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AUGUST 2020

REVIEW

Virginia's magazine for hospitals and health systems

HOSPITALS ON
THE COVID-19
FRONTLINES



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In This Issue

- 3 Executive Message
- 4 Augusta Health Crop to Community Program
- 9 Behind-the-Scenes at Ballad Health
- 12 Bon Secours Pivots to Pandemic Response
- 15 Carilion's Silver Lining Playbook
- 17 Centra, Clinch Valley Health Care Heroes
- 19 Josie's Story: Children's Hospital of Richmond at VCU
- 21 HCA Virginia Health Care Hero
- 22 Inova Expands Telehealth in a Pandemic
- 24 Conversion Project: Mary Washington Builds a Field Hospital
- 26 Riverside Health Care Hero
- 28 Novant Health UVA Health System Health Care Hero
- 29 UVA Helps Fill COVID-19 Testing Void
- 31 Sentara Creates COVID-19 Testing Lab
- 32 VCU Explores COVID-19 Treatments
- 33 Virginia Hospital Center Rapid Testing
- 35 Research Corner: COVID-19 Data Dashboard



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EXECUTIVE MESSAGE



Michael P. McDermott, MD
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Each day, the dedicated caregivers at Virginia's community hospitals and health systems tend to the medical needs of hundreds and thousands of patients, and their families, with compassion and commitment. This important work has taken on new dimensions as the health care community, and the world at large, has banded together to respond to the unfolding COVID-19 global pandemic. During this time, VHHA, member hospitals, and the Virginia Healthcare Emergency Management Program (VHEMP) have been actively working with

public health officials and agencies, elected state and federal leaders, and other partners and stakeholders to develop strategies addressing a range of logistical issues related to testing access, staffing, telehealth, medical surge and capacity considerations, equipment and resource needs, licensing and practice authority issues, behavioral health considerations, financial challenges, and more. Hospital-focused committees are operating to address each of these issues and many others.

“Throughout the pandemic, Virginia hospitals and health systems have distinguished themselves during trying and unprecedented circumstances.”

Regular conversations are occurring in an array of coordination conference calls that include hospital leaders from around the Commonwealth and state government leaders

in public health and emergency management. Hospital representatives actively participate in 18-plus working groups, committees, and task forces with the Virginia Department of Health (VDH) and other state agencies to ensure coordination and communication during the pandemic.

Throughout the pandemic, Virginia hospitals and health systems have distinguished themselves during trying and unprecedented circumstances. In early March, hospitals and health systems across Virginia voluntarily postponed non-emergency scheduled surgical procedures to increase bed capacity to accommodate COVID-19 patients. Taking this step helped increase treatment capacity to protect public health, but it also exposed hospitals to significant financial strain. Virginia hospitals continue to face major financial difficulties due to the pandemic response, losing \$25 million in net revenue each day or \$750 million per month. Hospitals added thousands of new beds under authorization provided by Governor Ralph Northam, and many took other extraordinary steps at great expense including establishing a field hospital and retrofitting or converting existing facilities to enhance surge capacity. Thankfully, Virginia hospitals never reached critical capacity levels. Still, hospitals have treated thousands of patients during the pandemic, discharged more than 12,600 patients after care, and added thousands of beds.

In addition to direct care and pandemic response, hospitals have conducted testing and critical treatment research, acquired costly equipment and supplies, and collaborated with local, state, and federal officials to rise to the occasion of an unprecedented situation. With the support of VHHA, the Virginia hospital community also developed data-informed tools to advance understanding about the pandemic's scope among the public and policy makers.

In this edition of *REVIEW Magazine*, you will read stories and see images from hospitals about the essential care that has been provided to patients, frontline heroes who have placed themselves in harm's way, innovations advanced by Virginia hospitals and health systems to rise to the occasions of an unprecedented crisis, significant investments to protect Virginians and the Commonwealth during this harrowing time, and many targeted but substantial programs and initiatives to help Virginia families struggling to make sense of an unprecedented pandemic. ♣

Helping Farmers, Feeding Families During COVID-19

Augusta Health Activates Crop to Community Program During Crisis

For every problem, there is a solution — and when community-minded people put their minds and ideas together, they find innovative and creative solutions to multiple problems. That is how Augusta Health's *Crop to Community* program came to be.

"When we first began the program, there were many farmers in the community who, because of the COVID pandemic, had excess crops and livestock as a result of restaurant closures and reduction in other buyers. At the same time, and although we've always had people in need of fresh food options, the pandemic increased the concern for those with food insecurities," said Augusta Health Director of Community Outreach Krystal Moyers, MEd, CHES. "So we worked together to develop a way to get the excess crops to people in need — and it became the *Crop to Community* program."

The program, facilitated by Augusta Health's Community Benefit Endowment Fund and other grant

sources like the Community Foundation of the Central Blue Ridge, works like this:

- Produce and protein are purchased from local farmers at market value;
- The food is transported from the farms to the sorting facility on the Augusta Health campus;
- Food is sorted and packaged for delivery; and
- Food boxes are distributed to recipients in need.

The recipients and families, who are clients of local non-profit agencies or patients of health care providers, are identified using hunger assessment screenings.

Many local farms participate in the program. Currently, the AMI Farm at Augusta Health provides produce for the packages and Cool Breeze Farm supplies the proteins. Past participant farmers include Malcolms Market Garden, Poplar Ridge Farms, and Project Grows.

THE COVID-19 EDITION

“We’re a mission-driven farm,” said Andrew Crummet of Cool Breeze Farm in Mt. Sidney, “so this question has always been a concern — how do we get our fresh, local food to the customers who need it most? When this project was presented, we couldn’t have asked for a better match to that mission.”

Crummet noted that the project came together quickly — in less than two weeks — and that it was a bit overwhelming at first. He believes the process improves each week, though, as everyone involved has become a bit more proficient at their part of the program. Cool Breeze Farm supplies eggs and proteins to *Crops to Community*, but the exact contribution varies week to week.



All the farms and organizations that have been involved with the program agree it’s been an incredibly positive experience. “We can do more together,” added Crummet, “let’s work together and solve these issues.”

Currently, the program delivers boxes of produce and protein to 50 people or households each week. The process of sorting, packing, and delivering takes about 20 hours from start to finish, according to Moyers.

“We would love to and plan to expand the *Crop to Community* program,” said Moyers, “but to do that, we need some additional resources.

The *Crop to Community* program needs additional:

- Refrigeration trucks and drivers for food transportation;
- Volunteers to help sort and pack produce collected;
- Volunteers with larger vehicles to deliver produce to recipient-designated locations; and
- Donations to support the program, through this link: <https://tinyurl.com/y3t7cgdw>.

“The *Crop to Community* program has been a very meaningful and fulfilling experience for everyone involved,” added Moyers. “It’s really demonstrated how different parts of a community can come together to help each other during a crisis.” ♣



Shelley Payne, CTRS, is the Augusta Health Recreation Therapy Supervisor. A typical day for her includes providing one-on-one treatment and group therapy for patients on the mental health, inpatient acute rehab, and skilled nursing units. Payne is also an active member of the Stroke Team and coordinates monthly meetings for the Shenandoah Valley Stroke Support Group and the Animal Assisted Therapy Program.

During the COVID-19 response, Payne has served as one of Augusta Health's liaisons who keep lines of communication open between patients, families, and staff. She primarily works in the emergency department (ED) where she greets patients and screens their support person upon arrival. Because support people aren't allowed in the ED respiratory unit, Payne also obtains consent and permission from those patients to share basic care information with their families.

Some families wait in their cars, and Payne connects with them in the parking lot. Liaisons offer families drinks and snacks generously donated by the community, as well as resources to help pass the time. If a family decides to wait at home, Payne gives them the phone number for the liaison station; team members who work as liaisons also communicate with families to provide updates. Detailed medical information can only be provided by the patient's doctor or nurse, but

liaisons can help facilitate those connections.

Payne also spends part of her time on the inpatient unit, providing support to those patients and families. "This is a difficult time for everyone, and to be hospitalized and unable to see those who love you the most is difficult for all," she said. "I'm able to help families connect, and to provide some one-on-one time for those patients who need a little extra support and for family members who may now find themselves alone since their spouse or family member is hospitalized."

"I think the most challenging part of this role is that I sometimes need to hide my emotions a bit. I know that we have the visitation policy in place to protect our patients, and I honestly feel that most families understand that," Payne added. "There are difficult situations, though, that are very emotional. They might be crying and hurting, and I want to console them, but there are limits because of social distancing. I hope they know that I'm offering them a smile, even though it's behind my mask and face shield."

Payne takes pride in working with patients because she understands that people in the hospital are often at very vulnerable places in their lives: "I make it my goal to try to remember everyone's name so that as they are leaving, I can address them by name, ask if they are feeling better, and just let them know that they are important."

This story about an encounter Payne had with an emotionally distraught woman whose mother was recently admitted for care illustrates the importance of patient-centric care.

