

Calgary Medical Emergency Operations Command (MEOC) - Department of Medicine Forum

Preparing Calgary's acute care health system:

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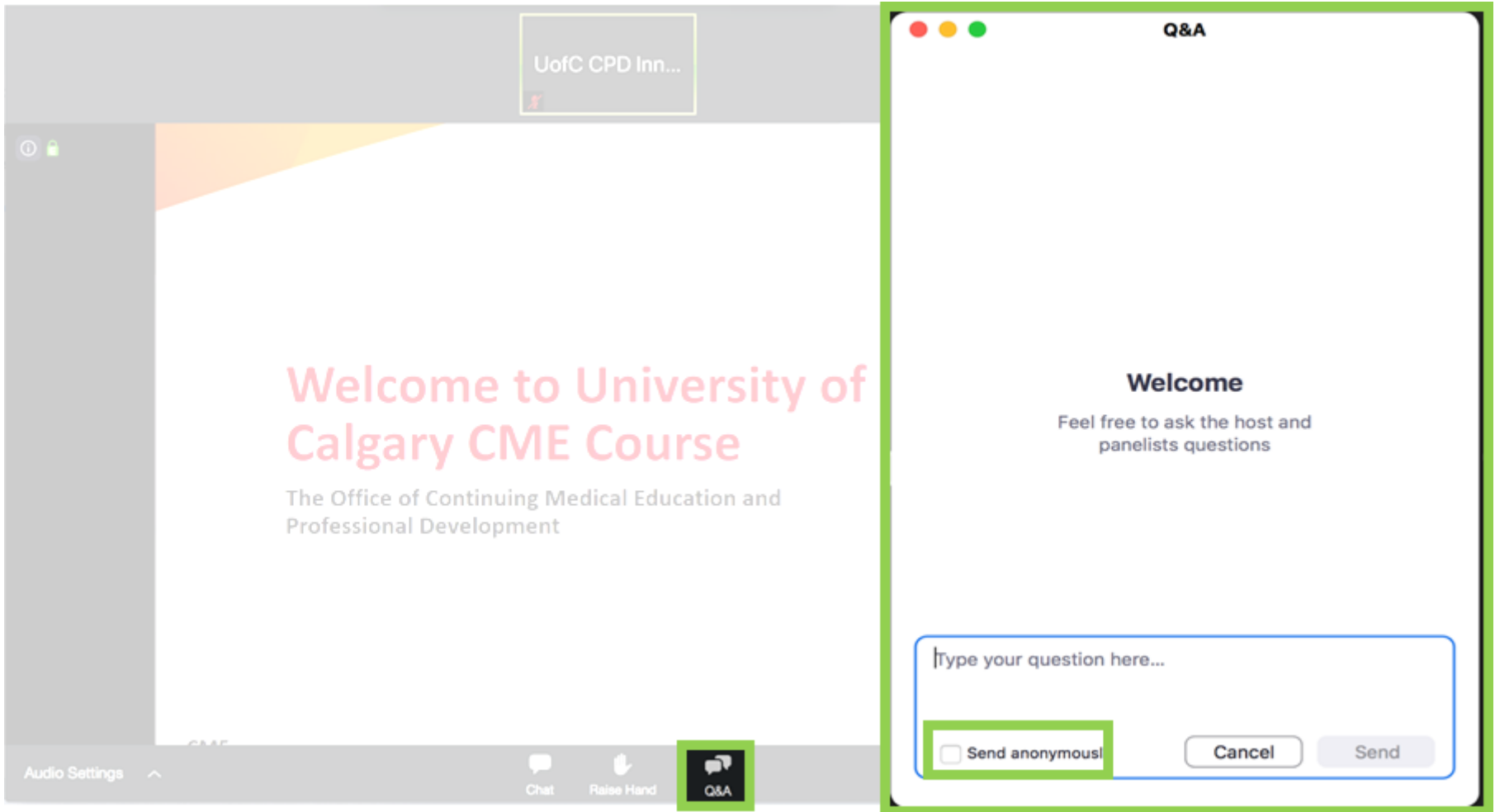
Friday Apr 3, 2020



