

# SPECIAL BOARD REPORT

APRIL 2020

Edward-Elmhurst  
HEALTH

*Healthy Driven*

## Executive Summary

Since China first reported a cluster of pneumonia cases in people associated with the Huanan Seafood Wholesale Market in Wuhan on December 31, 2019, COVID-19 has extended its reach to over 200 countries, with approximately 1.8 million confirmed cases and 110,000 deaths. The United States reported its first case on January 21, 2020, and by January 30, the World Health Organization (WHO), for only the sixth time in history, declared a ‘public health emergency of international concern,’ a designation reserved for extraordinary events that threaten to spread internationally. By March 11, the WHO had declared COVID-19 a global pandemic.

The first confirmed case in Illinois, and the second confirmed case in the United States, was reported on January 24, 2020, when a woman in Chicago with travel history to Wuhan tested positive for the virus. Since that time, COVID-19 cases in the United States have risen to nearly 550,000 (April 12, 2020), with nearly 21,000 deaths—higher than any other country.

With over 25,000 confirmed cases (April 17, 2020), Illinois now has the 8th largest number of confirmed cases in the country, and the 9th highest per capita rate. Cook, DuPage and Will Counties remain COVID-19 ‘hot spots,’ with the highest number of confirmed cases in Illinois.

EEH’s first COVID-19 inpatient was admitted on March 12 at Elmhurst Hospital. Edward’s first admission was on March 16. Since that time, inpatient caseload has grown to over 120 cases a day, representing a significant portion of average daily census.



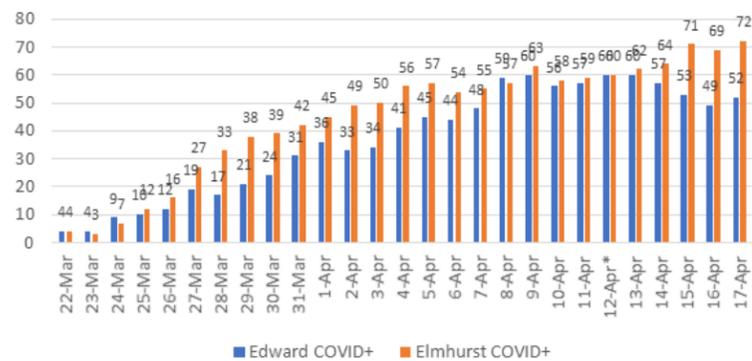
Edward-Elmhurst’s response to the COVID-19 pandemic has been swift, decisive and comprehensive. A steering committee, headed by Dr. Sanjeeb Khatua, was established in February, 2020. Subcommittees were immediately put into place, including inpatient and Emergency Department surge management, employee health and labor management, clinical pathways and algorithms, supply management and infection control. Daily huddles were initiated to review ever-changing recommendations from the Centers for Disease Control (CDC), Illinois Department of Public Health (IDPH) and others, to assess our readiness, and to execute effective strategies around patient care, labor, surge management, and supply acquisition and utilization.

By March 17, the Steering Committee had evolved into a virtual Incident Command function. The original subcommittee structure was reorganized to include the following teams: labor pool, surge capacity, testing, employee health, clinical pathways and algorithms, infection control, facility access control and screening, inventory control, and communications. Additional teams were created to include financial, payor contracting and regulatory surveillance, environmental services, employee support and telehealth. Daily coronavirus huddles continue, and the steering committee meets 3 times per week to oversee planning and execution. Physicians from throughout the System were brought in to support the workload of medical directors, infection control and employee health leadership and patient care. Finally, leadership continues to engage with the American Hospital Association, the Illinois Hospital Association, the Illinois Department of Public Health, DuPage County Health Department, and local and state legislators around advocacy efforts to support patient, employee and community safety.

The COVID-19 pandemic has generated unprecedented challenges for Edward-Elmhurst Health. It is a testament to the strength of the organization that we have been able to quickly mobilize hundreds of managers and physicians and thousands of employees, often placing them in new roles, to ensure an effective response. This report is an attempt to summarize the work that has occurred over the past 60 days by the EEH team.

**Daily Inpatient COVID-Positive Cases (excludes rule outs)**

Source: Daily Huddle





## Clinical pathways and algorithms

The COVID-19 situation changed rapidly, with recommendations from the Centers for Disease Control (CDC) and IDPH changing with similar speed. Multiple algorithms have been developed, ranging from managing contact with COVID-19 positive suspected patients to lab result processing and patient, employee, and leadership notification of confirmed cases. These algorithms

equip physicians, other clinicians and staff with clear pathways to manage a broad range of situations consistently and in accordance to approved guidelines. Algorithms are continually updated as new information and guidelines become available and are centrally located on the employee portal to ensure ready access by clinicians.

