



HOME OF SIDNEY KIMMEL MEDICAL COLLEGE

What's the Problem?

While COVID-19 and it's various complications are a source of a substantial number of Emergency Department (ED) visits, many patients still arrive to the ED for non-COVID-19 indications.

Due to pre-existing construction which was halted by the pandemic, external space for a tent configuration was unavailable.

In effort to decrease patient, staff and nurse exposure to COVID, a system of cohorting was created to assure uninterrupted service in a manner as safe as possible for all involved.

Given the uncertainty of patient volumes and the potential for a high burden of disease similar to our colleagues in New York and New Jersey, this system was created in stages to dynamically flex to the needs of the department. Lause analysis

Root causes of this problem included:

- Static number of beds in the emergency department with need to avoid hallway bed utilization given concern for COVID spread.
- Need to be able to increase capacity for both COVID and non COVID investigation (PUIs)
- Work with partners in the hospital to assure facilities, security, pharmacy, radiology and laboratory support.

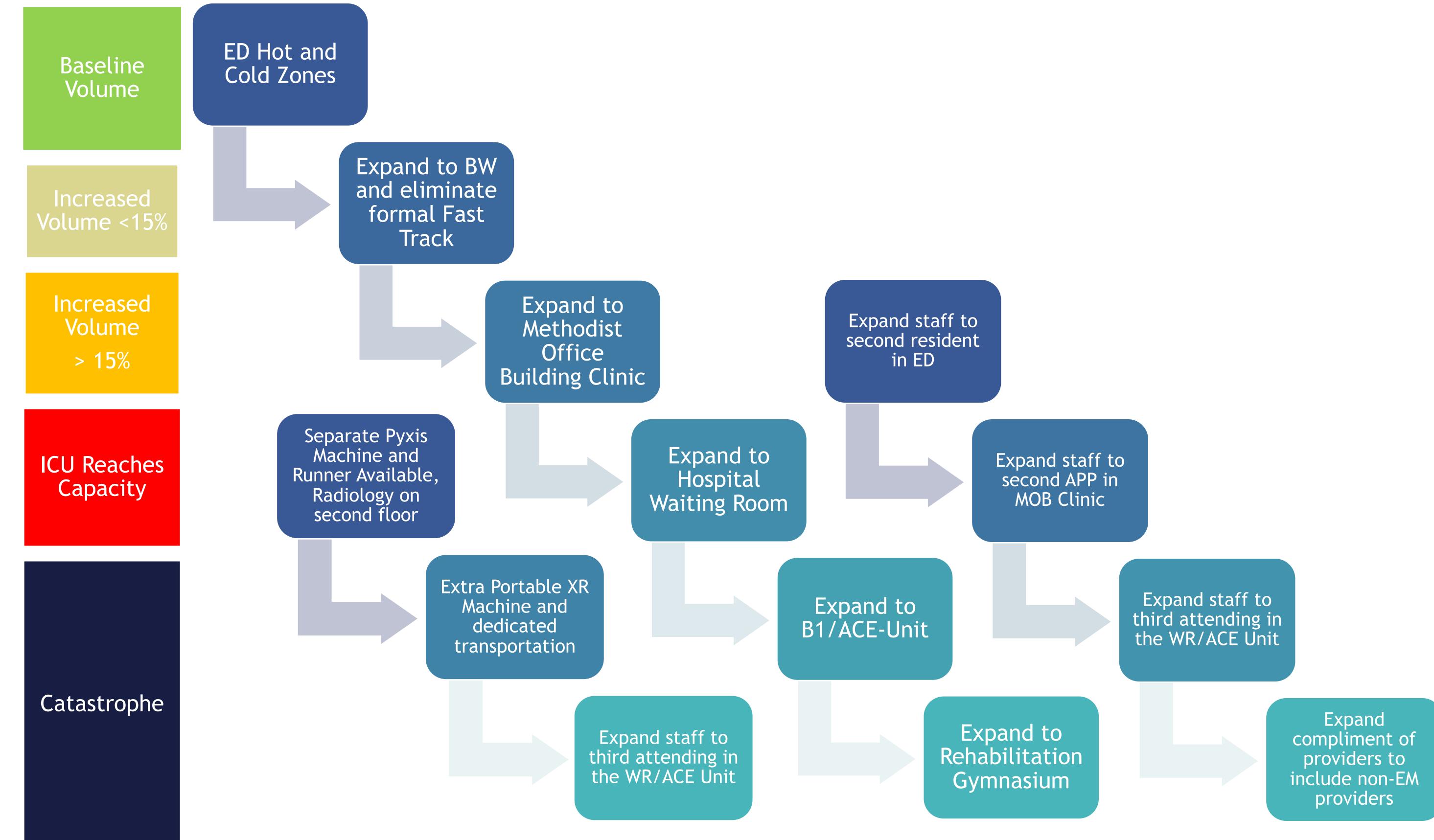
Progression of Patient Cohorting in Response to COVID-19 at the Jefferson Methodist Emergency Department

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patients under

How Might We: Dynamically flex and expand capacity for the Emergency Department given expected surge in patients with suspected COVID-19 presentations.

We developed a tiered system that was able to flex and expand depending on patient volume. Nurse and technician staffing also flexed with additional staff taken from closed clinics, SPU and floors.



Separate entrances to the Methodist Office Building (MOB) and main ED were facilitated so that EMS was able to arrive patients to appropriate locations depending on suspicion for COVID.