COVID-19 AND NORTHWEST MEDICAL SPECIALTIES, PLLC

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March 26, 2020
- 5 locations around Tacoma, Washington
- 11 MDs, 11 APPs, & 250 employees
- OCM with CMS & 5 commercial VBC contracts
- NWMS Research has 35+ open Phase I-III studies

First US COVID-19 case
PROTOCOL DEVELOPMENT PROCESS

Viral Illness Task Force “VITF”, March 1, 2020

Referencing advice and policies from peers

- CDC and DOH
- Local healthcare systems
- Quality Cancer Care Alliance Network
- COA COVID-19 Listserv
- ASCO
- NCCN
CLINIC VISITOR AND EMPLOYEE SCREENING

All staff and patients are screened prior to entering the clinic.

Working on acquiring enough thermometers to perform temperature checks on all entering the clinics.

All cleared staff and patients are given a sticker to wear showing they have been screened.
SHAREPOINT COMMUNICATION

Keep communication, policies and procedures up to date!
STAFF POLICIES

- All patient facing staff are wearing protective equipment when working with patients. (N95 mask and gown for regular, added goggles and gloves for isolation patients) - March 1, 2020

- All symptomatic staff are tested and required to stay home until COVID-19 results are negative - March 6, 2020

- All COVID-19 education materials to employees are uploaded into ADP and staff are required to review - March 6, 2020

- Moved all non-patient facing staff to remote work - March 6, 2020

- Implemented work related travel restrictions for all staff and providers, implemented mandatory personal travel restrictions for providers and key managers - March 12, 2020
PATIENT POLICIES

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<th>Policy</th>
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<tr>
<td>All symptomatic patients are isolated</td>
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<td>Patients with COVID-19 symptoms are tested</td>
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<td>Only patients are permitted in the clinics</td>
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<td>Developed “sick clinics” for symptomatic patients</td>
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<td>Developed “safe clinics” for non-sick patients including on weekends</td>
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<td>Drive through blood draws and shot in tents outside of the buildings</td>
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PROVIDERS

- Increased communication-weekly provider calls
- Frequent communication via emails
- High risk providers working remotely
- Inpatient chart rounding-minimizing rounds
- Wearing masks and gowns all day
- Weekend calls modified
- Providers with childcare issues working on weekend safe clinics
**PHYSICAL CLINIC CHANGES**

- Utilized vacant facility for sick clinic patients
- Removed all magazines and handouts from waiting area and exam rooms
- Moved all waiting room chairs 6 feet
- Increased cleaning methods after hours by working with cleaning crew
- All workers wear masks and practice social distancing even within facility
- Banned all outside vendors, visitors
- Canceled all events
TELEMEDICINE

Using Doxy.me platform
Moving all possible visits to telemedicine
Providers are using iPads, iPhones or laptops

BARRIERS:
- Patients without video capability
- Connectivity issues with mobile devices
- Unable to reach patients to move their visit to telemedicine
IMPACT

Closed 2 satellite clinics

Financial resources spent on PPE resources for staff

Financial resources spent on other equipment, 40+ laptops, iPads and others

Hired 5 additional per diem staff to support clinic screenings
IMPACT

- Research trails put on hold, working on case by case status and working with QCCA Research Network
- Purchased Telemedicine tool ($10,000 annually)
- Increased patient cancellations and no shows
- Significant staff overtime
- Expanded weekend hours
LESSONS LEARNED

- COVID-19 protocols will change daily
- Increase communication to staff about protocols
- Confirm knowledge of PPE use with clinical staff, specifically medical assistants
- Confirm all staff performing COVID-19 testing are using the same method