



**Penn Medicine**  
Lancaster General Health

# Residency Surge Staffing Plan

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4.9.2020



# Today's Stats 4.9.2020

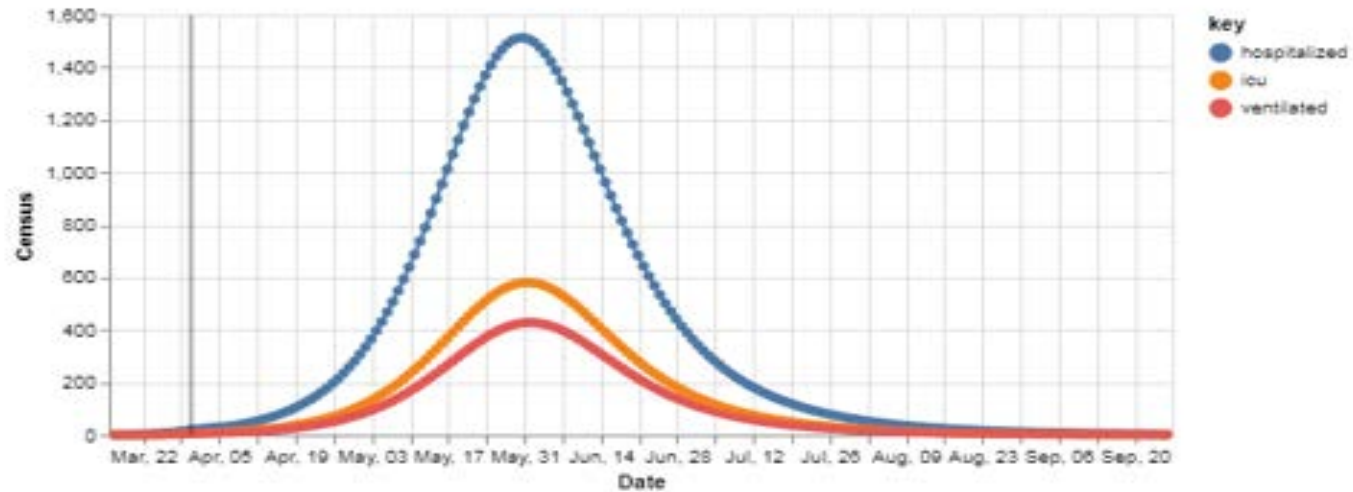
- ▶ 43 COVID-19 Patients admitted
- ▶ 0 PUIs
- ▶ 14 COVID-19 patients in ICU
- ▶ 11 COVID-19 patients on ventilators
- ▶ We have 2 residents and 1 attending on home isolation

# Predictions...

## Admitted Patients (Census)

Projected **census** of COVID-19 patients, accounting for arrivals and discharges