"I knew she was upset and I asked if there was anything I could do for her. She said she didn't know what my beliefs are, but if I pray, would I please pray for her momma. I assured her I would. Several days later, security gave me a list of names coming in for an end-of-life visit. This visit was for the sweet momma I had been praying for. When the daughter arrived, she said, "Shelley, I am so glad you are here." We talked as I escorted the family to their mother's room. I assured her that I had been praying for her and her mother. It was just a beautiful moment to see them there with their mom. The love that came from that room was overpowering." ♣



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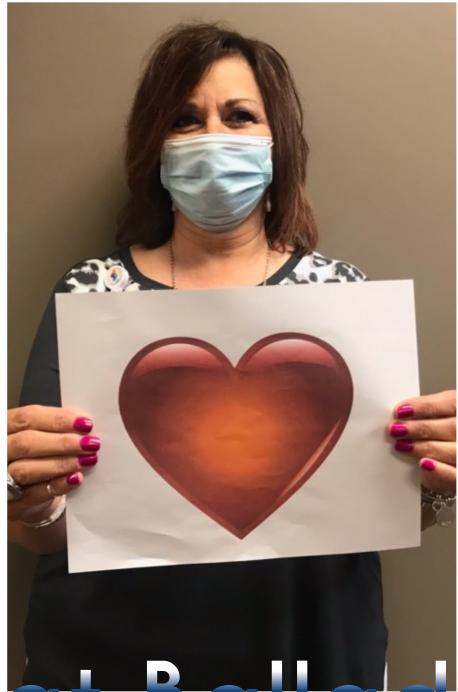
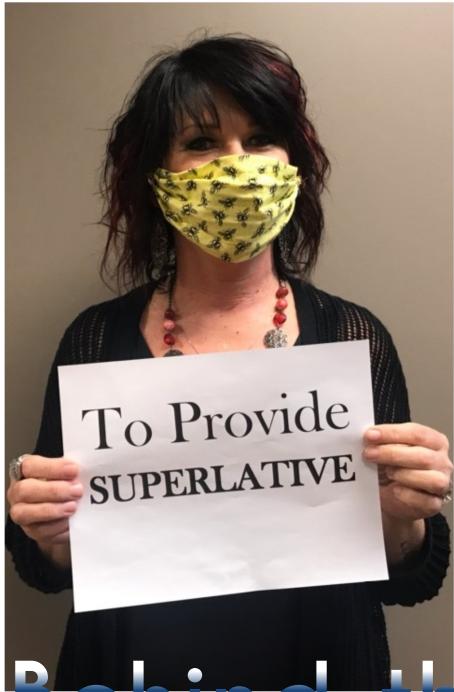
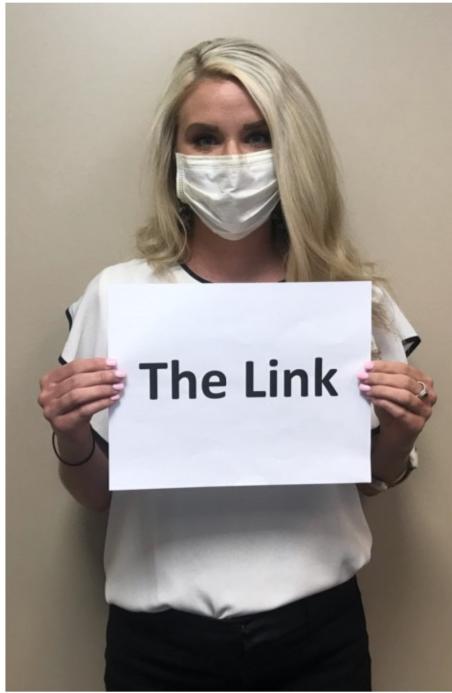
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Behind-the-Scenes at Ballad

Health systems are complex organizations that function effectively because team members across the enterprise, from clinicians and caregivers to logistics, technology, and operational professionals, each play an important role in the work of ensuring high-quality care delivery for patients. Ballad Health is proud of the tireless behind-the-scenes work of support staff during COVID-19 that has enabled frontline team members to do their jobs. Ballad believes that its team members are all caregivers in their own way, and recognizes that it takes everyone in the system doing their part to provide excellent hands-on care to patients. Among the many departments Ballad has singled out for praise are the supply chain team and the information technology team, which each had critical roles during the crisis: finding often scarce medical supplies and keeping critical computerized systems functioning properly. These are some examples of the essential work done by these Ballad Health teams.

THE COVID-19 EDITION

Keeping a large health system supplied with everything it needs to care for people on a daily basis is a huge task unto itself — especially keeping it within a budget. Ballad Health's supply chain team was hit with the double-whammy during COVID-19: key items were suddenly in short supply, like masks and gowns, so they were harder to find and more expensive than usual, while at the same time Ballad Health had suspended its elective surgeries and was losing several hundred million dollars of revenue, so saving money was crucial.

The supply chain team had to find a way to keep the system stocked with essential COVID-19 supplies while keeping costs as low as possible — and still keeping up supplies for “normal” business across Ballad Health:

- When COVID-19 hit, many supply lines dried up as demand overwhelmed supply. Many of Ballad Health's usual vendors and business partners could not provide essential items, so the supply team had to go onto the open market to find the supplies they needed.
- This meant dealing with vendors Ballad Health was not familiar with. It became a full-time job vetting the companies, many of whom normally produced other items but made a sudden transition to manufacture things like face shields or masks. Determining who was reputable was difficult but still essential.
- The cost of supplies skyrocketed due to the crisis situation. Gowns normally purchased at 27 cents apiece cost \$3 to \$10 per gown; the N95 respirator masks that usually cost 53 cents each were \$6.50 to \$10 apiece.
- Sometimes the team had deals in place, only to see a company pull out at the last minute and sell to someone else for a higher price. “Cash was king, and it was such a cut-throat market,” said Ken York, Ballad Health's AVP for procurement.
- The team dealt with companies from all over the world, which sometimes meant conducting business in the middle of the night to meet other time zone schedules.
- Supplies ordered from places like China took a long time to arrive and were often held up by U.S. Customs. It was difficult to ensure when supplies would arrive, creating a constant balancing act of how much to pay versus how urgent the need was versus how quickly supplies could reach us.

Miraculously, Ballad Health never had a disruption in PPE (personal protective equipment) supplies. Supply chain team members worked day and night tracking down sources of respirators, masks, gowns, thermometers, and other essential COVID-19 items, all while keeping the supplies stocked for Ballad Health's “normal” business.



It helped that Ballad Health leaders emphasized the importance of using the right type of PPE for patient encounters and of not overusing PPE.

Also helpful were many local businesses and individual citizens throughout the community who purchased or made personal protective items and donated them to Ballad Health.

The supply team was severely tested, but now is better prepared than before COVID-19. They've created a small warehouse cache of stockpiled supplies to be ready for the next crisis. In addition, Ballad Health has partnered with Premier, Inc. and 15 other U.S. health systems in a deal to invest in more domestic PPE, meaning less reliance on supplies from China and the Far East.

“I'm really proud of our team for the incredible job they've done,” York said. “We never want to put our front line in a position where they don't have the equipment and supplies they need. And this was also a reminder of what a blessing it is that we live in this area, where we have such good neighbors who've donated supplies to help us out. It was both inspirational and encouraging to see the tremendous amount of community support.”

Information Technology Team

The IT world never seems to slow down; there's always new technology or new systems to be implemented and support to be provided for existing technology.

THE COVID-19 EDITION

We depend on it for almost everything we do as a health system. But the current environment seems like a perfect storm for IT at Ballad Health — with multiple storms hitting all at once.

- The implementation of Epic into many of our facilities — we'll be completely on Epic by later this year — is a huge task unto itself, and that massive transition continues to move forward despite COVID-19.



- At the same time, many team members have been asked to work from home, requiring IT support to set them up with the technology tools they need to do the job remotely.
- Meanwhile, COVID-19 has caused us to ramp up our telehealth capabilities so we can continue to provide care remotely, without bringing as

many people into hospitals or doctors' offices as we normally would. This is another huge undertaking.

And our IT department must still be available to help solve any "normal" IT issues our team members have as they go about their daily duties. In short, there's a lot on their plate. (And we know how hard IT works to prevent viruses!)

Here's a quick example of how, during this time of high stress, our IT team is going above and beyond the normal call of duty.

With Lonesome Pine Hospital in Big Stone Gap, Virginia, designated as a COVID-19 facility, all local labor and delivery activities were moved to nearby Norton Community Hospital. Two BHMA (Ballad Health Medical Associates) OB/GYN offices near Lonesome Pine needed to be consolidated into the BHMA NorWise office to be closer to Norton Community Hospital.

Two of the practices were already on Epic, and one was still on Allscripts. In less than a week, IT set up the two Lonesome Pine practices in the NorWise office, brought Epic live in the NorWise facility, and did necessary training. It required long hours and great collaboration among several IT teams, but with a "can-do" attitude, IT made it happen! ♣

A promotional graphic for a podcast. The top half has a dark green background with the text "PATIENTS COME FIRST" in large white letters. Below this, on a lighter gray background, is a portrait of Dr. Daniel Lewis, MD, wearing a white lab coat and glasses. To the left of his portrait, the text "PODCAST WITH" is above the name "Daniel Lewis, MD" in a large serif font. Below that is the text "Ballad Health". On the right side of the graphic, there is a speaker icon with the words "SOUND ON" next to it. At the bottom left is the Ballad Health logo, which is a stylized white 'Y' shape.

Listen to the ***Patients Come First*** podcast episode with Dr. Daniel Lewis, CMO of Ballad Health's Greeneville Community Hospital in Tennessee. Dr. Lewis is a COVID-19 survivor. Listen:

<https://tinyurl.com/y44zxp3q>



Bon Secours Pivots to Pandemic Response

Bon Secours began monitoring updates on the COVID-19 pandemic from the Centers for Disease Control and Prevention (CDC) and the Virginia Department of Health (VDH), among other local, state, and national agencies and began planning early. Bon Secours began working around-the-clock to enable an agile response to this pandemic, and our clinical leaders implemented protocols consistent with CDC guidelines to ensure the quality and continued safety of the care we provide to our patients.

As part of its response to the COVID-19 pandemic, Bon Secours took immediate action to establish clear lines of communication internally. This internal communication included incident command meetings, daily COVID-19 e-mails to associates and leaders, and establishing a daily media and legislative summary report to keep internal leaders abreast of the latest activity in the communities in which Bon Secours serves.

