

Lessons From our Counterparts in Seattle*

Jay Mullen, Chief Executive Officer
BlueWater Emergency Partners
Immediate Past President
Maine American College of Emergency Physicians

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Clinical

- Patients look fine, maybe with increased RR but have pulse ox of 70%. They can deteriorate rapidly.
- They are using PAPRs only for intubation or if other aerosol generating procedure
- Patients are met outside the ED and triaged to either the respiratory or non-respiratory side
- If they are triaged to respiratory, nursing is collecting CV, influenza and respiratory panel samples. Doc orders if desired
 - This is being done outside so that the accompanying aerosol can dissipate quickly and they don't need to clean a room.
- ICU beds have been a bit tight, but otherwise they have not run into capacity issues yet.
- The behavioral health patient population has largely stayed away
- Acuity is very high. Intubating 4-5 patients per day, which is 10x their usual

PPE

- For their whole shift, providers are wearing safety glasses and a surgical mask
- If they are seeing a potential CV patient, they are adding N95 (which they reuse up to 5x), gown, gloves, goggles. No facemask
- They are cleaning their goggles in dilute bleach solution between these patients
- OR nurses are observing doffing and donning
- They have plenty of PPE now that they are conserving it

Manpower

- Most of their team is doing well. A small number of providers seem very stressed
- Because all of the primary care and specialists are idle, there is an abundance of providers that want to help out
- They know that all hands-on deck will be necessary, just not yet.
- They are trying to get a day off for all their people, especially leadership, at least once every 7 days

Business

- Volumes are down 20% to 50% at all of the local EDs and urgent cares

Communication

- Every other day updates to the staff have been very helpful
- They have had town halls occasionally to allow their folks to share their opinions and concerns

* **Note:** Understanding of COVID-19 is changing daily. This is a boots-on-the-ground snapshot in time as of 3/16/2020 and not intended to override more timely guidance from primary agencies like the CDC, WHO or NIH.