COVID-19 Survey Research Report

Prepared by Customer Care Measurement & Consulting

June 15, 2020

Overview & Methodology

Week	Data Collection Period	N-Size
1	March 22nd – March 28th	7
2	March 29th – April 4th	22
3	April 5th – April 11th	35
4	April 12th – April 18th	43
5	April 19th – April 25th	48
6	April 26th – May 2nd	24
7	May 3rd – May 9th	29
8	May 10th – May 16th	21
9	May 17th – May 23rd	18
10	May 24th – May 30th	14
11	May 31st – June 6th	9

- SHEA fielded a web-based survey via Survey Gizmo to respondents from March 22-June 6, 2020
- CCMC was asked to conduct the following analysis and Key Findings
- Questions expanded on Week 3, Week 4, and Week 8. Appropriate notes to document these variations are included in the following analyses.

Demographics

Country Of Respondents

Country	N-Size Reported By Week										
	1	2	3	4	5	6	7	8	9	10	11
Argentina	0	0	0	0	0	0	0	0	0	1	0
Canada	0	1	0	0	1	0	1	0	0	0	1
China	0	0	0	1	0	0	0	0	0	0	0
France	0	0	0	0	0	0	0	0	0	1	0
India	0	0	0	0	0	0	1	0	0	0	0
Mexico	0	0	0	0	1	0	0	0	1	0	0
Philippines	0	0	0	1	0	0	0	0	0	0	0
Republic of Korea	0	0	1	0	0	0	0	0	0	0	0
Singapore	0	0	0	1	0	0	0	0	0	0	0
United Arab Emirates	0	0	0	0	0	1	0	0	0	0	0
United States	7	21	33	40	46	23	27	20	17	12	8

State Of Respondents
(For United States Respondents Only)

State	N-Size Reported By Week										
	1	2	3	4	5	6	7	8	9	10	11
AK	0	0	0	0	0	0	0	0	1	0	0
AL	0	0	0	0	0	0	0	0	1	1	0
AR	0	0	1	1	1	0	0	0	0	0	0
AZ	0	0	0	0	1	0	0	0	0	0	0
CA	1	1	3	3	3	1	4	1	0	0	1
CO	0	0	0	0	1	0	0	0	0	0	0
CT	0	0	1	0	0	0	0	0	0	0	0
DE	0	1	0	0	0	0	0	0	0	0	0
FL	0	1	0	1	1	1	1	1	1	0	0
GA	0	0	1	3	1	0	1	1	1	1	0
IL	0	0	2	1	3	0	0	1	0	0	0
IN	2	2	1	1	2	1	2	2	2	3	1
KY	0	0	0	0	1	1	0	0	0	0	0
LA	0	1	1	1	1	0	0	0	0	0	0
MA	0	2	1	2	4	2	2	2	1	1	2
MD	1	1	0	0	0	0	1	0	1	0	0
ME	0	0	1	1	0	0	0	0	0	0	0
MI	0	1	3	1	2	0	0	0	2	0	0
MN	0	0	2	1	2	0	0	0	0	0	0
MO	1	2	1	0	2	0	0	1	1	1	0

State Of Respondents
(Continued, For United States Respondents Only)

State	N-Size Reported By Week										
	1	2	3	4	5	6	7	8	9	10	11
MS	0	0	0	0	0	1	0	0	0	0	0
MT	0	1	1	1	0	1	1	2	0	1	1
NC	0	0	2	1	0	1	1	0	0	0	0
NE	0	0	2	0	1	1	1	1	0	1	0
NH	0	0	0	1	1	0	0	0	0	0	0
NJ	0	3	1	4	1	3	0	2	1	0	1
NM	0	0	0	1	0	0	0	0	0	0	0
NY	1	2	6	4	1	3	3	3	2	2	0
OH	0	1	1	2	4	1	2	1	0	1	1
OR	1	1	0	1	1	1	1	0	0	0	0
PA	0	0	1	2	2	2	5	0	1	0	0
RI	0	0	0	0	1	0	0	0	0	0	0
SD	0	0	0	0	0	0	0	0	1	0	0
TN	0	0	0	0	2	2	0	0	0	0	0
TX	0	1	0	4	2	0	1	1	0	0	0
UT	0	0	0	0	1	0	0	0	0	0	0
VA	0	0	1	0	1	1	1	0	0	0	0
WA	0	0	0	1	2	0	0	1	0	0	1
WI	0	0	0	2	1	0	0	0	0	0	0
WY	0	0	0	0	0	0	0	0	1	0	0

Facility Description *(check all that apply)*

Facility Description	N-Size Reported By Week										
	1	2	3	4	5	6	7	8	9	10	11
Academic Medical Center	1	10	20	17	22	14	12	8	6	8	3
Acute Care Hospital	6	19	21	27	18	8	10	9	6	6	3
Ambulatory Care	2	10	7	4	2	5	5	1	1	1	1
Community-based	2	8	9	12	10	5	13	4	5	2	1
Dialysis	1	5	8	1	1	2	1	0	0	0	0
Inpatient Rehabilitation	0	4	4	2	3	2	4	0	0	0	0
Long-Term Care	0	1	1	0	2	2	1	1	1	0	1
Part of a health system	3	10	11	12	9	5	8	3	2	1	0
Pediatric	1	5	4	6	5	5	6	0	0	0	0
Urgent Care or Clinic	2	8	4	3	4	1	5	0	1	0	0
Rural	0	0	2	2	5	2	5	1	2	1	1
VA	1	1	3	1	3	2	0	2	1	2	1

Status of Facility Supplies, Equipment, & Workforce

Key Findings: Limited Reporting of Sustainable Levels of Supplies

- The vast majority of respondents cited they do not have sustainable levels of supplies throughout the duration of the study
  - On average, across all 11 weeks of data collection and 13 supply types asked about in the survey, only 13% of respondents reported they had sustainable levels of supplies for a pandemic
  - Some supplies were less of a concern than others, with more respondents citing sustainable levels. The Top 3 Most Sustainable supply types are:
    - Beds = 25% on average reporting sustainable levels for a pandemic, with a high of 48% in Week 6
    - Ventilators = 24% on average reporting sustainable levels for a pandemic, with a high of 47% in Week 9
    - Isolation Rooms = 16% on average reporting sustainable levels for a pandemic, with a high of 30% in week 6
  - Other supplies were least likely to be cited as having sustainable levels for a pandemic. The Top 3 Least Sustainable supply types are:
    - Test or testing components = 7% on average reporting sustainable levels for a pandemic, with 0% reporting in Weeks 1, 2, and 8
    - Time for training = 7% on average reporting sustainable levels for a pandemic, with 0% reporting in Weeks 1, 2, 7 and 11
    - Frontline workforce resiliency and personal resiliency = both with 8% on average reporting sustainable levels for a pandemic, with 0% reporting in weeks 1, 2, and 11

Key Findings: General Improvements over Time for Perceived Availability of Supplies

- Reported shortages for supplies was highest in Week 2 with 42% of respondents reporting on average across all 13 supply types that they were running low (either with expected improvements or declines)
- The most frequently reported supply types with shortages throughout the study were:
  - Tests or testing components = 46% on average reporting they were running low, with highs of 64% in both Week 2 and Week 10
  - Other PPE = 38% on average reporting they were running low, with a high of 77% in Week 2
  - Time for training = 36% on average reporting they were running low, with a high of 63% in Week 2
- As the study progressed however, there were improvements in reporting sustainable levels of supplies being available
  - In Week 1, only 1 of the 13 supply types asked about in the survey had any respondents report there were sustainable levels for a pandemic (Isolation Beds, 14% reporting sustainable in Week 1)
  - By Week 3, all 13 supply types had some respondents report there were sustainable levels with an average of 9% reporting sustainable levels across all 13 supply types
  - By Week 9, the average percent reporting sustainable levels across all 13 supply types increased to 20%

Key Findings: Crisis Levels Reported Throughout Study in 3 Categories

- 3 of the 13 supply types had >5% of respondents reporting crisis level availability more than once during the study:
  - Isolation rooms = Crisis level reported in Week 1 (14%), Week 2 (14%), Week 3 (12%), Week 4 (14%), and Week 6 (9%)
  - Other PPE = Crisis level reported in Week 5 (11%) and Week 7 (7%)
  - Tests or testing components = Crisis level reported in Week 1 (14%) and Week 9 (12%)
- 3 of the 13 supply types had 0% reporting crisis level availability for the duration of the study:
  - Ventilators
  - Lab workforce
  - Lab workforce resiliency