Housekeeping

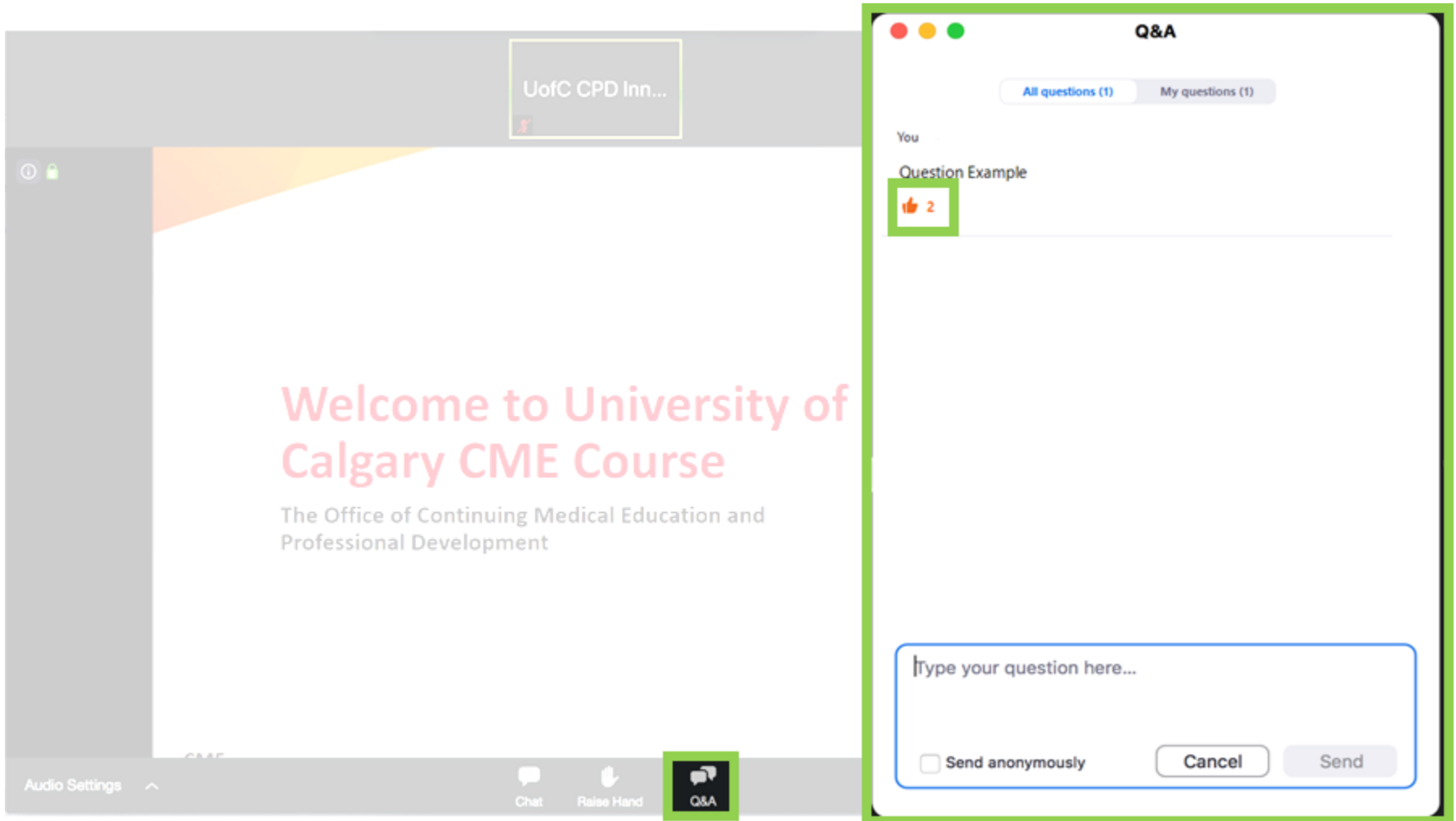


- Multiple speakers will address various aspects of the topic
- Adjust your speaker volume so that you can hear the session clearly
- There will be dedicated Q&A after all the presentations. The moderators will facilitate the Q&A
- There will be a registration survey to complete at the end of the webinar
- About how to submit your questions on Zoom . . .