To provide necessary information for the community, Bon Secours created a web page devoted to COVID-19 pandemic response that is updated regularly with new information and announcements. Bon Secours also utilizes its blog and social media pages to share relevant updates with patients.

The COVID-19 pandemic has had a major impact on patient care at Bon Secours' 11 hospitals, four freestanding emergency departments, and many other ambulatory centers across the Commonwealth of Virginia. From postponing non-emergent surgeries, to standing up dedicated COVID-19 units, to preparing for an inpatient surge, it has impacted every part of the ministry's operating model. Bon Secours created designated "flu clinics" to treat patients suffering from flu-like symptoms so that its emergency departments can continue caring for higher acuity patients. Many of Bon Secours' ambulatory practices moved to virtual visits and implemented new protocols for locations where patients had to be seen in-person. This includes visitor restrictions, social distancing guidelines, reduced entrances and hours, symptom screenings, temperature checks, and universal masking for both patients and associates.

Bon Secours' mission to provide compassionate care for the poor, dying, and underserved guides everything the ministry does. By organizing daily virtual prayers for clinical teams, and offering virtual therapy services, Bon Secours continues to keep its associates mentally strong as the pandemic continues. And as patients, associates, and the communities in which we serve grappled with visitor restrictions, Bon Secours adapted programs to follow all CDC and state guidance including chaplain services and end-of-life services.

Bon Secours continues to care for its communities — now and always. ♣

THE COVID-19 EDITION



members and assemble these bears for her patients.

What makes it all worth it? She's had patients come out of sedation who said that they heard the recording of their families while under sedation. Michelle's "Be There Bears" program at Bon Secours St. Mary's Hospital caught the attention of local and national media. Her story was featured on *CBS This Morning* and she was honored by NASCAR as a health care hero. ♦



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Carilion's Silver Lining Playbook



Six Ways the Pandemic will Improve Care

Because all health care is local, the stories of each hospital and health system's coronavirus experience must be told community-by-community. Still, some lessons may be universal. Time will tell. For Roanoke-based Carilion Clinic, which serves more than 1 million Virginians in the state's more rural western half, the tale is less about the virus than it is about the response.

While cases in densely populated Northern Virginia began rapidly accumulating in early March, it would be a month before cases in the Roanoke area began to mount.



As the virus inched closer, Carilion began reserving hospital beds, making them available for a potential surge, and developed alternative strategies for triaging patients to prevent overwhelming the ED. Non-essential procedures and visits were suspended, reducing volumes by 50 to 70 percent across the system.

The disruption to services resulted in substantial financial losses, while at the same time, the staggering costs of PPE and facility modifications created millions in unexpected expenses.

The surge of patients at Carilion, thus far, has not approached the magnitude seen at hospitals in the state's

more populous regions. At press time, Carilion had 30 positive patients admitted to its hospitals. And yet, the steps the organization took to reorganize the health system for COVID-19 were necessary and timely.

Six silver linings have emerged:

1. Digital transformation rapidly expanded when patients who needed to see their doctor could no longer have face-to-face visits, and regulatory changes made it easier to deliver and receive reimbursement for care delivered virtually. Carilion plans to make these changes permanent, underscoring the need for more permanent regulatory changes and broadband expansion.
2. Innovation flourished as Carilion expanded its innovation program to help physicians, nurses, and staff develop their ideas for inventions directly related to COVID. Of the more than 60 ideas reviewed, two have immediate commercial potential. Also, collaboration with Virginia Tech and the Fralin Biomedical Institute at VTC led to a decontamination process for N95 masks and a way to reconfigure BiPAP machines into makeshift ventilators in an emergency.
3. Clinicians across multiple disciplines are gaining experience caring for patients with a highly infectious, novel respiratory condition, better equipping them for future infectious disease outbreaks. Many non-ICU acute care nurses underwent additional training, allowing them to assist in the ICU.
4. Heightened awareness of challenges facing health care workers led to an outpouring of community support in the form of donated PPE from area colleges and universities, businesses, community partners, and others. An expanded supply network that includes new local and international PPE sources increased Carilion's self-reliance.

THE COVID-19 EDITION

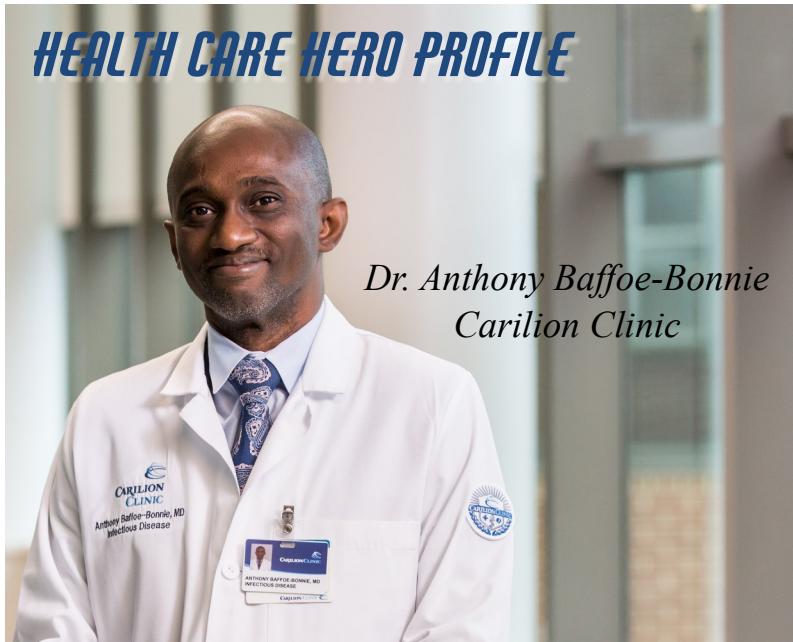
5. Health systems continue to serve as an important adjunct to under-resourced public health agencies by redeploying advertising resources to promote important public health messages. As was the case in other communities, Carilion worked with its peers in the region to promote hand hygiene, social distancing, and masking.
6. Increased awareness of public health cast a brighter light on the issue of health disparity. Though long a part of its mission, Carilion has recommitted to addressing the social determinants of health.

More lessons are undoubtedly coming. Only through the lens of time will the pandemic's full effect become evident. In the meantime, sharing lessons learned will help bolster the collective response of the health care community in the Commonwealth. ♦



HEALTH CARE HERO PROFILE

*Dr. Anthony Baffoe-Bonnie
Carilion Clinic*



As an infectious disease physician and medical director of Carilion's Infection Control and Prevention team, Anthony Baffoe-Bonnie, MD, was thrust to the forefront of the organization's pandemic response. Since COVID-19 first appeared in China, he has led Carilion's infection prevention and control efforts, and has become a trusted voice of reason about the pandemic in Western Virginia.

During a two-week span in mid-March, a team of clinicians and organizational leaders, including Dr. Baffoe-

Bonnie, reoriented the health system to respond to the threat of a pandemic, even with few reported cases in the region. His ability to operate effectively in ambiguity, collaborate with cross-disciplinary teams, support his colleagues, and counsel the community continues to prove vital as the response evolves.

Long before COVID-19 was present in Southwest Virginia, Dr. Baffoe-Bonnie gathered Carilion experts to develop new approaches to care delivery. He lent his expertise to emergency management, information technology and communication teams, raising concerns in early January which gave the health care system crucial time to prepare for the threat. He also pushed for more conservative protocols and policies that have, thus far, limited the impact of the disease on Carilion's operations. These measures — like mandating provider face shields before they were widely used and implementing PPE safety officers in higher-risk units — have minimized virus spread and continue to protect critical frontline workers.

His commitment to Carilion and his community is unquestionable. Dr. Baffoe-Bonnie continues to work endless hours at the bedside, in the emergency operations center, and with the media to ensure the latest scientific evidence is communicated and understood. ♦

THE COVID-19 EDITION

Patient story: I was diagnosed with Stage 3 Inflammatory Breast Cancer last August, when I was nine weeks pregnant. I chose to delay treatments until my second trimester to try to protect the health of our baby. When I started chemo at 13 weeks pregnant, I met nurse Hannah Kreuziger. She was “my” nurse during chemo and cold capping until she was promoted and transferred to another part of the Pearson Cancer Center. After a successful mastectomy in January, and the birth of our completely healthy son in March, I resumed chemo two weeks after delivery. By then, coronavirus had changed one significant thing for us: my husband could no longer come to treatments. Hannah heard about this, and without me even asking, she assigned herself to me to make sure I was not alone and taken care of for my last two chemos. I cannot express how much her care and attention impacted my outlook on the days leading up to, and during, chemotherapy when my husband could not be there. She has been more



*Hannah Kreuziger
Centra Health*

than a nurse — she has been a friend in a time of need. I am truly in awe of this remarkable nurse and human! ♣