Key Findings: Unsustainable Supplies Common

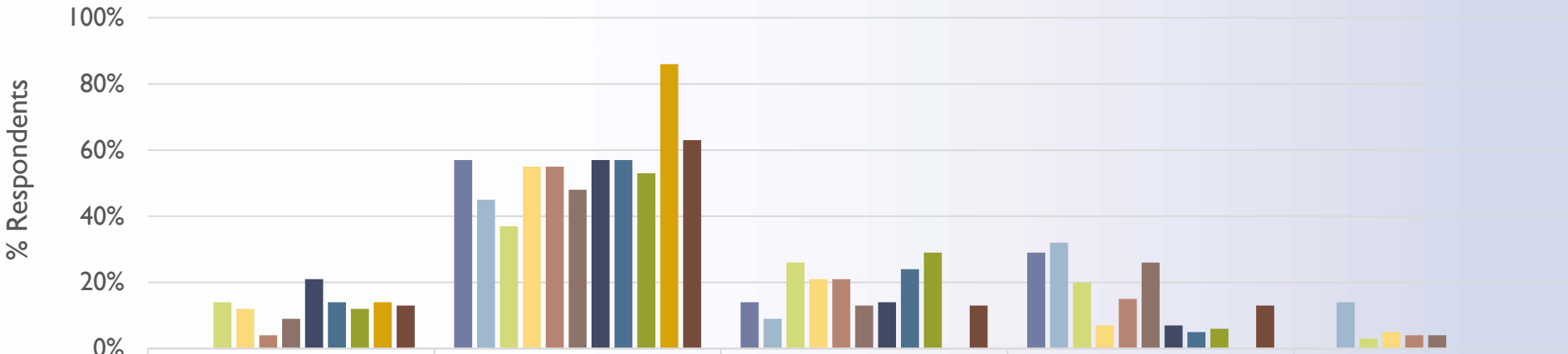
- Low availability of supplies was prevalent throughout the study as indicated by high levels of reporting of ‘adequate for current situation’ and ‘running low’ for most weeks
- Across all 11 weeks and all 13 supply types reported in the survey, 28% on average reported that availability was either just ‘adequate’ or was ‘running low’ (expecting improvements or declines)
- Supply types with the highest percent of ‘adequate’ or ‘running low’ reporting were:
  - Time for training = highest in weeks 1, 7 and 11 (33% for all three)
    - 57% reported in week 1 alone that availability was ‘running low and expecting declines’
  - Tests or testing components = highest in weeks 8 (33%) and week 2 (32%)
    - 32% reported in week 2 alone that availability was ‘running low and expecting declines’
  - Lab workforce resiliency = highest in weeks 1, 2 and 11 (33% for all three)
    - 29% reported in week 2 alone that availability was ‘running low and expecting declines’
  - Personal resiliency = highest in weeks 1 (33%) and week 2 (32%)
    - 29% reported in weeks 1 and 2 that availability was ‘running low and expecting declines’

Key Findings: Human Resiliency in Strong Supply for Most of Study

- Healthcare personnel availability was among the most optimistically reported for availability in all 11 weeks of data collection, though Week 2 proved to be a difficult period of time.
  - Lab Workforce – 72% reporting “adequate” on average
    - Week 2 had 33% reporting they were running low or at a crisis level
  - Frontline Workforce – 69% reporting “adequate” on average
    - Week 2 had 40% reporting they were running low or at a crisis level
- Respondents were more likely to cite coworkers’ resiliency as higher, particularly at the end of the study
  - Frontline Workforce Resiliency – 70% reporting adequate levels of resiliency on average
  - Lab Workforce Resiliency – 68% reporting adequate levels of resiliency on average
  - Personal Resiliency – 59% reporting adequate levels of resiliency on average
    - Week 11 (May 31-June 6) had a sudden spike in crisis level reporting with 11% reporting (vs. 2% reporting crisis level on average for Weeks 1 through 10)

Respirator Status

In general, what best reflects the status at your facility: Respirators*

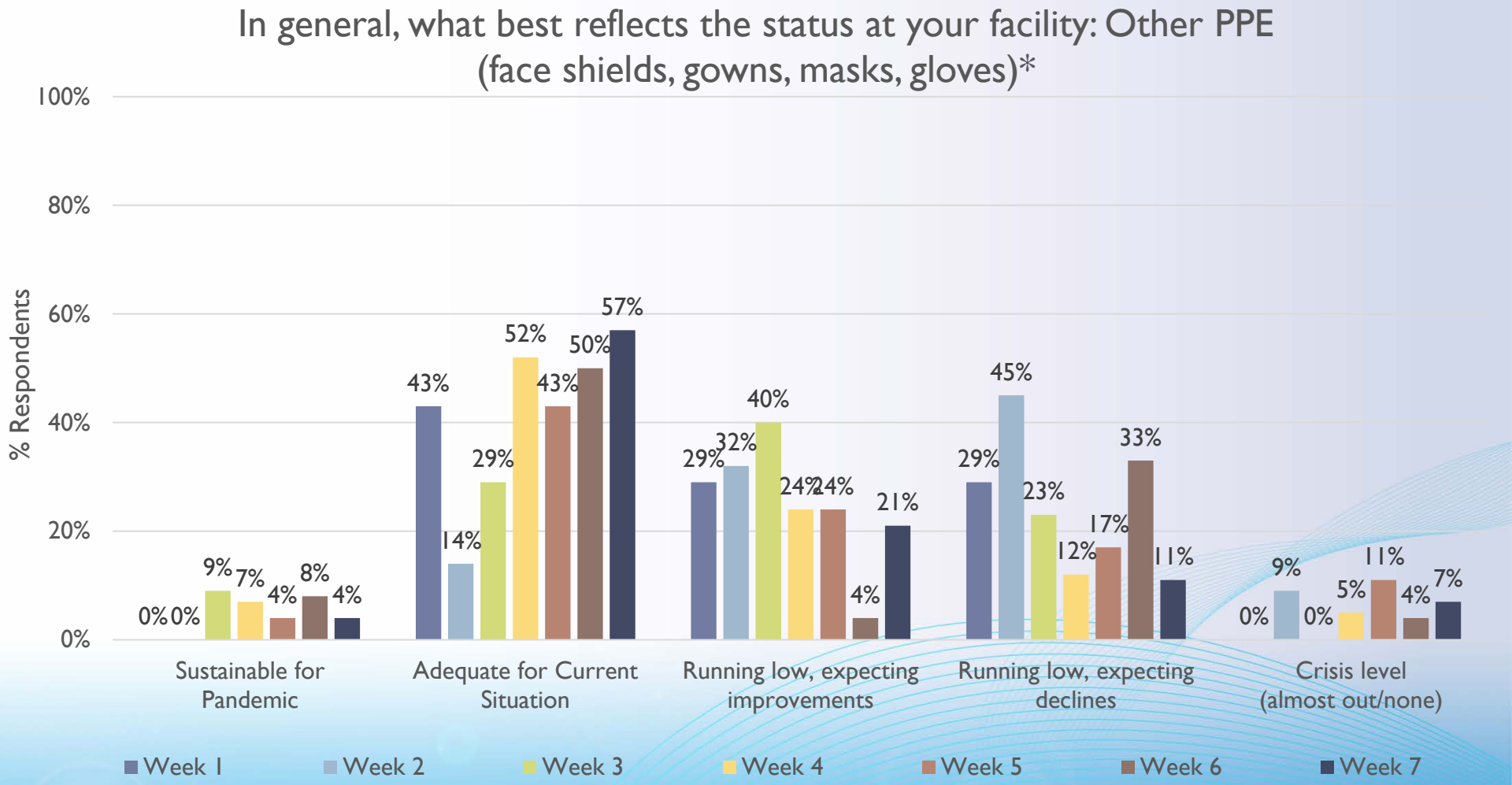


	Sustainable for Pandemic	Adequate for Current Situation	Running low, expecting improvements	Running low, expecting declines	Crisis level (almost out/none)
Week 1	0%	57%	14%	29%	0%
Week 2	0%	45%	9%	32%	14%
Week 3	14%	37%	26%	20%	3%
Week 4	12%	55%	21%	7%	5%
Week 5	4%	55%	21%	15%	4%
Week 6	9%	48%	13%	26%	4%
Week 7	21%	57%	14%	7%	0%
Week 8	14%	57%	24%	5%	0%
Week 9	12%	53%	29%	6%	0%
Week 10	14%	86%	0%	0%	0%
Week 11	13%	63%	13%	13%	0%

* Respondents reporting “N/A” were removed from the analysis

Other PPE Status

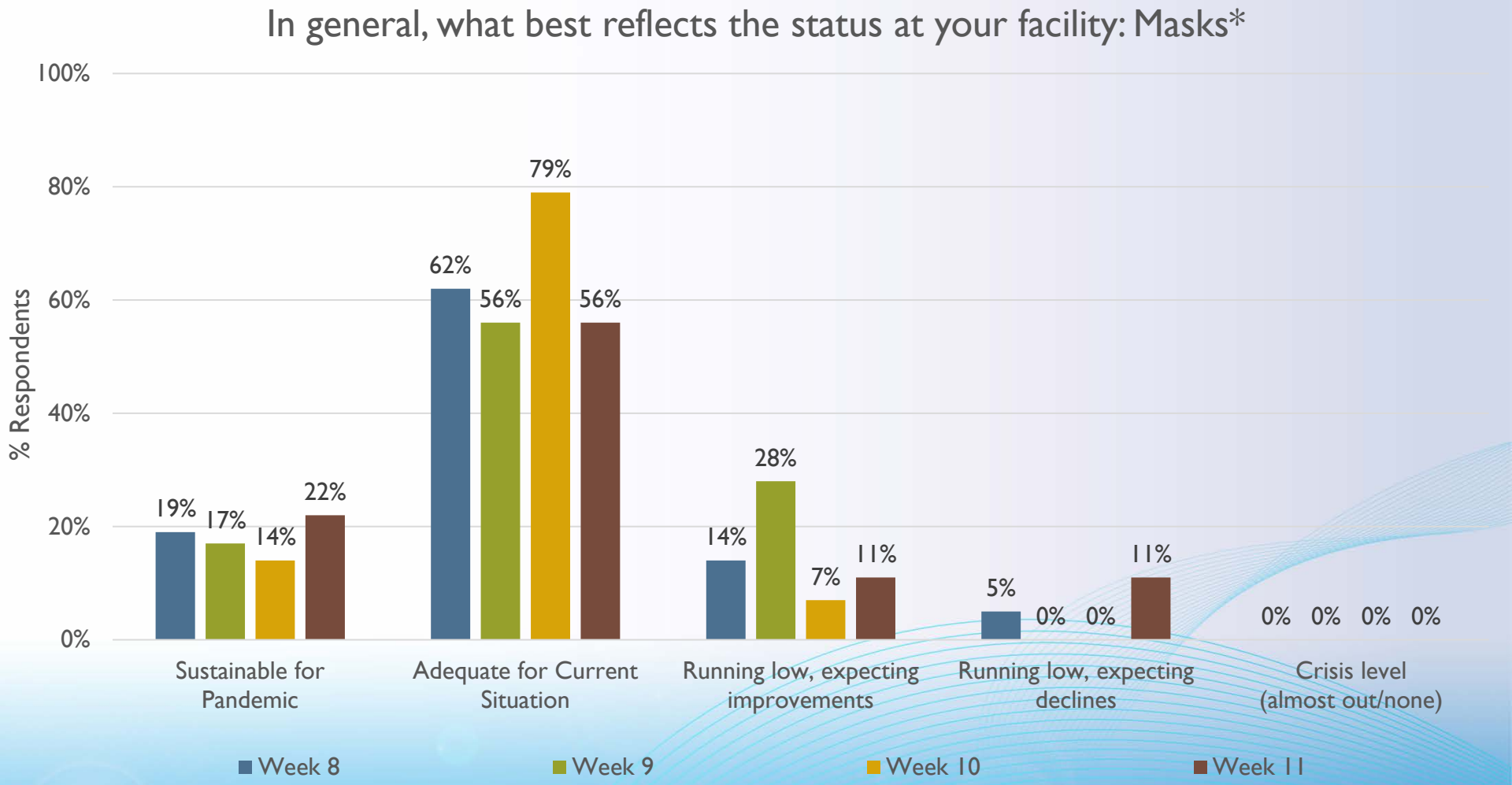
NOTE: Only asked of respondents in Weeks 1 - 7



