



Facility Spotlight

Henry Ford Health System Defines Quality Care

Kelly Jong

Throughout its tenure, the anesthesiology team at the award-winning Henry Ford Health System in Metro Detroit has shown innovation, exceptional care, and the flexibility to meet patients' changing needs. At no time has that been truer than during the COVID-19 crisis, when the team came together like never before – even as its own team members faced the deadly disease.



Gary Loyd, MD

Strength in diversity

Though the Henry Ford Health System has a wide variety of merits – including recent awards such as the American Hospital Association McKesson Quest for Quality Prize and the Malcolm Baldrige National Quality Award – Gary Loyd, MD, a specialist on the facility's anesthesiology team, said the system's greatest strength is its diversity. "The Henry Ford Health System serves a very large and very diverse community, with large Muslim and African American patient populations," he said. "We hire so that our departments are reflective of the cultural diversity in which we live, and it has made us stronger to have more perspectives on life across the spectrum."

In the anesthesiology team, that cultural diversity is bolstered by varying professional backgrounds that allow the team to flourish and provide services in a variety

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of ways. "Our anesthesiologists are recognized for the breadth of training and talent we have," Dr. Loyd said. Some members of the team offer expertise in medical billing, have business degrees, or expand their care to the perioperative home, allowing a multidisciplinary approach that optimizes care.

Facing COVID-19

That diversity was especially crucial as the team faced the first months of the COVID-19 pandemic, requiring innovation in care, resources, and team support. "In the early spring, everyone was scared to death," Dr. Loyd said. "We didn't know how terrible it would be, what we could do to stop it, or what our next move was to be safe." In response to the crisis, the health system adopted an early command crisis center modality, requiring minute-by-minute changes to policies, supplies, and communication. Despite the quick change, Dr. Loyd said the anesthesiology team worked hard to maintain constant flexibility and support for patients, meeting unparalleled demand for its services.

"To meet the patient care demands, we constructed several new ICUs in place of general practice areas," he said. "We pulled together construction, maintenance, IT, and monitoring personnel, and took innovative measures to make the spaces work, despite a lack of resources." For instance, when central monitoring systems were unavailable for the new ICUs, the team got creative by mounting baby monitors in each patient room. When a lack of protective suits meant only those staff members at the highest risk received

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personal protective equipment (PPE), the team diligently cleaned and reused hoods until new equipment arrived, sometimes just days before the team ran out.

The national shortage of PPE and the mounting coronavirus cases throughout the Detroit Metro area meant staff had to lean on each other more than ever – by being open to new ideas for operating, best patient care practices, and, perhaps most importantly, for emotional support.

Seeking support

As the team worked tirelessly to serve the Metro Detroit community, some of its own fell ill with COVID-19; one anesthesiologist almost succumbed to the deadly disease. "We had a few people that got COVID, and as anesthesiologists, we supported them through the isolation and sickness," Dr. Loyd said. In its two worst cases, one resident on the team fell ill and was on a ventilator, but eventually recovered. Heartbreakingly, another staff member was lost to the disease. "Your residents are like your children," Dr. Loyd said.

"When you're taking care of your own, it's your family, and the emotional drag is just tremendous."

Dr. Loyd said the team took care to ensure the support of the team while it fought the daily ravages of the disease, and especially following the loss of their friend and colleague. In addition to mourning the loss, many staff members suffered post-traumatic stress disorder in the first few months of treating COVID-19, including the emotional toll of occasionally isolating from family to sustain exceptional patient care. "It takes a lot of coordination and a lot of communication to provide care for and take care of one another," Dr. Loyd said. "The greatest lesson we've learned about this disease is that it will wear you out, and having resilience is very important."

To care for its staff, the Henry Ford Health System identified multiple emotional support systems, such as group, individual, and art therapy. "We have to take care of our personnel, who will be too stressed out and burned out to function if they are required to maintain the level of care necessitated by COVID-19 over an extended period of time," Dr. Loyd said. "We have to be able to accept the resources available, to talk about our frustrations, and to check on our personnel by looking for signs of stress and breakdown."

As the pandemic continues to evolve and the staff flexes to accommodate new demands, Dr. Loyd said the team will maintain its dedication to quality care – for patients and caregivers alike. "We have to take care of ourselves in addition to our patients," he said. "Our people are just too valuable to lose." ■

Simulation Innovations

Continued from page 36

health care workers who might have used them. Highly innovative programs were supported to create and test new ventilators. Simulations of critically ill patients provided guidance on potential ventilator splitting, which was required when the surge in New York exhausted available critical care resources. Simulations were also used to assess the safety of modifications to CPAP devices that allowed them to function as ventilators.

Collaboration

Simulation experts are known for their collaboration. The COVID-19 pandemic enhanced communication among the different centers in the Simulation Education Network. ASA facilitated virtual town hall meetings where members shared innovative responses to the pandemic. Focus areas included evaluating and disseminating best practices in how to safely conduct in-person, high-fidelity simulation courses across the network. This has led to a modest increase in the num-

ber of offerings for MOCA credit. The Simulation Education Network is currently exploring new approaches for MOCA simulation courses that could provide additional options to safely participate in this unique, personalized CRM activity in the future. Planning has recently resumed for a 2021 joint simulation meeting between the ASA and American College of Surgeons that had to be cancelled last March. The planned focus is on enhancing communication in the perioperative setting using simulation.

Conclusions

The COVID-19 pandemic has presented health care providers and organizations with many challenges along with unexpected opportunities. Clinicians have adapted to new processes and even new roles. Moreover, rapid innovation of equipment and policies has leveraged simulation in novel ways that are essential for immediate deployment. Simulation Education Network member organizations have led simulation activities to help organizations and individuals meet these challenges and will continue to promote activities that improve patient care. ■