



InCrowd Novel Coronavirus (COVID-19) Tracking Report

Analysis of three waves physician data

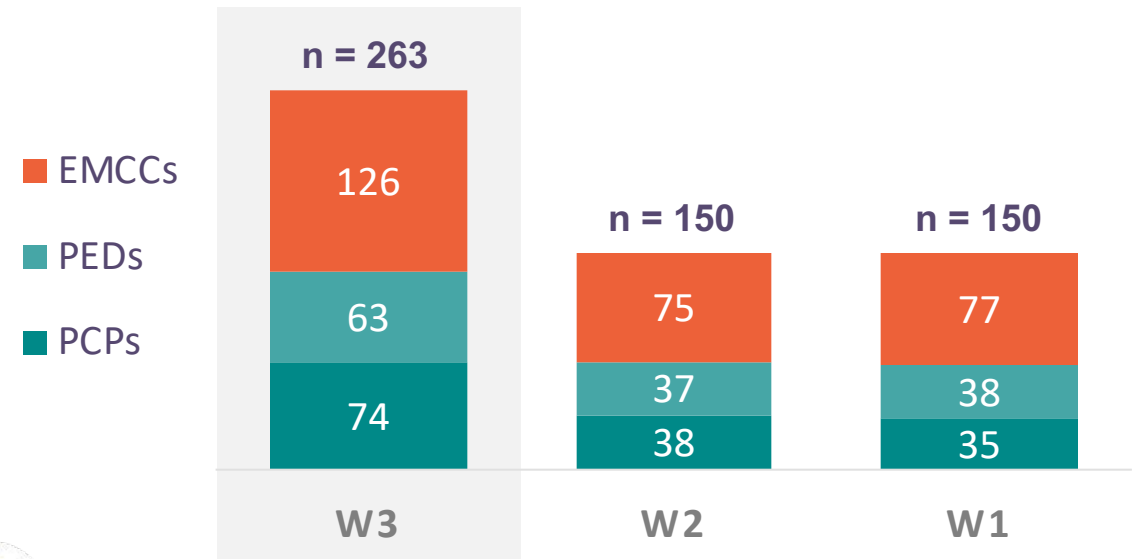
March 23rd, 2020

Methodology

METHOD	10-Minute MicroSurvey via InCrowd
CROWDS	US Primary Care Physicians (PCPs), Pediatricians (PEDs), and Emergency Medicine or Critical Care Physicians (EMCCs)
FIELDING PERIOD	W1: Jan. 31-Feb. 4, 2020 W2: Feb. 26-27, 2020 W3: Mar. 19-20, 2020
SCREENING CRITERIA	Physicians have or are currently treating 20 or more patients with flu like symptoms

With the recent outbreak of the novel coronavirus (COVID-19) and cases identified in the US, InCrowd wanted to understand and track treating **physicians' perceptions on the spread of the virus, preparedness, physician concerns, patient concerns, and numbers of inflicted patients.**

N-SIZES & SPECIALTY BREAKDOWN



Executive Summary

- **Testing kit availability, although still insufficient, has more than tripled since February**, with 67% of respondents now reporting access. Eighteen percent, however, still mention testing kits when prompted for resource shortages, and 45% implore authorities to aid in widespread testing.
- **Few report strong internal preparatory measures at their facilities**, with less than a third reporting facility collaboration, and very few recounting adequate staffing and supplies. Over half mention insufficient personal protective equipment (PPE), a quarter mention a lack of N95 masks. Only 13% feel secure about their own safety given the current state of PPE supplies.
- **Stress around safety concern has jumped to about three-quarters in both physicians and patients.** Fifty percent report facilities overwhelmed with “worried well” patients, more than double that of actual COVID-19 influxes. Physicians report the most personal worry around infecting loved ones.
- **Under limited testing conditions, physicians report that they suspect an average of ten of their patients to be infected with COVID-19**, 8% of their total patient volume in the last two weeks. States with the most physicians observing cases include Texas, Florida, New York, Illinois, and California. Among these, total numbers of COVID-19 patients are highest in Texas, New York, and California.
- **Respondents find that only the WHO and ex-US governments have significantly improved precautionary measures** since February, with perceptions of the US government’s precautions and local treating facility preparedness remaining unchanged since last month’s low evaluations.
- Respondents share that the most pressing actions state and local authorities could take to manage the outbreak are improving testing capacity and regulations, increasing PPE availability, and enacting a shelter-in-place

Continued →



Executive Summary

- **Overall, morale in the US appears bleak, with only a fraction optimistic about public health.** Only a fifth report confidence in the efficacy of public-private collaboration, and only 12% have faith in the US's ability to 'flatten the curve.'
- **Despite widespread pessimism, physicians report observing several positive impacts of COVID-19,** including strong community support, adherence to initiatives that reduce spread, and collaboration within health systems.
- **Nearly all respondents' testing facilities are now recommending COVID-19 protocols (95%),** up 20 percentage points since February. When prompted for protocol content, the most frequent directives were 2-week quarantines for those with minor symptoms, screening via telemedicine, and testing for other viral and respiratory panels before testing for COVID-19.
- **Physicians also mention prevalent use of new and novel strategies for managing COVID-19's impact.** Over three-quarters have been postponing routine appointments and surgeries and triaging via telemedicine. About half are testing using private labs, and around a quarter are referring to out-of-facility clinics. Over a third are employing one-swab and drive-through testing.