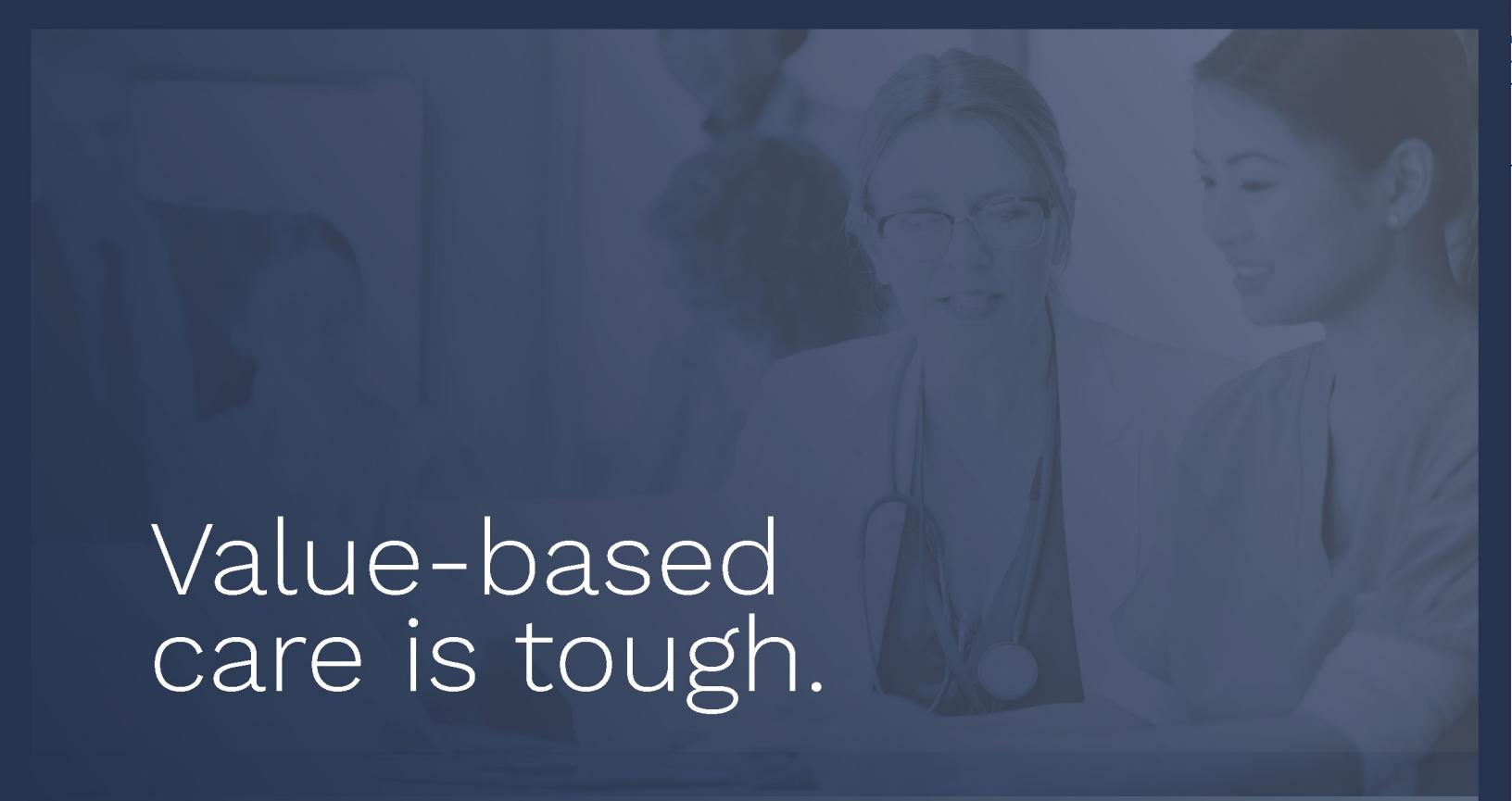


HEALTH CARE HERO PROFILE

*Patty Yates
Clinch Valley Health*

Patty Yates has been employed at Clinch Valley Physicians Associates for 30 years as a licensed practical nurse. Patty is often described as an angel on Earth by

her friends, family, and patients. She is constantly cooking and delivering hot meals to those who cannot cook for themselves. Patty not only delivers the meals, but she stays and visits. Patty cheerfully spends her weekends and days off serving her neighbors by completely cleaning their homes when they are recuperating from illnesses. Nobody asked Patty to do this, Patty simply noticed that they were unable to keep up with their housekeeping responsibilities and happily stepped up to help. Patty has been selflessly serving her loved ones for decades. As our community has navigated through the COVID-19 environment Patty has predictably stepped up to the plate to ensure elderly neighbors are getting the essentials. Over the past few months Patty has constantly checked on people who were especially vulnerable. In our rural community, grocery and pharmacy delivery services are often unavailable. Patty recognized that many people needed help and has consistently shopped for groceries, picked up prescriptions and run other errands for her friends, family and neighbors. Patty adapts her thoughtfulness and generosity to serve others through any circumstance. ♣



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Josie's Story: Battling Cancer at Home During COVID-19

September 11, 2019 is a day that will be etched in Jennifer Economy's memory forever. It's when her then 9-year-old daughter Josie was diagnosed with cancer. Six months before the rest of the nation began social distancing due to COVID-19, the Economy family went on lockdown.

"Even before COVID-19, this was a scary situation. We wanted to protect Josie from any and all germs," said Economy. "Now, it's a million times worse."

A Startling Diagnosis, a Safe Plan for Care

Ewing sarcoma is the official diagnosis, a rare type of childhood cancer that develops in the bones or soft tissue around the bones. For Josie, it was in the form of a tumor at the base of her spine that grew to be the size of a baseball.

Josie began treatment immediately, predominantly consisting of inpatient chemotherapy in rounds of two or five days at a time. In between, she gets labs drawn to test her blood counts and determine when she's ready for the next round. Since mid-April, Josie has been able to get these labs drawn at home — one of the safety measures Children's Hospital of Richmond at VCU (CHoR) put in place to protect patients from coronavirus.

"Doing home labs gives me the important information I need for treatment planning while at the same time not exposing the kids to too many people by coming into clinic," said Dr. Frances Austin, one of Josie's oncologists.

Care from the Comfort and Safety of Home

Crystal Aiken, the primary mobile lab RN for pediatric oncology, visits five to six patients a day. The stop at Josie's house is always a highlight.

"Josie is like walking sunshine, sunny side up even on her worst days," said Aiken. "When kids have cancer or blood disorders, their immune systems are fragile — but I'm always amazed how resilient and strong they are in spirit, even in the midst of this pandemic. I am absolutely positive that home visits are the right



Crystal Aiken and Josie Economy

thing for these patients and their families right now," said Crystal.

"The fact that we don't have to expose her is a huge relief. It could mean life or death for her," added Economy.

Today's Trials bring Tomorrow's Celebrations

While the Economy family is treading water right now, they're looking forward to what's to come.

"We tell everyone at the hospital that when this is all over — coronavirus, chemo, everything — we're going to have a party to end all parties. We're going to invite everyone — from the people who have been bringing her food, cleaning her room and parking our car, to doctors, nurses, friends, and family. We are going to surround Josie with all the people who have been part of her journey, just to thank them."

They'll have to find a gigantic venue because Josie has spent her decade-long life making a lot of friends — but for now, most friends will continue loving her from afar and Aiken, Dr. Austin, and her entire CHoR family will keep fighting right alongside her, whether at home or in the hospital. Read more about Josie Economy here: <https://tinyurl.com/y6fs8owv> ▶

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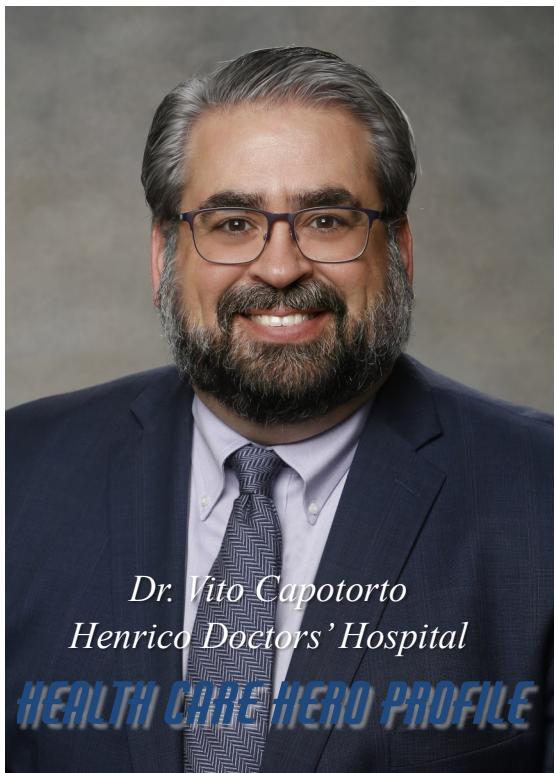
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*Dr. Vito Capotorto
Henrico Doctors' Hospital*