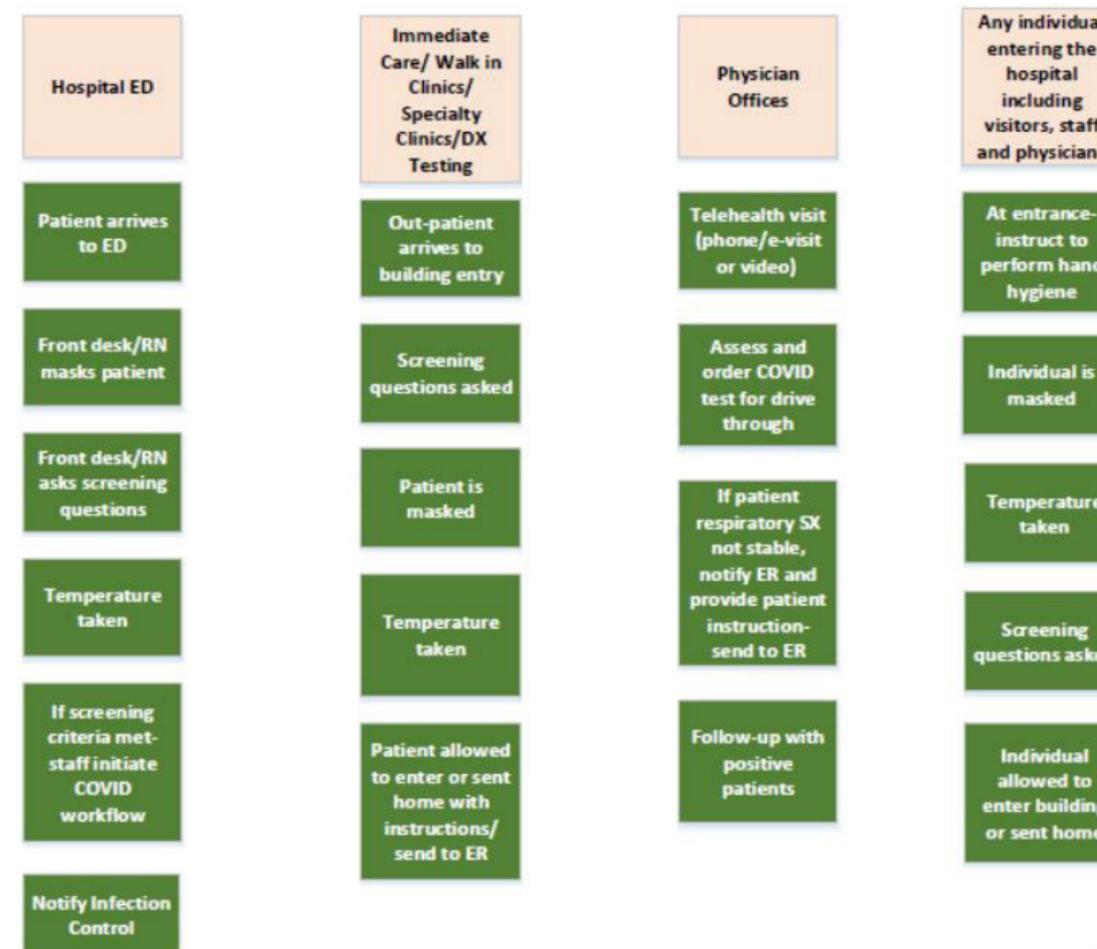


## Infection Control

Led by Infectious Disease specialists Dr. David Beezhold and Dr. John Pinsky, and EEH Infection Control Managers Annemarie Schmocker and Mary Anderson, Infection Control has played a critical role in managing EEH's response to the COVID-19 pandemic. They have been invaluable advisors in understanding and articulating the science behind the pandemic, CDC guidelines around preventing the spread of disease, and use of personal protective equipment (PPE). The team has established and continually updated system-wide protocols to support the appropriate isolation and care of patients as well as the monitoring and protection of healthcare staff and the community. Members of this team have actively participated in every huddle and steering committee meeting, as well as employee town halls, where they have answered many of the questions of greatest concerns to staff. In many ways, their work and commitment has formed the essential backbone of EEH's COVID-19 response.



## Universal Screening and Masking for COVID-19



## Inpatient and Emergency Department Management

As its COVID-19 census continued to rise throughout March and April, EEH remained agile with respect to patient management on its hospital campuses. Visitor restrictions were put in place on March 12, followed by screening processes to identify at-risk patients, visitors and employees. Entrances were closed to ensure compliance with screening protocols. On March 16, all non-essential procedures were cancelled to reduce the spread of the disease, allowing for the redeployment of staff and supplies to areas of greatest need. Tents were set up outside the Emergency Departments of both hospitals to screen and test patients while minimizing exposures within the Emergency Department. These tents also provided additional capacity during patient surges, even as patients were encouraged to avoid unnecessary visits. New procedures were put into place to isolate patients, staff and visitors in order to minimize exposure risk.

By March 26, when inpatient census grew beyond 30 patients, dedicated units were established at each hospital to enhance patient care, minimize transmission and preserve PPE. Leadership also developed surge plans on each campus to maximize ICU and medical surgical bed capacity and develop staffing patterns to accommodate continued spikes in demand. This included the conversion of medical surgical to temporary ICU units and the conversion of procedural holding and overflow units to ICU and medical surgical beds. On April 1, designated intubation teams, consisting of a respiratory therapist and anesthesiologist, were established at each hospital to ensure that experienced practitioners with proper PPE were immediately available for patient care while minimizing exposure to other staff.



Critical in this effort has been the management of the non-COVID patient population to ensure capacity is available for COVID surges. By cancelling non-essential procedures, non-COVID Average Daily Census (ADC) fell dramatically between March and April, allowing the hospitals to operate at approximately 60% of its available capacity. EEH continues to carefully monitor available beds to ensure adequate ICU and medical surgical capacity exists to accommodate unanticipated spikes in demand.

Post discharge planning is also critical during this time—and exceedingly complex. New challenges exist with placement of patients who require post-discharge quarantine to ensure the virus is not spread to other family members and caregivers. Through April 17, 257 inpatients and 508 confirmed ED/Observation patients have been discharged from EEH facilities. While the vast majority have been discharged home without services, Residential Home Care has provided post-acute home care services for approximately 20 patients. The EEH Care Coordination team has worked with partner Skilled Nursing Facilities (SNFs) to minimize transfers of COVID positive patients to the hospitals wherever possible, and to ensure the safe return of their COVID-positive patients to the SNF. Nevertheless, the ongoing post-discharge management of COVID-positive patients who cannot return home remains a concern. EEH is actively working with the DuPage County Health Department, IDPH and others to identify alternative placement options for this population, including hotels and college dormitories.



