Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

COVID-19 Inpatient Cohorting Team

Lauren Clark, MSN, RN; Sandra Sanchez, DNP, RN; Cynthia Phelan, DNP, RN; Lauge Sokol-Hessner, MD; Kendra Bruce, MSN, RN; Susan DeSanto-Madeya, PhD, RN, FAAN

Beth Israel Deaconess Medical Center

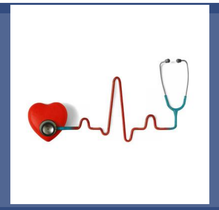
Introduction: March 2020

- **Massachusetts experienced a rapid rise in COVID-related hospitalizations.**
- **Beth Israel Deaconess Medical Center quickly recognized the need for additional available beds to meet the influx of patients who either had COVID-19 or were suspected to have COVID-19.**
- **BIDMC's HICS team response was initiated, offering a clear escalation path and decision-making structure for the assessment of physical space and surge capacity.**
- **Private room allocation was a particularly relevant and high priority.**
- **Cohorting team was developed and implemented to appropriately cohort COVID-positive patients in semiprivate rooms**

Cohorting Team Objective

1. **Preserve resources**
2. **Maintained surge capacity**
3. **Ensure patient safety**

The Cohorting Team



- **4 clinical cardiac nurses:**
  - **1 CCU (cardiac ICU) RN**
  - **1 Farr 8 (cardiac surgery) RN**
  - **2 Farr 5 (cardiac medicine) RNs**

The Process

- Access database with all COVID-19 positive patients
- Medical Chart Review: Is this patient cohortable or not?

Can cohort
Find available bed on COVID unit
Verify cohort status with resource RN
Place bed request in teletracking

Cannot cohort
Place patient attribute in teletracking
Reassess next shift or day (depending on rationale)

Results/Progress to Date at BIDMC- Boston (Spring 2020 Surge)	
Total COVID+ patients hospitalized	**600**
Total COVID+ patients evaluated	**546**
Total COVID+ patients cohorted	**366**
COVID+ Always cohortable	**236**
COVID+ Always NOT cohortable	**180**
COVID+ cohortable status changed* *due to clinical instability, behavioral issues, other criteria	**130**
Total Beds Opened Up Due to Cohorting	**183**

For more information, contact:
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Continued Progress to Date & Lessons Learned

Work in Siloes (Cohorting Team, Transfer Center, floors)

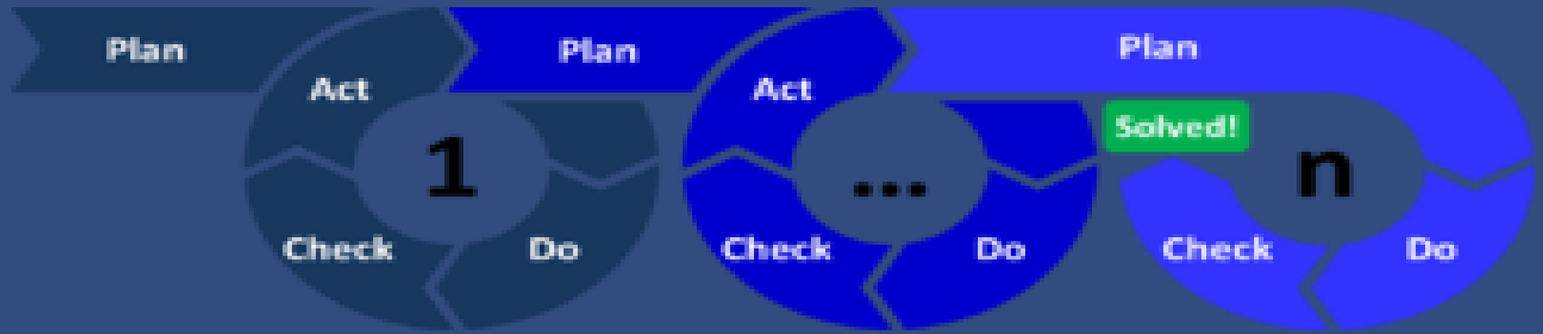
- NO standard way of communicating between all workflows
- NO standard language/communication for patients cohorting
- Wasted time & resources targeting patients, finding beds
- Resources were already limited, as the Cohorting Team also provided clinical support to Medsurg Surge Areas

PDSA Cycles

- With Transfer Center Leadership to develop standard shared responsibility between cohorting team & Bed Management
- Based on feedback from resource nurses re: communication strategies
- With HICS leadership re: standardizing escalation process for patients refusing to cohort

Collaborative Approach

- Standard Communication with Resource Nurses
- Real-time Communication with Transfer Center via Teletracking
- Standard Cohorting Team Handoff between shifts
- Standard Patient-Facing Documents for cohorting
- Standard Escalation Process for patients refusing to cohort



Next Steps

- Cohorting Policy created, accessible via PPGD (Guideline #BI-COV-60)
- Cohorting Team manuscript published in *Nursing Management Journal*, May 2021. doi: 10.1097/01.NUMA.0000737624.29748.4e
- Cohorting Team has evolved into the Isolation Management Resource Team, which remobilized during the second COVID-19 Fall/Winter surge
  - This role has expanded to include appropriate isolation of every patients every day.

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