



Excellence leads the way.

A playbook for navigating the clinical and operational challenges of a global health crisis



As of 3/24/20



Table of Contents

Chapter 1: Implementing a Command Center	5
Chapter 2: Communications Strategy	13
Chapter 3: Clinical Operations	23
Chapter 4: Supply Management	37
Chapter 5: Rush University	45

Executive Summary:

On March 2, 2020, Rush University System for Health stood up a Hospital Incident Command Center, or HICS, in anticipation of the growing number of COVID-19 cases in Chicagoland and the nation. The command center structure provides an organized system of command, control and coordination to eliminate potential confusion that may develop in these types of emergencies or events. It is an effective management tool consisting of procedures for organizing personnel, facilities, equipment and communication at the scene of an emergency and is flexible and scalable to be used for incidents of any size and adaptable to the specific incident.

In the case of the 2020 COVID-19 outbreak, Rush proactively set up the command center to prepare for what would inevitably affect our operations significantly. Throughout the process, lessons were learned and the dynamic nature of the situation affected our ability to consistently handle and anticipate every need. This playbook is meant to serve as a resource for others faced with similar situations and help all of us get a head start on providing the best care possible in a crisis.

Chapter 1

Command Center Implementation (HICS Command Center)

Hospital Incident Command Overview

During a disaster, emergency or event with the ability to affect daily operations, the Hospital Incident Command System (HICS) and Hospital Command Center (HCC) become operational. In a situation like the COVID-19 outbreak, Rush’s immediate action to “stand up” the HICS process was imperative. As a first step, the incident commander position was activated, as well as other HICS positions based upon the scenario and the operational objectives identified by the HCC. The identified HICS personnel have been trained in the National Incident Management System (NIMS) and identified through the HICS system.



Key Personnel:

As part of the overall Hospital Incident Command System, the following roles were assigned to key medical center personnel:

HICS Command Staff

- Incident Commander
- Operations Lead
- Disaster Medicine Specialist
- Medical Technical Specialist
- Public Information Officer
- Technology Lead
- Safety Officer
- Liaison Officer
- University Lead
- Command Center Manager

HICS General Staff Assignments

- Medical Director
- Medical Care Section Chief (Inpatient & Outpatient)
- Planning Section Chief
- Logistics Section Chief
- Operations Section Chief (Inpatient & Outpatient)
- Finance Section Chief

Unit Leader / Branch Director Assignments

- Security Branch Director
- Bed Management Unit Leader
- Support Branch Director-Employee Health and Well-Being Unit Leader