The image shows a Zoom meeting interface. The main window displays a welcome slide for the "University of Calgary CME Course" with the text "Welcome to University of Calgary CME Course" and "The Office of Continuing Medical Education and Professional Development". A small window titled "UofC CPD Inn..." is visible in the top right. At the bottom of the Zoom window, there are icons for "Audio Settings", "Chat", "Raise Hand", and "Q&A". The "Q&A" icon is highlighted with a green box. A separate window titled "Q&A" is open, showing a "Welcome" message: "Feel free to ask the host and panelists questions". Below this is a text input field with the placeholder "Type your question here...". At the bottom of the "Q&A" window, there is a checkbox labeled "Send anonymously" (highlighted with a green box), a "Cancel" button, and a "Send" button.

To ask a question, select **Q&A** at the bottom of your screen.
You also have the option to submit questions anonymously.



The image shows a Zoom meeting interface. The main window displays a slide titled "Welcome to University of Calgary CME Course" with the subtitle "The Office of Continuing Medical Education and Professional Development". A yellow box highlights the "UofC CPD Inn..." text in the top right corner. A green box highlights the "Q&A" button in the bottom right corner of the Zoom interface. A separate window titled "Q&A" is open, showing a list of questions. The first question is "Question Example" with a thumbs up icon and the number "2". A green box highlights the thumbs up icon. At the bottom of the Q&A window, there is a text input field labeled "Type your question here..." and buttons for "Send anonymously", "Cancel", and "Send".

Use the Upvote button  to vote for the questions you also want to ask.
As the moderator, I may use the Upvotes to assign priority during the Q&A.

Conflicts, Disclosures and Inclusions



This presentation is copyright compliant.

No disclosures relevant to this presentation.

This presentation uses person-first and inclusive language.

I acknowledge the traditional territories of the Blackfoot and the Treaty 7 people, including the Siksika, Piikuni, Kainai, Tsuut'ina and Stoney Nakoda First Nations. Calgary is also home to the Metis Nation of Alberta, Region III.

Agenda



1. MEOC update
2. COVID-19 Case Volume projections
3. MD Safety and Training
4. Staffing Model and Scheduling
5. Recruitment & Enlistment
6. Timelines
7. Open Forum 60 min

MEOC Background



MEOC emerged as a result of:

- GIM section strategy -> DOM, city-wide strategy emerges (5 days)
- DOM strikes the City-Wide **M**edicine **E**mergency Pandemic **O**perations **C**ommand (MEOC)
- MEOC model approved by ZEOC (Zone Emergency Operations Command) and ZCDH (Zone Clinical Department Heads) (7 days)

MEOC Scope

- **Non-ICU Acute Care COVID-19 Patient Care**

MEOC Mission

- **Scalable, Sustainable and Safe**

Calgary Zone Integration



**MEOC Leadership
Team**

**AHS Operations
& ZEOC**

**CZ COVID19 Capacity
Team**

AHS Analytics

**AHS Medical Affairs
ZCDH**

6 Working Groups

**MEOC
Leadership
Team**

Staffing

**Interdepartmental Integration and
Clinical Process**

MD Training

Clinical Practice Guidelines

MD Safety and Wellness

Communications

**Calgary
Zone
Medicine
Hospital
Sites**

**Calgary
Zone
Patients**

Planning Principles

Plan for worst case demand scenario (hope for the best)

- Align Planning with AHS Operations in 4 phases:
 1. Mild
 2. Moderate
 3. Major
 4. Large
- Align verticals and adapt plan to each site
- Allow for maximum flexibility for Zone given surge demand and capacity unpredictable/unknowable (currently)
- Planned redundancy for HCW illness/isolation

