

Addendum to Carilion Stonewall Jackson Hospital Implementation Strategy

2019-2021

Carilion Clinic's Response to the COVID-19 Pandemic

The global spread of the novel coronavirus known as COVID-19 seemed to happen overnight. Carilion Clinic began acting well before we recorded any cases of the virus in our service region. We initiated system-wide planning and response in mid-February, coordinating closely with our Infection Prevention and Control department and our Incident Management Team. Our objectives from the outset of the pandemic focused on the safety of our employees, patients and visitors. We limited exposure to the virus by preventing non-acute patients from using the emergency departments as a primary source of care, protecting our employees and facilities while offering a level of normal operations, and furnishing accurate information to employees, visitors, patients and our communities.

Carilion began daily updates and urged the use of three sources of truth about the pandemic – the CDC, the Virginia Department of Health, and our own Infection Prevention and Control department. The staff became trusted experts on the disease. We recommended the three easy steps to stop the spread of COVID-19 – regular hand washing, social distancing, and staying home when ill. We initiated visitor restrictions at all facilities, set up testing sites, and implemented personal protective equipment (PPE) guidelines for employees and visitors. We featured our clinical leaders in updates about current conditions and set up donation sites as PPE supplies reached critically low levels. The first positive COVID-19 case in our service region occurred March 19, in Roanoke.

Carilion's response continued unabated in the form of regular testing and safe hygiene, including masking requirements for employees and visitors. We also led a live broadcast of a community conversation about what to expect about the virus. While we had to postpone all non-essential surgeries, we quickly pivoted to the use of telemedicine. Patients could continue to meet with their providers in a virtual setting – including to address the mental and emotional toll of the pandemic – and we urged the patients we serve to not delay care, especially in an emergency.

Donations of PPE, meals, and services poured into our facilities from throughout the region, the state and the country. Our collaborative innovators worked inside our system with a variety of partners to conserve PPE and bring our supplies back to normal levels. Employees also developed innovative PPE and medical devices and found ways to reuse PPE through decontamination techniques, all to protect our employees and make sure our patients were safe. While we implemented pay reductions and furloughs for some employees to lessen the financial impact on our health care system, we began seeing signs of improvement by early May, when we again began scheduling non-essential operations and procedures. Throughout the spring, Carilion experienced additional positive cases but never reached the infection levels that were initially forecast to overwhelm our hospitals.

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Throughout months of social distancing and other changes to our daily work routines, Carilion Clinic's employees have provided compassionate care for those affected by COVID-19 as part of our mission to improve the health of the communities we serve. The communities themselves have repeatedly provided kind gestures of appreciation, which have been instrumental in supporting the heroes who work among us during this unprecedented crisis. And as President and Chief Executive Officer Nancy Howell Agee has reminded us, we will emerge from the pandemic smarter, stronger, and better.

With the onset of COVID-19, Carilion immediately recognized the prominent role we would play in both prevention and treatment for our region. Amidst the internal planning and preparation for current and future patients, Carilion also considered our position and ability to use our expertise and resources to protect and support the health of our communities. The pandemic demanded a shift in operations and priorities. While some of our Implementation Strategies were delayed or altered, Carilion quickly responded to the new and unique health and health-related social needs arising from COVID-19.

COVID Community Line, Public Relations, and Community Partner Coordination

Our region set to work, utilizing a network of relationships and goodwill to form various avenues for communication. Our Local Emergency Preparedness Committee assembled a system for cross-sector organizations to share resource updates and information as the landscape shifted quickly. Through weekly (virtual) meetings of regional stakeholders, coordinated systems formed to identify and serve new healthcare and health-related social needs. In addition to the representatives from Carilion, stakeholders included non-profit organizations and churches, the FQHC, the health departments, local emergency management personnel, workforce agencies, childcare providers and many others. Together, our community developed a system to protect our residents and local business. Partners also coordinated mask collection and dissemination, food access for vulnerable populations, and resource re-allocation based on acute needs.

Carilion worked with local media partners to provide expert advice and guidance to the community for COVID-19 prevention, detection and recovery. In a historic collaborative effort, competing hospitals and broadcasting organizations came together to publicize a community town hall. Our region coordinated efforts to ensure the most accurate and up-to-date information was shared with the public.

Simultaneously, Carilion utilized our resources to establish multiple community call-in lines to provide information and support for community members. The COVID-19 Community Hotline is a dedicated phone line available to answer community member questions about COVID-19 signs and symptoms, Carilion guidelines and resources, and about our COVID-19 response.

Carilion is actively providing counsel to community partners, businesses, universities and colleges regarding COVID-19 through consultation with our infectious disease physicians and members of our management team. This service, provided free of charge, has the purpose of promoting safety, and reducing hospitalizations and complications.

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Carilion Community Support

In an immediate response to the social distancing recommendations, Carilion transitioned health and wellness education to virtual platforms accessible to the community at no cost. Carilion's Community Health & Outreach department initiated "Take a Break" virtual education sessions providing timely, relevant tips focused on improving wellbeing and maintaining a healthy lifestyle during this uncertain time. The events were promoted on social media and provided to the community for free.

Through our participation in community conversations, it was apparent that the health-related needs of our community had quickly shifted during Virginia's stay-at-home order. Carilion responded by converting our Spring 2020 grants process to a COVID-19 Community Health Fund to support partner organizations' work addressing acute, COVID-19 related health and social needs in our communities. In the Rockbridge Area, funding awarded is supporting the Rockbridge Area Relief Association in providing needed hygiene items to food pantry clients.

A recovery support phone line was also established to ensure employees, patients and community members would have access to mental health and recovery support needed during this time. To provide this service, Carilion's Peer Recovery Specialist program expanded their operations to seven days per week 12 hours per day to offer the non-emergency mental health and recovery support. This began at the end of March and through mid-June the peer recovery specialists have taken 1,057 calls on the line. They also created five virtual peer support community groups to provide options for individuals in recovery to maintain recovery-oriented support during the stay-at-home order. These virtual groups included participants from all over southwest Virginia, Massachusetts, New Jersey and Pennsylvania.