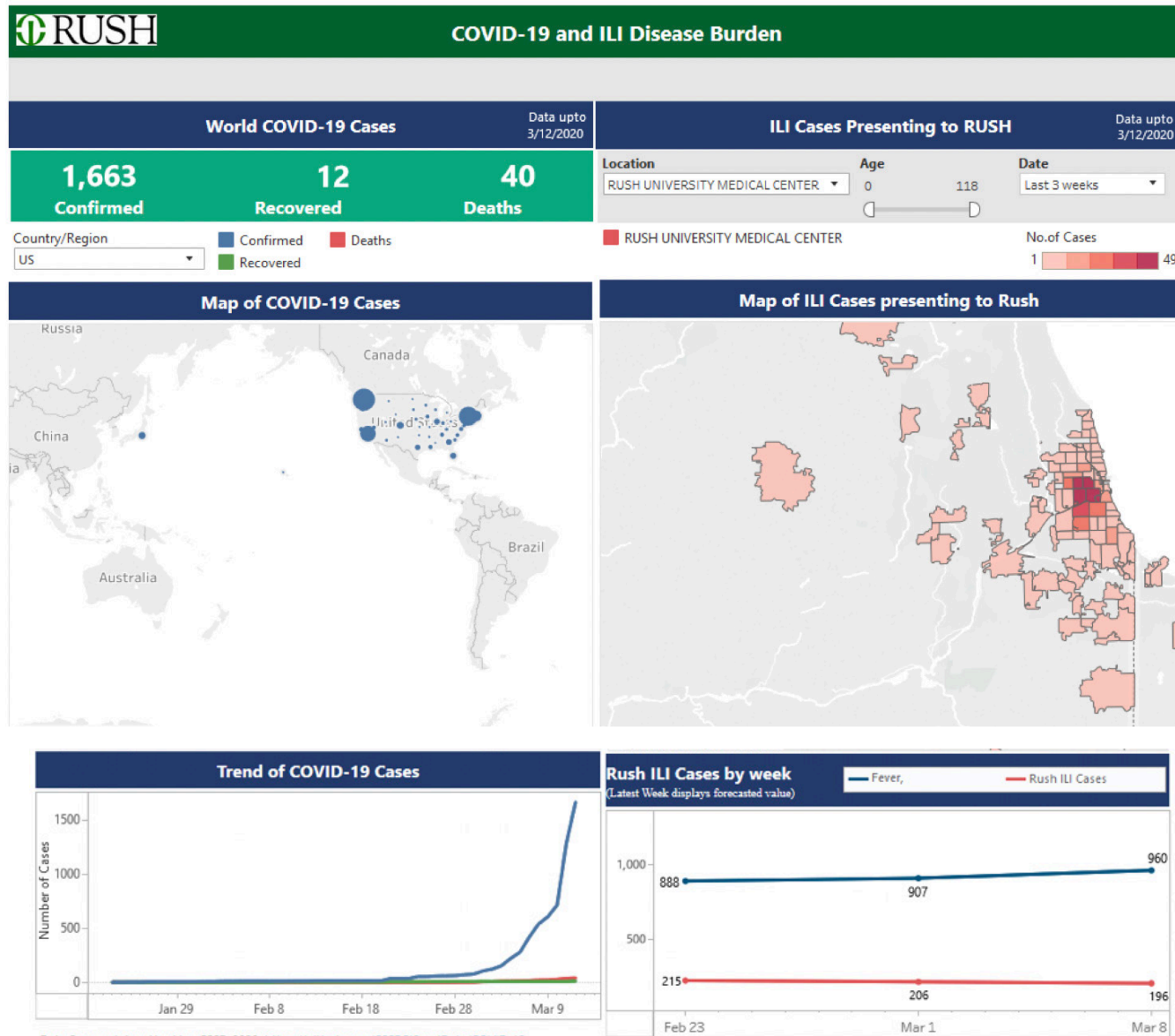
Command Center Infrastructure

A selection of organizational tools have been deployed within the command center to track both patients under investigation (PUIs) as well as project management efforts.