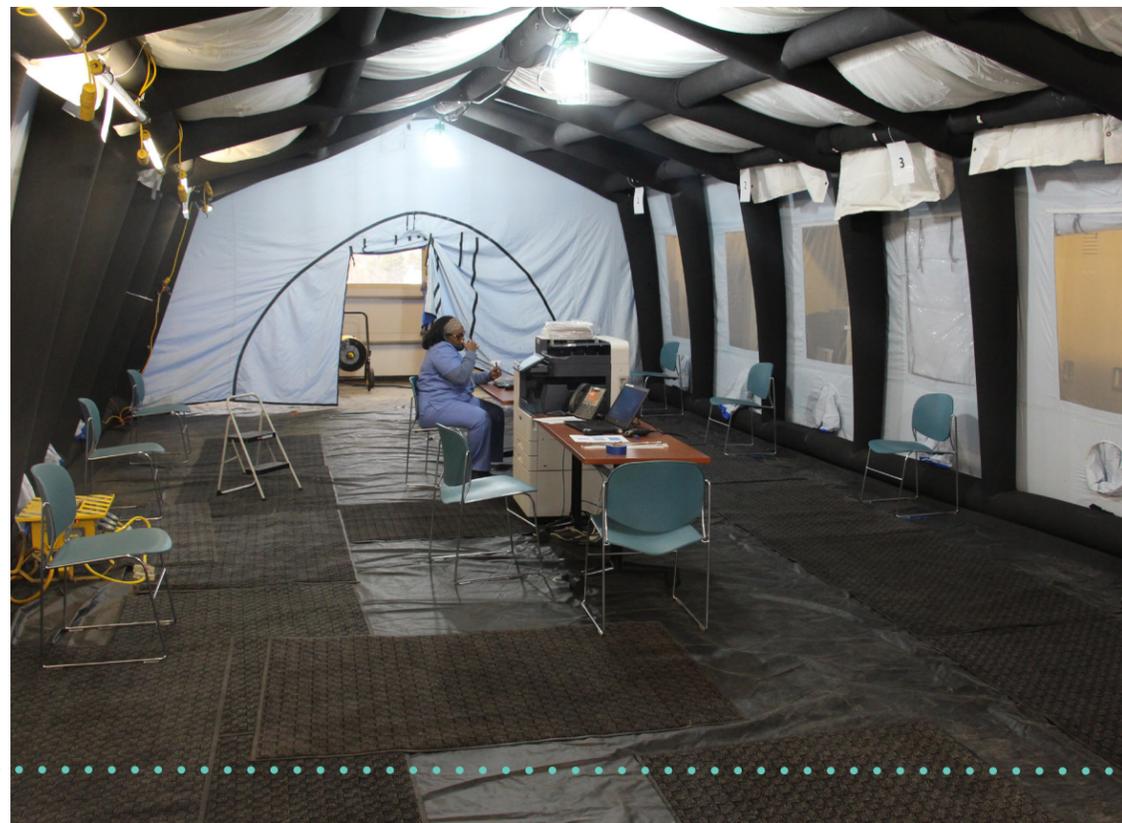
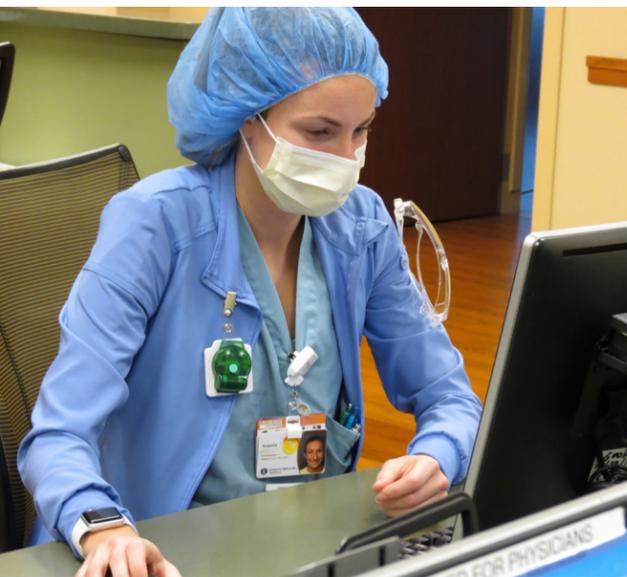
## Pharmacy

The Pharmacy Department proactively reviewed literature from China and South Korea regarding the disease and its progression and worked with professional organizations to obtain additional information on surge preparation, drug acquisition, treatments, and regulatory changes as a result of the federal emergency declaration. Considering early treatment information, Pharmacy utilized purchasing mechanisms to immediately procure product, including hydroxychloroquine, Kayletra, azithromycin, albuterol inhalers, inhaler spacers, propofol, paralytics, analgesics (fentanyl), sedatives (midazolam, lorazepam, ketamine, etc.), and Actemra. Because many of these products were only available on an allocation basis, multiple accounts were utilized to optimize product procurement. Pharmacy worked with DMG physicians as well as Premier, our Group Purchasing Organization (GPO) for direct access to product, and with various clinical committees



to develop treatment and monitoring protocols. Having these medications in stock has allowed our clinical teams to develop and implement clinical pathways without having to make considerations for drug shortages. This has given patients in our communities the ability to receive treatments in a timely manner, potentially leading to lower length of stay and improved outcomes for COVID-19 patients. The Pharmacy Department is working with the Institutional Review Board (IRB) to investigate EEH as a possible study site for different medications such as Remdisivir to assess their efficacy in treating COVID-19.

While no labor pool exists for Pharmacy, it is a critically important competency for the organization. The Department has implemented new staffing models allowing half of the pharmacist staff to work remotely while the other half works at the hospitals, rotating every 14-days to conserve staff and keep them healthy.



## COVID-19 Testing

Testing for COVID-19 is critical to ensure that treatment and isolation protocols are implemented as early as possible. Despite national constraints on testing capacity, EEH has been assertive in expanding its internal testing capabilities:

- By mid-March, tents were set up at both Edward and Elmhurst Hospital Emergency Departments as well as the Warrenville Corporate Office to provide COVID-19 screenings/testing to support social isolation while managing surges in the ED.
- On March 22, EEH became one of only 12 organizations in the State with the capability for internal testing, reducing dependence on state-run and commercial labs. This not only increased our capacity for testing to nearly 100 patients per day, but it also significantly reduced turn-around time (TAT) from 5-8 days to within 24 hours.

- On April 9, EEH implemented the Abbott ID-NOW Rapid test, further increasing testing capacity and turn-around time to approximately 577 specimens per day with TAT within 1 hour. Plans are in place to add Cepheid GeneXpert testing equipment, which provides another rapid method of testing and will continue to expand testing capacity.