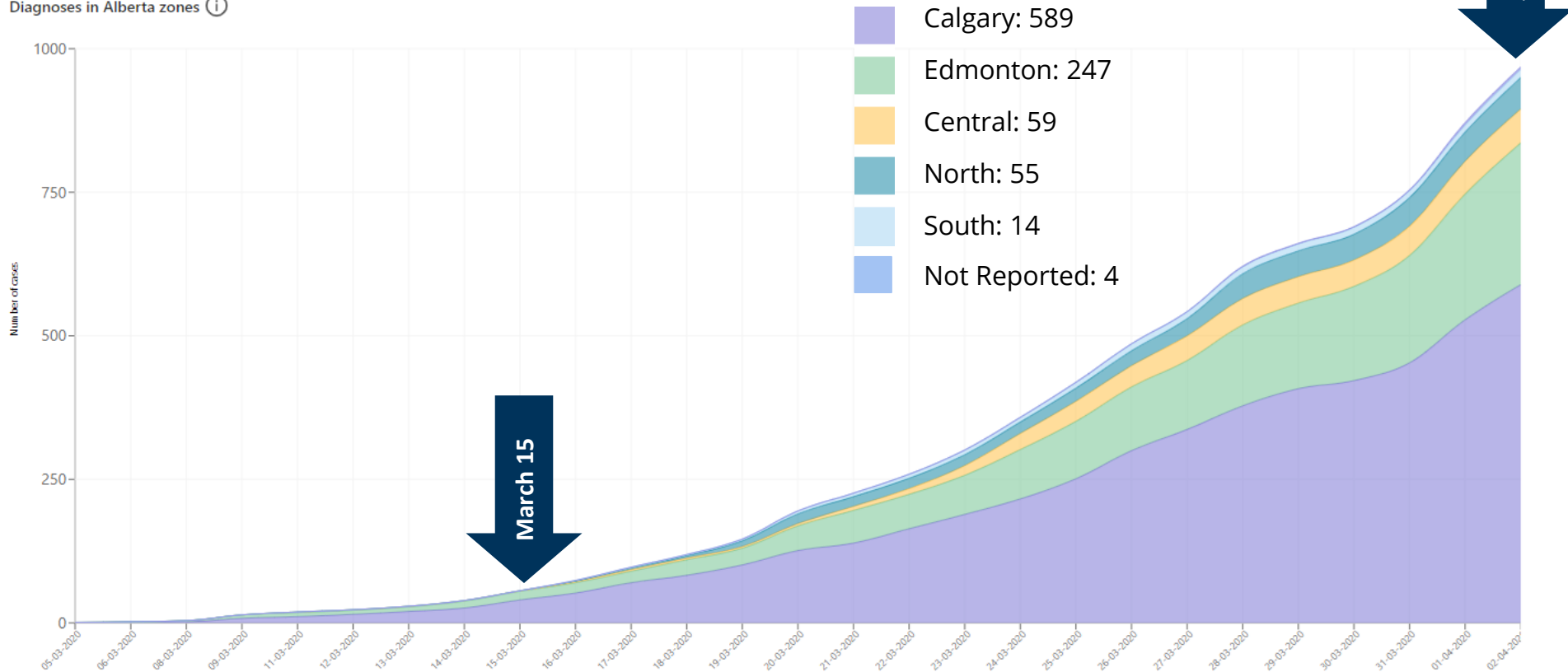
COVID-19

Latest Information

COVID-19 Cases in AB As of March 26, 2020

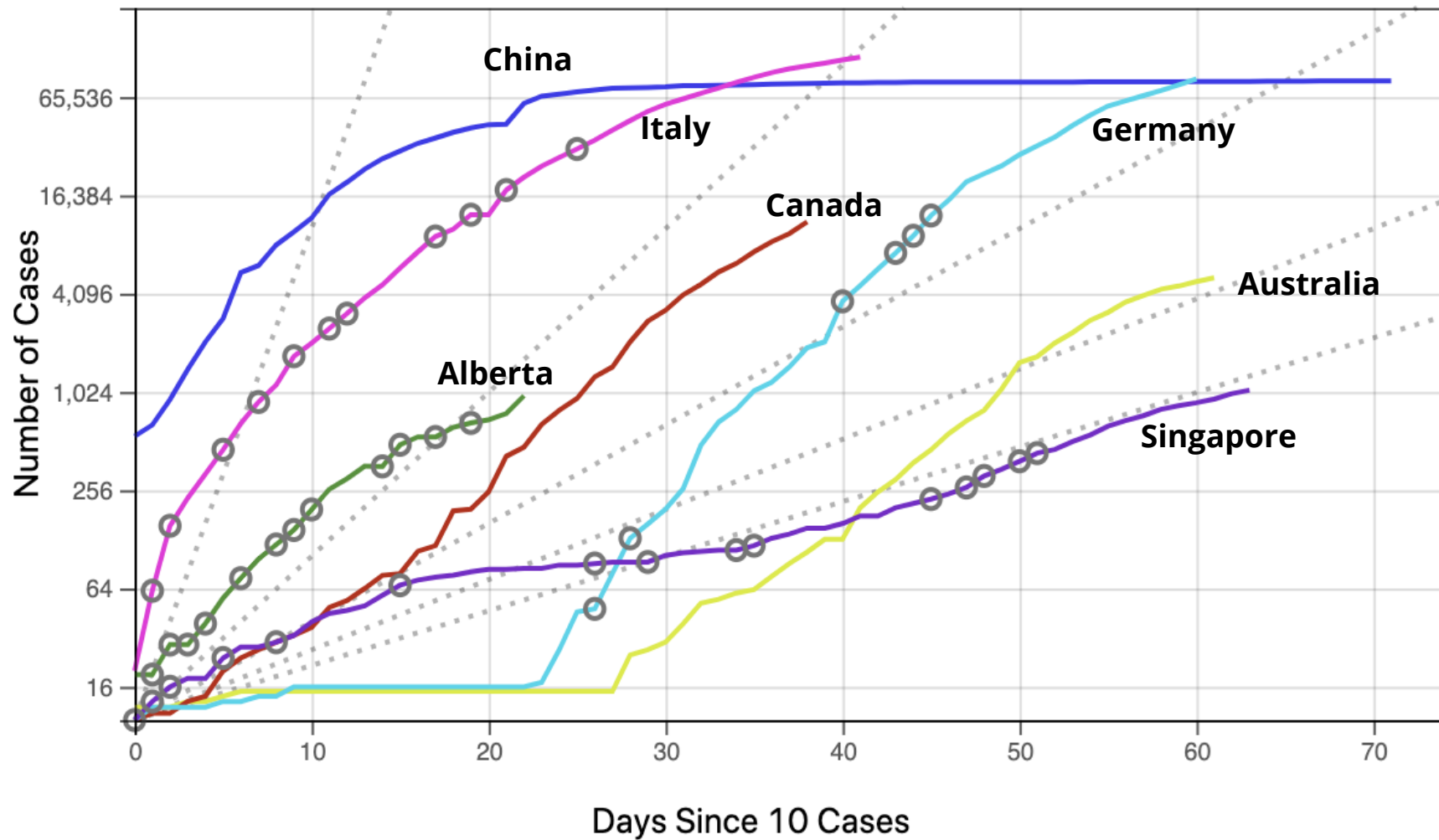


Diagnoses in Alberta zones ⓘ



Source: COVID-19 Tracker - Centre for Health Informatics, Cumming School of Medicine, University of Calgary,
<https://www.chi-csm.ca/>

COVID-19 Growth Globally



Source: COVID-19 Tracker - Centre for Health Informatics, Cumming School of Medicine, University of Calgary, <https://www.chi-csm.ca/>

Model of Care/Staffing

Assumptions



- Essential admitting and inpatient consulting services MUST continue
- Not all staff are comfortable operating in all roles
- MUST consider health, personal constraints
- Workforce may be reduced by illness/isolation ~20-25%

COVID-19 Team Structure



Alberta Health
Services



- Structure must be rapidly **scalable, sustainable** and **safe**
- Physicians will have varying expertise with acute respiratory care, palliative care, critical care
- Proposed staffing model
 - Pod structure
 - Pod Team lead - GIM/Resp/Nephrology
 - Pod MD - surge capacity MD
- Goals
 - Blend expertise across pods
 - Variable patient loads (to start)

Shift Structure

Non-COVID teams - continue with current schedules (24 x 7 days)

COVID teams

- 3 shifts/24 hours (daytime, evening, night)
- 4 days on, minimum 3 days off before next clinical shift
- Consistent team schedules to improve efficiency

