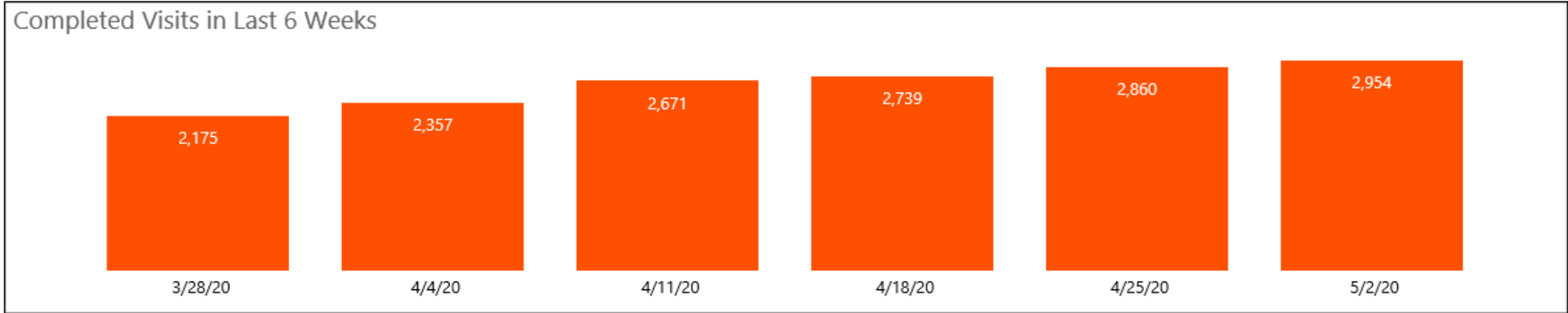
COVID-19

Disruptive Innovation

The Future of Ambulatory

DOM Associated Virtual Visit Volumes

19,530 completed since March 16th



Percentage decrease in total visit volume compared to a year ago

- Continued growth opportunity
- Integration with practice reactivation
- Opportunity to address historic space challenges

Medical Students

- Students have been away from the hospitals and clinics since March 14th
 - COVID-19 electives (science, clinical, social determinants, humanities)
 - 1000s of hours/week of volunteer work, telehealth, research projects, health systems support
- Return of students at the clinical sites planned for late May, early June
- Process for return being negotiated with each partner hospital and system
- Students are eager to return and residents have missed the opportunity to teach
- Barriers we are working to overcome include:
 - PPE shortages
 - Preparation for telehealth
 - Space for social distancing

Education/Training

- Extra residents remain deployed at UCH and DH
 - Increased hours/coverage at the VA and PSL
- “Stage 3 Pandemic” status ended as of Monday May 5th
- Residents are doing well...but stressed

Education/Training

- New interns will have a (slightly) modified start to their year
- Interview season is going to be a challenge for all fellowships and the residency
- Thank you to everyone making this experience as good as possible for the residents

Recovery Operations at our Affiliates

- VAMC – Jim Beck
- NJH – Kevin Brown
- Denver Health – Ed Havranek