These internal testing capabilities have enabled EEH to rapidly expand the number of patients and staff screened for COVID-19. Shorter turn-around-time has facilitated timely and appropriate treatment for those with symptoms and has enabled more immediate and targeted quarantine protocols for exposed staff. Current testing protocols include testing symptomatic patients based on CDC and IDPH guidelines, prioritizing inpatients and emergency department patients, symptomatic employees and symptomatic patients referred by employed/affiliated providers. With added capacity, testing has been expanded to the patients of a growing number of independent physicians in the area.

As of April 17, EEH lab has tested 2,990 individuals for COVID-19 with a positive testing rate of 25%.

## Supply Inventory and Management

Mirroring concerns expressed across the world, EEH has focused initiatives on expanding Personal Protective Equipment (PPE – gowns, gloves, masks, masks, goggles) supply while conserving utilization. We now know PPE is primarily manufactured in China. China is also where the original COVID-19 outbreak occurred which impacted factory workers and compromised the production of PPE in Chinese factories. Additionally, during the Chinese New Year factories closed for two weeks which was just prior to the US outbreak. Production is woefully behind, demand worldwide has skyrocketed, and the relationship between the United States and China is rocky. This created a perfect storm that proved disastrous for US health systems and health care workers. The exportation of PPE from China remains a significant problem – demand exceeds supply, clearing Chinese customs has become more difficult, and air transportation is severely reduced.

Therefore, shortages of N95 masks, surgical masks, ventilators and PPE continue to exist across the state and nationally. EEH continues to acquire PPE from an extensive number of conventional and non-conventional sources, with the goal of obtaining the maximum supply possible to cover immediate surges as well as the months ahead. PPE supply and utilization continue to be tracked regularly through newly developed dashboards.

In addition to PPE, anesthesiologists and EEH leadership have collaborated around ventilator management, including the modification of anesthesia equipment commonly used during surgery to provide mechanical ventilation. Through the work of this team, EEH now has the capacity to ventilate a total of 382 patients by utilizing alternative ventilator equipment and protocols.



## Ambulatory Management

Patient and staff safety have driven decisions to close many of our ambulatory sites, beginning with the Jewel Retail Clinics on March 12, and continuing with the closure of the Plainfield Cancer Center on April 6. Patients needing care were diverted to telehealth options, including e-visits and video visits, or to other open sites, including Bolingbrook, Lombard and Addison Immediate Care Centers, South Plainfield and North Elmhurst Walk-In Centers, and the Edward Cancer Center in Naperville. In addition to the closure of these access points, community education classes were cancelled as of March 12 and the Edward Fitness Centers were closed March 16.

For sites that remained open, algorithms were developed with protocols for screening at all entrances and for all physician and ambulatory visits. To further support patient care during this time, the nurse triage phone line, staffed by nurses who advise patients where and when to seek care, was widely promoted to patients. Calls into the nurse triage line, which is open from 8 AM-8 PM during the week and 8 AM – 4:30 PM on weekends, have grown to approximately 150 calls per day.



## Employee Health

Approximately 75 employees were exposed to the first Elmhurst COVID-19 inpatient before it was known that the patient was a potential COVID case. The Employee Health Department has been diligent in ensuring ongoing safety of our employees as the threat of exposure increased. Since early March, the Department has:

- Established an Employee Health COVID Call Center for employees with COVID-like symptoms and questions. Under the direction of Dr. Williamson-Link, System Medical Director for Employee Health, protocols have been created and labor pool nurses have been trained to triage employee phone calls, monitor employee symptoms, and order COVID testing if appropriate.
- Developed protocols for actively identifying, risk stratifying and screening employees exposed to positive COVID patients or employees. With the introduction of the Abbott ID NOW rapid test, nurses from the COVID Call Center have been cross-trained to collect specimen for the laboratory to process. Additionally, teams are working closely with tested employees to give results, monitor their symptoms,

and return the employee to work when appropriate. Any employee returning to work after a communicable disease (including but not limited to COVID) needs to be cleared by a healthcare professional. With the large surge of employees needing clearance, nurses from the Employee Health COVID Call Center have been cross-trained to examine and clear employees to return to work. These efforts have been critical in minimizing the number of employees placed on leave due to exposure risk.

- Developed recommendations, protocols and processes for employee safety, screening and use of PPE. Beginning April 2nd, all employees were required to wear face masks while in a hospital facility and beginning April 6, all employees entering any EEH facility were screened for temperature and symptoms upon entry.

As of April 17, a total of 1,598 employees were screened by Employee Health due to exposure to COVID-positive patients or employees. Of these, 35 are currently on leave due to COVID exposure. Forty-eight (48) employees screened by EEH have tested positive.

## Employee Support and Labor Management

The health and safety of our employees and physicians is our greatest concern, as our staff is our most important—and most scarce—resource for treating COVID-19 patients. It is critically important to ensure their protection with adequate availability of PPE during a time when guidelines from the CDC continue to change. The appropriate use of PPE is among the most controversial aspects of COVID-19 care management. A multidisciplinary group of providers, including infection control, primary care, occupational health, emergency medicine, pulmonary medicine, and others, as well as nursing leadership and staff, meets regularly to develop and update PPE policy and practice with consideration of CDC and IDPH guidelines and safe patient care. In addition to its continual focus on PPE, EEH has provided the following support to employees:

- On March 16, EEH implemented a Work from Home policy for any employee who did not need to be onsite. This required significant upgrades to licenses and the IT network, and additional equipment was purchased.
- The Human Resources Department developed strategies to locate dependent care for working parents and caregivers. A closed and moderated Facebook page was established to connect employees with childcare needs and employees who can help. On April 1, EEH announced a partnership with the cities of Naperville, Elmhurst and



Bensenville to offer reduced-rate licensed childcare for EEH employees at three sites in close proximity to the hospitals — Bensenville (ages 6 months-5 years), Naperville and Elmhurst (ages 5-12 years).