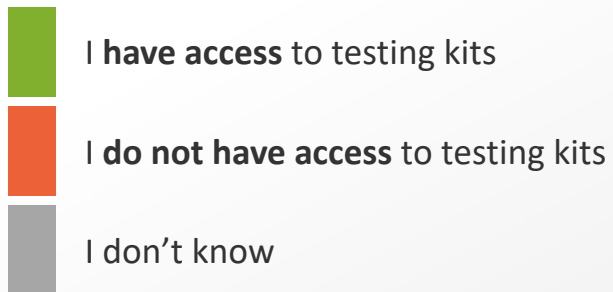
Access to Testing

Testing kit availability has more than tripled since February, with 67% reporting access.

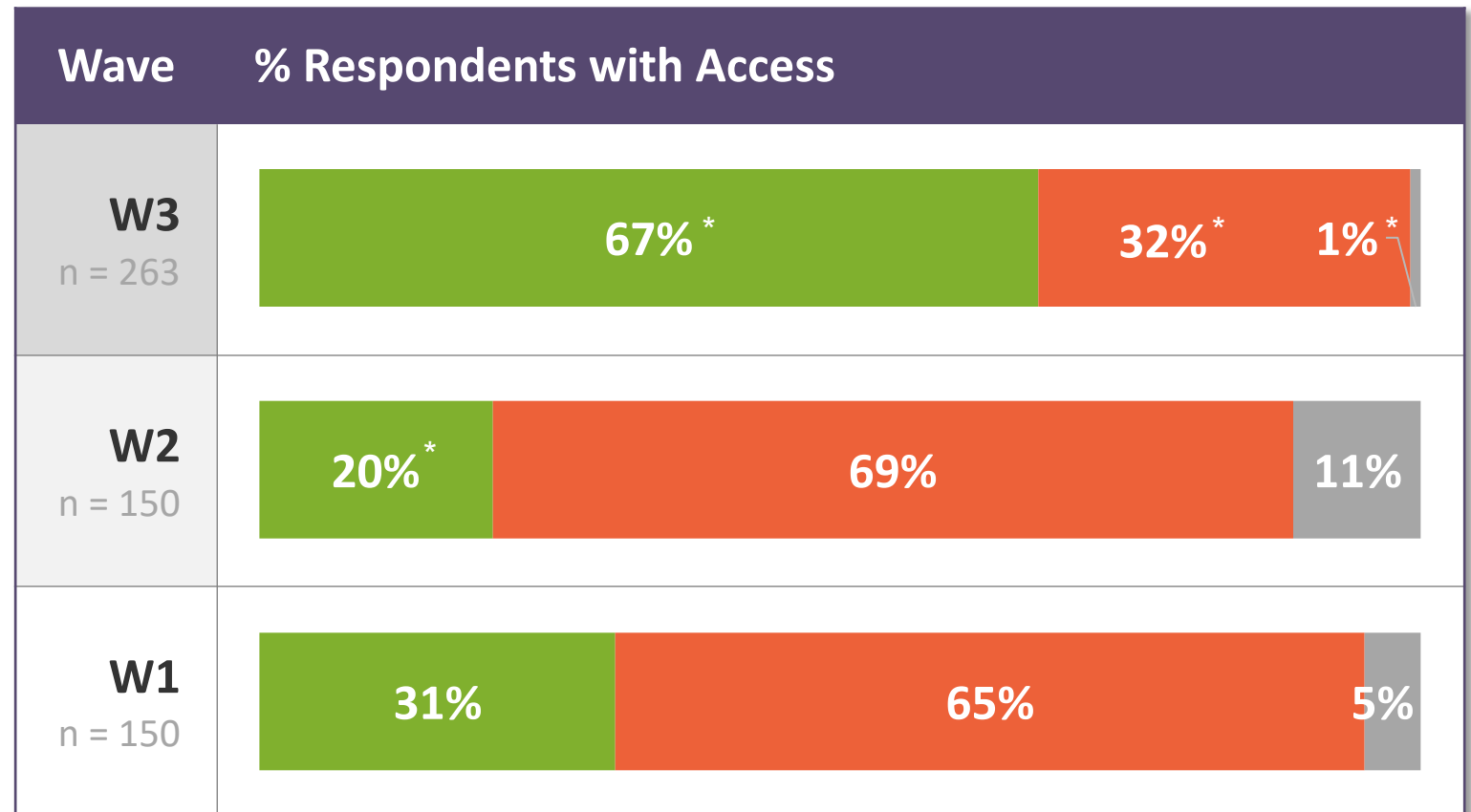
Q1

Do you have access to the COVID-19 test kit for your patients with symptoms?

KEY



* Difference from the previous wave is statistically significant at the 95% confidence interval.






Facility's Recommendation of a Protocol

Nearly all respondents' treating facilities are now recommending COVID-19 protocols (95%), up 20 percentage points since February.

