Developing, Operationalizing, and Implementing a Leadership response to the COVID-19 Pandemic

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Background
- Since January 2020, our world has changed. The COVID-19 pandemic has challenged our lives and our health systems’ operational capacity, fiscal viability and human capital.
- As of August 23rd, 2020 more than 23 million cases of SARS-CoV2 infections have been confirmed worldwide exceeding 5.6 million cases in the United States.
- More than 600,000 infections and 10,000 deaths have been in Florida.
- One-third (29%) of Florida’s cases have been in Miami-Dade County, the second highest county and 4th highest in the US.
- Pandemic preparedness, infection diseases operations across Jackson Health System in Miami Dade in coordination with the University of Miami Health System and Miami Dade County became the institutional priority.

Purpose
- Develop a coordinated, effective and safe response to the COVID-19 pandemic across a complex multi-campus academic and safety-net health system serving a diverse and multiethnic community.
- Ensure the safety of all our workforce, prevent infections, optimize patient outcomes and survival.
- Lead the community education efforts to promote media and public understanding of the pandemic as well as public health behaviors around masking and social distancing.

Methods
- Operationalized a multicenter collaborative interdisciplinary response with a team of leaders to manage the COVID-19 pandemic across the safety-net health system in Miami Dade.
- Plan, prepare and adapt clinical and organizational operations with standardized protocols, therapeutics, testing, education, supply chain across: 3 adult acute-care hospitals; pediatric, behavioral, and rehabilitation inpatient hospitals; 2 long-term care centers; 3 in-jail clinics; a network of outpatient care centers; employee health operations; one of the US’ largest graduate medical education programs.
- Examine the effectiveness of the clinical and operational teams using a rapid cycle design to determine process, impact and outcomes.
- Analyze the impact of the interventions.

Outcomes
- Developing a coordinated, agile interdisciplinary leadership team allowed us to adapt to the unknown and respond to a newly highly contagious disease without shortages in personnel, resources, medications or PPE.
- Access to real time data analytics to guide evidence based decisions, patient placement, pharmacy dashboards and PPE burn rate allowed us avoid shortages, reduce infection transmission and coordinate care.
- Adaptability to create new ICU rooms in medical areas and allocate human resources predicting and responding to case surges and staying “ahead” of peaks.
- Publishing our protocol to disseminate updates and share best practices.
- Continuous multimedia bilingual (English and Spanish) public communication campaigns emphasizing the role of our behaviors (mask, social distance, hygiene) in the pandemic has been extremely important.
- Formal and informal partnerships across stakeholders including regular conversations with Florida governor, Miami-Dade County mayor, other elected officials, health departments, healthcare providers, educational institutions, business groups, and others seeking academic healthcare guidance on community restrictions, public health-practices, and safe transitions to new normal.
- Leadership and team work have been successful. Patient experience, emotional and physical support are areas of opportunity.

Discussion

Conclusions
- We continue to face many challenges and unknowns. The leadership team successfully implemented a robust response, adapting, planning and communicating frequently to the public and internally has been extremely important.
- Constant rapid exchange of information, collaboration across Florida, the US and globally; learning from experiences other had prior to our surge definitely helped us be better prepared for potential downfalls. There are many opportunities for improvement and we’ll further analyze the processes, impact and outcome measures of the COVID-19 pandemic.

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