COVID-19 Action Plans from PM&R Chairs & Chiefs

Child Care & Errands
- Baylor College of Medicine & East Carolina University – Put together a list of medical students who are willing to assist faculty, residents, and staff with errands, cooking, childcare, pet care and other support duties
- UPMC - Has initiated a process to connect families with young children with families with older children who are also home given closures of colleges/universities locally.
- UT Southwestern - A share board was instituted so that people could post times when they could take care of others kids
- University of Kentucky - Created its own child care locations for hospital staff kids using the local YMCA (which is closed to the public)

Institution & Department Procedures
- Baylor College of Medicine - Screening all personnel, visitors and patients who are entering BCM buildings; delivering annual review course virtually
- Columbia University/ New York Presbyterian Hospital - Suspended almost all clinical research in PM&R department, and are limiting ambulatory practice to patients with urgent needs, such as acute injuries with suspicion of fracture, or severe acute pain
- JFK Johnson Rehab - Temperature screening being done upon entry into the rehab hospital; no visitors allowed in hospital; all outpatient therapy visits for All patients that are at risk are being rescheduled unless there is urgent need
- Johns Hopkins - To reduce density, and when possible, we are rotating providers in clinical areas to work from home and office; medicine department has asked PM&R to potentially help them cover regular units while their residents and fellows focus their attention to COVID-19 related admissions; launched a twice a week wellness tips email/newsletter for the entire rehab community
- Loma Linda University - Utilizing Zoom video to perform remote consults for inpatient PM&R and pain consults (some inpatient consults may still require in-person visit)
- Medical College of Wisconsin - Stopped research trials and enrollment; all non-clinical staff are asked to work remotely; all resident educational activities have moved to virtual
- MetroHealth - Canceled or rescheduled all therapy and physician OP visits for high risk patients; canceled all didactics/conferences - virtual only if mission critical; medical students not allowed to participate in the care of confirmed or suspected COVID-19 cases
- Michigan Medicine - Stopped enrolling patients and collecting data for clinical research, strongly encourage to work at home
- Mount Sinai - Giving fellows full faculty privileges in anticipation of a dwindling work force; limiting all OP visits to urgent cases only; transitioned to video visits; considering working on a weekend schedule to limit the number of residents and faculty in the hospital; started planning the transition of our rehab beds into medsurg beds (moving as many patients home as they can and moving others to partner subacute programs)
- Ohio State - 24/7 hotline for families to call in with COVID concerns which is staffed by nursing; providing exercise/therapy options which can be done in the home by our patients; nonessential employees will rotate the attendings on consult and inpatient service to decrease fatigue
- Sinai Health System - For persons admitted to the acute care hospital with upper respiratory symptoms who have not been tested, transfer can occur 1) At least 7 days after symptom onset, 2) Patient afebrile for 72 hours without the use of fever-reducing medications AND improvement in respiratory symptoms
• **Stanford University** - Clinics and outpatient therapy services remain open; all elective surgeries at the main hospital are cancelled, but cases in the outpatient surgery centers continue.

• **Temple University** - Medical students and residents prohibited from providing direct care to patients with COVID-19; brought PM&R residents from the suburban outpatient facilities back to the main campus; university has allocated 2 units specifically for patients with COVID-19; PM&R department on standby in the event there is a need to support/ supplement the front line hospital staff.

• **UC Davis** - Greatly accelerated their IRB processes and now have 4 active research protocols on COVID-19 already up and running.

• **UPMC** - Implementing social distancing on the inpatient rehab units, and have identified non-essential employees who can work remotely or be redeployed; implemented a resident rotation, with all outpatient and elective residents working remotely on chart prep, patient calls, telemed activities, etc. rotating with inpatient residents every two weeks; outpatient docs are being “paired” with inpatient docs as back up for each service; doing earlier family caregiver training, medication education, etc. to facilitate early discharge if needed.

• **UT Health at Houston** - Screen inpatient referrals through EMR review, then faculty decide who needs to be physically examined; residents asked to assess those with acute SCI/ stroke/ TBI.

• **UT Southwestern** - No research personnel allowed in our county hospital; all research and admin staff working from home.

• **University of Kansas** - Set up regular and frequent departmental conference calls to limit confusion and stay up to date with contingency plans.

• **University of Kentucky** - No elective hospital procedures are allowed per state government.

• **University of Nebraska** - Academic hospital opened a 20-bed unit for COVID-19 patients; all school systems and universities have gone to online only.

• **University of Pennsylvania** – For prosthetic fitting, prescribing an iFIT Prosthesis (an adjustable immediate fit transtibial socket that can be provided in any setting and is fit in about two hours with hand tools); everyone in the rehab hospital must wear a surgical mask (they wear one mask all day, which is then put in a bag and reused several days in a row); on entrance to rehab hospital, everyone must use hand sanitizer and get temperature screened.

• **University of Utah** - All U Health employees and faculty are now “mandatory” required to be at work; new rehab hospital is scheduled to open at the end of May but feverishly working to get it open more quickly to add bed capacity to the system; implemented a 7 days on/off rotation for inpatient attendings; Residents have formed into 3-person rotating teams - those not on inpatient are helping prep consults and admissions.

• **University of Washington** – Stopping all medical student clerkships for about 6 weeks; all classes on campus are on hold until at least the end of April; faculty and staff not doing clinical work are working from home and all meetings are teleconference; planning to use IRF rehab beds for acute medical patients; all non-urgent outpatient visits are done via telemedicine and we have stopped procedures, including EMGs; doing a system-wide weekly town hall over Zoom that can accommodate UW’s thousands of employees; sharing regular updates with staff via [https://huddle.uwmedicine.org/news/covid-19-updates](https://huddle.uwmedicine.org/news/covid-19-updates).

• **Walter Reed** - Allowing a forum for regular virtual team meetings where folks can at least check in with each other.
Consults

Provided by Columbia University/ New York Presbyterian. Here is a list of the general categories of patients seen in consultation by the PM&R department, and current recommendations based on the COVID-19 pandemic.

1. Patients consulted for general rehabilitation issues (e.g. stroke) with no current suspicion for COVID-19, and who are not on contact precautions for other reasons
   1) These patients should be evaluated per usual routine

2. Patients consulted for general rehabilitation issues (e.g. stroke) with no current suspicion for COVID-19, but who are on contact precautions for another reason(s), such as MDRO, influenza, etc.
   1) These patients should have the record reviewed by the resident and then reviewed together with the attending physician prior to examining the patient. Based on this discussion, some of these patients may be able to be adequately evaluated without an in-person physical exam. If a physical exam is deemed necessary, only one member of the consult team should don appropriate PPE and examine the patient on behalf of the entire team. Residents and attending physicians will share in these examination duties by taking turns.

3. Patients consulted with suspected COVID-19, but not yet confirmed
   1) When clinically appropriate, it may be desirable to defer the consultation until COVID-19 status is clarified one way or the other. If not appropriate to defer, then per 2.1, above.

4. Patients with known active COVID-19
   1) Per 2.1, above

5. Patients recovering from COVID-19 no longer deemed contagious and no longer requiring PPE.
   1) Per 1.1, above