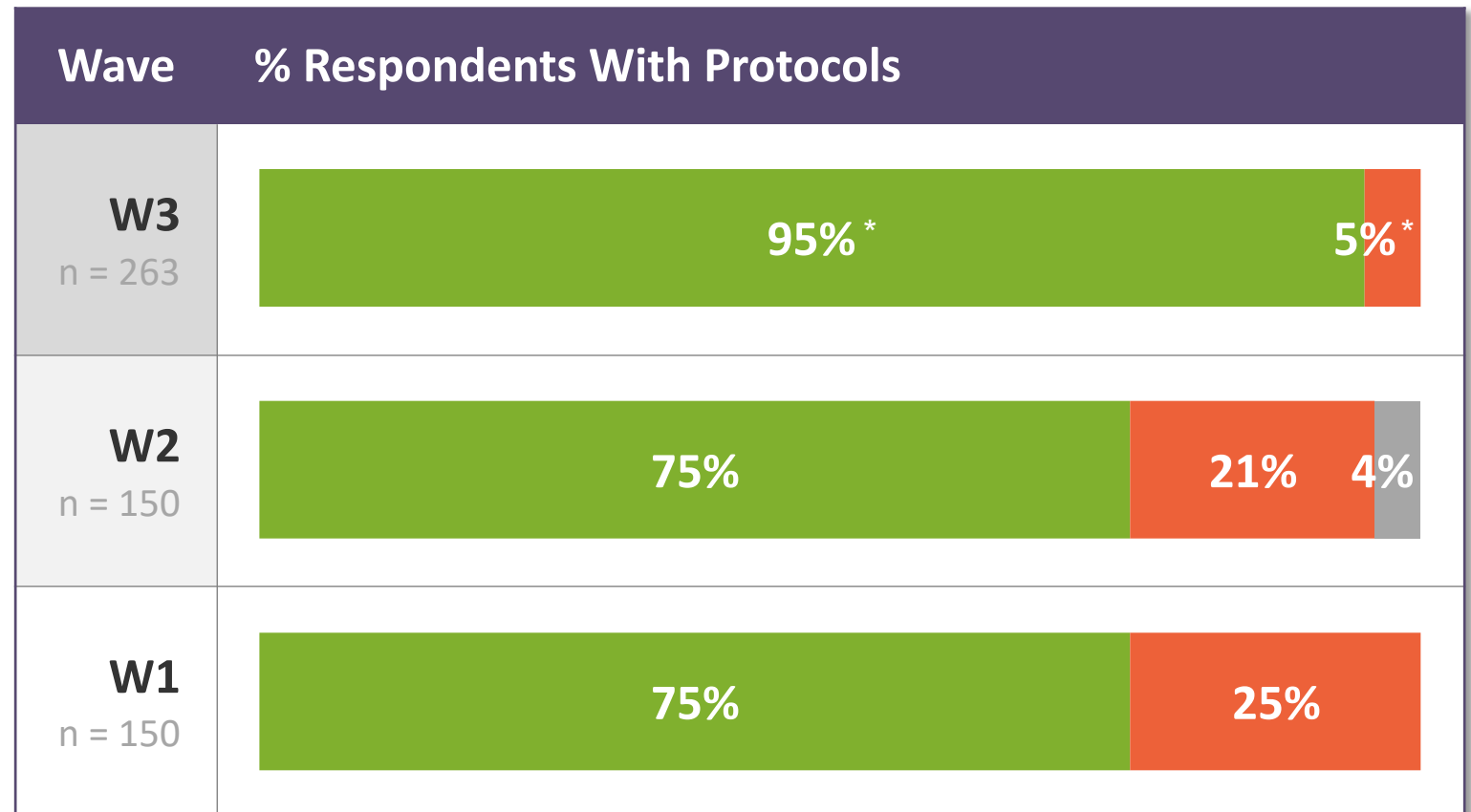
Q2a

Has your clinic or hospital recommended a protocol for patients that could potentially have COVID-19?

KEY

-  My facility has recommended a protocol
-  My facility has not recommended a protocol
-  I don't know

* Difference from the previous wave is statistically significant at the 95% confidence interval.



Facility's Recommended Protocols

The most implemented protocols include 2-week quarantines for those with minor symptoms (26%), screening via telemedicine (22%), detailed questionnaires (20%), and testing for other viral and respiratory panels first (18%)

Q2b

If your clinic or hospital has recommended a protocol for patients that could potentially have COVID-19, please describe the protocol.

W3 Only (Among those whose facilities have recommended a protocol, n=249)

KEY

- High use of protocol
- Moderate use of protocol
- Low use of protocol

Responses (Unaided)	% Mentioning
14-day home quarantine for suspected patients with minor symptoms	26%
Telemedicine / Virtual visits / Phone triage	22%
Use of questionnaire / detailed screening for symptoms	20%
Test for Flu, RSV, Strep, etc. before testing for COVID-19	18%
Test those with travel / exposure history	15%
Test those who have comorbidities or are elderly	15%
All staff wear full PPE around suspected patients	14%
Refer out to testing site or hospital	10%
Adherence to CDC & DOH guidelines	9%
Isolation in private room or outdoor tent	9%
Drive through testing	6%






Physician & Patient Concerns

Around three-quarters of physicians report concern for both personal safety and safety of loved ones. Accounts of patient concerns have also jumped to 77%, more than doubling since last month.







Q3

Please rate your level of agreement with the following statements, from strongly disagree (1) to strongly agree (7).

