

COVID-19 communication: Refining team-based care in a time of crisis

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Sara Berg, MS

Senior News Writer

With the advent of team-based care, health systems and organizations have improved patient care and engagement through collaboration and streamlined processes. For Bellin Health, headquartered in Green Bay, Wisconsin, the transition to team-based care laid the foundation to adjust and evolve to more effectively adapt to the ever-changing care needs of patients during the COVID-19 pandemic.

The AMA and the Centers for Disease Control and Prevention (CDC) are closely monitoring the COVID-19 global pandemic. Learn more at the AMA COVID-19 resource center and consult the AMA's physician guide to COVID-19.

Bellin Health is a community-based nonprofit organization that provides patient-centered health care to Northeast Wisconsin and Upper Michigan. It includes an acute care, 167-bed, multispecialty hospital in Green Bay as well as 27 family medical clinics in northeastern Wisconsin and five retail health clinics.

While care needs due to COVID-19 continue to change, Robert Mead, MD, a family physician at Bellin Health in Ashwaubenon, Wisconsin, took some time to explain what system level changes they have made to evolve team-based care to meet the current demands.

"We have to strike a balance between cutting back enough services and also worrying about having the income to support the system. It's a stressful time," said Dr. Mead, adding that it is the "biggest give and take between administration and medical."

Developed incident command

One change that Bellin has made is the creation of an incident command structure. This is comprised of physician and administrative leaders across the system. These individuals will meet every morning,

seven days a week to discuss the current measures being taken and any new information available about the current COVID-19 situation in Wisconsin and across the country.

While this is an everyday task force, Bellin has made sure that physicians are not burdened by these new responsibilities. To accommodate for this new meeting, and to meet the incident command's growing needs, physician leaders have been relieved of their office duties. This allows them to devote their time to this important work.

Created additional branches

Under the guidance of the incident command team, Bellin has implemented a medical branch that is divided into the medical team and the operations team. These teams meet daily after the incident command meeting.

"The medical team is there to advise and then is also there to communicate to the rest of the medical staff," said Dr. Mead, adding that the operational team will decide what steps to take based on what the medical team wants to do.

For example, if the medical branch decided to open a drive-in clinic, the operations team would work on the logistics of how to create it. The team would advise physicians and other health professionals on who to test and what they should be doing.

Distributed daily talking points

Because COVID-19 information is constantly changing and evolving, Bellin has asked each branch to develop daily talking points. Once created, the talking points are distributed throughout the entire health system to aid in providing appropriate care. The information provided in these daily talking points include current updates and recommendations about COVID-19 and how to properly continue to provide care for patients.

For example, said Dr. Mead, the next discussion may raise the question "How do we deal with respiratory illness in patients in specialty clinics?" After problem solving, the solutions will be distributed through email to all departments.

Hold daily department briefings

Throughout the entire system, individual departments will also hold daily briefings. This allows each department to share pertinent information about how to care for their patients while assessing the current COVID-19 pandemic and how it might impact their workflow.

“Coming out of the incident command team meeting, we have talking points that are distributed via email,” said Dr. Mead, adding that the to-do list will include “three major issues” to address for the day. With the to-do list, each department will work together to complete the necessary tasks associated with the latest COVID-19 care information.

Use critical thinking

Now has been a prime opportunity for teams to use critical thinking to overcome obstacles or barriers to care they have encountered during this crisis. Bellin encourages physicians and other health professionals to use critical thinking to determine appropriate solutions to improve care.

For example, Central Supply reached out to local paper industries to procure a large supply of N95 masks. The post-acute care team also worked together to fast track virtual visits for skilled nursing facility patients. This has allowed them to decrease the risk of infection to patients as well as physicians and other health professionals making those visits.

The AMA has developed a quick guide to telemedicine in practice to help physicians swiftly ramp up their telehealth capabilities.