PUI Tracking Dashboards

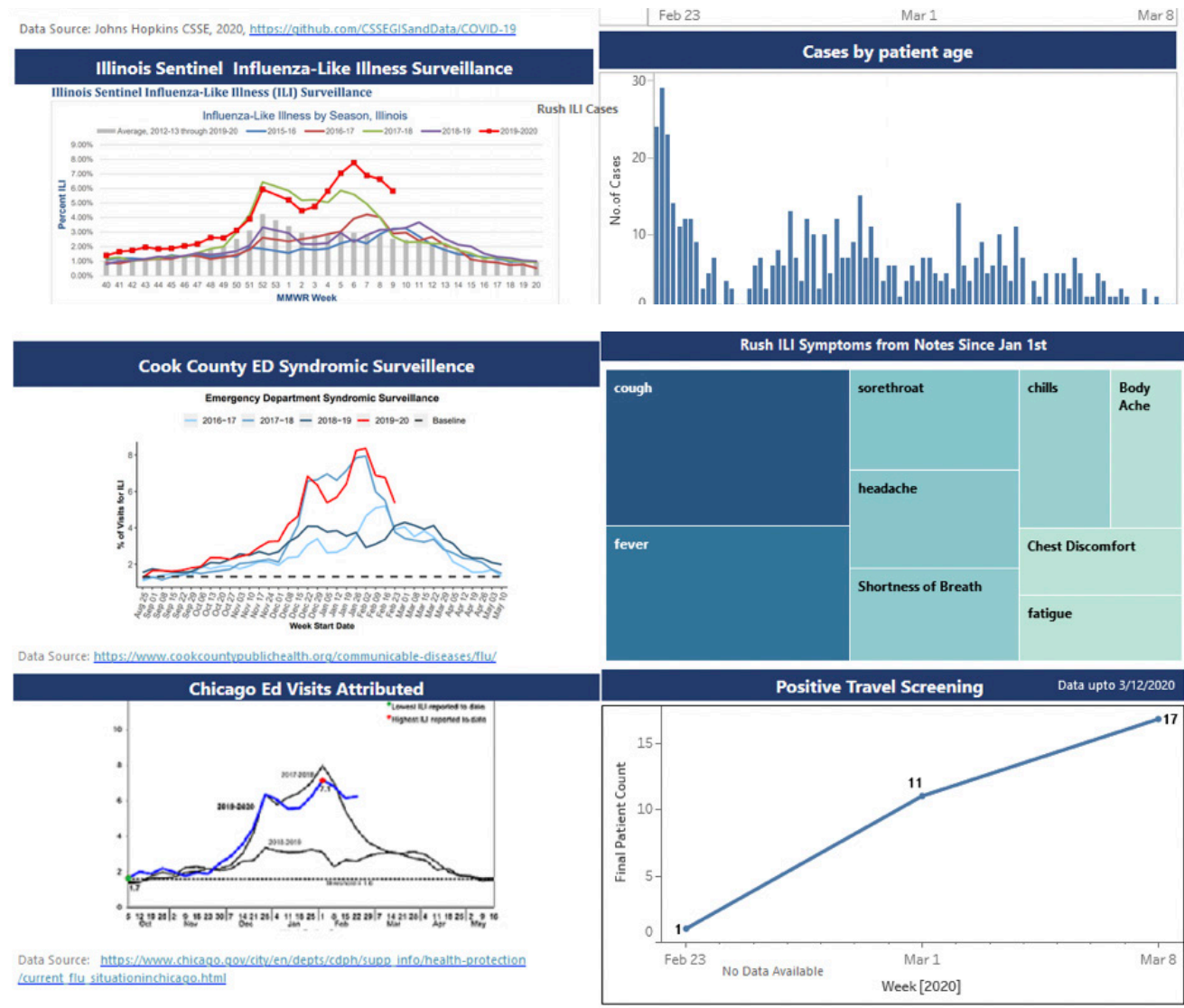
Dashboard of Informational Awareness

A combination of Excel, REDCap and Maestro was used to review PUIs,both locally and nationally, as well as understanding hospital capacity and flow. Efforts are underway to use predictive analytics to track supplies and absenteeism as potential indicators for virus spread. Epic registries are also being created to standardize and centralize PUI tracking for patients and employees.



National and Local Dashboards

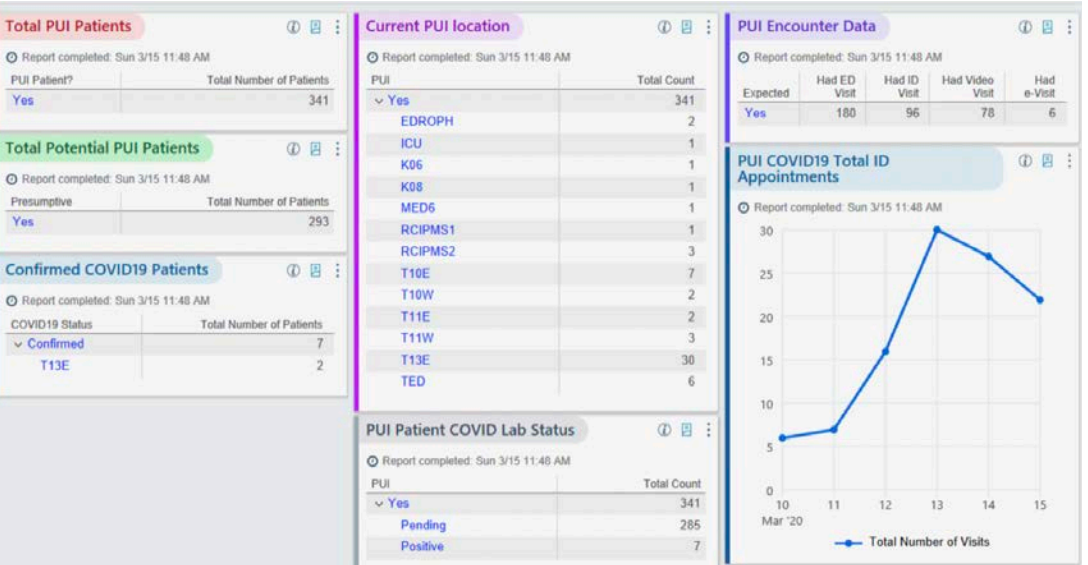
For virus spread. Epic registries are also being created to standardize and centralize PUI tracking for patients and employees.