KEY

-  **W3** n = 263
-  **W2** n = 150
-  **W1** n = 150

* Difference from the previous wave is statistically significant at the 95% confidence interval.

Statement		% Respondents Agreeing (T2B)
<i>I am..</i>	..concerned for the safety of loved ones due to my exposure as a physician to COVID-19	 78% N/A N/A
	..concerned for my own personal safety as a treating physician for COVID-19	 70% N/A N/A
<i>My patients are..</i>	..very concerned about COVID-19	 77% *  37%  28%
	..canceling routine appointments in higher volumes.	 57% N/A N/A



Strength of Precautions Across Institutional Levels

Respondents find that only the WHO and ex-US governments have significantly improved precautionary measures since February, with perceptions of US government precautions and local treating facility preparedness remaining unchanged.

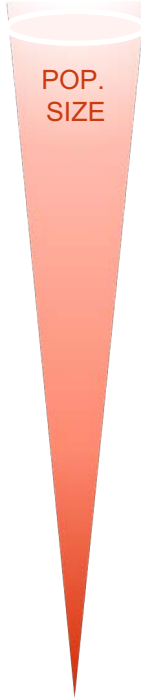
Q3

Please rate your level of agreement with the following statements, from strongly disagree (1) to strongly agree (7).

KEY

- W3** n = 263
- W2** n = 150
- W1** n = 150

* Difference from the previous wave is statistically significant at the 95% confidence interval.

		Statement	% Respondents Agreeing (T2B)
 <p>POP. SIZE</p>		The WHO and governments outside the US are taking strong precautions to prevent the spread of COVID-19	<div style="display: flex; justify-content: space-between;"> <div style="width: 42%;">42% *</div> <div style="width: 27%;">27% *</div> <div style="width: 45%;">45%</div> </div>
		The US government is taking strong precautions to prevent the spread of COVID-19	<div style="display: flex; justify-content: space-between;"> <div style="width: 17%;">17%</div> <div style="width: 16%;">16% *</div> <div style="width: 35%;">35%</div> </div>
		My local government is taking strong precautions to prevent the spread of COVID-19	<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">33%</div> <div style="width: 0%;">N/A</div> <div style="width: 0%;">N/A</div> </div>
		The hospital(s) or facilities where I have privileges are prepared to treat people with COVID-19	<div style="display: flex; justify-content: space-between;"> <div style="width: 24%;">24%</div> <div style="width: 23%;">23% *</div> <div style="width: 38%;">38%</div> </div>
		My community members are taking the necessary steps to stem the progression of the COVID-19 outbreak	<div style="display: flex; justify-content: space-between;"> <div style="width: 19%;">19%</div> <div style="width: 0%;">N/A</div> <div style="width: 0%;">N/A</div> </div>




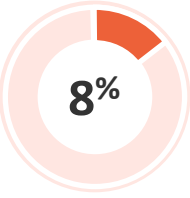
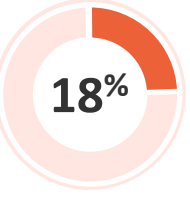
Patient Segments with Suspected Infections

Under limited testing conditions, physicians report that they suspect an average of ten of their patients to be infected with COVID-19, 8% of their total patients in the last two weeks.

Q4a

Understanding diagnostic testing is limited, how many of the unique patients you have personally treated in the past two weeks, do you strongly suspect or know have COVID-19?

W3 Only (n=263)

Segments	Reported Means
Average # of Suspected Infected Patients	 10 patients
Average % of Total Patients	 8%
Average % of All Patients with Flu-Like Symptoms	 18%



Suspected Cases by State

States with the most physicians observing cases include Texas, Florida, New York, Illinois, and California. Among these, physicians from Texas, New York, and California report the highest totals of patients.

Q4b

If you have seen any cases, in which state have you seen them?

W3 Only (n=263)

KEY

- High amount of physicians or patients
- Moderate amount of physicians or patients
- Low amount of physicians or patients

State	# Physicians Reporting Cases	Combined # Cases Reported
Texas	15	314
New York	13	233
California	10	190
Georgia	9	155
New Jersey	7	142
Louisiana	1	120
Florida	14	113
Illinois	13	100
Michigan	8	85
Massachusetts	5	82
Maryland	6	66
Oregon	3	57
Minnesota	3	35
Indiana	5	34
Washington	4	26
Wisconsin	4	26
Tennessee	4	25

State (cont.)	# Physicians Reporting Cases	Combined # Cases Reported
Virginia	2	25
Colorado	4	21
Arkansas	1	20
Ohio	9	17
Missouri	4	16
North Carolina	5	15
South Carolina	3	15
Nevada	2	15
Pennsylvania	6	13
Connecticut	3	7
Arizona	3	6
New Mexico	2	6
Oklahoma	1	4
Alabama	2	3
Deleware	1	3
New Hampshire	1	2
South Dakota	1	2



State of Treating Facilities

Half report facilities overwhelmed with “worried well” patients, more than double that of actual COVID-19 influxes (22%). Less than a third report facility collaboration, and very few note adequate staffing (16%) and supplies (9%).

Q5a

Please rate your level of agreement with the following statements, from strongly disagree (1) to strongly agree (7).