- On March 26, EEH announced the Caregiver Accommodations and Refuge Effort (CARE). Two area hotels are offering temporary housing at reduced rates to employees who are providing direct care to COVID-19 positive or suspected positive patients and reside with vulnerable family members.
- On April 1, EEH launched 'Moments of Reflection,' encouraging all staff and physicians to take a collective pause three times a day (7AM, 12 noon and 7 PM) to pray, meditate, or simply send positive thoughts to those needing support.



## MOMENTS OF REFLECTION

7 AM | NOON | 7 PM



- During the week of April 6, two new programs were launched:
  - **Staff Support Space:** special rooms were designated at Edward and Elmhurst Hospitals to provide tranquil, relaxing space for any staff member or physician needed to step away from the stress of the Coronavirus situation. These rooms are equipped with comfortable seating, music and guided imagery, eye masks and essential oils, salt lamps, dimmable lights, and, of course, hospital-issued PDI wipes to clean items after use.
  - A **COVID-19 Healing Team** was established, comprised of Linden Oaks professionals trained to provide support and intervention to employees, either individually or in groups. Eleven team members are dividing their time 24/7 between the Emergency Departments, ICU and all units treating COVID patients at Edward and Elmhurst Hospitals.
- On April 9, EEH announced a partnership with Elmhurst College to provide temporary housing for staff who test positive for COVID-19 and reside with vulnerable family members (availability began April 16).

## Labor Pool

The closure of sites and reduction in services across the system, including elective surgeries, walk-in clinics, and fitness centers, freed up hundreds of valuable staff members who could be redeployed to more critical priorities across the System—including 24/7 support for inpatient care, transport, employee/visitor screening and housekeeping. A COVID-19 labor pool was established to manage the process of staff redeployment. This enormously complex undertaking involved the establishment of eligibility and compensation policies and procedures, an infrastructure to identify staffing needs and match request with appropriately skilled employees, redeployment and training protocols, and deliberate tracking mechanisms.

The Labor Pool now consists of over 1,000 employees, with over 60% currently in re-assigned roles. RNs and other clinical providers continue to be the area of greatest need, and the Labor Pool team continues to work on strategies to expand the availability of these staff.

## Communications

The challenge of managing internal and external communications around an unprecedented pandemic cannot be over-stated. The Marketing and Communications Department has been an integral part of EEH's COVID-19 response, which has involved translating complex medical and epidemiological information into user friendly terms for patients, staff and the general public, continual updates to signage, website and portal content, effective media and public relations, monitoring and responding to social media concerns, and providing transparent communication on an ongoing basis to all stakeholders. In addition to their traditional role managing marketing and communications, members of the Department have been critical to the deployment of digital tools such as the online Chatbot to educate patients and direct them to appropriate care while minimizing public exposure.

The Department has spearheaded the following communications initiatives:

### Internal Communications:

- Established a dedicated COVID-19 resource page on the E-squared employee portal, including general and clinical information and protocols critical to safe patient care. This site is updated continually to communicate the latest information relevant to our patients, physicians and staff.
- A coronavirus@EEHealth.org email address was established to allow employees to ask questions, submit comments and ideas and get information about COVID-19 and EEH's response. This site is monitored daily, with an average of over 100 questions and comments submitted throughout March.



- Developed daily 'Breaking News' emails with the latest information on COVID-19 of relevance to our employees, including new protocols, day care options, support services, and status reports.
- Town Halls: Beginning March 18, weekly virtual town hall meetings have been held for employees and medical staff. These have been extremely well attended, averaging over 2,000 participants each week, and provide an opportunity to provide the latest information while immediately responding to employee questions and concerns using ChatBox technology.



### External Communications:

- Established a public-facing COVID-19 site on its eehealth.org website. This site provides continual updates on the coronavirus, visitor restrictions, screening options and processes, and other information to ensure patients remain safe and receive the appropriate care. To date, there have been 240,000 unique pageviews for all the COVID-19 content.
- In addition, the Department has continued to send out eblasts to residents of the service areas with relevant information, including blogs to protect personal and family safety, promote positive lifestyle and coping strategies, and other timely and valuable information for dealing with health concerns during the pandemic.
- A virtual triage chatbot was launched and named Eleanor (see page 15). In addition, COVID-19-related marketing consisted of a 30-second Spotify ad, digital billboards (7), print ads and social media posts.

## Community Support

We have received outstanding support from our community, including but not limited to:

- Daily deliveries of free food for employees
- A contribution of \$30,000 and PPE from the Chinese American Community of Ray Chinese School Naperville
- Donations of PPE, hand sewn face masks, and other needed comfort items
- Networking and partnerships to support staff childcare needs



### Public Relations/Media Coverage:

- Through its partnership with ABC-7, the team created Healthy Driven Chicago content focused on COVID-19 to include a TV spot featuring Sanjeeb Khatua, MD, Incident Commander.
- The health system has received significant COVID-19 media attention to include coverage in the Chicago Tribune, Daily Herald and several local newspapers, as well as broadcast coverage on ABC7, NBC5, WGN, NCTV17 and a national story on ABC News.



- Support for staff and post-discharge housing
- Offers of 3-D printing capabilities to support PPE manufacturing and availability
- Letters of encouragement from school children across the area
- Participation in area blood drives

Local mayors, school districts and park districts have been extremely responsive to our needs, and we are frequently communicating with them on ways to provide mutual support throughout the pandemic.

