

*A Message from Stan Holm, CHFP, FACHE, President/Chief Executive Officer of Olathe Health*

### **Behind the Lines: Navigating through Fears with Facts**

The focus on the heroism and bravery of our front-line caregivers has been replaced in headlines by more and more focus on what data to trust, what medical experts to believe and what legal liabilities may exist. When I share with you our story and our information below, I hope you will view the bravery of our healthcare associates and providers in a magnified way as you realize their unwavering dedication to provide compassionate care for others along our journey.

Across the country, health systems are frequently one of the largest employers in many of the communities they serve. As I continue to speak with elected officials, business owners, school leaders and youth sports' representatives, many are pleased to hear the results we see inside our health system, as an essential business. Fears I hear about today regarding positive COVID cases, contact tracing, and the need to quarantine have been among the top priorities in our Daily Incident Command discussions from the very beginning. Safety being the top rung of the ladder in our Incident Command, we have been constantly evaluating our phasing from conventional, to contingency, to crisis modes, assessing and making plans based upon 4 key focus areas: Staffing, Supplies, Space, and Standard of Care.

For Staffing, we focus on ensuring our teams are safe at all times, and that we are constantly following CDC and Kansas Department of Health & Environment (KDHE) guidelines, always choosing the most conservative pathways when needed. Supplies include the 15+ categories we evaluate every day and set red flag indicators on those items where we had to source beyond our primary vendors into secondary, tertiary and quaternary resources. Early on, our supply focus was on a variety of PPE, and through innovation and contingencies, we can safely say that at all times our teams have had the tools they needed while following CDC or KDHE guidance. When PPE became more readily available, our focus turned to delays in lab testing, lab kits and reagents, as well as turnaround times. Fortunately, hospitals have remained at the top of the priority list for reference labs. For Space, we prepared for the worst and worked with surrounding health systems in the greater Kansas City metropolitan area regarding plans to optimize space with one another. One great example was that Children's Mercy Hospital offered up an entire satellite hospital if needed. Also, early in our response readiness, I even walked through a refrigerated trailer we brought on site for worst-case scenarios. Regarding Standard of Care, we partnered with our expert medical staff leaders who networked with their peers locally and around the nation. Soon, the evolution of best practices emerged. The health and wellness of our staff, patients' and providers' were paramount to every discussion. Not having enough meaningful data in the beginning led to varied projections and modeling. Yet, as an essential business, we had to push forward.

In a very unique approach, as I believe CDC received more and more information on our front lines, they gave guidance to essential healthcare systems. They allowed us the ability to have staff and providers continue to work when a peer or other caregiver around them tested positive. In essence, we were to keep working (with proper PPE) until becoming symptomatic. On one hand in Incident Command, we evaluated the potential risks of contact tracing and the spread of the virus potentially wiping out entire units of caregivers. However, on the other hand, based upon our own data, we knew that contact tracing and quarantining staff that were asymptomatic would also limit our ability to care for future patients.

Again with safety first, I have a key philosophy that we follow data-driven decision making. We reviewed our internal data with our Incident Command team and, in partnership with our physician leaders, adopted CDC guidance for essential businesses that quarantine would only occur for symptomatic PUI and positive team members.

What were the two main sources of the internal data we reviewed and followed and continue to monitor today?

1) Our associates. Over the past five months, the average number of associates within our health system is 2,550 people. From April 1 to August 1, we have tested 282 associates (11% symptomatic) with 28 positive (9.9%). Just a few weeks ago, I shared with others in a panel discussion the 10-10-1 concept. Approximately 10% of our associates were symptomatic and under 10% percent of symptomatic associates were positive. Both numbers have continued to climb each month, from 6.2% positive in June to 9.9% in August, but not at an alarming rate, and comparable to our county numbers. With a finite number of associates, it will be expected that these percentages change over time for every new positive case. Proudly, none of the positive associates can be directly traced to work-related exposure, and only one had to be hospitalized, and zero deaths. Hospitalizations and Deaths have become the top two key indicators for us. Proper masking, hand sanitizing, social distancing where possible, and additional cleaning and sanitizing of our facilities definitely play a key role in our success.

2) Asymptomatic patients. For elective surgery patients, pre-op testing included a COVID screening test due to the potential risks with anesthesia and complications. Our ratio of positive cases with over 3,000 asymptomatic pre-op patients is less than 1%. Are we still concerned in healthcare about FLUVID (flu and COVID cases) this fall and winter? Absolutely. Could this change and we find our Staffing, Supplies, Space, and Standard of Care impacted greatly? Absolutely. But as of today, these are the facts from behind the lines for those on the front lines.

When I shared our results with our board that approximately 10% of our associates since April 1 have been symptomatic and less than 10% of those were positive and less than 1% of our asymptomatic patients undergoing elective procedures were positive, they recommended I share our results with the public. While I am not going to opine on what businesses, schools, and athletic organizations should do and what waivers may do for liabilities, I do think it is important that people recognize that great data, information and experience exist through some of the largest essential business employers across the region and country, our health systems.