HEALTH CARE HERO PROFILE

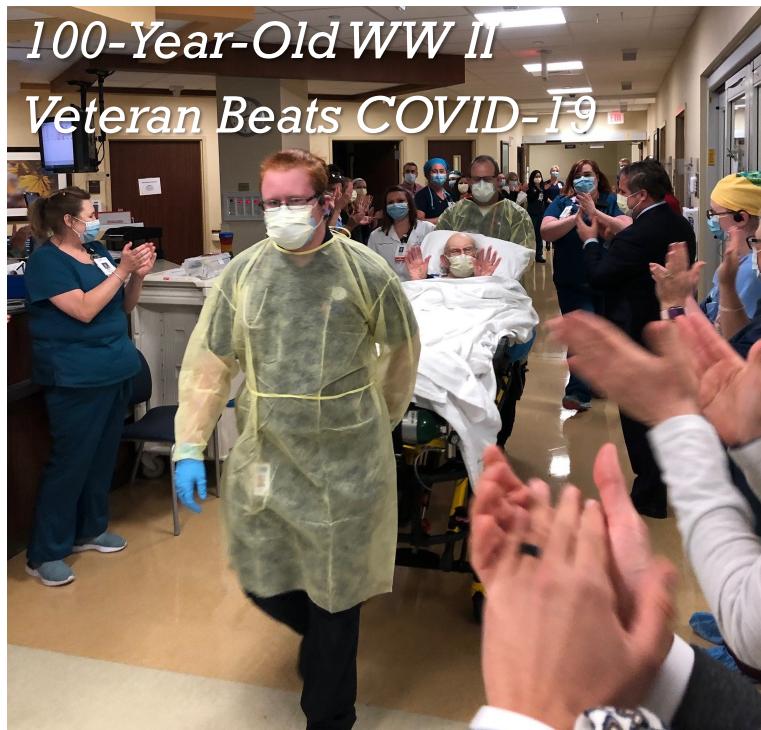
During this pandemic, Vito Capotorto, MD, has valiantly and tirelessly served patients, medical staff, and others at Henrico Doctors' Hospitals, and his leadership as Chief of the Medical Staff and Chief Hospitalist has greatly benefited the citizens of Richmond. Each and every day at the Emergency Operations Center meetings, Dr. Capotorto reviews the clinical course of all patients with COVID-19 with the goal of optimizing clinical treatments, coordinating care amongst the different medical specialties, cohorting COVID-19 patients, and advising the medical staff regarding optimal PPE to successfully prevent occupational exposures to COVID-19. Dr. Capotorto serves as the site Principal Investigator for a convalescent plasma therapy clinical trial, providing access for our patients to a cutting-edge investigational treatment. In addition, Dr. Capotorto has been instrumental in providing clinical leadership when Henrico Doctors' Hospital was selected as an expanded access site for remdesivir therapy, and he deftly guides clinicians to help identify patients who have the potential to benefit from treatment with remdesivir. Dr. Capotorto collaborates with hospital leadership, the laboratory director, and the clinical informatics team to ensure that our approach to COVID-19 testing is robust, reliable, and clinically effective. In his role as Chief of Staff, Dr. Capotorto leads the Crisis Care Committee, a multidisciplinary team of medical staff, hospital leaders, and Board of Trustees members who collaborate to coordinate our constantly evolving response to the threat of the pandemic based on evidence-based medicine, the concerns of our patients and community, and the guidance from HCA Division Leaders and the HCA Clinical Support Group. Our entire team and community have benefitted tremendously from Dr. Capotorto's steadfast leadership and his efforts to ensure we are agile, focused, and resolute on our mission to provide comprehensive health care services to the citizens of Richmond during these unprecedented times. ♦

On May 20, 2020 100-year-old World War II veteran Lloyd Falk beat coronavirus after a 58-day stay at Henrico Doctors' Hospital. Falk was admitted to the hospital on March 24 as one of the facility's first COVID-19 patients. Despite tragically losing his wife of 74 years to the virus, Falk continued to stay strong, defying the odds and surviving his fight against COVID-19.

On the afternoon of May 20, the care team at HCA Healthcare's Henrico Doctors' Hospital honored Mr. Falk and his late wife, lining up in the hallways and cheering him on as he was wheeled out of the hospital to begin his rehabilitation and recovery.

We salute you, Mr. Falk. Your courage and resilience inspires us all. You know where to find us if you need us.

The Facebook post, video, and resulting media coverage about his story went viral with millions of viewers nationwide and media coverage from local, state, and national news organizations. ♦



Inova Expands Telehealth in a Pandemic

The arrival of COVID-19 scrambled so much of everyday life. It's been similarly disorienting for health care providers and patients who have had to develop and adapt to less familiar methods of care consultations and interactions.

At Inova, the pandemic caused primary care and specialty physicians within the health system's medical group practices to build out a virtual practice to maintain continuity of care for thousands of patients.

Building a telemedicine platform, largely from scratch, over a matter of hectic days in mid-March wasn't a simple undertaking.

In addition to the complex logistics of rescheduling thousands of in-person visits and reorienting a complex network of outpatient practices to shift on a dime to virtual visits, there was great uncertainty about navigating patient needs while adhering to the limits of government rules and regulations that restrict the provision of, and payment for, telemedicine visits.

Dr. Neeta Goel, an Inova family physician leader, had a front row view of the immense undertaking to establish a comprehensive telemedicine practice with almost no notice and, in many respects, more questions than answers.

Despite uncertainty about whether government red tape might hamper their work, Dr. Goel and her colleagues knew many of their patients would be worse off if they had to go without care for extended periods.

So, necessity became the mother of invention as the Inova team quickly pivoted to virtual video visits, something that had been in limited use prior to the pandemic yet was unfamiliar to many patients.



*Dr. Neeta Goel
Inova Health System*

"Literally overnight we put together telephone visit encounter protocols, knowing revenues for that were limited, or that we might not get paid at all," recalled Dr. Goel, Chief Medical Officer for Ambulatory Services at Inova Health System.

This occurred as health care providers across the Commonwealth, Inova included, began canceling and rescheduling non-emergency surgeries and procedures as part of an effort to preserve personal protective equipment (PPE) and limit the spread of COVID-19.

Virtual visits began with "providing care over the phone" and uncertainty about whether these visits were billable, Dr. Goel noted.

Resolution to that question arrived when the Centers for Medicare & Medicaid Services (CMS) issued a series of waivers that, among other things, granted temporary flexibility on reimbursement policy and enabled providers to conduct telehealth visits using commercial video conference platforms.

"What we decided is we have business licenses for Zoom, so as soon as CMS came out with waivers (indicating) you can use any platform to provide care for patients, we said 'ok, extend that license to everybody, all the providers,'" Dr. Goel said. "It was incredible, such teamwork. Our patients were so appreciative because they were anxious about the health challenges brought by the pandemic. They just wanted to be able to interact with their clinicians and the health care teams."

Inova had leveraged telemedicine prior to the pandemic, though in a more limited fashion for things like telepsychiatry consultations with patients receiving care in the emergency department setting.

"As far as telemedicine, with patients being at a remote

THE COVID-19 EDITION

site and providers in the clinic or working remotely, we were very much in the baby stage,” said Dr. Goel. “We were getting ready to start a pilot in the primary care clinics, to establish video visits using our EHR, Epic.”

Circumstance accelerated that work and within a few weeks of the initial rollout of the Zoom platform, Inova deployed a secure and HIPAA compliant Epic-integrated model of virtual video visits for acute and chronic care needs to serve patients in all of its ambulatory care sites.

“Anything that can be treated appropriately clinically, it is being treated virtually,” said Dr. Goel, adding that as COVID-19 peaked in Virginia, nearly 80 percent of Inova outpatient visits were conducted virtually, equivalent to thousands of consultations each day across the enterprise.

Virtual volume has moderately declined since then – Inova specialty care consultations are now about 40 percent virtual, primary care is 30 percent virtual. The specialties that have adapted well to telemedicine visits include endocrinology, neurology and behavioral health, with 80 percent of their visits still being virtual.

“In general, we think it will settle somewhere around 60-40 or 70-30 for in-person versus virtual care,” said



Dr. Goel.

As for the future of telemedicine, it is likely here to stay now that patients have grown accustomed to it, though its scope and sustainability will be influenced by how applicable government policies and regulations evolve.

“I think it all depends on how much the federal and state governments are able to maintain the flexibility for the patients and physicians. A couple of things that are key to the success of virtual visits: first of all, rules around place of service, making it clear that a physician doesn’t have to be in the office and that a patient can be anywhere at the time of virtual visit,” said Dr. Goel. “Many state medical boards have licensing rules that prevent physicians from offering virtual care to their established patients while traveling to these states unless the physician is licensed in the state. Patients should have access to their physician while traveling, especially during COVID. Some patients have been stuck in different places, and when they don’t feel well, they want to see their own doctor, not a stranger.”

Another policy consideration is establishing uniform standards for payer conduct.

“At some point, the state needs to have regulations to have payers work together,” added Dr. Goel. “The rules for telemedicine visits can’t be different from payer to payer. There has to be a consensus about using modifier 95 versus GT, place of service code 02 versus 11, and the reimbursable CPT codes for a virtual visit. These payer-specific rules result in extreme administrative burden on physicians and interfere with seamless delivery of virtual care to patients.” ♣





Conversion Project: Mary Washington Healthcare Builds a Field Hospital in a Parking Garage

When the COVID-19 pandemic reached the US earlier this year, leaders at Mary Washington Healthcare (MWHC) convened to prepare for its community's health needs. Knowing it was a matter of when, not if, COVID-19 would affect the greater Fredericksburg region, MWHC's interdisciplinary COVID-19 preparedness team started work on several initiatives, including the construction of a field hospital.

The field hospital was built within the parking garage structure at Mary Washington Hospital in March 2020. Anticipating the hospital's emergency department may be overwhelmed with patients seeking care for respiratory illness, the field hospital was built to receive that surge of patients. Patients with mild to moderate symptoms would be screened and triaged at the field hospital. Those with more serious symptoms would be hospitalized.

While the outward appearance of the field hospital was very different from most medical facilities, the care team, technology, and core functions were set up to

operate exactly like an emergency department. The make-shift facility included a nurse triage station, laptops for accessing medical records, an HVAC system, additional lighting, hot water, handwashing stations, oxygen tanks, lab equipment, and an area for x-rays. WiFi and recliners were also brought to the field hospital to offer patients additional comfort while being assessed and treated.

Building the field hospital required the collaboration and teamwork of clinical and infection control experts, engineering, environmental services, information technology, human resources, marketing and communications, and others. Creativity and out-of-the-box thinking were critical in the implementation of the field hospital. For example, patient seating in the field hospital was made from visitor recliners borrowed from the hospital, outfitted with tall plant hooks to hold IV bags.

