

Betty Chu, MD, on lessons from a health system preparing for a surge this fall

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Featured topic and speakers

AMA Chief Experience Officer Todd Unger talks to the physician leading Henry Ford's response in Michigan to the COVID-19 pandemic, and how the health system is using what they have learned in the past few months to prepare for an expected COVID-19 surge in the fall.

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Speakers

- Betty Chu, MD, MBA, senior vice president, chief quality officer, Henry Ford Health System

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 update. Today, we're talking with Dr. Betty Chu, senior vice-president associate chief clinical officer and chief quality officer at Henry Ford Health System in Detroit, about her experience leading Henry Ford's response to COVID-19. Dr. Chu also serves on the AMA Council on Medical Service. I'm Todd Unger, AMA's Chief Experience Officer in Chicago.

Dr. Chu, back when the news first began servicing about COVID-19 you pivoted to a completely different role within Henry Ford, that put you in charge of the system's pandemic response. Tell us about that change and what those early days were like.

Dr. Chu: Great. Thanks. Well, thanks so much, Todd, for having me and thanks to the AMA for all the support that they've given to our patients, as well as our physicians. It's been a really interesting year,

I think for everybody. For me in general, my role right now is overseeing quality and safety for the organization that includes infection control and prevention. The pivot that occurred though, was that during the pandemic I became what's called the incident commander for our system incident command. And during that process really got very actively involved in helping the organization, make sure that we had a strong, steady, and regular approach to solving problems on a daily basis for our patients and our employees.

Unger: Well, take us through some of the key efforts that you put forth to ensure that Henry Ford was prepared to deal with the onslaught of COVID cases.

Dr. Chu: Sure. Starting in January, we had already been tracking the COVID cases, of course, abroad in China and South Korea, as well as in Italy. As we watched that occurring and we started to have to put policies in place, like a lot of other organizations if an employee was traveling from an endemic area and coming back, would they be quarantined? What would we do with that employee? So really through January and February, we'd been doing a lot of tracking through my department. And then as we got into end of February and March, it became apparent that we were going to have to certainly deal with this more on a domestic basis.

On March 6, we opened our system incident command. Our first case of COVID in Henry Ford Health System occurred on March 14. During that time period, again, early in the year, we saw January, February and March, a lot of tracking and trending, and then really a very earnest effort on a daily basis of managing the crisis as we started to see more and more patients through March, and then until when we hit our peak in April.

Unger: When you think back to the steps that you took back in those early days, what worked and what didn't work and what would you change knowing what you know now?

Dr. Chu: I think like every organization, our entire operations were consumed by this particular crisis. I think things that worked really well was the entire organization pulled together, not only internally in the company, but also externally in the community, to help us focus on that singular thing, which is COVID, which rarely happens even when we other kinds of crises in health care-related to environmental events, or related to weather events for instance.

In this particular case, it's a crisis that impacts not just our patients, but our employees as well. So I think what worked really well is that we collectively pulled together and had a unified effort around solving problems and issues on a daily basis, to keep our patients and our employees safe. I think what we can do better is in the future and what we've learned; we've taken a lot of the lessons learned during that first wave, and we're using a lot of that in our second-stage planning for the fall around COVID. But we've also used a lot of those lessons learned to figure out what do we need to do better as an organization on a daily basis, to make sure that our employees and our patients are safe. We've implemented some of the things that we've done during the COVID crisis. And I can share with you

some of those if you're interested.

Unger: Yeah. Let's talk about it. You're looking at the fall, here coming up very rapidly. What kind of changes are you putting in place? How are you preparing?

Dr. Chu: Again, they are around various things, for instance, supplies. Like every health system in the early days, we are just trying to keep up with the demand, with such tremendous demand for supplies, that historically, we didn't have to keep it this inventory level. Having different ways, that we'd have runners on the floors counting inventory versus historically, you'd keep them in a storage room and then people would go there and check occasionally, maybe every couple of days, to see if your inventory was up to par. Now, we had burn rate calculators and we had runners checking on inventory on a daily basis. And so even those types of things related to supplies. We'll continue because that inventory management will really help us as we go into the later stages.

Other things that we really did, we're looking at our staffing, staffing models and making sure that we had an adequate amount of precious resources in the organization like environmental service workers, and ICU nurses, and physicians in our emergency departments. Knowing what those critical job categories are and what worked and continue to be as we go into the fall, and doing some of that planning has been really important for us, as well, as we plan for what's likely going to be another surge in the fall.

Unger: You think again about the lessons learned, what you're implementing, going into the fall, what advice would you give other health systems across the country to benefit from your learning?

Dr. Chu: I think the most important thing in a pandemic is leadership providing a consistent messaging around people's security and their safety. Because if our employees are feeling unsafe, either in a real way, that is, they don't have the supplies that they need, or in a psychological way, they don't feel like their leaders are listening to them, they don't feel like they understand what the policies are that have been passed. So I would say the biggest thing that we learned and that we continue to learn is you can't communicate enough, and that when you do communicate, you have to be incredibly consistent with the messaging that you communicate so that people feel that we've got their backs on a regular basis.

