COVID-19 Pandemic
Region 2 South-Washtenaw County
Michigan Medicine Experience
Marie M. Lozon, MD
COVID-19 Cases by County
Confirmed cases include individuals with a positive diagnostic test for COVID-19. Probable cases include individuals with COVID-19 symptoms and an epidemiologic link to confirmed COVID-19, but no diagnostic test.

Michigan Coronavirus Map and Case Count

By The New York Times  Updated August 24, 2020, 8:32 A.M. E.T.

TOTAL CASES
106,875
DEATHS
6,661
Includes confirmed and probable cases where available

Laboratory Testing

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Tests Performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic</td>
<td>2,564,334</td>
</tr>
<tr>
<td>Serology</td>
<td>247,944</td>
</tr>
<tr>
<td>Total</td>
<td>2,812,278</td>
</tr>
</tbody>
</table>

Source: Michigan Disease Surveillance System (MDSS) and Vital Records.
Michigan Medicine Command Center - Creating Capacity for COVID patients

MM HCC opens March 11-100 days staffed- still in operations posture 8/24
Michigan Medicine and CS Mott Children’s Hospital ...

**Virtual Command Center**

- Occupancy and ED
  - UH: 95%
  - CVC: 90%
  - Mott: 77%
- Open Beds
  - UH, CVC, Mott
- Ventilators
  - Available for adults
- PPE Days on Hand
  - Mask w/o Shield: 60+
  - N95 Masks: 60+
  - Testing Supplies: 60+

**Cumulative Positive Patient Counts by Result Date**

- Days on Hand = Total Inventory / 60

**Washtenaw and Livingston County Trends**

- 55 Confirmed Cases / Mil / Day
- Running average of previous 7 days

**30 day County Trends**

- Aug 3
- Aug 13
- Aug 23

**Confirmed Cases per Million per Day**
- Levels aligned with CDC and MDHHS
- <20 cases per day **Green**
- 20-49 cases per day **Yellow**
- 50+ cases per day **Red**

**PPE and Testing Capacity**

- 60+ Days on Hand of N95 Masks
- 60+ Days on Hand of Masks w/o Shields
- 60+ Days on Hand of Testing Supplies

**PPE Thresholds**

- 60+ Green
- 30-59 Yellow
- <30 Red

**2,868 Total Tests in Past 7 Days**

<table>
<thead>
<tr>
<th>Lab Personnel Level</th>
<th>Lab Reagent Analytics Supply Level</th>
<th>Total Weekly Lab Capacity (tests/week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WATCH</td>
<td>NORMAL</td>
<td>8,510</td>
</tr>
</tbody>
</table>
Michigan Medicine and CS Mott Children’s Hospital...

RICU (Regional Isolation Containment Unit)

When Mott opened in 2011, was built with an isolation containment unit that could be “turned on” as needed: Command decision to “stand up” RICU made in mid-March. In just a few days, this unit transformed from general pediatric med/surg to adult COVID critical care.

Teams formed from all over MM- including pediatric providers, nurses and RTs.

This displaced children to other floors and disrupted the entire Children’s and Women’s Hospital – although with lockdown and ramp down of elective cases, demand down.
Mission: To stand up and staff a field hospital before the expected run out date for general care beds on April 10\textsuperscript{th}, and create the capacity to safely care for the overflow of general care COVID-19 patients, so UH can focus on caring for the most critically ill.
The team evaluated dorms and athletic facilities as potential off-site locations and decided that the indoor track and field facility at the Performance Center would be the best option. Due to flexibility in layout, superior ventilation and other safety reasons, the Performance Center was identified as the best location for a 500 bed MMFH #1.

The indoor tennis courts were considered for MMFH #2, but were ruled out due to ventilation concerns.
a. Examine what procedural and operational aspects of a pediatric hospital or facility need to be addressed to prepare for and accommodate new or different patient populations during a pandemic or other emergent event.

b. Determine how pediatric facilities adjust their systems to care for pediatric patients as well as expand patient populations during a pandemic or other emergent situation.

c. Describe how pediatric facilities approached diversification of clinical care, procedural skills, patient populations, and other ways to be financially strengthened to weather any sort of emergency (e.g., weather or future pandemic risk).
Ethics and Resource Allocation During the COVID Pandemic- Will Children Get the Care They Need?

Pre-publication Release

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Should Pediatric Patients Be Prioritized When Rationing Life-Saving Treatments During the COVID-19 Pandemic?

Ryan M. Antiel, ME
Douglas B. White,
Ezekiel

The Ethics of Creating a Resource Allocation Strategy During the COVID-19 Pandemic

Naomi Laventhal, MD, MA, FAAP1 Ratna Basak, MD, FRCPCH (UK), FAAP2 Mary Lynn Dell, MD, DMin,3
Douglas Diekema, MD, MPH, FAAP1 Nanette Elsner, JD, MPH4 Gina Geis, MD, MS, FAAP1 Mark Mercurio, MD, MA, FAAP1
Douglas Opel, MD, MPH, FAAP1 David Shalowitz, MD, MSIH7 Mindy Shatter, MD, MBE, FACS, FAAP1 Robert Macaulay, MD, FAAP1
How Do We Ensure That All These Efforts Will Also Benefit Michigan’s Children…Should the Need Arise?

Can and Will Adult Hospitals rapidly stand up spaces for children? (The vast majority of children with emergent illness and injury are seen in GENERAL emergency departments)- RAISE ALL BOATS ! (NPRP, EMSC, etc)

Will the principles and methods used during rapid deployment of our RICU be extended to the pediatric population should COVID or another pandemic begin to impact children in the way COVID impacted adults in Winter and Spring of 2020? (PoPCORN, new operational plans in hand with our experience)

How do we continue to push efforts to expand the state’s (and nation’s) capacity to care for a large number of sick children?

AAP Council on Children and Disasters just established after many committees, interest groups, scholars and advocates in the AAP joined forces!