W3 Only (n=263)

	Statement	% Respondents Agreeing (T2B)
<i>My treating facilities are..</i>	..getting an influx of “worried well” patients who do not need to be there	50%
	.. collaborating with other local treating facilities to ensure we can manage the anticipated patient influx	29%
	..getting an influx of patients who do need specific treatment for COVID-19	22%
	.. staffed adequately to treat the influx of patients anticipated in the next 30 days with COVID-19	16%
	.. stocked with necessary supplies to treat the influx of patients anticipated in the next 30 days with COVID-19	9%



Physician Outlooks on Public Health

Overall, morale appears low, with few optimistic about the efficacy of public-private collaboration (21%), their own safety given current PPE supply (13%), and the US's ability to 'flatten the curve' (12%).

Q5a

Please rate your level of agreement with the following statements, from strongly disagree (1) to strongly agree (7).

W3 Only (n=263)

	Statement	% Respondents Agreeing (T2B)
<i>I believe that..</i>	..the current advising of social distancing and avoiding gatherings of >10 individuals is justified given the current risk	86%
	..there are already signs of the positive effects of public and private sector working together to combat COVID-19 outbreak	21%
	..I have the necessary protective equipment I need to stay healthy	13%
	..the US can "flatten the curve" of cases with the actions underway	12%



Facility Resource Limitations

When prompted for their facilities' resource shortage, more than half mention PPE (52%), a quarter mention N95 masks, and 18% mention testing kits.

Q5b

If your treating facilities have resource limitations or challenges, please share them.

W3 Only (n=263)

Responses (Unaided)	% Mentioning
PPE	52%
N95 Masks	25%
Test Kits	18%
Supplies / Equipment / Paps	11%
Ventilators / Vent Circuits / Respirators	10%
Staff	9%
Gowns	8%
Beds / ICU Beds	7%
Space / Negative Pressure Rooms	6%
Protocols	5%
Hand Sanitizer / Wipes	3%
Goggles	3%
Gloves	2%



Positive Observations Stemming from Health Crisis

Positive impacts respondents are witnessing include strong community support (43%), adherence to initiatives that reduce spread (28%), and collaboration within health systems (17%).

Q6

Please share any positive impact that you've observed as a caregiver or citizen in those trying to manage this public health crisis.

Responses (Unaided)	% Mentioning
Stronger community support (e.g. for neighbors, high risk community members)	43%
Adherence to initiatives that reduce spread (e.g. social distancing, reducing ER visits)	28%
Colleague and health system collaboration, teamwork, and communication	17%
Respect for front line HCPs and low paid workers (e.g. food service, sanitation)	9%
Government action and political cohesion	8%
Better provider-patient relationships and communication	7%
Better hygiene, handwashing, and cleaning techniques	4%
Business safety and security initiatives (e.g. paid sick leave, work from home)	3%
Overall greater public awareness of the dangers of infectious disease	2%
Relaxed telehealth rules	2%
Better institution preparedness and precautions (e.g. more PPE usage)	2%
More family time	2%



Current Facility Strategies for Managing Outbreak

The most implemented strategies across facilities include postponing routine appointments (79%) and surgeries (76%), and triage via both phone (71%) and front-of-facility (62%). Facilities are also commonly testing using private labs (51%), out-of-facility clinics (23%), drive-throughs (35%), and one-swab techniques (41%).

Q7a

Please select all of the strategies your treating facilities are currently doing to help manage COVID-19 impact.

W3 Only (n=263)

Facility Strategies	% Respondents Employing
Triaging, postponing, or canceling routine appointments	79%
Postponing elective surgeries	76%
Phone triage	71%
Front-of-facility triage	62%
Working with private labs for test results	51%
One-swab testing	41%
Drive-through testing	35%
Out-of-facility clinics	23%
Collaborative bed sourcing with local hospitals and other care facilities	22%
Enlisting retired specialists to return to support patient demand	8%



Additional Innovative Approaches to COVID-19 Management

The most common novel approaches relayed by respondents are use of telehealth (20%) and innovative use of space for both triage systems outside of the office (16%) and COVID patient segregation (10%).

Q7b

Please share any other innovative approaches that you've observed while dealing with this public health crisis.

W3 Only (n=263)

Responses (Unaided)		%
Category	Examples	Mentioning
Telehealth	Telephone hotlines, virtual visits, video conferences	20%
External triage systems	Outdoor or tent screening, Drive-through or parking lot testing, testing clinics, rented trailers, temperature screenings at door, patient self-swabbing	16%
Respiratory segregation	COVID-only facilities, areas, or pods, red & green zones, separate well & sick clinics, separate waiting rooms, use of closed hospitals, use of hotels	10%
Limit exposure within facility	Staggering patient visits, restricting visitation, restricting provider movement, limiting treatments	5%
Supply resourcefulness	Making PPE, reusing PPE, layering surgical over N95 masks (for reuse), limiting numbers of providers entering the room, rolling IV pumps from outside of rooms with long extension tubing, splitting ventilators	5%
Public awareness initiatives	DOT signs for social distancing, social media education, shutting down cities and schools, asking travelers to self-quarantine	3%
Inter-facility communication	Daily hospital prep, slack channels for info sharing, daily staff conference calls, reconfiguring internal teams	3%
Intra-facility communication	Command & control center with administration and physician champion, sharing information with other hospitals, regional planning teams, collaborating on best practices	2%
Staff coverage & compensation	Overtime, childcare options, paid leave	2%
Keeping patients at home	Home delivery of groceries, meals, and medicine	1%



Ideas for Action Across Authorities

Unsurprisingly, respondents share that the most pressing actions state and local authorities could take are improving testing capacity and regulations (45%), increasing PPE availability (39%), and enacting a shelter-in-place policy (21%).