**Inpatient
Teams**

24 hours shifts

7 day schedule

**COVID
Teams**

8-hour shifts

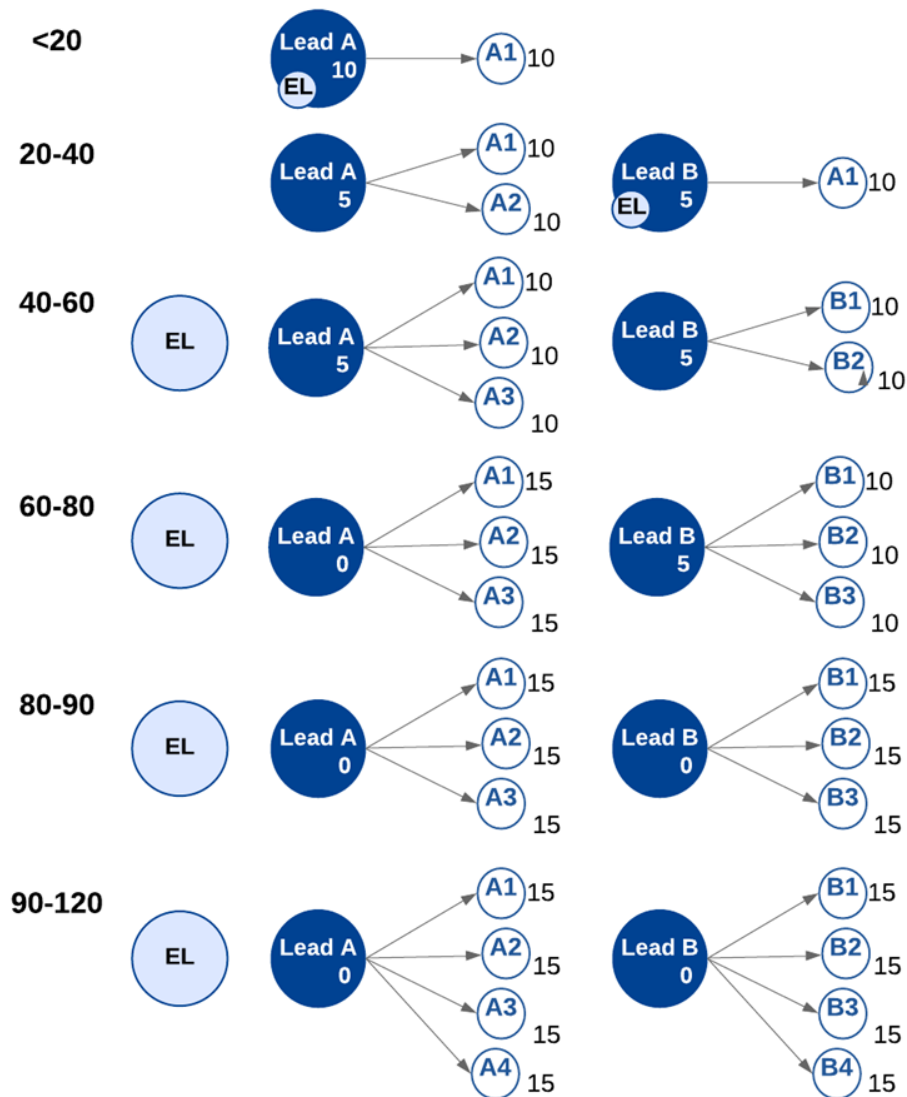
4 days on / 3 days off

COVID Pandemic - ILI Pod [team] Composition (example)

COVID Pod LEADs | COVID Pod MDs

Patient Capacity

ILI Pods



	Shift		24 H		4:3:3:4		With 25% Buffer	
Patient Capacity	L	P	L	P	L	P	L	P
<20	1	1	3	3	6	6	7	7
20-40	2	3	6	9	12	18	15	22
40-60	3	5	9	15	18	30	22	37
60-80	3	6	9	18	18	36	22	45
80-90	3	6	9	18	18	36	22	45
90-120	3	8	9	24	18	48	22	60

Scheduling & Deployment



- Combination of site-based and centralized scheduling
- Site - by GIM scheduling lead
 - Team leads
 - Emergency liaison
- Central - by central scheduling hub
 - Based on enlistment tool registration and online self-scheduler

Caveats

- Cannot guarantee site
- Need 1 non-site based team on standby
- May need to adapt schedule based on need

MD Safety

MD Safety Critical



- We acknowledge we have fears for ourselves/families
- This is of critical importance to our entire plan
- **We will support you the entire time**

Safety Plan:

1. **Physical Environment:** COVID-19 Designated units vs. non
2. **Critical Safety Training:** i.e., PPE simulations and drilling
3. **Infrastructure:** Call rooms, nutrition
4. **Staffing Model:** Disaster Medicine principles (ie, Ebola)
5. **Wellness:** Cognitive Load & fatigue, Psychological support

All Here:

<http://www.departmentofmedicine.com/covid-19>

Training Tools for MDs



The deployment of non-DOM subspecialists to manage COVID patients will require support and training.