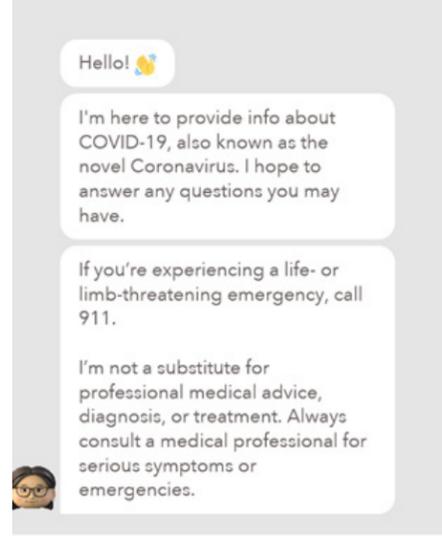
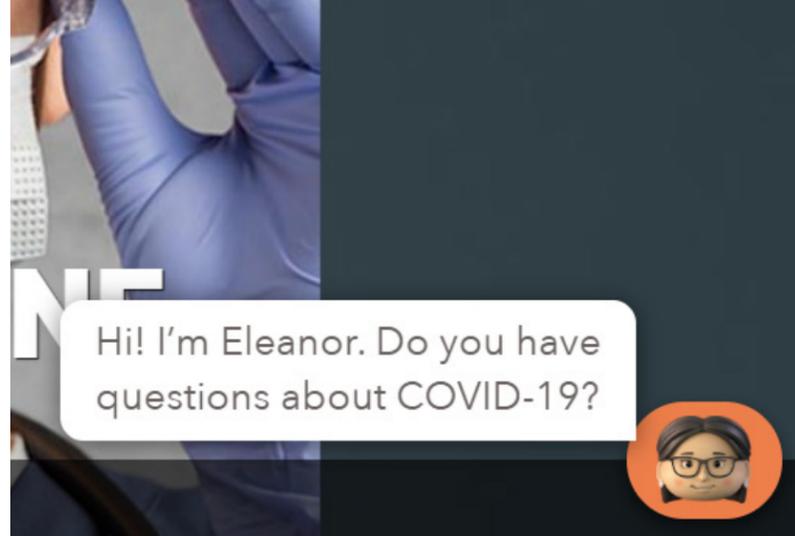


## Telehealth and Innovation

EEH leaders have been actively involved in several industry forums to share best practices and learn from other health systems to expedite internal innovation. Workgroups were put in place in early March to plan, scope, and rapidly execute new technologies and innovations in response to the COVID-19 pandemic. Examples include:

### Virtual Care:

- Digitally Enabled Navigation – On March 23, EEH launched a COVID-19 specific chatbot (Eleanor) on the eehealth.org website and the MyEEHealth mobile app. The chatbot provides a self-service symptom checker to assess for COVID and navigate patients to care, while also answering frequently asked questions related to COVID. The clinical assessment algorithms follow current CDC guidelines and are continually updated. Since March 23, over 7,000 users have benefitted from the chatbot.
- Virtual Visits – With CMS COVID-19 waivers providing for new reimbursement and fewer privacy requirements for virtual care, virtual visit options were expanded to support social isolation and limit potential exposure. EEH employed and affiliated providers are now providing three virtual options, including E-visits (i.e. online diagnosis and treatment planning via online messaging in MyChart), telephone visits, and video visits. In total, over 23,000 virtual visits have been provided by more than 550 providers across the system since March. In addition, Linden Oaks has launched several virtual initiatives to continue to provide vital behavioral health services. Telemedicine is now in



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place to provide psychiatric inpatient and emergency consults at Edward and Elmhurst Hospitals via video. In lieu of in-person outpatient visits, Linden Oaks Medical Group (LOMG) providers implemented telephone and video sessions in March and conducted over 850 virtual visits/sessions through April 12. Over 15 Edward and Elmhurst hospital outpatient programs and clinics, including rehabilitation, cancer center and heart programs will go live with video visits during the third week of April.

- Remote monitoring – Remote monitoring tools are being implemented for our care teams to monitor and track patients' health remotely while at home. Currently, the focus is on monitoring COVID-19 symptomatic patients discharged from the emergency department and inpatient units.



### Patient Care and Safety:

- Extending IV Tubing – EEH purchased extra-long IV tubing to allow the placement of IV infusion pumps outside the patient room. Nurses are able to titrate medications and address pump alarms without donning PPE to enter the isolation rooms. Pharmacy ensured the appropriate adjustments to medication dosing for patient safety. This innovation decreased the utilization of PPE needed and reduced nurse exposure.
- 3D Printing – In partnership with local schools and other area resources, EEH is utilizing innovative 3D printing technology to help fill the demand for critical personal protective equipment (PPE) including face shields. In addition, the son of Raj Iyer, System Director of Analytics and Business Intelligence, spearheaded an effort to use 3D printing to increase the supply of N95 masks. Hundreds of these face shields and masks will be manufactured to complement existing PPE supplies. Printing of other supplies are being explored.