Q8

Please share any ideas you have for actions state and local authorities could take that could help stem the impact of the COVID-19 public health crisis.

Responses (Unaided)	% Mentioning
Widespread testing and improved rules around testing	45%
Increased PPE Availability	39%
Shelter-in-place / Mandatory quarantine / Shutdown of nonessential businesses	21%
Public service announcements on best practices (social distancing, when to go to the ER, who qualifies for testing)	15%
More ventilators and ICU beds	14%
Drive-through or outdoor testing	13%



Reasons for Continued Opinion Sharing via Surveys

Ninety-seven percent wish to continue sharing feedback via microsurveys during the COVID-19 crisis, citing that they want to help (52%) and believe the information they have to be impactful during this time (25%).

Q9a

Do you wish to continue to share your opinions via microsurveys during this time when healthcare professionals are in higher than normal demand due to COVID-19? If so, why?

W3 Only (n=263, n=256 for Unaided Responses)

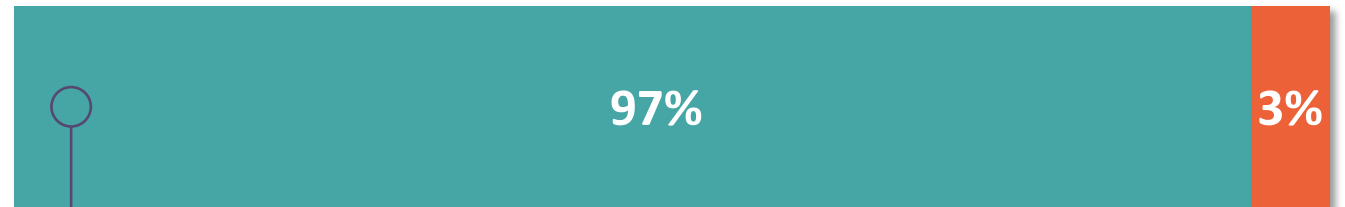
KEY



I wish to continue sharing my opinion



I do not wish to continue sharing my opinion



Response (Unaided)	% Mentioning
I want to help	52%
It's important information / impactful research	25%
I want to provide a voice for physicians	18%
I have the time	11%
It's collaborative via idea sharing	9%
I enjoy giving my opinion	8%
It's easy / comped / organized / opt-in or out	5%
Things are changing daily	2%



Reasons for Continued Opinion Sharing via Surveys (2/2)

Many physicians emphasize how crucial it is for them to share information during this time. As experts on the frontline, their experiences can inform government decision making.

Q9b

Do you wish to continue to share your opinions via microsurveys during this time when healthcare professionals are in higher than normal demand due to COVID-19? If so, why?

W3 Only (n=256)

“

*The more voices weigh in on the current challenges working as a healthcare provider during this pandemic, **the more we as a country will be able to better prepare for future pandemics.***

— Primary Care Physician, CA

“

*We work on the frontlines so **our overall exposure, knowledge, and experience with the disease is the highest.***

— Emergency Medicine Physician, TX

“

*No one is listening to physicians. We are being sent out to war with no armor, and no weapons. And the people making money off of us are threatening to fire us if we speak up. It's a tragedy and **physicians need a voice.***

— Pediatrician, CA

“

*I think **physicians are in a very unique position to see the effects of the government's lack of preparation** and challenges of this pandemic.*

— Primary Care Physician, CA



Suggestions for Easier Opinion Sharing

Respondents request that InCrowd continue to ensure that surveys during the COVID-19 pandemic are fast, simple, and convenient (75%), and that results are leveraged to improve public and government awareness (21%).

Q10

While the healthcare system is under strain, how can we make it easier for you to share your critical opinion when it is vital to the global dialogue on COVID-19?

W3 Only (n=263)

Response (Unaided)	% Mentioning
Simple / fast surveys	46%
No change / continue to send microsurveys	29%
Help improve public and government awareness (e.g. social media, published data)	21%
Keep helping HCPs be heard	13%
Text / Email Responses	6%
Provide more flexibility through platform	6%
Maintain up-to-date / relevant subject matter	1%



Suggestions for Easier Opinion Sharing (1/2)

Respondents are most hopeful that InCrowd surveys will help to provide them with a voice, and that publication of the data can help to advocate for their needs and forward their recommendations for both policy makers and patients.

Q10

While the healthcare system is under strain, how can we make it easier for you to share your critical opinion when it is vital to the global dialogue on COVID-19?

