

Snapping Back from a Pandemic: Rapid Expansion of COVID-19 Testing to “Snap Back” to pre-COVID-19 Procedural Volumes

Department: BUMC Pre-Admit Testing

Team Members:

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1. Background

During mid-March to early May, all elective surgeries and procedures were cancelled due to COVID-19. Only procedures that were deemed essential were allowed to be scheduled. Patients were required to have a negative COVID-19 test within 48-hours of the procedure to mitigate nosocomial transmission, avoid potential sequela-related complications, and ensure safety of the clinical teams.

BUMC created a temporary clinic in Wadley Tower to fulfill these COVID-19 testing requirements. Nurses from units that were rightsized or closed were deployed and trained to the “swab squad”, a team that would perform COVID-19 swab tests in Wadley Tower and inpatient units. They would eventually be redeployed back to their original units, thus requiring other resources to be identified to support and sustain the swab tests.

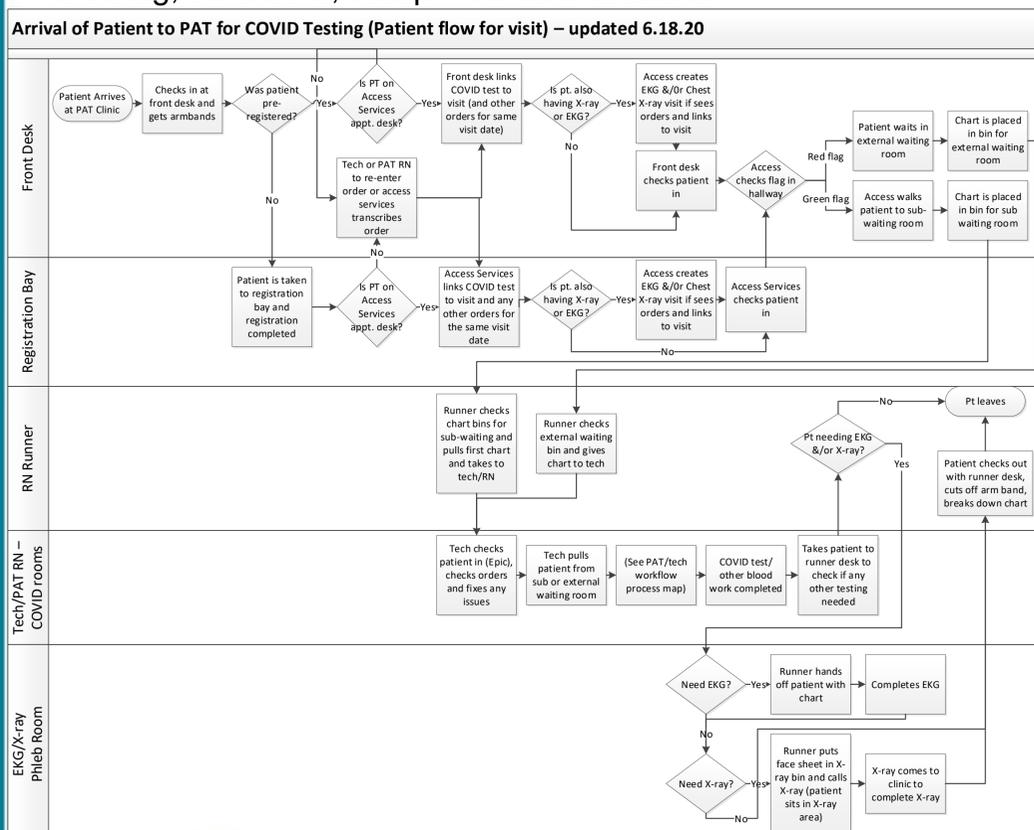
In mid-May 2020, the Governor announced that elective surgeries/procedures could be resumed. BUMC needed to quickly develop a process in two weeks that would allow for a rapid increase of pre-procedural COVID-19 testing, while ensuring staff safety and quality patient care.

2. Problem Statement

The Wadley Tower Clinic was seeing an average of 270 patient visits per week for pre-procedural COVID-19 testing. Baylor University Medical Center (BUMC) needed to quickly increase patient visits per week as pre-COVID-19 procedure volumes were scheduled, while expanding COVID-19 testing to multiple other departments.

3. Understand The Problem

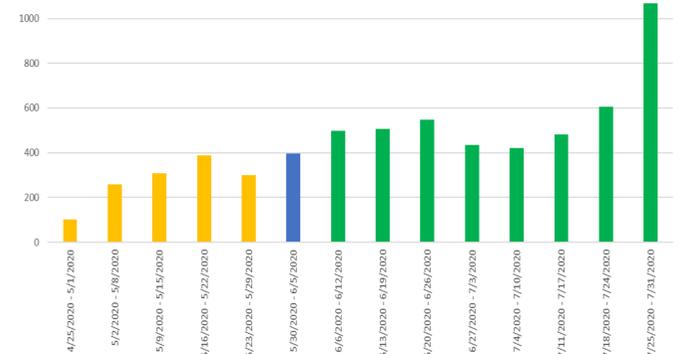
Multidisciplinary teams composed of representation from Pre-Admit Testing (PAT), Lab, Access Services, and Lean met to map out the existing state process surrounding COVID-19 testing while highlighting pain points in the ordering, execution, and patient flow in clinic.



4. Implemented Change

Implementation efforts supported rapid expansion of COVID-19 testing by moving from a 2,100 sf space in the Wadley Tower clinic to a 3,875 sf space in Pre-Admit Testing and involved expansion to several departments/service lines:

1. Identified all departments/service lines to be added for COVID-19 testing (Endoscopy/Bronchoscopy Lab, L&D, NICU, Bone Marrow Transplant, Oncology Admits, Radiology and Interventional Radiology, Pulmonary Function Testing, Neurodiagnostic Lab) and engaged support from Informatics and Access Services
2. Created standard work, tip sheets, and scripting for PAT clinical teams (ED techs, RNs), Access Services, and all departments/service lines ordering/scheduling COVID-19 testing
3. Training by “swab squad” for PAT clinical teams using COVID-19 swab collection competencies; training by Lab for specimen collection using SoftLab program to eliminate relabeling at point of collection; implemented priority sticker as visual aid in lab processing to prioritize a COVID-19 test for next-day procedure
4. Created RN roles in clinic for Nurse Navigator on Duty and Clinic Runner tasked with managing clinic throughput; adjusted clinic schedule to 7-day model
5. Worked with Epidemiology and Facilities to convert offices to testing rooms to allow for greater throughput
6. Created visual management to aid patient flow (signs in clinic, flags for rooming, chart placement in holding area, communication with X-ray/EKG techs); 5S in patient rooms for supply/equipment placement



4/25-5/29: 270.8 swabs/week (Wadley Tower Clinic)
 5/30-6/5: 397.0 swabs/week (1-Jonsson soft go-live)
 6/6-7/3: 570.3 swabs/week (1-Jonsson full go-live/sustain)

110.6% increase in COVID-19 testing visits in initial 8 weeks contributing to a **32.8% increase** in surgical volume

6. Lessons Learned

- Daily debrief huddles with all staff and leaders across disciplines helped quickly identify/correct throughput barriers
- Actively seeking feedback from front-line staff and troubleshooting in real-time generated unique solutions