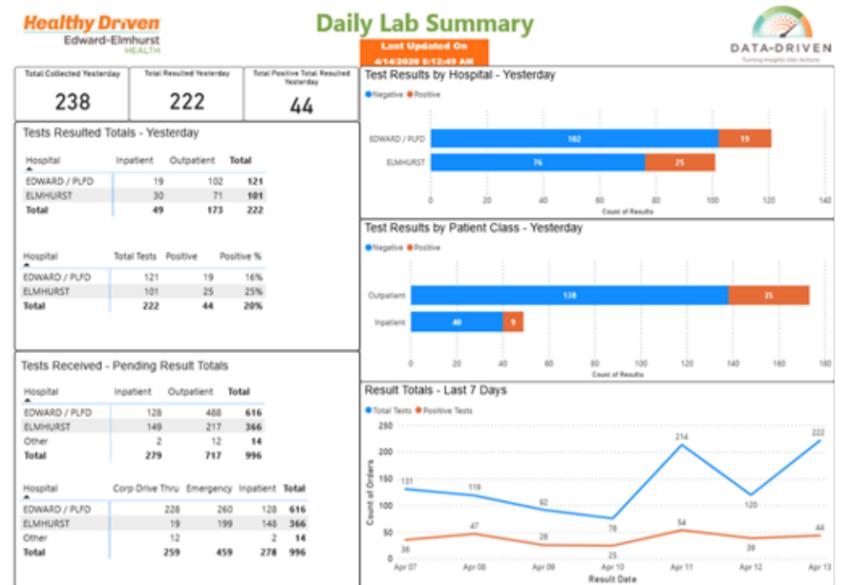
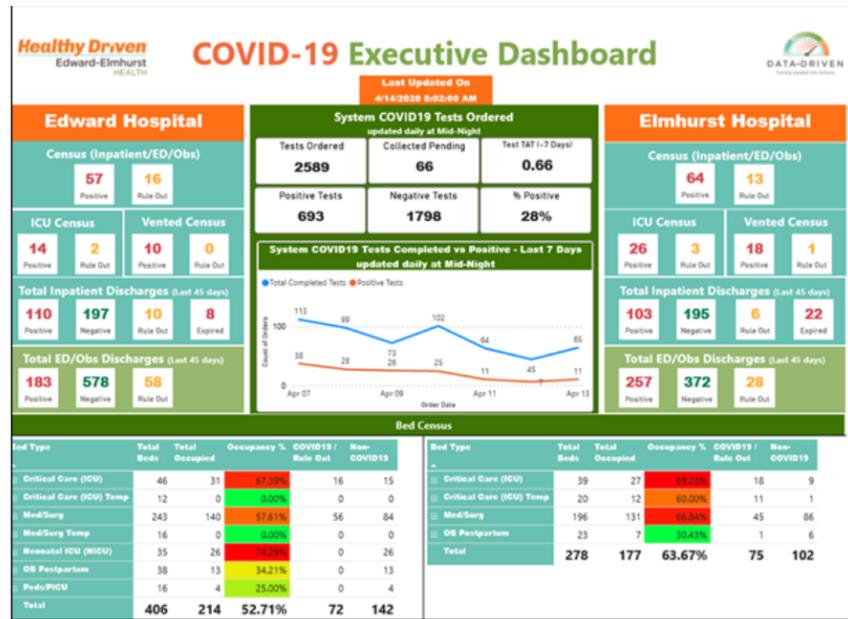
- Caring for Isolation Patients – In order to safely care for those patients in isolation while also protecting our caregivers and minimizing unnecessary exposure, EEH creatively deployed the use of baby monitors and iPads to allow patients to stay connected to staff and express their needs. Provider are now routinely using iPads to remotely round on isolated patients.



- Infrared Thermometers/Thermal Cameras – To more efficiently screen patients, visitors, and employees entering our facility for fever, EEH implemented the use of no-touch infrared thermometers, and is also piloting the use of a thermal camera system which can screen temperatures of multiple visitors at once. These solutions require less labor time while minimizing supply usage.
- Driven by the efforts of Edward Emergency Physician Pete Schuebel and his wife Jen Schuebel, a large supply of reusable half mask respirators was sourced. By March 29, physicians and staff in high risk areas began wearing the respirators to provide protection while conserving PPE supply.

## Business Intelligence and Analytics

The Analytics Center of Excellence team has developed dashboards and tracking metrics for COVID census, PPE availability and burn rates, equipment and bed availability, testing capacity and results, labor pool capacity and employee exposures, testing results and work status. This work has been invaluable in understanding and communicating our current status, providing input to surge capacity planning, and supporting timely and effective decision making. A daily executive dashboard is now posted on the EEHealth employee portal to support the transparent communication of COVID-related information across the organization.



## Legal

EEH's Legal Department has been actively involved in advocacy effort with the Illinois Hospital Association (IHA) and tracking changes related to the Coronavirus Aid, Relief and Economic Security Act. The Department has been advising on various COVID related matters including:

- Providing daily legal updates to senior leaders regarding the regulations, waivers and government guidelines related to COVID and how they may impact EEH.
- Recommending strategies to implement alternative telehealth platforms across the system for purposes of taking advantage of the Office of Civil Rights (OCR) HIPAA enforcement waivers and new CMS/Payor payment rulings for telehealth.
- Taking advantage of at least two Stark Law/Anti-kickback waivers issues by CMS, including implementing a waiver process for rent deferrals for physician tenants and providing hotel housing for physicians needing to quarantine during the emergency.
- Working with local leaders to request physician immunity from civil actions during the pandemic. Governor Pritzker issued an order to grant such immunity to all healthcare providers acting in good faith during the emergency.

- Counseling our medical staffs on the ethical and legal implications of non-resuscitation, non-beneficial treatment and resource allocation matters related triaging and providing end of life care to COVID patients.
- Guiding senior leaders on a wide variety of matters related to employment law, CMS orders, HIPAA, and other healthcare regulatory matters arising from the crisis.

## Financial

The Finance team has developed a model to track daily revenue and expenses to quantify the impact of COVID-19 on future financial performance and to put into place practices to support COVID-related expense recovery as opportunities present themselves.

Excluding COVID impacts, March performance was approximately \$1M against a budget of \$1.2M. After considering the BCBCIL budget, the results would have exceeded budget by approximately \$400,000. COVID impacts were felt quickly and severely in the second half of March. Estimated impact on March was \$24.3M. April is expected to be worse. Future months are unknown.

Actions taken to manage and address the situation include:

- Management is securing up to \$285M of additional liquidity through new lines of credit and short-term debt.
- Accelerated payment advances from CMS have been requested (estimated \$130M).
- Early release of \$25M of stimulus money has been received.

- A Business Recovery Committee has been assembled and work has begun to ensure maximum recovery from all possible sources.
- A COVID cost center has been set up in the General Ledger (GL) to track expenses.
- A special code has been set up in payroll to capture COVID impacts
- Consultants have been engaged that specialize in this business recovery work.

- A team has been assembled for each source of relief and subject matter experts (SMEs) for each type of relief (e.g. PPE) have been identified.
- Capital spending has been reduced to emergency only capital.
- Hiring has been frozen except for mission critical positions.
- Other spending has been delayed or curtailed.
- A rapid action team has been formed to develop a strategy for recovering procedural and other volume that was cancelled due to the COVID-19 pandemic as soon as it is safe to do so.