W3 Only (n=263)

“

*Surveys are an excellent way for me to at least get my opinion out. Also all the information out there is important and this allows me a small little corner to advocate, and **I feel a part of my job is to advocate.***

— Emergency Medicine Physician, MI

“

***Help us by telling government officials that emergency medicine doctors and nurses are the ones they need to be listening to** right now, as we are the experts and the ones on the front line.*

— Emergency Medicine Physician, FL

“

*Get our surveys to the WHO, CDC and government authorities who can effect change. **We need people to understand the severity of this** and the strain it is going to put on healthcare so they can take appropriate actions.*

— Primary Care Physician, OH

“

***Help inform the public about the realities of their risks and when they should go to the ER.** ACEP is our voice and I believe they should be involved just as much as the health agencies.*

— Emergency Medicine Physician, AZ



APPENDIX I: Innovation Verbatims



Additional Innovative Approaches to COVID-19 Management

The most common novel approaches relayed by respondents are use of telehealth (20%) and innovative use of space for both triage systems outside of the office (16%) and COVID-patient segregation (10%).

Q7b

Please share any other innovative approaches that you've observed while dealing with this public health crisis.

W3 Only (n=263)

Responses (Unaided)		%
Category	Examples	Mentioning
Telehealth	Telephone hotlines, virtual visits, video conferences	20%
External triage systems	Separate testing clinics, drive-through testing, outdoor screening	16%
Respiratory segregation	COVID-only facilities, areas, clinics, waiting rooms, repurposed hotels, etc.	10%
Limit exposure within facility	Staggering patient visits, restricting visitation, restricting provider movement, limiting treatment	5%
Supply resourcefulness	Making PPE, reusing PPE, layering surgical over N95 masks (for reuse), splitting ventilators	5%
Public awareness initiatives	Social media education, shutting down cities and schools, self-quarantining and social distancing	3%
Inter-facility communication	Morning hospital prep, slack channels, daily staff conference calls, reconfiguring internal teams	3%
Intra-facility communication	Command & control centers, sharing info between hospitals, regional planning teams	2%
Staff benefits & support	Overtime, childcare options, paid leave	2%
Keeping patients at home	Home delivery of groceries, meals, and medicine	1%



Innovative Approaches: Telehealth

20% of respondents mention rolling out a telehealth triage at their facility or switching to telehealth as a default appointment platform.

Q7b

Please share any other innovative approaches that you've observed while dealing with this public health crisis.

W3 Only (n=263)

Responses (Verbatims)		% Mentioning
Category	Examples	
▼ Telehealth	Telephone hotlines, virtual visits, video conferences	20%
<p><i>"We've been encouraging phone calls or virtual visits as first point of contact." – PCP</i></p> <p><i>"All of our appointments are over the phone, the only patients we see in person are babies requiring vaccines." – Pediatrician</i></p> <p><i>"We are paying for telehealth services and only seeing urgent patients." – PCP</i></p> <p><i>"We have been licensed to use telemedicine across states." – Pediatrician</i></p> <p><i>"We are working as a practice to train other clinics for telemedicine." – PCP</i></p> <p><i>"We've set up a tele-triage hotline." – EMCC</i></p> <p><i>"The health department has tried to use a screening line. They ask patients questions, then tell them to come to emergency to get tested. The problem is we don't have the kits and most patients referred do not require a test. The patients however have the expectation that they'll be tested when in reality after the clinical exam they don't need it. We would prefer the department advise patients to come in for an exam so we can assess for tachycardia and hypoxia and work of breathing." – EMCC</i></p>		



Innovative Approaches: External Triage Systems

16% of physicians mention use of external makeshift facilities, like drive-throughs and outdoor tents, to triage sick vs. worried well patients.

Q7b

Please share any other innovative approaches that you've observed while dealing with this public health crisis.

W3 Only (n=263)

Responses (Verbatims)		%
Category	Examples	Mentioning
▼ External triage systems	Separate testing clinics, drive-through testing, outdoor screening	16%
<p><i>"Patients wait in the car, and then are sent to separate sick vs. well rooms. Anyone who is sick gets a mask they wear if they need to use the bathroom etc while in our facility." – Pediatrician</i></p> <p><i>"We are doing drive through visits for people that are suspected to have COVID-19 or are elderly and keeping distance. We're working on telemedicine for them, but we're concerned about elderly being able to adapt." – PCP</i></p> <p><i>"We are implementing an outdoor screening area where people pull up near the hospital in their cars and staff goes out to swab them." – EMCC</i></p> <p><i>"I don't agree with drive through testing. The out front screening is working well. We're opening up two separate floors to care for these patients: one floor for stable pts and the second for ICU." – EMCC</i></p> <p><i>"We have a triage tent set up outside to screen out worried well patients." – EMCC</i></p> <p><i>"We're renting a trailer to act as forward triage." – EMCC</i></p>		



Innovative Approaches: Respiratory Segregation

10% write that they have created separate facilities, areas, or ‘zones,’ to keep COVID-19 patients away from healthy patients or patients with other illnesses.

Q7b

Please share any other innovative approaches that you’ve observed while dealing with this public health crisis.