*NOTE: Now including estimates of prior census for comparison.*



Hospitalized Census peaks at 1,513 on May 31

ICU Census peaks at 580 on May 31

Ventilated Census peaks at 428 on Jun 01

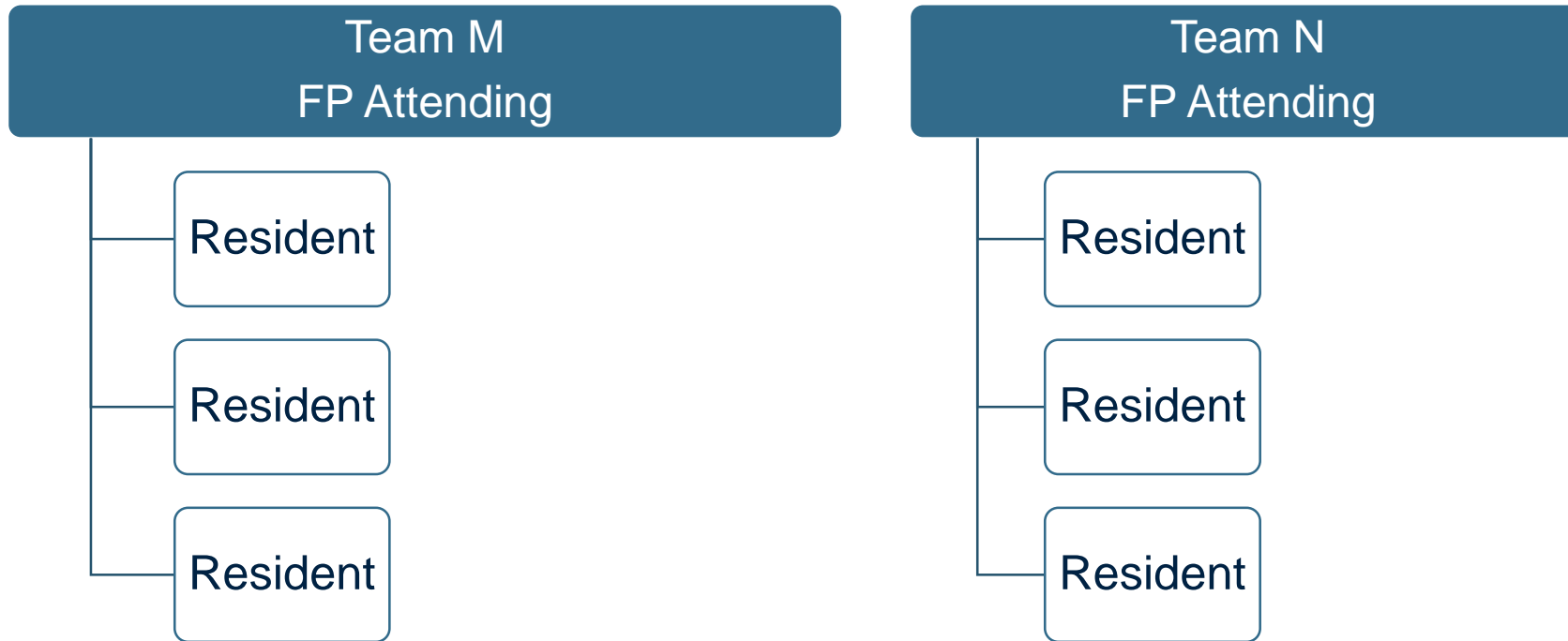
# Surge staffing plan

- ▶ Inpatient
- ▶ WBH
- ▶ Offices

▶ **Initial Surge Plan at LGH**

- ▶ Up to 375 patients 5/4, redeploy 4/13 (8 back-fill providers) 4/27 residency, residents don't need orienting
- ▶
- ▶ Team A (32) Hospitalist + **APC**
- ▶ Team B (32) Hospitalist + APC
- ▶ Team C (32) Hospitalist + APC
- ▶ Team D (32) Hospitalist + APC
- ▶ Team G (32) Hospitalist + APC
- ▶ Team H (32) Hospitalist + **APC**
- ▶ Team J (32) Hospitalist + APC
- ▶ Team K (32) Hospitalist + APC
- ▶ **Team M (32) F and CM + residents**
- ▶ **Team N (32) F and CM + residents**

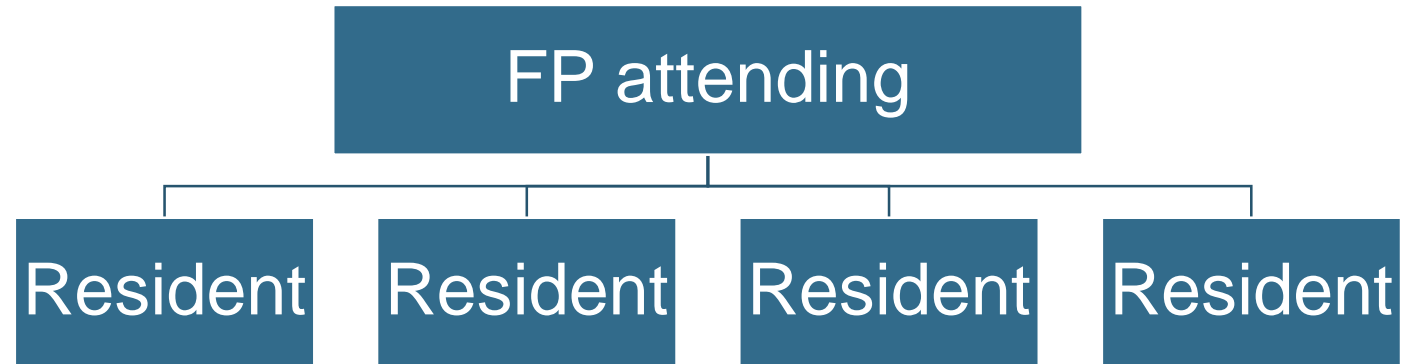
# What will our teams look like?



DAY Coverage- Rounding on floors, taking admissions, non-critical care floor codes

Supervision will be different - attending

# Overnight



Will cover floor calls for our floors, non-critical care codes, help with Peds, participate in admissions

# In patient

- ▶ 7 days on 7 days off
- ▶ “day” = 7 am – 1730
- ▶ “night” 1730-7 am night
- ▶ As hospital Census increases additional APCs and non-hospitalists teams will be added
- ▶ Critical Care teams are separate
- ▶ Peds – plan to keep a resident on during day for as long as possible
- ▶ Call rooms – due to additional resident and attending in house – there is now a cot in the fourth call / “meditation” room



# Women and Babies

- ▶ Plan to keep current structure and schedule of residents according to the blocks. Solo calls on Fridays and Saturdays – will reschedule people
- ▶ Attendings will be switching from current “OB attending for the week” and night call to 24 hour shifts with some split 12 hour shifts. LHC attendings still will take some call on Saturdays
- ▶ LHC still has adequate staffing for rounding
- ▶ Our OB attendings – may need to add extra shifts and help cover patients from other groups depending on physician/midwife illness. If severe OB staffing shortages – MFM, urogyn, gyn-onc may be tapped to provide L&D coverage

# Offices – DFM and WLA

- ▶ Separate pool of residents and attendings will cover the offices – telehealth mostly
- ▶ The providers in the offices will cover the in-baskets for the teams who are in the hospital when those residents are “7 days on”
- ▶ Office providers will provide home call coverage at night so inpatient teams can focus on inpatient work