* Respondents reporting "N/A" were removed from the analysis

Mask Status

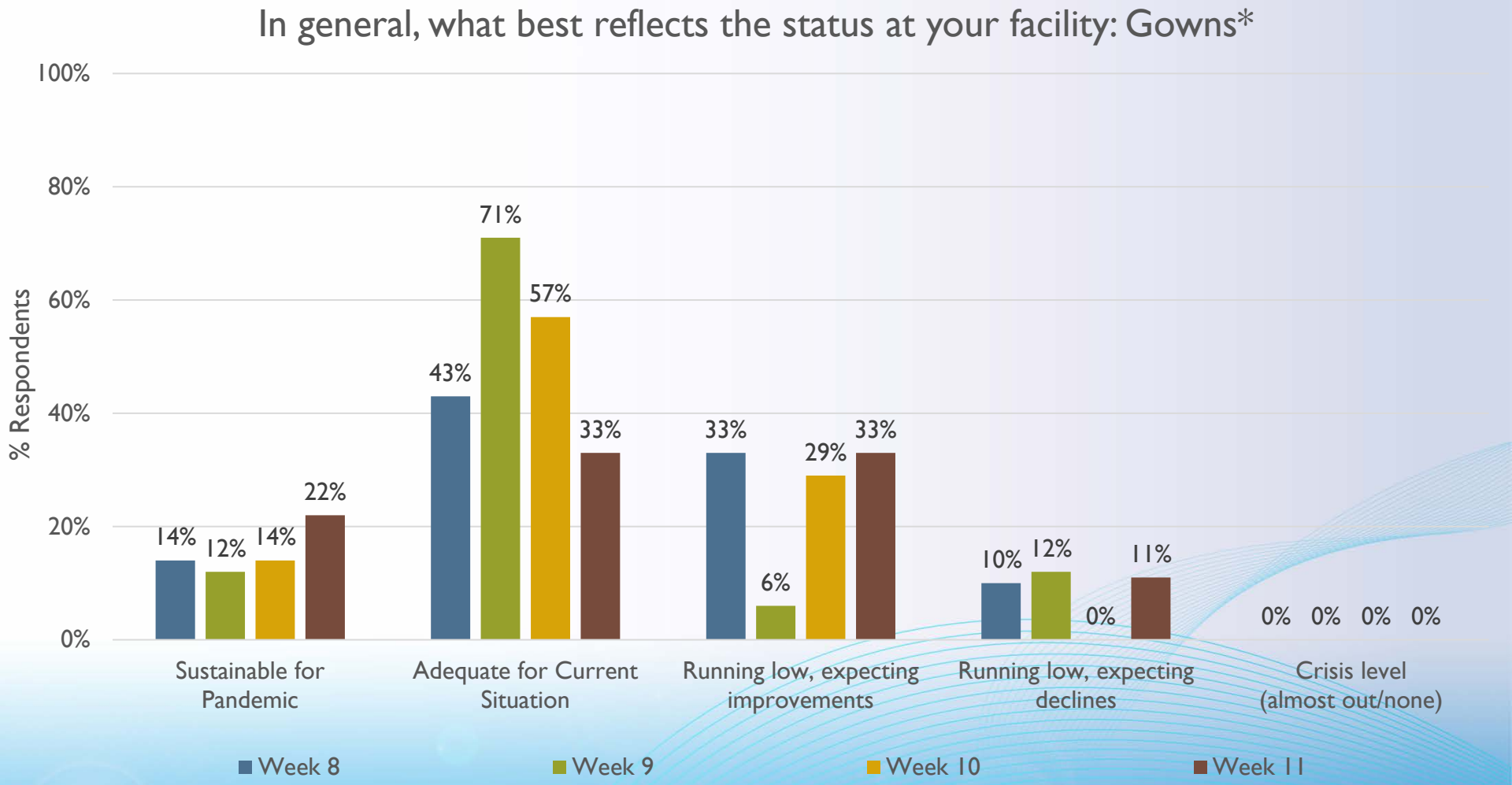
NOTE: Only asked of respondents in Weeks 8 - 11



* Respondents reporting "N/A" were removed from the analysis

Gown Status

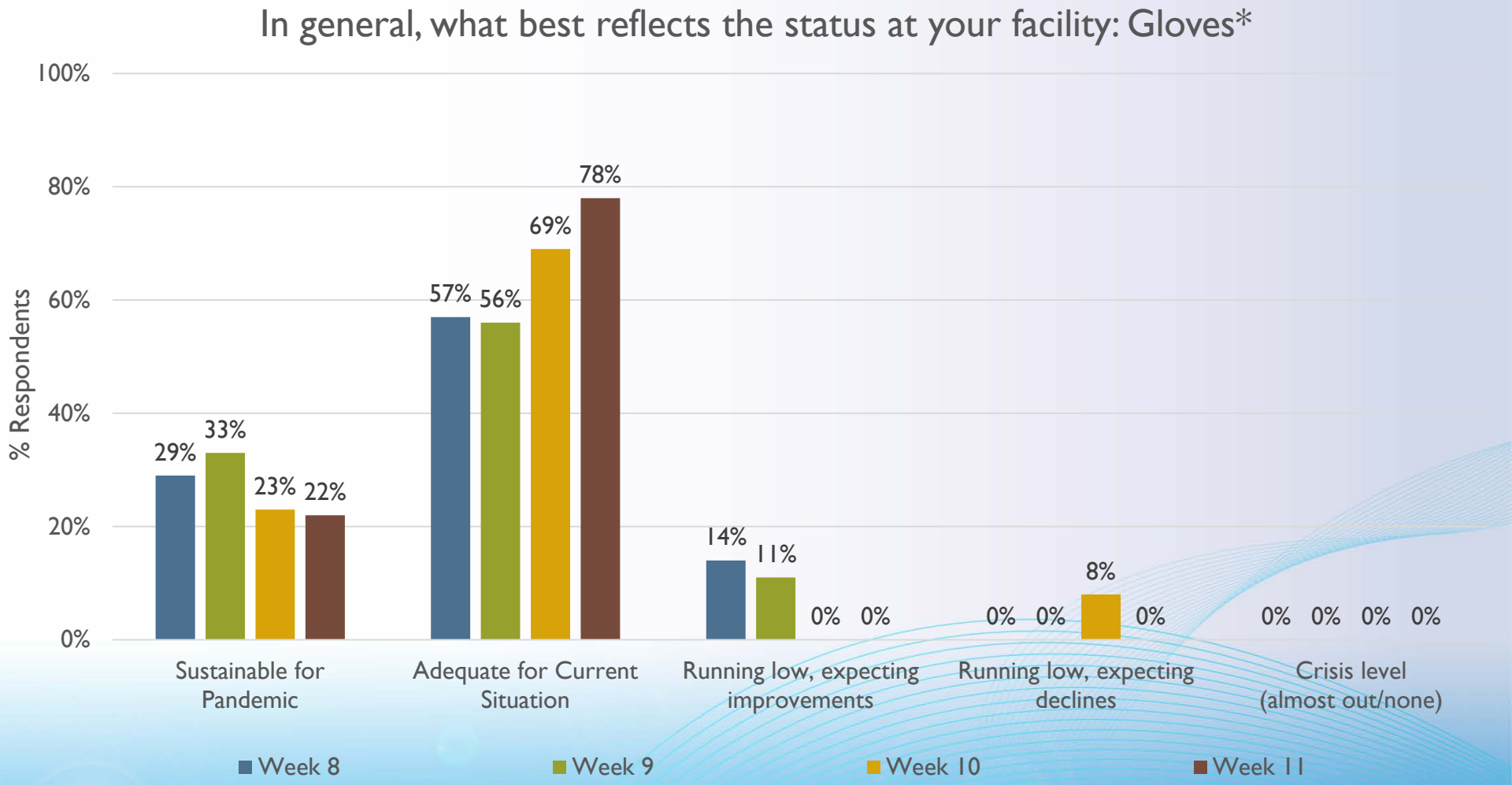
NOTE: Only asked of respondents in Weeks 8 - 11