W3 Only (n=263)

Responses (Verbatims)		%
Category	Examples	Mentioning
▼ Respiratory segregation	COVID-only facilities, areas, clinics, waiting rooms, repurposed hotels, etc.	10%
<p><i>“We utilize the garages and outdoor porches of our clinic as a COVID-only facility. All patients are triaged prior to arrival.” – PCP</i></p> <p><i>“Practices with multiple locations are splitting into well offices for routine visits and sick offices for acutes.” – PCP</i></p> <p><i>“We created two separate waiting rooms ‘hot’ and ‘cold’ for those showing symptoms and not.” – Pediatrician</i></p> <p><i>“We have red and green zones -- red sick, green healthy.” – EMCC</i></p> <p><i>“We segregate respiratory patients in a separate area of the ER so as not to infect other patients, and limit the number of visitors.” – EMCC</i></p> <p><i>“We’ve repurposed our surgery center for overflow treatment and patient care.” – EMCC</i></p> <p><i>“We have rented trailers to keep COVID patients separate from rest of the facility.” – EMCC</i></p> <p><i>“We’re segregating possible COVID patients to our psych unit as a separate space to see those patient and keep them away from the rest of the ED.” – EMCC</i></p> <p><i>“We are working to open up closed hotels to use as isolation units.” – EMCC</i></p>		



Innovative Approaches: Limiting Exposure

5% cite that their facility has instituted new practices or policies that restrict the amount of staff or visitors in specific areas in order to limit exposure.

Q7b

Please share any other innovative approaches that you've observed while dealing with this public health crisis.

W3 Only (n=263)

Responses (Verbatims)		% Mentioning
Category	Examples	
▼ Limit exposure within facility	Staggering patient visits, restricting visitation, restricting provider movement, limiting treatment	5%
<p><i>"I'm not performing any nebulizer treatments and limiting spirometry." – PCP</i></p> <p><i>"We have been staggering of patient visits to allow adequate disinfection." – Pediatrician</i></p> <p><i>"We are trying to limit number of healthcare workers going into patients rooms." – EMCC</i></p> <p><i>"Many hospitals, including my hospital, have significantly changed the visitor policy such that only one visitor is permitted per hospitalized patient regardless of their condition. The exception is pediatrics where both parents are permitted to visit." – EMCC</i></p> <p><i>"We've made scheduling changes to limit providers." – EMCC</i></p> <p><i>"Right now we have temperature screening and badge identification at doors." – EMCC</i></p>		



Innovative Approaches: Supply Resourcefulness

5% mention new practices for conserving resources, like elongating PPE lifespan, and doubling up on ventilators.

Q7b

Please share any other innovative approaches that you've observed while dealing with this public health crisis.

W3 Only (n=263)

Responses (Verbatims)		% Mentioning
Category	Examples	
▼ Supply Resourcefulness	Making PPE, reusing PPE, layering surgical over N95 masks (for reuse), splitting ventilators	5%
<i>"Layering surgical mask over N95 to reuse it." – EMCC</i>		
<i>"PPE reuse, staff making their own PPE, half-mask respirators, etc." – EMCC</i>		
<i>"Rolling IV pumps out of rooms with long extension tubing to minimize having to go inside and use PPE." – EMCC</i>		
<i>"ORs become ICUs, ventilators can be split, general resource sparing techniques." – EMCC</i>		
<i>"One time doctor contact in the ER, patient self swab, and using one ventilator for two people." – EMCC</i>		



Innovative Approaches: Communication

A handful of physicians mention improvements in communication, either with the general public (3%), within their facility (3%), or between facilities in their area (2%).

Q7b

Please share any other innovative approaches that you've observed while dealing with this public health crisis.

W3 Only (n=263)

Responses (Verbatims)		% Mentioning
Category	Examples	
▼ Public awareness initiatives	Social media education, shutting down cities and schools, self-quarantining and social distancing	3%
	<p><i>"DOT signs on roads encouraging social distancing and isolation." – EMCC</i></p> <p><i>"Enforcing an employee travel ban or else quarantine for 14 days after returning from travel." – EMCC</i></p>	
▼ Inter-facility communication	Morning hospital prep, slack channels, daily staff conference calls, reconfiguring internal teams	3%
	<p><i>"Daily Webex calls to update Ed physicians and share thoughts within our staff." – EMCC</i></p> <p><i>"Creating slack channels with internal medicine and ICU colleagues for the spread of info." – EMCC</i></p>	
▼ Intra-facility communication	Command & control centers, sharing info between hospitals, regional planning teams	2%
	<p><i>"Setup of a command center with admin and physician champion." – EMCC</i></p> <p><i>"Sharing of information between other practices, including best practices." – Pediatrician</i></p>	



Innovative Approaches: Benefits

A small percentage mention providing benefits for both staff and patients, especially ones that help limit exposure, like offering paid leave for healthcare workers or home deliveries for patients.

Q7b

Please share any other innovative approaches that you've observed while dealing with this public health crisis.

W3 Only (n=263)

Responses (Verbatims)		%
Category	Examples	Mentioning
▼ Staff benefits & support	Overtime, childcare options, paid leave	2%
	<p><i>"Making sure we write letters for employers regarding the new guidelines for days off of work for even simple symptoms." – PCP</i></p> <p><i>"Hospital is working on childcare options for its employees and promise of paid leave." – PCP</i></p> <p><i>"Providing overtime for RNs." – EMCC</i></p>	
▼ Keeping patients at home	Home delivery of groceries, meals, and medicine	1%
	<p><i>"Providing home delivery for groceries, meals, and medicine." – EMCC</i></p>	





For more information:

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