As you know, in your work, there's multiple channels that you have to communicate with people because quite frankly, if you're busy working on the floor, you don't open emails. If you're at home and you're somebody who's been off work because that area has been closed, let's say during the pandemic, a lot of our ambulatory clinics closed, but we needed to communicate with those providers that weren't working in the clinics themselves. And again, they probably weren't checking their work emails a whole lot. We needed to find different mechanisms to be able to communicate to people on the things that were happening inside of the organization.

Unger: One of the things you said struck me, we had another physician, Dr. Bradley Dreyfus, who runs something called HCW Hosted, out in Arizona. When they were thinking about preparing for a pandemic, it's not just the physical means; the rooms, the supplies, it's the actual foundation of what physicians need to be able to do their job. It could be childcare, it could be transportation, it could be a place to stay. Are those the types of things that you have to deal with too, as you think through what might happen if we start to see utilization rates, approach what they did in the spring?

Dr. Chu: Yeah, absolutely, and during the crisis, that became very apparent. Part of the system incident command structure is to have the key elements of support, that have to have if we give them a directive to action, that they can go out and figure out how to solve that particular issue. Your point of, we had a lot of physicians and providers, as you know, who didn't feel comfortable going home into their environment and we needed to provide them housing. So we partnered with a lot of hotels in the area and a lot of places in the area to help them find somewhere to stay temporarily.

We've also had just like every other health system, an economic downturn that's affected spouses of our employees losing their jobs. And so we've been really fortunate that we've had a lot of support from the community and have been able to provide philanthropic support through our organization, providing relief for rent, relief for car payments, relief for payments for childcare, for many, many of our employees. We've given out almost a million dollars in benefit to our employees to help specific needs that they might have to keep them going. Because again, we don't want them to worry about their economic hardship while we're asking them to come to work and also help service our patient population.

Unger: That's fantastic. Let's talk a little bit about what you just mentioned around the community. I know that one thing that Henry Ford prides itself on is its connection to the community. What role has that connection played in your pandemic response?

Dr. Chu: I would say it has been incredibly heartwarming. It has buoyed the physicians and the nurses and the front-line staff so much to see the community provide support, whether that's food support, whether that's the fire departments that would drive by and wave their flags and just give us a show of support, whether that's, again, some funds that were provided from our COVID relief funds that we have for our employees. That has been strengthened. Also, these community partnerships.

Right now, we provide testing for a lot of our community partners in multiple organizations. We were able with DTE, which is the big energy company, of course, in our area, to provide testing for one of their plants, but we've been developing many of those partnerships with small and large employers. And then the final thing I would say is during the crisis when we were really working on PPE, we were able to partner with a lot of companies that were producing masks and face shields, and isolation gowns for us. So one of the fun things that I got to do on the job is get these prototypes of some of the things that people were producing, and see these prototypes that people were making, that used to make covers for machines and now they're making isolation gowns for our frontline workers. That was

really heartwarming, I think, to all of us.

Unger: Well, you've personally appeared on a local media stations and other places to help answer a lot of questions about COVID-19. Why is it so important for physicians right now to have a voice, and how can those who are interested in speaking do it?

Dr. Chu: The importance of a physician as a leader in general, I think for those of us who are very involved in the AMA, I think we appreciate that there's a continual need to be advocates, not only for physicians, but for our patients, for our community and for public health. It's become clear during this pandemic that having a trusted source of information, that you can get your information from that's science-based and reliable is incredibly important. I would say now more than ever, we need physicians that are going to be out there providing a clear and consistent message.

I also believe physicians are inherently trained, if you're an effective physician, in communicating to the public, because that's what we do every day when we talk to our patients about things that are relatively complex and science-based, and translating them into a way that that patient can feel reassured and feel comforted. For me, it's really a priority and imperative that physicians embrace that role. I would encourage them, to your question about how can they do it, I think there are lots of opportunities if you look around you, you contact your local agencies, you start getting involved in your local communities. People are looking for advocacy from physicians.

Unger: Well, lastly, do you have any final words of advice for areas that are still seeing overwhelming numbers every day?

Dr. Chu: Well, I am incredibly empathetic to the mental burden that being in the height of the crisis can cause. We've invested a lot of time and energy post-COVID on our employees, trying to understand what they need. We've provided a fair amount of behavioral health support for our employees, as well as a lot of our leader rounding now is really checking in on our employees to see how they're doing, what they need. We recognize, like during any crisis, people are really running at 100 miles an hour, and then when they stop running, they realize, "Wow, emotionally, I'm not doing so well." So I would say if you're not thinking about it now, because you're in the height of the crisis, starting to plan and prepare for the effects of the crisis on your people and how you're going to need to support that, is going to be critically important.

Unger: Yes. I think we've all kind of moved through that period of adrenaline. It's good to know that you're working on taking care of physicians and your health care teams who've been through so much and getting ready for the fall. Dr. Chu, thank you so much for speaking with us today and sharing your perspective.

That's it for today's COVID-19 update. We'll be back tomorrow with another segment. For updated resources on COVID-19, visit [ama-assn.org/COVID-19](https://www.ama-assn.org/COVID-19). Thanks for joining us and please take care.

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