* Respondents reporting "N/A" were removed from the analysis

Glove Status

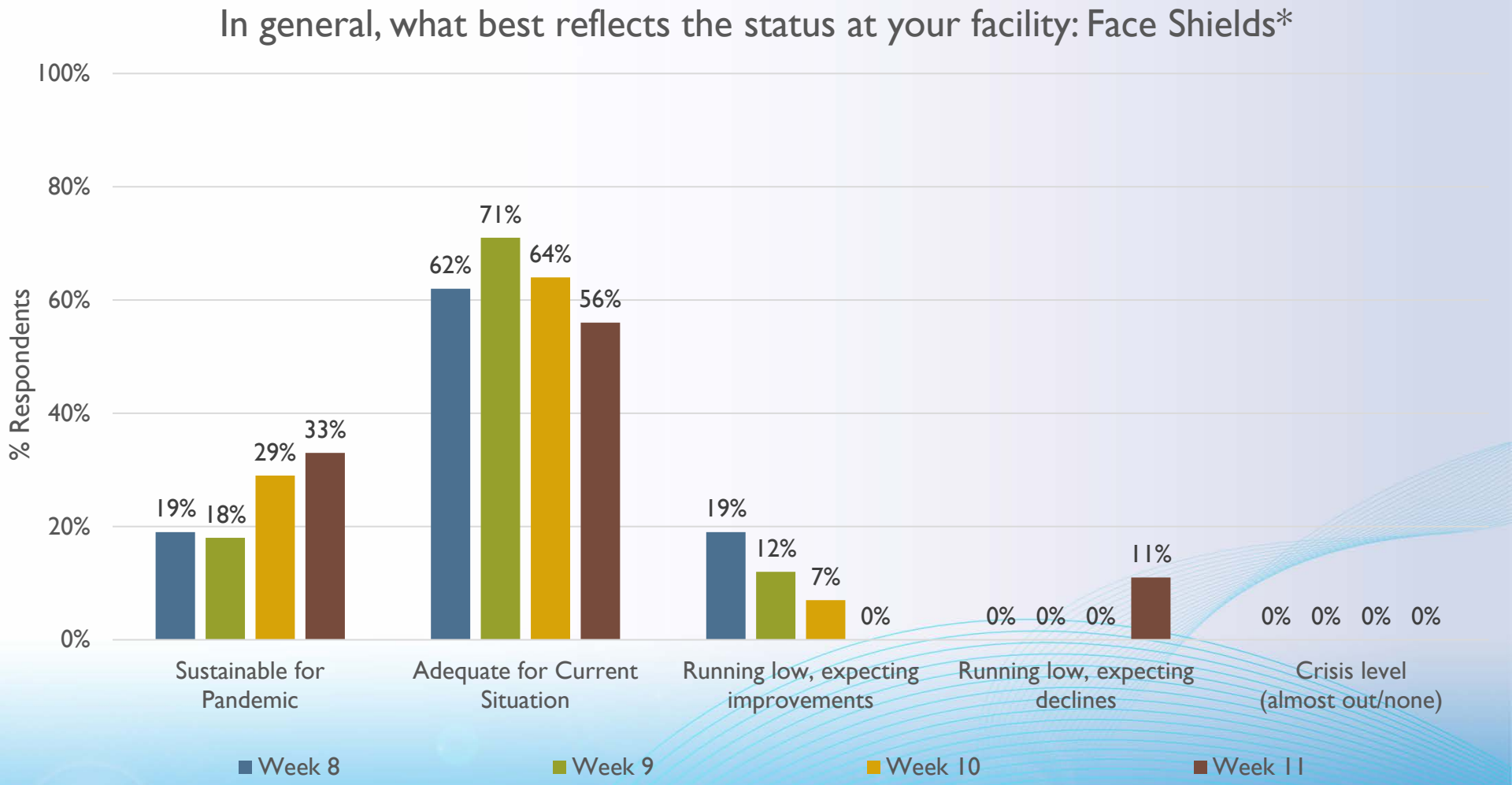
NOTE: Only asked of respondents in Weeks 8 - 11



* Respondents reporting "N/A" were removed from the analysis

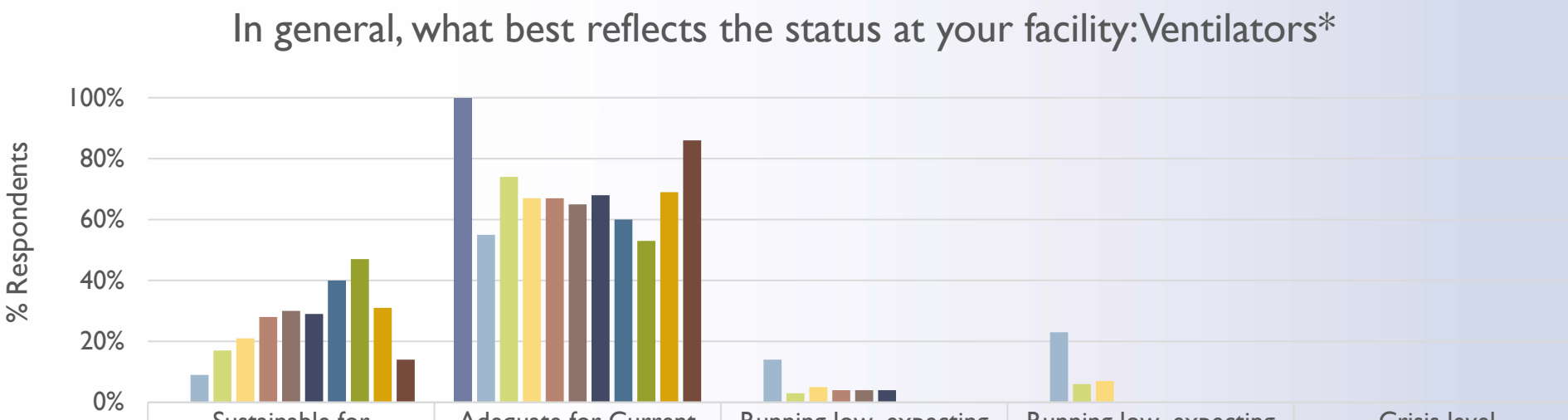
Face Shield Status

NOTE: Only asked of respondents in Weeks 8 - 11



* Respondents reporting "N/A" were removed from the analysis

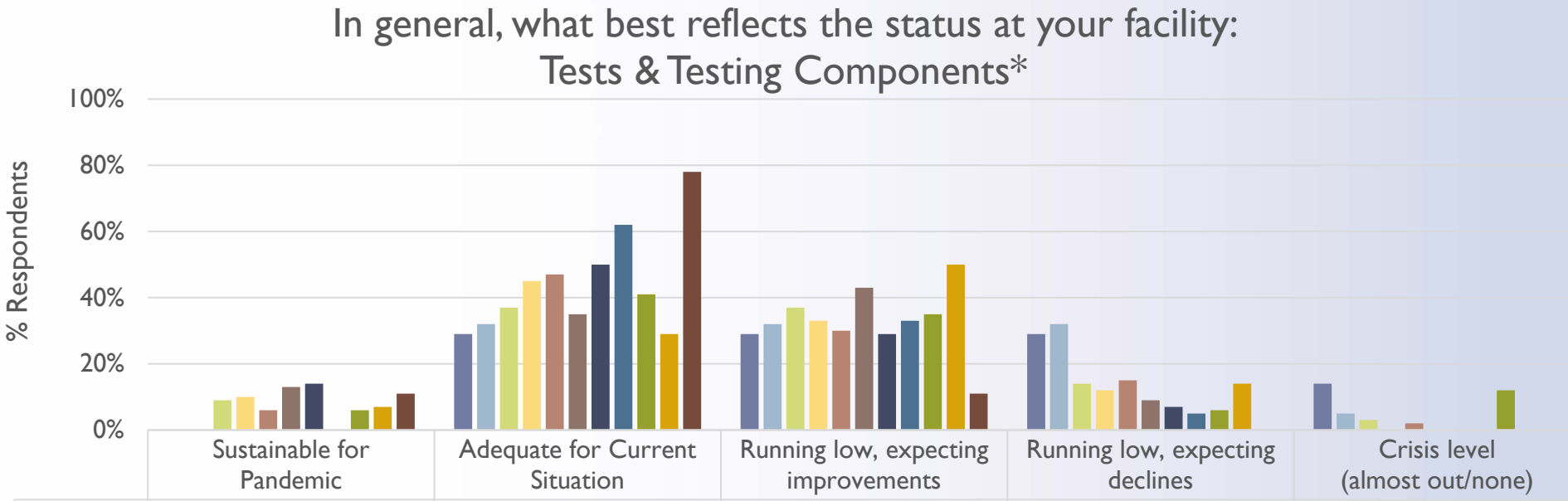
Ventilator Status



	Sustainable for Pandemic	Adequate for Current Situation	Running low, expecting improvements	Running low, expecting declines	Crisis level (almost out/none)
Week 1	0%	100%	0%	0%	0%
Week 2	9%	55%	14%	23%	0%
Week 3	17%	74%	3%	6%	0%
Week 4	21%	67%	5%	7%	0%
Week 5	28%	67%	4%	0%	0%
Week 6	30%	65%	4%	0%	0%
Week 7	29%	68%	4%	0%	0%
Week 8	40%	60%	0%	0%	0%
Week 9	47%	53%	0%	0%	0%
Week 10	31%	69%	0%	0%	0%
Week 11	14%	86%	0%	0%	0%