By building the field hospital early in the COVID-19 crisis, Mary Washington Healthcare intended to minimize risk to its patients and their families and its associates. The field hospital also served as center stage in

THE COVID-19 EDITION



sharing important local information about COVID-19 and how members of the community could keep themselves and their families healthy. In addition to expert interviews and informational videos produced by Mary Washington Healthcare, the field hospital was featured by local, national, and international news outlets.

MWHC's approach of preparing the field hospital prior to the surge was somewhat unique and it was established with the hope of it never being needed. The strong community efforts to flatten the curve in the Fredericksburg region were successful and to date, the field hospital has not been activated. ♣





Gloucester Main Street businesses saw an infusion of \$100,000, and more than 400 health care workers from Riverside Walter Reed Hospital received \$100 gift certificates to shop in the Gloucester Village, thanks to the Downtown Dollars program, an innovative economic recovery program led by the Gloucester Main Street Preservation Trust and made possible thanks to a substantial gift from Riverside's Katherine Haggerty, FNP, her husband Dr. Ron Haggerty, and an anonymous donor.

"Here we have this dark cloud that has settled, not just our community, but our nation, and we have this silver lining that is proving such inspiration to so many people, I can't even tell you how grateful we are," said Jenny Crittenden, Executive Director of the Trust. "And the story itself — of how two medical workers on the frontlines of the COVID crisis came together to make a donation that will so profoundly impact businesses suffering from the economic devastation of the virus — couldn't be any more powerful."

The Story of Downtown Dollars

When the COVID-19 crisis began, the Gloucester Main Street Preservation Trust began working immediately with businesses in the historic corridor to help them weather the storm and prepare to recover.

"Out of that came the idea to launch Downtown Dollars," said Crittenden. "We wanted find a way to make

it easy for consumers to purchase gift certificates to Main Street restaurants, retail shops and service providers, like spas, in a time when these businesses needed stimulus like never before."

Little did Crittenden know, but at the same time, the Haggerty family — with Ron, the physician for Direct Access Internal Medicine on Main Street, and Katherine, a hospitalist nurse practitioner at Riverside Walter Reed Hospital located off of Gloucester Main Street — was thinking up its own ways to help.

"As this crisis has evolved, it has been so distressing to watch what it has done to our local economy, our local business owners, people working in our community," Ron said. "I've watched it here on Main Street with the traffic declining to nearly nothing. I've watched our restaurants have nearly no customers, and saw retail shops closing down. We looked at our own personal situation and felt as though we need to do something."

As Katherine said, we wondered "what if we just bought a bunch of gift certificates to businesses on Main Street and disperse those?"

But who would get them? How would they get them?

"Then we had an ah-ha moment," Katherine said.

First, it was the connection to Crittenden, who was building this platform to sell the gift certificates.

"Then we realized we could and we should give the gift certificates to every member of the hospital staff — the entire hospital staff," Katherine said. "Yes, they have jobs, but it's a tough job, and especially tougher during a pandemic. You worry about your patients, you worry about taking something home to your family."

How Downtown Dollars Works

With funding from the Virginia Main Street program, which granted the Trust \$10,000 to help build the Downtown Dollars Program, the Trust built an online portal to sell the Main Street gift certificates, called Downtown Dollars.

Consumers could purchase gift certificates to select businesses at 30 percent less the face value and redeem for 100 percent of the face value. The businesses still receive 100 percent of the value of the gift certificate thanks to the Trust covering the other 30 percent.

The portal temporarily closed soon after launch because \$100,000 in certificates were purchased and the Trust team needed to catch up with administrative actions.

The impact of the Haggertys' gift, in addition to another anonymous donor inspired by what they did, comes in that the gift certificates purchased for the health care team at Riverside Walter Reed Hospital were done

through the Downtown Dollars program.

"If we can inspire those who are doing well to participate in this type of a program," Ron Haggerty said, "and we can get tens of thousands of dollars or more infused into Main Street and that can sustain them through this crisis and they can be stronger on the other end and are still around, that hopefully will lead to the long term success of our Main Street businesses." ♦



Riverside Develops Process to Preserve PPE

In an effort to conserve PPE for health care workers amid nationwide shortages and supply chain disruption caused by COVID-19, Riverside Health System has engaged in cleaning and reprocessing N95 respirators.

Officially speaking, the N95 respirators are systematically cleaned with an ultraviolet germicidal irradiation machine located at Riverside Regional Medical Center.

The team at Riverside Regional Medical Center, where two of these machines are located, calls the robotic device "Annie."

That's largely because Annie does look like a robot, and it does put out UV light to decontaminate items in a room, said Tiffany Beatley, RN, an infection preventionist at Riverside Regional Medical Center.

It's a process that's long been used at Riverside Regional Medical Center, Beatley said.

In today's environment, though, "the corporate leadership team, in anticipation of the shortage that the nation is experiencing of N95s and our limited supply going forward, looked at the different methods to reprocess disposable PPE out there," said Christi Archer, RN, MBA, MSN, Riverside's System Director for Infection Prevention.

"There have been several methods that you see floating around on the internet, but through my research, the UV machine was the only one that actually had evidence to support it and that would not only decontaminate the respirator, but the respirator would also maintain its filtration and protection levels," Archer said.

Riverside, following a proven process developed and

tested by the University of Nebraska, has implemented the reprocessing of N95s, starting first with Riverside Regional Medical Center. N95 masks from Riverside Walter Reed Hospital in Gloucester, Virginia are brought to Riverside Regional Medical Center, as are masks from each of the health system's hospitals, ambulatory care centers, and lifelong health facilities.

The process the infection prevention team developed, Archer said, starts with health care workers labeling their N95 respirators. After use, the N95 is placed in a paper bag, which is also labeled. Paper bags from each hospital unit, and other hospitals, are then placed into a bin and couriered to Riverside Regional Medical Center for reprocessing. Following reprocessing, the N95s go back to the same units and health care workers.

There are parameters around which N95s can be reprocessed. For example, one that has lost its seal, been soiled with make-up or is not a good fit would not be reprocessed.

"Theoretically we can double our usage by recycling the N95s up to three times," Archer said. "We've also been in conversations with materials scientists at NASA and had discussions about how they might help us extend the life of an N95 respirator even further."

This reprocessing effort, Archer said, is just one piece of a larger PPE conservation plan the health system rolled out when COVID-19 "started really getting everyone's attention and we started seeing our supply lines change. We implemented immediately a PPE conservation plan and got way ahead of this thing. Now this gives us another way to continue looking at how we can extend our supply." ♦

THE COVID-19 EDITION

By Al Pilong Jr., CEO, Novant Health UVA Health System

I am incredibly proud of the Novant Health UVA Health System team's response to the COVID-19 pandemic.

Despite the significant challenges they faced — both inside and outside of our facilities — they never wavered in their commitment to providing extraordinary care to our patients and to each other.



*Michelle Strider
Novant Health UVA
Health System*

HEALTH CARE HERO PROFILE

Our team remained resilient, flexible and understanding as we worked through many process and policy changes over the past few months.

Instrumental in navigating, coordinating, and communicating these changes across our health system was Michelle Strider, chief quality officer.

Under normal circumstances, Michelle makes sure that the care we provide is as safe as possible for our team members and our patients. She also collaborates with leaders and team members to prevent infection and reduce preventable readmissions.

During a pandemic, Michelle's role became even more critical.

As the COVID-19 crisis began to take shape, I asked Michelle to co-lead our health system's COVID-19 Command Center. She reviewed all clinical care practices that needed to be created — from personal protective equipment guidelines, to visitation policies, to cleaning protocols.

"It's really an honor to be able to advocate for those who are on the front lines," Michelle shared. "You see these heartbreak stories in other states where nurses are practicing in trash bags, and the fact that our team members have never had to experience that — and will not have to experience that — is something I'm so proud of."

For more information about how our health system is finding a new normal with COVID-19, visit NovantHealthUVA.org>WelcomeBack. ▶



HosPAC is VHHA's political action committee. Its mission is to provide organized and effective political action, and to support state candidates who will work to improve quality health care through policies supported by Virginia's hospitals and health systems. To learn more about HosPAC, or to contribute, visit www.vahospac.com.



UVA Helps Fill Testing Void in Virginia

UVA Health has partnered with the Virginia Department of Health (VDH) and hospitals around the state to determine how many Virginians have been infected with COVID-19 — and how many remain at risk.

The Virginia Coronavirus Serology Project is working to test the blood of 5,000 patients for COVID-19 antibodies to determine if they have or have had the virus. That will help VDH estimate how many people have had the virus without showing symptoms, or went untested, and better predict how COVID-19 may affect the state in the future.

While the blood samples will be collected across Virginia, all the testing will be performed at UVA Health. Eric Houpt, MD, the chief of UVA's Division of Infectious Diseases and International Health, is serving as project leader.

"The confirmed COVID case counts in Virginia, or in any state, are an underestimate because testing has been incomplete and there are many cases with mild or no symptoms at all," Dr. Houpt said. "The question this project will answer is how much are we underestimating infection, how far are we from herd immunity and are we especially missing cases in certain groups or regions."



To launch the initiative, VDH has partnered with a health system in each of the state's five health planning regions: UVA in the Northwest, Inova in the Northern, Virginia Commonwealth University in the Central, Sentara Healthcare in the Eastern, and Carilion Clinic



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THE COVID-19 EDITION

in the Southwest.

Each region will collect 1,000 blood samples in June and July from patients, age 18 or older, who agree to the testing during regular outpatient clinic visits. Participants will also complete a short questionnaire. (All testing will be done during regular appointments; no additional volunteers are being sought.)