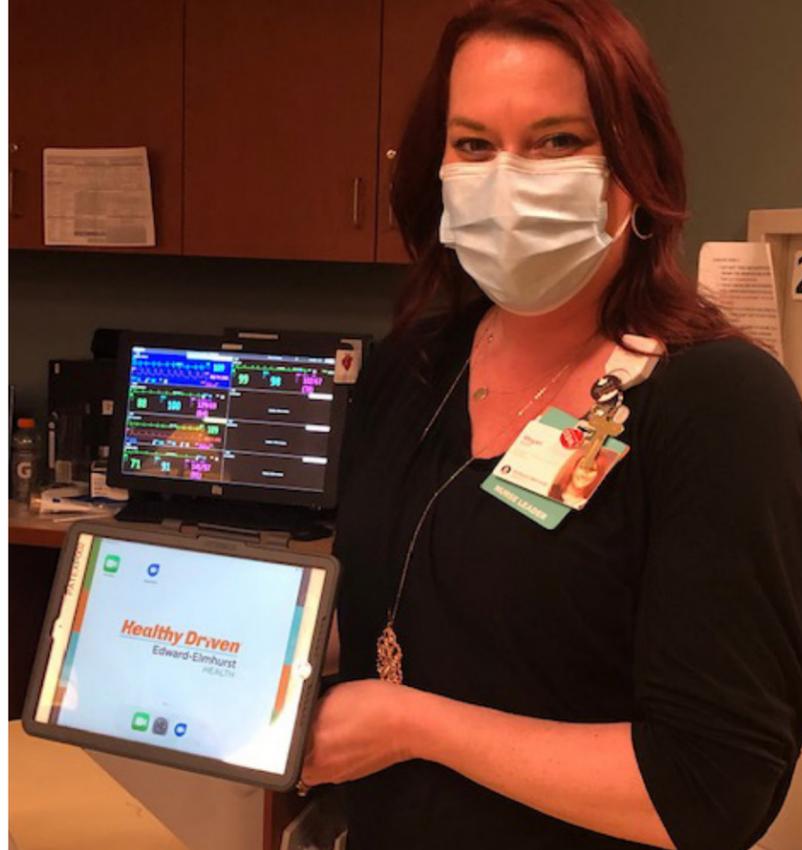
## Patient Experience

Throughout the COVID-19 crisis, EEH has remained committed to person-centered care and Transformation Px™. All staff, supported by the Patient Experience team, have been diligent in ensuring patient and family needs are met, despite new challenges of isolation, uncertainty and anxiety. Formal initiatives that have been launched include:

**“Peace of Mind”** dedicated phone line. Family members wishing to get additional information about at patient are encouraged to call a dedicated phone line to speak with a member of the Patient Experience team. This phone number is not intended to replace family communication with nurses and physicians, but rather to give family members at home an additional resource and peace of mind.

**“Piece of Home.”** Friends and family are encouraged to bring in items to make a patient’s room feel more like home. With safety and infection prevention guidelines in place, families are encouraged to drop off books, pictures, keepsakes, letters, drawings and similar items, which are delivered directly to the patient by a member of the Patient Experience team.

**Comfort Calls:** Every day, a Patient Experience team member calls our patients in isolation to touch base. If a patient is unable to talk on the phone, the team reaches out to his/her family.



**Virtual Connection.** Patients and families are encouraged to use EEH’s free Wi-Fi service to stay connected with isolated patients through virtual communication on their mobile devices using common apps including Face Time, Skype, Google Duo and more. Instructions are provided. Those without a device are encouraged to use bedside phones.



**Healthy Driven**  
Edward-Elmhurst  
HEALTH

*Stay connected  
with your loved ones*

**3 steps to connect virtually**

Thanks to today’s technology, virtual communication is easier than ever. Many personal devices (smartphones, tablets, laptops) have free and easy ways to communicate via text, voice or video calls.

**Step 1: Connect to our free guest Wi-Fi**  
While on-site at Edward-Elmhurst Health, use our free Wi-Fi. Select the network: EDWARDGUEST@EDW or ELMHURSTGUEST@ELM. Ask your care team for help if you need it.

**Step 2: Select (or download) the app of your choice**  
There’s a good chance your device has an app already installed. If not, download one from your app store (examples below). *Both parties must use the same app to communicate.*

-  ▶ FaceTime (Apple) or Google Duo (Android)
-  ▶ Facebook Messenger (messenger.com)
-  ▶ Google Hangouts (hangouts.google.com)

**Other resources**

It’s recommended that one person act as the contact person to get updates about a patient. CaringBridge.com provides one centralized place for loved ones to exchange information about a patient’s status.

**No device? Use the in-room phone**  
Patients can always use their hospital bedside phone to talk with loved ones if they don’t have access to a smartphone, tablet or laptop.

**Our Patient Experience team is here for you**

We’re committed to helping you feel cared for and heard during this unprecedented time.

## Moments of Hope

As difficult as the pandemic has been for staff, we have also seen many moments of optimism and hope. And while we hear about numbers of death and numbers of new cases every day in the media, we’ve seen many examples of patients who beat the odds and beat coronavirus.

The first younger patient admitted to Elmhurst Hospital with a COVID-19 diagnosis was a 30-year old father. Admitted on March 23, he was very sick and needed to be intubated. While staff were doubtful that he would survive, no one gave up. After 21 days of being on a ventilator, the patient was extubated on April 14. To the surprise of his medical team, he was soon completely alert and oriented. The EEH patient experience team, along with the patient’s nurse, Joby Stephan, got a tablet to his room right

away and helped set up a Facetime chat so that he could see and talk with his wife and little girl after a month of being apart. There were no dry eyes in the room.





## Putting Hope on Display with Daffodils

Traditionally a symbol of rebirth and new beginnings, daffodils are now providing an uplifting representation of those who are winning the fight against this deadly virus. Starting April 21, we began acknowledging each COVID-19 inpatient discharged from Edward Hospital or Elmhurst Hospital with a 24-inch, decorative daffodil lawn ornament outside our hospitals. The flowers were “planted” on Washington Street at the Edward campus and outside the East Entrance on the Elmhurst campus.

Banners were also posted in the Edward north and south lobbies and in Elmhurst’s Wildflower Café and near the employee entrance. The banners are being updated daily with the total number of coronavirus patients discharged across the system.

Starting April 22, every coronavirus patient left the hospital with a live daffodil and note of encouragement for health and happiness while they complete their healing at home.





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SAFE

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SEAMLESS

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PERSONAL

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