* Respondents reporting “N/A” were removed from the analysis

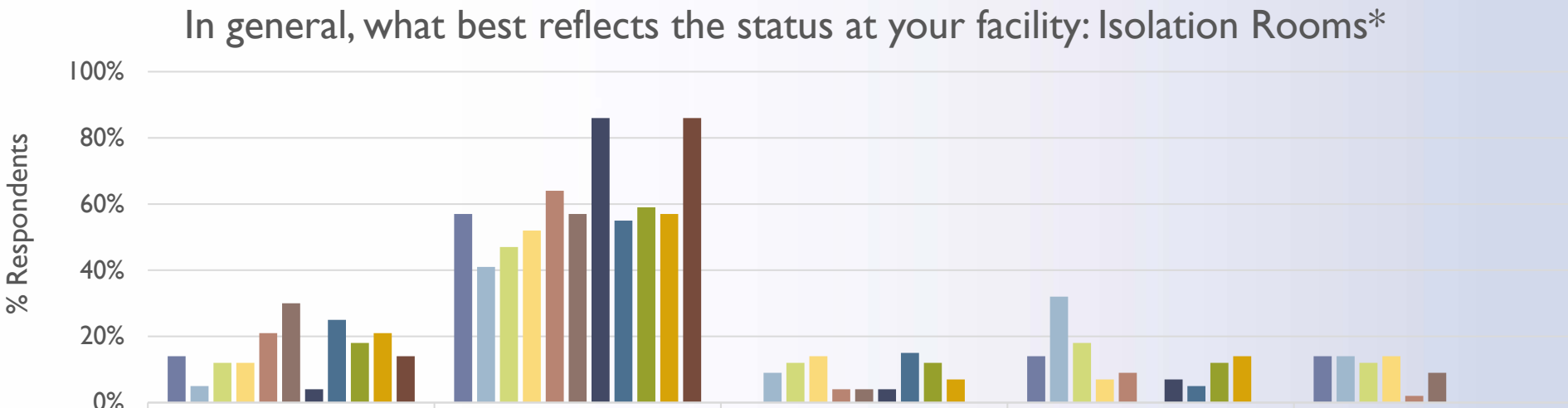
Tests & Testing Components Status



	Sustainable for Pandemic	Adequate for Current Situation	Running low, expecting improvements	Running low, expecting declines	Crisis level (almost out/none)
Week 1	0%	29%	29%	29%	14%
Week 2	0%	32%	32%	32%	5%
Week 3	9%	37%	37%	14%	3%
Week 4	10%	45%	33%	12%	0%
Week 5	6%	47%	30%	15%	2%
Week 6	13%	35%	43%	9%	0%
Week 7	14%	50%	29%	7%	0%
Week 8	0%	62%	33%	5%	0%
Week 9	6%	41%	35%	6%	12%
Week 10	7%	29%	50%	14%	0%
Week 11	11%	78%	11%	0%	0%

* Respondents reporting “N/A” were removed from the analysis

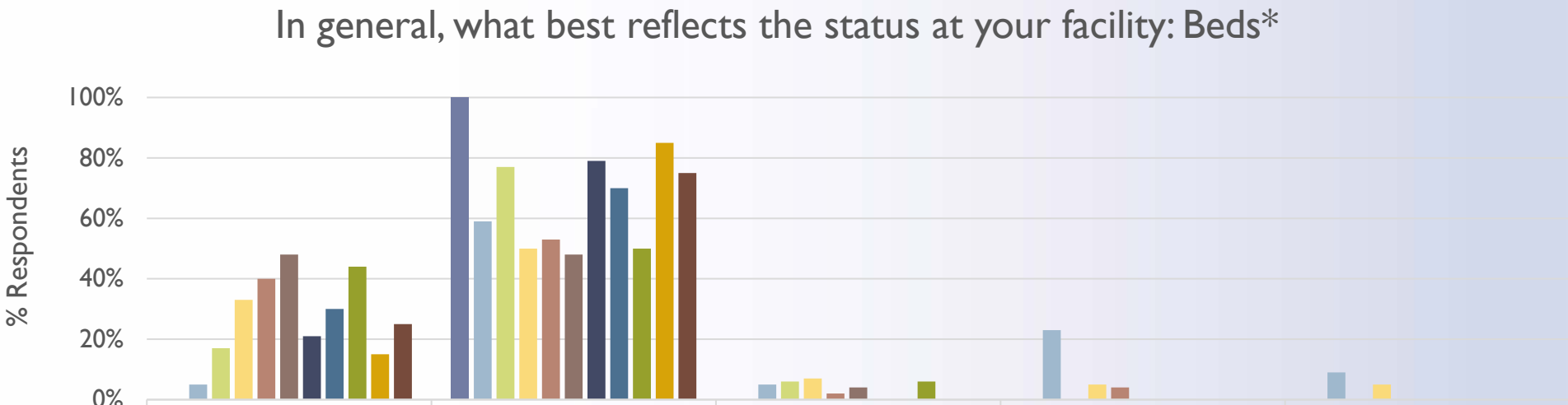
Isolation Room Status



	Sustainable for Pandemic	Adequate for Current Situation	Running low, expecting improvements	Running low, expecting declines	Crisis level (almost out/none)
Week 1	14%	57%	0%	14%	14%
Week 2	5%	41%	9%	32%	14%
Week 3	12%	47%	12%	18%	12%
Week 4	12%	52%	14%	7%	14%
Week 5	21%	64%	4%	9%	2%
Week 6	30%	57%	4%	0%	9%
Week 7	4%	86%	4%	7%	0%
Week 8	25%	55%	15%	5%	0%
Week 9	18%	59%	12%	12%	0%
Week 10	21%	57%	7%	14%	0%
Week 11	14%	86%	0%	0%	0%

* Respondents reporting “N/A” were removed from the analysis

Bed Status

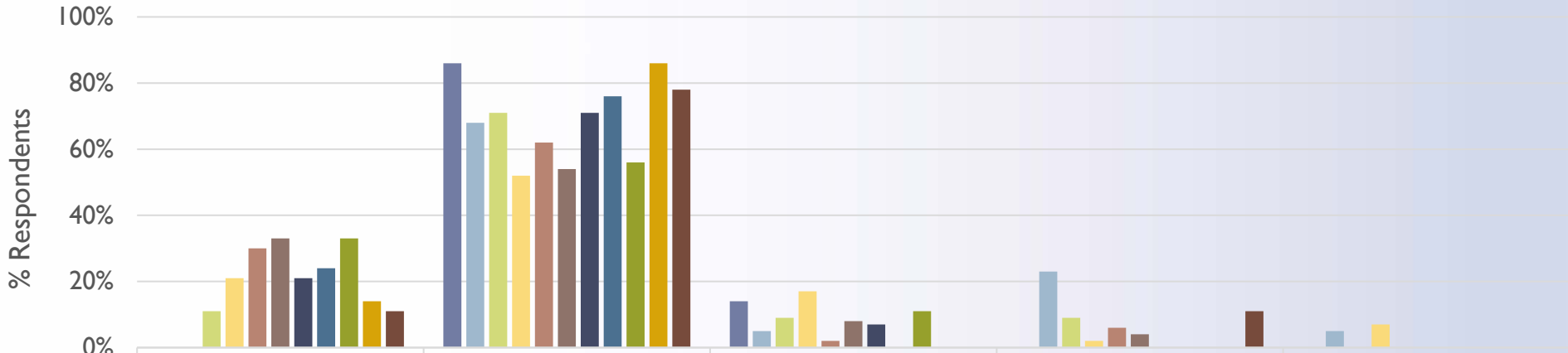


	Sustainable for Pandemic	Adequate for Current Situation	Running low, expecting improvements	Running low, expecting declines	Crisis level (almost out/none)
Week 1	0%	100%	0%	0%	0%
Week 2	5%	59%	5%	23%	9%
Week 3	17%	77%	6%	0%	0%
Week 4	33%	50%	7%	5%	5%
Week 5	40%	53%	2%	4%	0%
Week 6	48%	48%	4%	0%	0%
Week 7	21%	79%	0%	0%	0%
Week 8	30%	70%	0%	0%	0%
Week 9	44%	50%	6%	0%	0%
Week 10	15%	85%	0%	0%	0%
Week 11	25%	75%	0%	0%	0%

* Respondents reporting “N/A” were removed from the analysis

Frontline Workforce Status

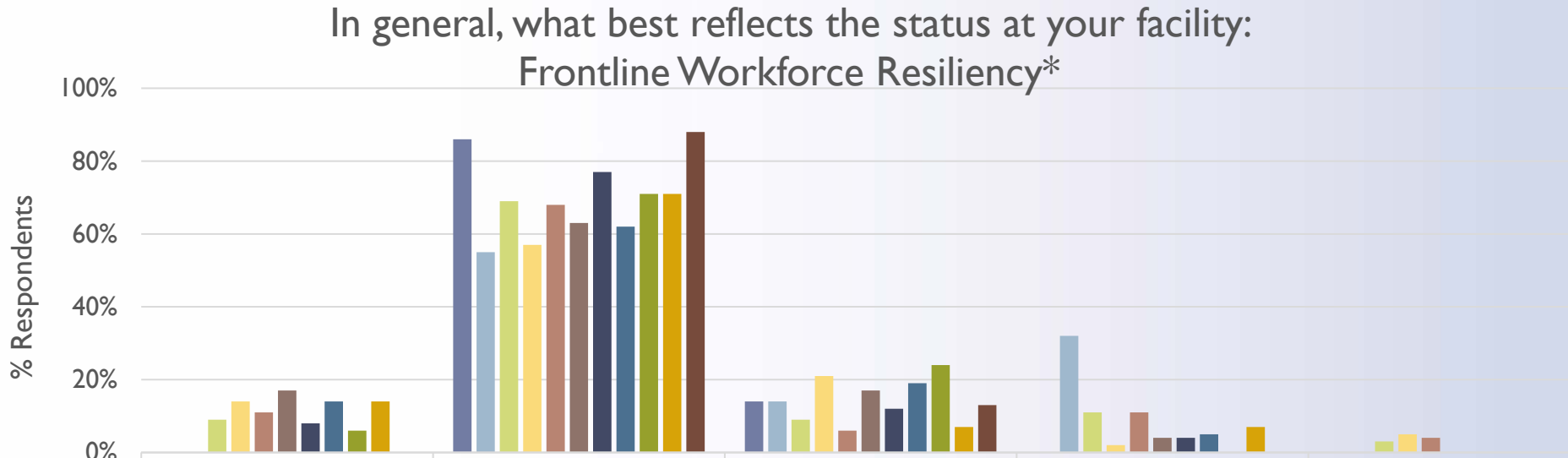
In general, what best reflects the status at your facility: Frontline Workforce (FTE and part-time)*



