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
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

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
<table>
<thead>
<tr>
<th>Clinic Flow</th>
<th>Patient Reassurance</th>
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<tbody>
<tr>
<td>• Identify point of entrances/exits that promote distancing</td>
<td>• Consistent Social Distancing</td>
</tr>
<tr>
<td>• Develop one-way traffic to limit crowding</td>
<td>• All staff and patients are masked</td>
</tr>
<tr>
<td>• Distance staff work stations</td>
<td>• Deep Cleaning Protocols</td>
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<table>
<thead>
<tr>
<th>Patient Expectations</th>
<th>Staffing</th>
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<tbody>
<tr>
<td>• Active in My Health Connection (MHC)</td>
<td>• If staff are effectively working at home, they need to stay at home</td>
</tr>
<tr>
<td>• Complete e-Check-in process prior to visit</td>
<td>• Staff continue to support other prioritized acute surge areas</td>
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<tr>
<td>• Comfortable with Virtual Visit</td>
<td></td>
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</tbody>
</table>
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

Completed Visits in Last 6 Weeks

<table>
<thead>
<tr>
<th>Date</th>
<th>Visits</th>
</tr>
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<tbody>
<tr>
<td>3/28/20</td>
<td>2,175</td>
</tr>
<tr>
<td>4/4/20</td>
<td>2,357</td>
</tr>
<tr>
<td>4/11/20</td>
<td>2,671</td>
</tr>
<tr>
<td>4/18/20</td>
<td>2,739</td>
</tr>
<tr>
<td>4/25/20</td>
<td>2,860</td>
</tr>
<tr>
<td>5/2/20</td>
<td>2,954</td>
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</tbody>
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Volume of Visit 2020 Compared to 2019

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 5\textsuperscript{th}

• 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