Safety Bootcamp

- Strongly recommended/Mandatory three-part series
- Certification required
- A buddy-system PPE

Educational Resources

- Visit <http://www.departmentofmedicine.com/covid-19>

Deep Breath



Image by [Pcolaluca](#) from [Pixabay](#)



MD Clinical Support



Fully integrated with ICU

1. Anaesthesia Airway response teams 24/7
2. Code Team support 24/7

Integrated with ED

1. Fast, bundled triage and admissions
2. Partnered with Hospitalists
3. Clear pathways

This is an MTU of ILI's (so way easier than your residency)

1. Only ILI's/COVID patients
2. Always paired with Acute Care MD (GIM/RESP/Nephro)
3. Care pathways/protocols bundled and clear
4. SCM Ordersets already created

MD Wellness

Wellness



ALBERTA MEDICAL ASSOCIATION | Physician and Family Support Program

asking for support is a sign of strength

pfsp

Need help now?
Call us toll-free 1.877.767.4637
24 hours a day 7 days a week 365 days a year

Department of Medicine
Peer Support Team

The Department of Medicine community recognizes that our members are our most valuable assets. It believes that members should be supported through difficult times.

Who are we?
We are a group of formally trained Peer Support Team (PST) members available as a resource for our colleagues. We are to be supportive listeners, offer guidance, act as a liaison for outside resources (i.e., professional services), and ensure safety.

Why are we here?
The practice of medicine may be rewarding but may also at times be challenging. At some point, you may feel the need to seek support from a colleague. This may arise from any number of different situations, including imbalance between work and personal life; involvement in an adverse event; where a patient suffered serious or fatal harm; perceived inequity within the workplace; personal conflicts at home or at work; financial concerns; professional matters; or career track decisions.

How does it work?
We encourage you to bring forth any issue at any time. A list of Peer Support Team members is provided. You may contact any person on the list by cell phone or email and set up a time to talk. We take confidentiality seriously. The conversations you have with PST members will be held in strict confidence. This commitment to confidentiality would only be limited if your PST member perceived immediate safety concerns for you and/or others.

For questions or a list of the Peer Support Team members contact:
Dr. Jane Lemare
Well-Being Physician Wellness and Vitality, Department of Medicine
lemare@ucalgary.ca

Alberta Health Services | UNIVERSITY OF CALGARY | in collaboration with WellDoc Alberta

Well Doc Alberta

Shaping the future of physician wellness, together

Bulletins and podcasts with useful tips
welldocalberta.org

Logistics in the works... information for you



Alberta Health
Services



- Explored availability of insurance through AMA
- Nutrition plan for HCW in hospital - still unclear
- Parking fees suspended
- Location of showers for physicians
- Location of additional on call rooms
- Information on child care availability
- Asked for clarity about academic work expectations

Illness and death in our colleagues...



Your roles as attending physicians

- Patient-physician confidentiality
- You will be notified if a physician colleague passes away
- We are preparing additional support resources

Compensation

Enlistment



Emergency medical technicians after transporting a possible coronavirus patient outside of New York Presbyterian Lower Manhattan Hospital. Image by Mark Abramson for *The New York Times*. March 27, 2020, <https://www.nytimes.com/2020/03/27/world/coronavirus-news>



Makeshift emergency unit, Brescia Hospital, Northern Italy. Image by Luca Bruno, Associated Press. Featured in: Horowitz, J. Italy's Health Care System Groans Under Coronavirus – a Warning to the World. *The New York Times*, March 12, 2020, <https://www.nytimes.com/2020/03/12/world/europe/12italy-coronavirus-health-care.html?searchResultPosition=3>

Non-DOM Acute Care MD Enlistment and Recruitment



- This website will serve as a centralized MD enlistment and recruitment tool

<https://departmentofmedicine.com/covid-19/>

We need you

We will support you

We have a plan

We can do this