	Sustainable for Pandemic	Adequate for Current Situation	Running low, expecting improvements	Running low, expecting declines	Crisis level (almost out/none)
Week 1	0%	86%	14%	0%	0%
Week 2	0%	68%	5%	23%	5%
Week 3	11%	71%	9%	9%	0%
Week 4	21%	52%	17%	2%	7%
Week 5	30%	62%	2%	6%	0%
Week 6	33%	54%	8%	4%	0%
Week 7	21%	71%	7%	0%	0%
Week 8	24%	76%	0%	0%	0%
Week 9	33%	56%	11%	0%	0%
Week 10	14%	86%	0%	0%	0%
Week 11	11%	78%	0%	11%	0%

* Respondents reporting "N/A" were removed from the analysis

Frontline Workforce Resiliency Status

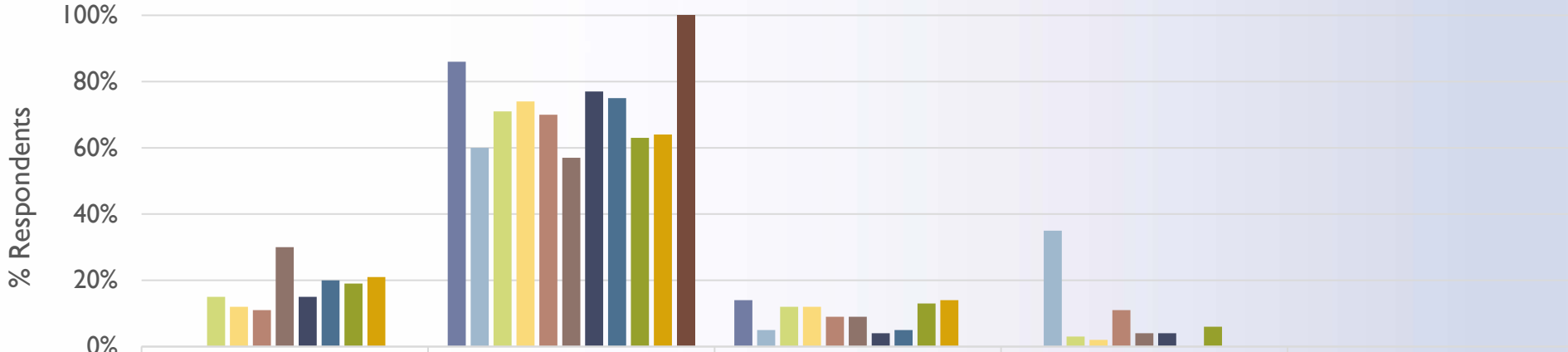


	Sustainable for Pandemic	Adequate for Current Situation	Running low, expecting improvements	Running low, expecting declines	Crisis level (almost out/none)
Week 1	0%	86%	14%	0%	0%
Week 2	0%	55%	14%	32%	0%
Week 3	9%	69%	9%	11%	3%
Week 4	14%	57%	21%	2%	5%
Week 5	11%	68%	6%	11%	4%
Week 6	17%	63%	17%	4%	0%
Week 7	8%	77%	12%	4%	0%
Week 8	14%	62%	19%	5%	0%
Week 9	6%	71%	24%	0%	0%
Week 10	14%	71%	7%	7%	0%
Week 11	0%	88%	13%	0%	0%

* Respondents reporting “N/A” were removed from the analysis

Lab Workforce Status

In general, what best reflects the status at your facility: Lab Workforce (FTE and part-time)*

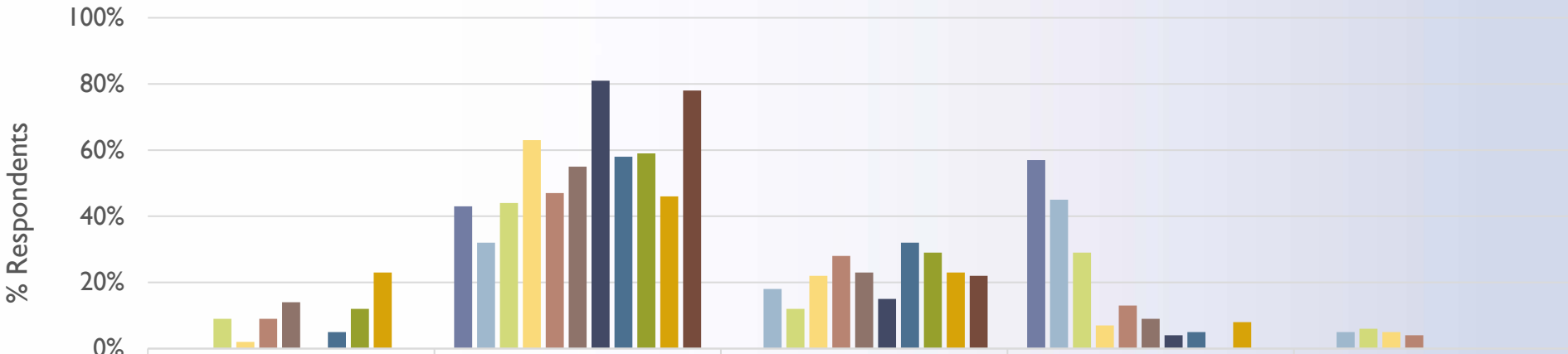


	Sustainable for Pandemic	Adequate for Current Situation	Running low, expecting improvements	Running low, expecting declines	Crisis level (almost out/none)
Week 1	0%	86%	14%	0%	0%
Week 2	0%	60%	5%	35%	0%
Week 3	15%	71%	12%	3%	0%
Week 4	12%	74%	12%	2%	0%
Week 5	11%	70%	9%	11%	0%
Week 6	30%	57%	9%	4%	0%
Week 7	15%	77%	4%	4%	0%
Week 8	20%	75%	5%	0%	0%
Week 9	19%	63%	13%	6%	0%
Week 10	21%	64%	14%	0%	0%
Week 11	0%	100%	0%	0%	0%

* Respondents reporting “N/A” were removed from the analysis

Time for Training Status

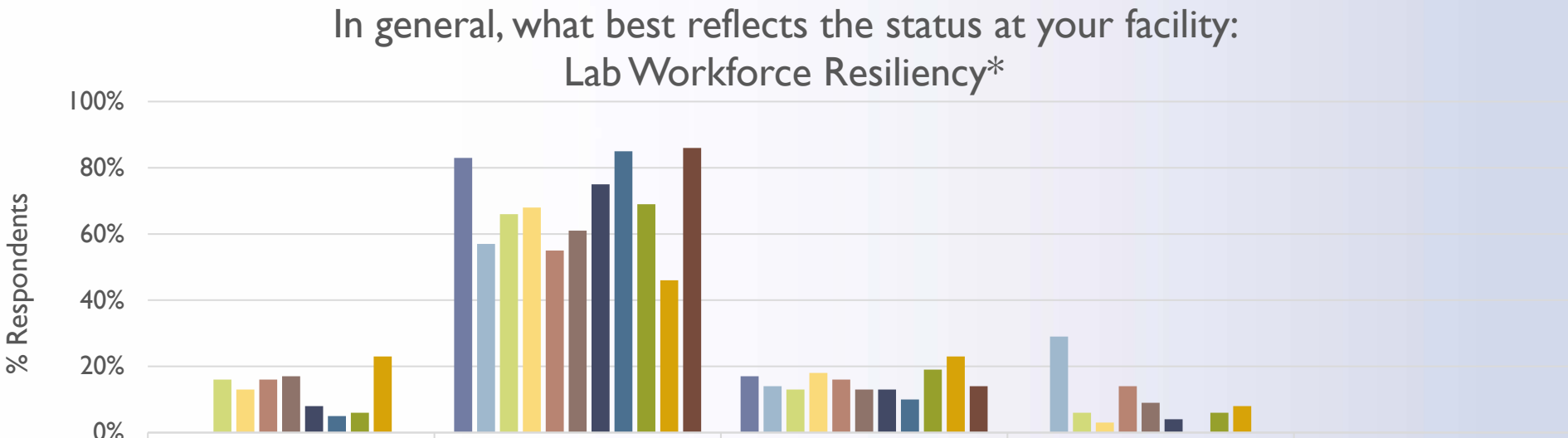
In general, what best reflects the status at your facility: Time For Training*



	Sustainable for Pandemic	Adequate for Current Situation	Running low, expecting improvements	Running low, expecting declines	Crisis level (almost out/none)
Week 1	0%	43%	0%	57%	0%
Week 2	0%	32%	18%	45%	5%
Week 3	9%	44%	12%	29%	6%
Week 4	2%	63%	22%	7%	5%
Week 5	9%	47%	28%	13%	4%
Week 6	14%	55%	23%	9%	0%
Week 7	0%	81%	15%	4%	0%
Week 8	5%	58%	32%	5%	0%
Week 9	12%	59%	29%	0%	0%
Week 10	23%	46%	23%	8%	0%
Week 11	0%	78%	22%	0%	0%