The blood samples will then be shipped to UVA Health to be tested for antibodies to COVID-19. The presence of the antibodies indicates the person has or has had the virus. The results will help the state plan for future health care needs and better understand the risk factors

for COVID-19 infection. Participants can choose to be notified of their results as well.

At the time, VDH indicated that it planned to release its preliminary findings no later than the end of July.

“Launching this large project in the midst of a pandemic has been a huge team effort and has only been possible because of tremendous institutional support at UVA and at these other health systems and the work of dozens of team members,” Dr. Houpt said. “We trust these results will help inform how the commonwealth can get back to normal in the Fall.” ♦

UVA Physicians Create Child-Friendly COVID Book

A pair of physicians at UVA Health have produced a children’s book for communities of color that are being disproportionately stricken by COVID-19. The free book is both a guide for staying healthy and a tool to help children cope with the stress and grief the pandemic may bring.

The book, “We’re Going to be O.K.” has been recognized as one of the top five — among 256 entries — in the Emory Global Health Institute’s COVID-19 Children’s eBook Competition.

UVA physicians Ebony Jade Hilton, MD, and Leigh-Ann Webb, MD, partnered with illustrator Ashleigh Corrin Webb to tell the story of Parker, a young African-American child, as he learns about COVID-19 from his parents and how the pandemic will change his day-to-day routines.

“My inspiration was fueled by knowing that the enemy of fear is information,” said Dr. Hilton, who has authored two other children’s books. “So the purpose of this book was to inform and empower while at the same time allowing for vulnerability. The addition of the latter, to allow children to express their emotions of grief and anxiety, was particularly important. We unfortunately know that some kids will experience the loss of a parent or a sibling, and we wanted them to have an outlet to write or draw out those thoughts. To give them a safe space to fully heal.”

Designed for children ages 5-9, the book provides information about staying healthy during COVID-19 as well as mental-health support designed for young children. As frontline African American physicians helping deal with a pandemic that has disproportionately affected African American and Hispanic communities, Dr. Hilton and Dr. Webb believe it is important to tell this story through the eyes of an African American family.

“One of the most rewarding aspect of the project was being able to create a meaningful work of art to reach all communities, but specifically communities of color,” said Dr. Webb. “As a mom of two, I know it’s important for black and brown children to see main characters that look like them. Ashleigh is a talented illustrator. She did a fantastic job.”

The creators’ goal is for the book to help children and families deal with the uncertainty caused by COVID-19.

“I hope children are comforted in knowing that their feelings are valid,” Ashleigh Webb added. “I hope this book helps them address those feelings and also equips them to take action using both the tips and workbook-style pages we created.” Listen to an episode of VHHA’s Patients Come First podcast featuring Dr. Hilton and Dr. Webb here: <https://tinyurl.com/yxp5f5p5> ♦



Sentara Creates COVID-19 Testing Lab



It was March 2020 and the coronavirus pandemic was exploding. The two largest commercial laboratories, LabCorp and Quest, were deluged with tests and taking two weeks to return results. Sentara Healthcare and its 12 hospitals could not wait that long. The delays were stressing patients and affecting bed flow, quality, and outcomes and showed no signs of abating. The Sentara Consolidated Laboratories team, led by Eric Young, set about creating a dedicated COVID-19 testing lab at Sentara Norfolk General Hospital, with a goal of turning tests around in 24 to 48 hours.

First, they commandeered a laboratory conference room and designed the new lab from scratch. They ordered an Abbott m2000 RealTime testing instrument and related equipment and supplies. Facilities support teams worked around the clock to install plumbing and electrical hookups, a safety hood, ventilation, air conditioning and other critical needs to convert the meeting space into a safe, fully functional laboratory.

In the meantime, lab personnel added new capability to an existing instrument and scoured the supply chain for scarce supplies to complete testing. It was an all-hands-on-deck project as the scope of the pandemic and its effects on testing times and the supply chain became painfully and urgently evident.

In early April, 10 days and almost \$500,000 later, Sentara Norfolk General Hospital stood up its dedicated COVID-19 testing lab to serve all 12 Sentara hospitals in Virginia and North Carolina.

“Sentara is fortunate to have the resources to respond to this crisis and begin our own testing program within two weeks,” said Sentara Healthcare Director of Laboratory Services Eric Young. “We did what we had to do to speed up results and provide answers for our patients and providers so they can make the right decisions.”

An additional benefit of more rapid test results is conserving PPE. Patients who meet criteria are presumed positive until they test negative, meaning all employees must wear full PPE with every encounter. Quicker test results eliminate negative patients sooner and allow care teams to preserve PPE for patients known to be positive.

Sentara couriers already shuttle routine lab samples from across the system as often as seven times per day to ensure rapid results. This rotation also helps ensure quicker results for COVID-19 tests, which may be completed in 24 to 48 hours once they reach the lab.

Within a few weeks, the Sentara lab was processing as many as 1,800 tests per day and meeting the 48-hour goal. Currently, the nationwide shortage of reagents, and limited allocation by suppliers, is causing new delays. To ensure the most beneficial use of limited resources, Sentara hospitals opted to limit testing to inpatients, those planning surgeries, and ED patients presenting with symptoms or meeting testing criteria.

“Like every other system, we’re being affected by the national shortages of testing supplies and reagents,” Young concluded, “Having our own COVID-19 laboratory gives us flexibility and control in deciding how to use our resources. It was a superb team effort and a great investment.” ♦





VCU Explores COVID-19 Treatments

Early in the fight against COVID-19, Virginia Commonwealth University scientists and doctors, led by the C. Kenneth and Dianne Wright Center for Clinical and Translational Research, activated several clinical trials to bring the best possible options to VCU Health patients and contribute to international data analysis.

VCU has focused most of its studies on two types of drugs: those with the potential to stop the body's hyper-inflammatory response to COVID-19 pneumonia, and those with the potential to shorten the course of the disease. Since Virginia's first cases of COVID-19 in March, volunteers have enrolled in more than a half-dozen targeted drug treatment trials to advance clinical care for COVID-19 patients.

Researchers were already a step ahead before the pandemic hit Virginia, said Benjamin Van Tassell, PharmD, a professor in VCU's School of Pharmacy. Van Tassell and Antonio Abbate, MD, PhD, a cardiologist and principal investigator on a trial of canakinumab, have been studying anti-inflammatory drugs for more than a decade for their potential to curb the body's inflammatory response to heart disease.

"When the COVID-19 pandemic started and there were these preliminary signals that inflammation might be part of the disease process, we were fortunate in that we already had experience with a lot of the medicines that were under investigation... that might also be relevant for the treatment of COVID-19," Van Tassell said. "From that perspective, we were fortunate to be at the right place at the right time with the right...experience."



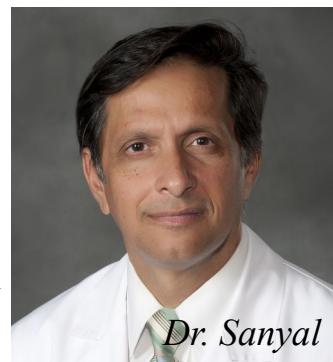
Dr. Abbate



Dr. de Wit

About a third of patients diagnosed with COVID-19 have chosen to participate since trials at VCU Health began in March. The researchers underscore that "dozens, if not hundreds" of VCU team members have stepped up to make these clinical trials happen.

Early results of remdesivir — the first trial drug brought to VCU in March by Arun Sanyal, MD, a liver specialist — showed enough promise to make it one of the first treatments for COVID-19 to receive an emergency use authorization from the U.S. Food and Drug Administration.

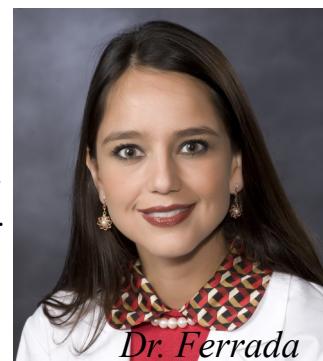


Dr. Sanyal

Sarilumab, a drug studied by pulmonologist Marjolein de Wit, MD, and canakinumab take aim at the inflammatory response brought on by COVID-19 that may exacerbate lung injury and the chances of death. Canakinumab trials expanded to include patients at VCU Health's Community Memorial Hospital in South Hill, bringing cutting-edge treatment options to rural Southside Virginia.

National studies of other inflammation-targeting drugs, such as CM4620-IE and MSTT1041A and UT-TR1147A, give patients even more treatment options.

"One of the reasons I'm so proud to be at VCU is that we're at the ready to do all these studies," said Paula Ferrada, MD, a trauma surgeon and principal investigator for the CM4620-IE study. "It's not going to be one thing, one drug or convalescent plasma, or a vaccine that solves this. It's a myriad of different treatments at different stages of the disease that is going to help, and VCU has been able to bring many of the treatments here." ♣



Dr. Ferrada

Rapid COVID-19 Testing at Virginia Hospital Center



Virginia Hospital Center (VHC) was among the first hospitals in the area to have the Abbott ID NOW COVID-19 test, the fastest available molecular point-of-care test for the detection of novel coronavirus. The Abbott test, which can deliver positive results in as little as five minutes and negative results in 13 minutes, allows VHC to proactively manage the safety of our patients and staff.

"Access to testing remains a crucial step in controlling the COVID-19 pandemic," said VHC Chief Medical Officer Jeffrey DiLisi, MD, MBA. "Our ability to use this rapid result test is a great step forward in protecting the safety of our patients, staff, and community."

VHC is also participating in two initiatives aimed at developing treatments for COVID-19: a national clinical trial to evaluate the safety and effectiveness of the antiviral drug remdesivir and Mayo Clinic's investigational convalescent plasma program. Eligible hospitalized adult patients with severe or life-threatening COVID-19 can now enroll in either program through VHC.

