

ONCOLOGY ISSUES

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FROM THE EDITOR.....

How to Combat a Virus

BY JENNIE CREWS, MD, MMM, FACP



As you know, Seattle has been in the thick of the COVID-19 outbreak since late February, and we stood up our Incident Command System then. The situation here got very difficult, very quickly. Some of the many challenges my hospital and health-care system faced included limited personal protective equipment, intensive care units rapidly reaching capacity, and postponing or delaying outpatient visits. We also recognized the value of early palliative care involvement. At the University of Washington, all patients over age 65 with co-morbidities and confirmed or suspected COVID-19 received a palliative care consult to discuss end-of-life wishes.


We also had medical oncologists and staff test positive, and we experienced significant workforce issues.

Understanding that what we were facing in Seattle would soon impact practices, hospitals, and healthcare systems across the nation, I immediately shared some practical advice in a personal email sent from ACCC Executive Director Christian Downs. It bears repeating:

- Take social distancing seriously.
- Formulate your policies and procedures now on testing algorithms.
- Establish testing locations, such as drive-through screenings.
- Screen all patients at the door so you can isolate symptomatic patients and evaluate for testing.
- Limit visitors and do not allow symptomatic visitors to enter your facility.
- Consider telehealth options.
- Have ready patient education materials.
- Inventory personal protective equipment and test kits and ensure that you have a good supply chain.
- Define “out of work” and “return to work” for those who are identified as a person under investigation or anyone who has tested positive.

- Define essential and non-essential personnel at your cancer program so you can determine who can feasibly work from home.
- Create a labor pool from non-essential personnel who may be called in to back up staff in areas that do not require practice licensure.
- Establish human resource policies on how you will pay furloughed employees.
- Look at increasing your capacity by moving routine patients out and develop the criteria you will use to decide which patients can be deferred.
- Cancel business travel and consider vacation freezes.
- Examine childcare options as schools and daycares will close. Consider setting up a site like Craigslist where staff can identify needs and others can offer help.

With the understanding that instances like the COVID-19 outbreak may in fact be our “new normal,” my team looked to disseminate our experience and lessons learned to the benefit of the wider medical community, including in an online article in the *Journal of the National Comprehensive Cancer Network*.

I'd like to end by sharing some bright spots from this experience, including huge medical community support and rapid deployment of innovative care delivery, such as telemedicine. Humans are resilient, and we rise generously to the occasion in times like these. In the sage words of Fred Rogers, “All of us, at some time or other, need help. Whether we're giving or receiving help, each one of us has something valuable to bring to this world. That's one of the things that connects us as neighbors—in our own way, each one of us is a giver and a receiver.”¹ We would all do well to embrace that attitude. 

Reference

1. James G. 45 Quotes from Mr. Rogers That We All Need Today. Available online at: inc.com/geoffrey-james/45-quotes-from-mr-rogers-that-we-all-need-today.html. Last accessed March 18, 2020.