* Respondents reporting “N/A” were removed from the analysis

Lab Workforce Resiliency Status

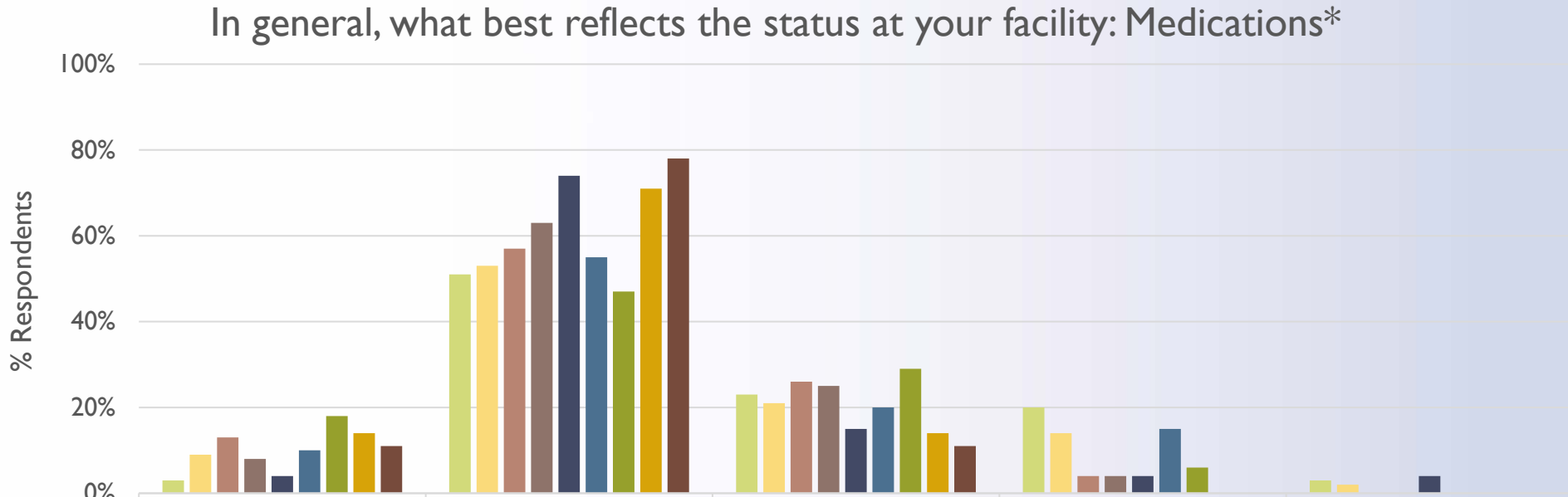


	Sustainable for Pandemic	Adequate for Current Situation	Running low, expecting improvements	Running low, expecting declines	Crisis level (almost out/none)
Week 1	0%	83%	17%	0%	0%
Week 2	0%	57%	14%	29%	0%
Week 3	16%	66%	13%	6%	0%
Week 4	13%	68%	18%	3%	0%
Week 5	16%	55%	16%	14%	0%
Week 6	17%	61%	13%	9%	0%
Week 7	8%	75%	13%	4%	0%
Week 8	5%	85%	10%	0%	0%
Week 9	6%	69%	19%	6%	0%
Week 10	23%	46%	23%	8%	0%
Week 11	0%	86%	14%	0%	0%

* Respondents reporting “N/A” were removed from the analysis

Medication Status

NOTE: Only asked of respondents in Weeks 3 - 11

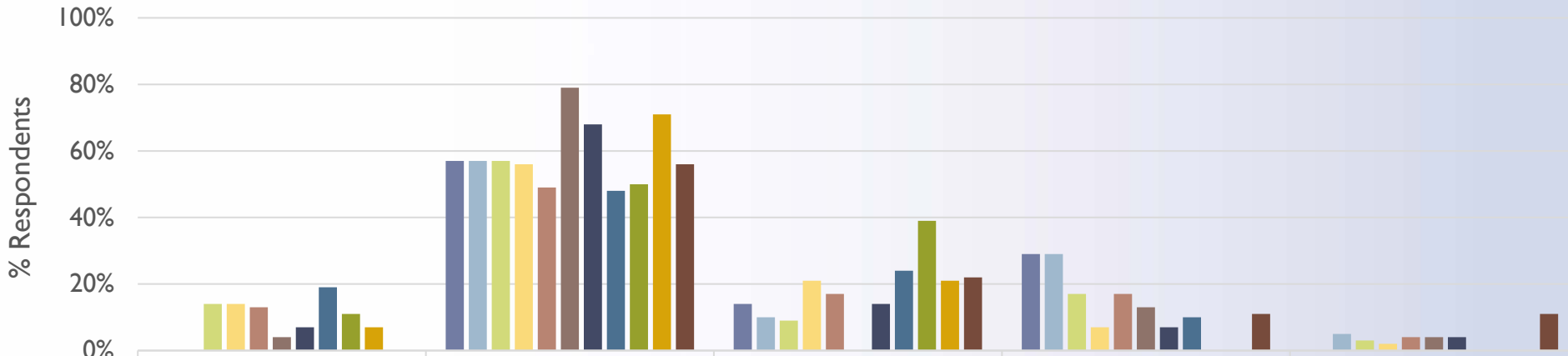


	Sustainable for Pandemic	Adequate for Current Situation	Running low, expecting improvements	Running low, expecting declines	Crisis level (almost out/none)
Week 3	3%	51%	23%	20%	3%
Week 4	9%	53%	21%	14%	2%
Week 5	13%	57%	26%	4%	0%
Week 6	8%	63%	25%	4%	0%
Week 7	4%	74%	15%	4%	4%
Week 8	10%	55%	20%	15%	0%
Week 9	18%	47%	29%	6%	0%
Week 10	14%	71%	14%	0%	0%
Week 11	11%	78%	11%	0%	0%

* Respondents reporting “N/A” were removed from the analysis

Personal Resiliency Status

In general, what best reflects the status at your facility: Personal Resiliency*



	Sustainable for Pandemic	Adequate for Current Situation	Running low, expecting improvements	Running low, expecting declines	Crisis level (almost out/none)
Week 1	0%	57%	14%	29%	0%
Week 2	0%	57%	10%	29%	5%
Week 3	14%	57%	9%	17%	3%
Week 4	14%	56%	21%	7%	2%
Week 5	13%	49%	17%	17%	4%
Week 6	4%	79%	0%	13%	4%
Week 7	7%	68%	14%	7%	4%
Week 8	19%	48%	24%	10%	0%
Week 9	11%	50%	39%	0%	0%
Week 10	7%	71%	21%	0%	0%
Week 11	0%	56%	22%	11%	11%

* Respondents reporting “N/A” were removed from the analysis

Status Of ‘Other’ Facility Supplies

‘Other’ Cited By Respondent	Week	Availability Cited By Respondent
Non-COVID care input/output	3	Running low, expecting improvements
Trust in science	3	Running low, expecting declines
ABHR and disinfectant wipes	4	Running low, expecting declines
Lab reagents	4	Running low, expecting declines
Ethical conflicts on multiple fronts	5	Running low, expecting declines
Economic parameters	7	Running low, expecting declines
N95 respirators	8	Running low, expecting declines

Top 3 Concerns

Key Findings: Top 3 Concerns

- Concerns cited by respondents shifted over the course of the study
  - Early weeks showed respondents were most concerned with supplies to manage COVID-19 cases such as:
    - PPE supply
    - Respirator supply
    - New and/or diverging guidance/recommendations
  - Starting in Week 3, respondents began reporting a third serious concern which persisted through Week 10:
    - Test or test component supply
  - Most recently in Week 11, respondents cited they are most concerned about not just COVID but now also:
    - Non-COVID care
- Additionally many respondents cited concerns with broader leadership, management strategies and guidelines consistently throughout the study:
  - "all the new professional society guidelines recommending N95s for their members" – Week 1
  - "Need for immediate and comprehensive health system AND community strategy agreed upon and implemented with deadline of meeting benchmarks to open for elective surgeries in 7 days time. Guidance and criteria are one thing--having all the steps to make this happen and be operationalized is another..." – Week 5
  - "recovery planning" – Week 6
  - "lack of leadership at a national and state level" – Week 7
  - "county leadership" – Week 7
  - Lack of federal and state response to the pandemic – Week 9

Top 3 Concerns

NOTE: + indicates response option was not available in that week

Concerns	% Reporting By Week										
	1	2	3	4	5	6	7	8	9	10	11
New and/or diverging guidance/recommendations	57%	50%	43%	42%	45%	25%	50%	38%	22%	43%	67%
PPE supply	57%	86%	63%	51%	45%	38%	32%	24%	28%	0%	22%
Test or test component supply	14%	32%	43%	28%	45%	21%	29%	57%	56%	57%	22%
Non-COVID care	+	+	+	12%	13%	33%	18%	24%	33%	29%	67%
Respirator supply	29%	41%	31%	26%	23%	25%	14%	19%	33%	21%	22%
Reliability of test results	+	+	+	28%	26%	25%	18%	29%	33%	7%	11%
Which symptoms should prompt testing (in HCP, asymptomatic patients, others)	29%	18%	29%	21%	26%	25%	25%	24%	11%	7%	11%
Personal demands/resiliency	29%	23%	11%	16%	15%	13%	7%	24%	17%	14%	33%
Frontline workforce resiliency	14%	9%	20%	14%	17%	13%	21%	5%	22%	21%	22%
Other departments' concerns/requests	29%	5%	20%	7%	19%	17%	14%	14%	11%	14%	0%
Factors around new therapeutics	14%	0%	11%	14%	6%	21%	25%	24%	28%	14%	0%
Personnel training	14%	14%	0%	7%	6%	0%	0%	0%	6%	21%	11%
Lab capacity	0%	5%	9%	9%	2%	8%	7%	0%	11%	7%	0%
Isolation room availability	14%	5%	3%	5%	0%	4%	0%	5%	0%	21%	0%
Ventilator supply	+	+	+	5%	0%	0%	0%	0%	0%	0%	0%
Other	0%	14%	11%	16%	11%	25%	25%	14%	6%	21%	11%

Other Concerns Cited By Week

Week 2
conflict between C-suite recommendations and epidemiologist's recommendations
medications,
all the new professional society guidelines recommending N95s for their members
Week 3
Vents
general supplies for expanded bed number
Staff illness
false negative tests
Week 4
Impending surge
Trained Resp Therapists and trained critical care nurses
Isolation Discontinuation
furloughs
Managing Psych Units with staffing shortage and increasing COVID cases in need of behavioral health beds
Are we in the eye of the storm? It's too calm. We can't get complacent
Ability to test widely in the county
Week 5
N95 supply
Need for immediate and comprehensive health system AND community strategy agreed upon and implemented with deadline of meeting benchmarks to open for elective surgeries in 7 days time. Guidance and criteria are one thing-- having all the steps to make this happen and be operationalized is another...
Role of serology testing for COVID-19
Drug shortages for the critically ill
using the correct metrics to stage recovery in the setting of public health measures

NOTE: Verbatims appear as they were entered in by the respondent and have not been altered in any way

Other Concerns Cited By Week *(continued)*

Week 6
Too many unknowns and difficult to get answers
gowns
dialysis capacity
Economics now #1
recovery planning
GOWNS!