Operational volumes:



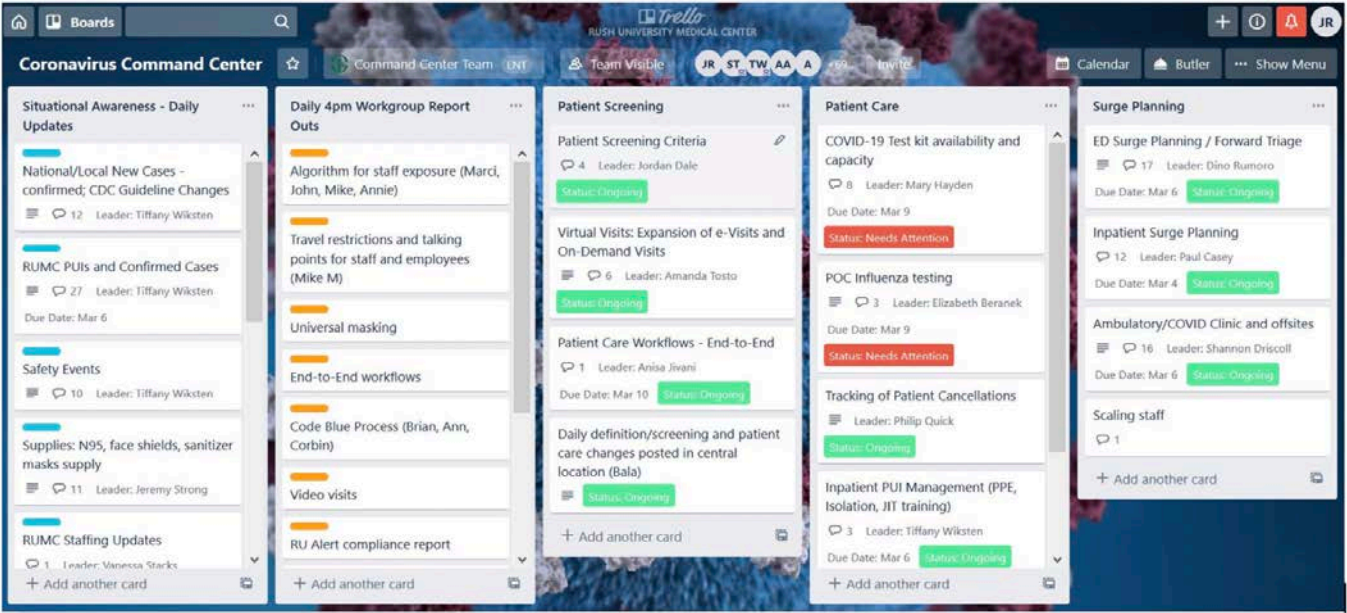
Rush Patients Under Investigation Dashboard



Project Management Dashboard:

Command center personnel with view and edit access have the ability to update and/or review the Trello Dashboard, which contains the following key workstreams:

- Situational Awareness
 - Daily 4 pm Workgroup Report Outs
 - Patient Screening
 - Patient Care
 - Surge Planning
- Visitor Management
 - Employees/HR/Workforce
 - Supplies/Equipment/Cleanliness
 - Staff Training
 - Communication



Communication Channels

Contact Numbers

Inbound COVID-19 questions and inquiries came in through a variety of channels, both internal and external, and were directed in the following ways:

- Patients, visitors and employees with general questions about Rush’s plans, prevention, those experiencing symptoms and more were directed to the Rush Call Center, 24-hours a day, seven-days a week.
- Employees with questions about patient care and issues specifically related to COVID-19 were instructed to call a hotline number connected directly to the Hospital Incident Command Center.

Cisco Webex

Cisco Webex is used to conduct twice daily web-based meetings. HCC report-outs occur at 9 am and 4 pm and include all command center staff. Virtual meetings allow command center team members to share critical information seamlessly while avoiding large gatherings. In addition to Webex meetings, the Webex Teams app is used for smaller workgroup chats and discussions throughout the day, which allows for easy information and document sharing.

COVID-19 Questions Website

As questions and concerns regarding COVID-19 naturally escalated, it was recognized that a virtual platform to answer questions would be useful. Members of the Rush community submit questions about COVID-19-related issues by logging into the Rush intranet and clicking on the “I want to submit a COVID-19 Question” link. Users can add a new discussion item or review previous question threads submitted by others. All question submissions are monitored by the HICS team and routed to subject matter experts as necessary.