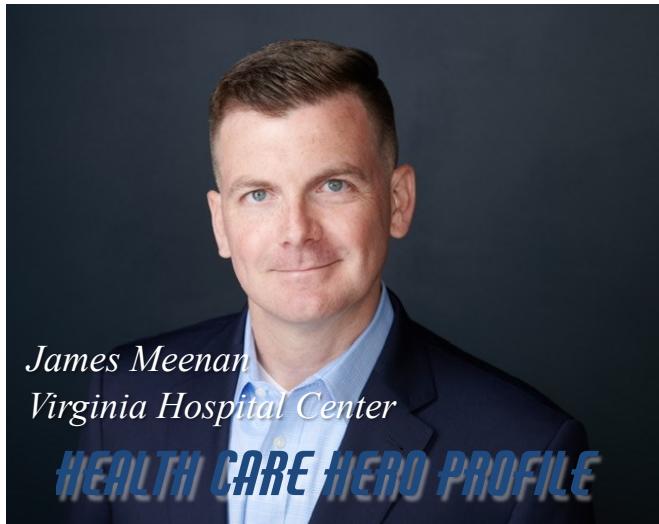
"Virginia Hospital Center is always at the forefront when it comes to innovative methods that protect the safety of our patients, staff and community," said Dr. DiLisi. "Increasing our understanding of potential treatments for this novel coronavirus is a critical next step in controlling the COVID-19 pandemic." ▶

Virginia Hospital Center was among the first in the region to set up a drive-through site to facilitate widespread testing for COVID-19. VHC partnered with the Arlington County Public Health Department, Arlington County Police Department, Arlington County Fire Department, Arlington County Sheriff's Office, and the Department of Environmental Services to open a drive-through COVID-19 sample collection site in Arlington County. The site increased capacity for collections at a much needed time.

"Arlington County is appreciative of our partnership with Virginia Hospital Center to facilitate sample collection for our community at this drive-through center," said Arlington County Board Chair Libby Garvey. "This is an important collaborative effort at a critical time."

VHC then lent the expertise gained at the drive-through site to further assist Arlington County and the Arlington Free Clinic in opening their first walk-up sample collection site making testing more readily available to community members without access to a car.

The Hospital's advanced level of preparedness and ability to adapt as circumstances have evolved has now allowed VHC to reopen its doors to the community with a detailed set of procedures in place to keep patients, the community, and staff safe. ▶



Propelled by a strong conviction that everyone has a stake in improving community health, James Meenan, Director of Virginia Hospital Center's Outpatient Lab and Case Management, is a true partner to many Arlington organizations working to reduce health disparities, enhance access, and provide seamless care for patients.

His commitment to treating every patient with dignity and compassion has never been more prominently on display than it has over the last few months as James and team members throughout Virginia Hospital Center worked tirelessly to combat the novel coronavirus pandemic.

"Health care organizations are on constant alert to prepare and respond to all situations. However, the recent global health crisis calls for leaders to be more than exceptional," said VHC Chief Medical Officer Jeff DiLisi, MD, MBA. "James has been a transformational leader, serving as an integral member of the Virginia

Hospital Center Health System's COVID-19 preparation team. He has proven to be especially adept at navigating this unprecedented situation to ensure the health and safety of our patients and the entirety of the Arlington community."

Virginia Hospital Center was among the first in the region to set up a drive-through site to facilitate widespread testing for COVID-19. Under James's thoughtful and strategic leadership, the site was able to provide much-needed answers to more than 6,000 patients between mid-March and July.

James' valuable expertise was then leveraged to help Arlington County and the Arlington Free Clinic open a walk-up site to make testing more widely available to vulnerable community members who may not have access to a car.

James is a long-time facilitator of partnerships between community organizations and Virginia Hospital Center. Building on his existing relationships with the surrounding community, James has been an incredible asset to local nursing homes whose residents are especially vulnerable to COVID-19. His guidance on care, treatment, and testing, and his ability to adapt hospital-grade protocols to work within the nursing home environment has helped alleviate stress on local emergency departments while simultaneously limiting the spread of the novel coronavirus among Arlington's senior population.

James's unwavering commitment to providing quality care to high-risk patients has not only improved the health and lives of countless individuals, it has had a direct impact on efforts to limit the spread of COVID-19 across all of Northern Virginia. ♦



VHHA Analytics harnesses the power of big data and modern technology tools to provide Virginia hospital and health system members with important insights to support enhanced operational efficiency. The VHHA Analytics team has developed interactive data tools to help hospital officials improve performance, reduce costs, better serve patients, and effectively communicate health care issues. To learn more about VHHA Analytics, view video tutorials, and request a demo, visit: <https://tinyurl.com/y9ud7u8z>

Research Corner: In-Depth Data Analysis

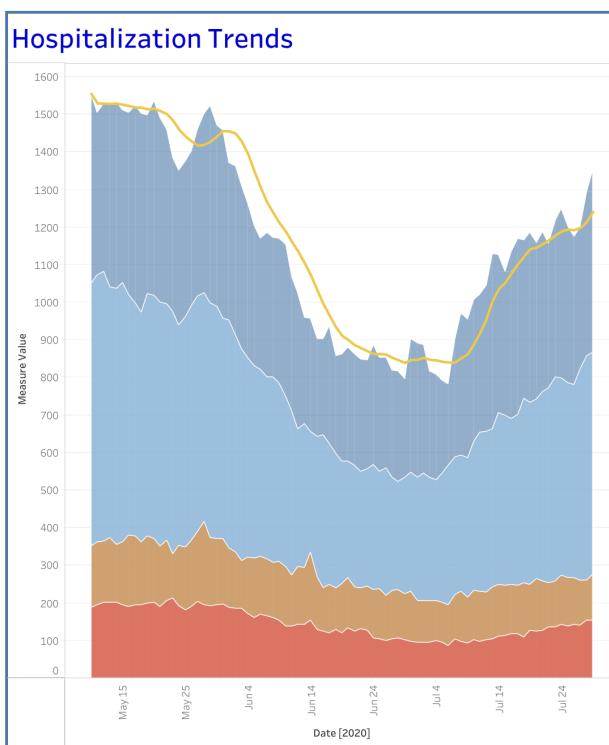
Data Dashboards Inform COVID-19 Response

Accurate, reliable, and timely data is a critical component of any rational decision-making process. This is especially true during the ongoing COVID-19 pandemic when it is essential for critical public decisions about response strategies and resource allocation to be data-informed. To assist in that process, the VHHA Data Analytics team developed and launched a public-facing data dashboard to help inform government leaders, hospital members, the public, and the news media about the pandemic and its impact on frontline health care providers.

The [Virginia Hospital COVID-19 Data Dashboard](#) debuted in early April and features daily updated information on coronavirus hospitalized patients, ventilator usage, intensive care unit (ICU) hospitalizations, hospital bed availability, and metrics on the number of hospitals experiencing challenges obtaining or replenishing critical inventories of PPE and other needed medical supplies. The dashboard is presented with support from VHHA members which submit regular updates through the Virginia Healthcare Alerting Status System

(VHASS), which is funded by the Assistant Secretary for Preparedness and Response (ASPR), a division of the U.S. Department of Health and Human Services (HHS). The dashboard has subsequently been updated several times to provide additional information for public audiences.

An early May update incorporated a “beds added” category reflecting the nearly 3,700 licensed hospitals beds added by Virginia hospitals under authority provided by Governor Ralph Northam’s Executive Order 52.



The VHHA Data Analytics team published another dashboard update in June to feature day-over-day hospitalization trend line data, including hospitalized patients, ICU occupancy, ventilator usage, and a seven-day rolling average.

Yet another dashboard update arrived in July with the addition on more immersive ICU data and bed metrics, including total ICU hospital bed occupancy rates for COVID-19 and non-COVID patients, the total number of additional ICU surge beds available in the event they become needed, and the statewide ICU bed occupancy rate for both existing beds and surge beds.

In between those updates, the VHHA Data Analytics team in May also developed and published a [Virginia Licensed Nursing Facility Data Dashboard](#) featuring statistics on the number of nursing home patients and residents who have recovered from COVID-19, as well as information on the number of licensed nursing homes experiencing difficulty in obtaining specific types of PPE such as N95 masks, surgical masks, gloves, face shields, and isolation gowns.

VHHA's COVID-19 data dashboards have been viewed more than 2.2 million times since their launch. They are the latest addition to a roster of VHHA-developed data dashboards including the [Virginia Hospital Patient Experience Data Dashboard](#), a series of [Community Health Legislative Dashboards](#), the interactive [Virginia Hospital Quality and Patient Safety Scorecard](#), and a [Virginia Hospital Media Dashboard](#). Each of these data-informed tools are public facing and presented with the support of VHHA member hospitals and health systems to help advance community understanding about the health care delivery system in Virginia. ▶



VIRGINIA HOSPITAL & HEALTHCARE ASSOCIATION

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Join the VHHA Hospital Grassroots Network. Register to be an advocate for health care in your community. Through our online grassroots member mobilization tool, **Muster**, VHHA will send updates and Action Alerts throughout the year, and periodically ask you to send an e-mail to your state delegate or senator to seek their support on important health care issues. The messages are drafted for you, and taking action can take less than one minute. Action Alerts are sent to Hospital Grassroots Members on the most important legislative issues that our hospitals face. Legislators need to hear from people in their districts to understand the local impact of their votes in Richmond. If you previously received VHHA's VoterVOICE e-mail alerts, you are already registered for the Hospital Grassroots Network. Your voice is important. Sign up online today at <https://app.muster.com/250/supporter-registration/>.