Week 7
reopening clinical services
Fear & Panic in others taking all the oxygen
Medication availability
Given our prevalence of 0.06%, for every 1 true positive, we have 3 false positives
lack of leadership at a national and state level
county leadership
Contact tracing of employees

Week 8
Remdisivir Allocation
Lack of federal and state response to the pandemic
Inability to achieve declining new cases and social distancing fatigue

Week 9
lack of a coherent response from national and state leaders

Week 10
When to take vacation
reopening of clinics, dentistry, elective care
Lab turn around time

Week 10
recovery/repoening workflows

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Additional Comments

Additional Comments By Week

Week 1
So far no real leadership from our professional associations .

Week 2
The hardest part of this for me has been my chief medical officer's constant minimizing of the situation and unwillingness to listen to my (hospital epidemiology) recommendations. He's getting his medical information from Fox News. I'm serious. This is very stressful.
PPE is a national emergency and requires a federal response as well as a local response. President Trump needs to use his authority to require industries to make PPE. It doesn't matter if he buys too much. The risk is he will buy too little, too late.
different guidelines from various societies make it difficult for more uniform policy and procedures
Adequate PPE continues to the #1 challenge.
The universal masking discussion will drain our surgical mask supply.
CDC guidance remains wishy-washy and with mixed messages. Use N95s unless you don't have enough - then use surgical masks? Not how to make HCWs feel safe! Much more impressed with WHO these days.

Week 3
Thanks for the survey
we have over 400 in house between + and PUI and 100 on vents
Suspect increasing data supporting convalescent plasma and remdesivir; but limited supplies and exceedingly extensive and oppressive paperwork for use.
We're a week before the peak, holding our own but threatening deficits in PPE and rising anxiety in rapidly changing setting.
Continued lack of testing capability dictates patient care and institutional throughput. Continued changes in guidelines/ operations based on our various supply chains and rumor continues to challenge resiliency, morale and credibility
We are doing great as a healthcare system. once this peak passes, the lull will prompt decommissioning, just in time for the 2nd wave in Nov/dec. by then, people will have had enough of social distancing, no bars, no bands, etc. They will rebel, and die. That 2nd wave will be tall.

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Additional Comments By Week *(continued)*

Week 4
As we enter the maintenance phase of this epidemic, concerns are shifting to PPE sustainability and workforce sustainability. We have workers who aren't being paid to cover the shifts that they are covering, people who are asked to cover full inpatient panels while covering full outpatient panels, and overall declining resiliency throughout the medical center. As we tire, the worst in coming out in our personnel. We continue to fight the battle of medical futility for chest compressions because every chest compression is aerosol-generating. Any support from SHEA or IDSA regarding not doing chest compressions in a medically futile setting (when a patient is already intbuated and has a hypoxic PEA arrest) would be immensely helpful.
we have a 32 bed ICU....today we have 58 vented patients.....the overflow is in the same day surgery operating rooms, preop and both post op areas along with ED. 7 staff have died, 150 positive...please don't quote me but its just an FYI
We have not reached our peak in Eastern NC, anticipating soon based on cumulative curves and in house tracking data.
We currently have 139 positive patients admitted and 40 awaiting testing. Testing in the outpatient and rapid inpatient testing is by far our greatest issue.
Bringing Cepheid online. Received 160 and expect 340 by end of the month. Testing about 100/day. Developing guidelines for rapid testing and for serologies.
empty beds in hospital due to lack of surgeries. empty office due to mass cancellations of appointments.
To model which public health measures are to be continued we need an accurate estimation of the seroprevalence and the attack rate in different populations. This means having widespread and accurate testing and a strong public health force to do contact tracing and strict isolation.
We are a pediatric hospital so have not been as affected as adult hospitals with volumes, etc.
In our present situation that we have a shortage of PPE worldwide, we need to be resourceful. Through collaboration we can recommend do it your self PPE and hiring tailors in our local community to Make impermeable isolation gowns.

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Additional Comments By Week *(continued)*

Week 5
My facility has gone from a fairly high functioning incident command team to an insular four person leadership team and all service lines appear to be doing their own thing. It's turning into chaos
Testing strategies are clearly the biggest issue to overcome - Expanding testing capacity and how to act on / interpret testing results (i.e. persistently positive PCR results for several Week re: pts and employees).
Comparisons between surrounding facilities and difference in approaches based on local logistics is predominantly responsible for staff anxiety. Unfortunately, there isn't much consensus amongst professional societies or hospitals both locally and nationally as each one is struggling with their own challenges.
N/A
Thank you. Psychological impact phenomenal.. concerned with ptsd in staff; all HCP/HCW. Measures/Quality and other outcome measures as well as process measures need re vamping. No question as a country our process measures need improving. Hoping this Pandemic provides many opportunities. Payment systems included..
I don't understand the question about new radio buttons

Week 6
Gowns are an incredible challenge; NYS now allows new N95 each day for HCW, with tenuous supply, and struggle over repeat testing on negatives
In our region, differing patterns of use of N95 respirators, face shields, and surgical masks exist. My institution has acceded to unduly concerned nurses who are using N95s at an unsustainable rate.
Testing improved as more available; opening up services due to falling revenues, layoffs/furloughs and pay cuts on horizon due to economic stressors. We are rural to begin with and things are tight, it just got a lot worse very rapidly.
Would separate gowns from other PPE as they are at critical levels and difficult to appropriately answer the question
N-95 availability is the main PPE concern. I have 3 platforms for inhouse testing though very limited supply of reagents. I would be very nice if someone actual published a randomized controlled trial regarding the numerous anecdotal treatment regimens.

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Additional Comments By Week *(continued)*

Week 7
Need more guidance re: safe ramping up of procedures & non COVID hospital activities
Feel a lot of pressure on IPs who do not have adequate support from clinical managers.
Concern about other professional societies and noninfeciton control experts dictating testing and PPE requirments - particulalry in the OR setting.
We are using several different platforms for testing, however with essential failure of one it has put the testing flow in jeopardy. Our area has had a very very slow increase and is relatively flat for almost 3 weeks.
Many other concerns, of course potential increase in pediatric patients later in pandemic, and second wave of critical care needs
SHEA must push back against the testing craze and address the false positives. What is best? I am recommending that any positive from an asymptomatic person have a follow up serology in 14 days to confirm they had a true positive. This will play Hell with the convalescent Sera study through the Red Cross. Their test is only 83.3% sensitive.
The US has become a developing country with lack of national leadership and lack of leadership in many states. Many low and middle-income countries are doing a much better job from a public health perspective.
Concern about getting Remdesivir
Infection control, diagnostic challenges, and treatment options in nearby extended care facilities are very problematic. County resources are limited.

Week 8
Increasingly, it's become evident that N95 supply is woefully short. At the same time, as we prepare to resume procedures, demands for their use are in many cases inappropriate. Administration is not emphasizing end-of-life discussions (that might prevent futile, unwanted ICU stays) nor reprocessing N95 respirators.
Thanks for conducting
We have tentatively adopted a "lottery" for allocation of REMDISIVIR Does not seem like 21st century care
The country's response is a "chaotic disaster". No increase in PPE, HCWs have to re-use potentially contaminated PPE. The situation is not improving and who is advocating for HCWs?
WHY DO WE TEST ALL THE EMPLOYEES WHEN THEY COME AND GO AND MAY BE NEGATIVE ONE DAY AND COME IN CONTACT ANOTHER AND WE'LL NEVER KNOW. JUST SEEMS LIKE A WASTE OF RESOURCES. IT HAS SLOWED OUR RESULTING BECAUSE OF THE OVERWHELMING AMOUNTOF TESTS THAT ARE BEING PERFORMED. JUST SEEMS FUTILE.

NOTE: Verbatims appear as they were entered in by the respondent and have not been altered in any way

Additional Comments By Week *(continued)*

Week 9
White House is doing a survey to consider testing all LTC workers Weekly. This is a very heavy lift.
As a former president noted, the US response to COVID-19 has been a "chaotic disaster". PPE is being re-used, for respirators often days at a time. Is any help in sight? It is a free for all for getting PPE as outlined in articles in the NY Times and Washington Post and based on local experiences as well. Testing has improved but lack of PPE continues to be a major issue.

Week 10
I am beat! Working 7 days a week even if just a couple of meetings / webinars on weekends, is stressful. Two kids missing high school events. On external committees apart from heavy hospital responsibilities. Outside of the HICS top level personnel, too many are thinking we 'aren't doing anything'!
Concern about fear-based diversion of resources (mainly staff) to low- or no-value efforts (screening; restricted areas in hospital; excessive surface disinfection).
need a better system of OP management of COVID 19
This week I am most concerned about establishing a defined period of time for isolation and educating on that policy before our next surge. If we use the symptoms based approach to transmission based precautions for COVID we will save a great deal of PPE, esp of nursing home patients waiting for two negatives. We also struggle with readmits 4-6 weeks out who are still positive but no longer symptomatic and the PPE we then use on those patients.

NOTE: Verbatims appear as they were entered in by the respondent and have not been altered in any way

Questionnaire

COVID-19 by the Week - May 31-Jun 6

(untitled)

1. State/Province, Country: *

2. What best describes your facility? Check all that apply.

- Academic Medical Center
- Acute Care Hospital
- Ambulatory Care
- Community-based
- Dialysis
- Inpatient Rehabilitation
- Long-Term Care
- Part of a health system
- Pediatric
- Urgent Care or Clinic
- Rural
- VA

3. In general, what best reflects the status at your facility:

	Sustainable for pandemic	Adequate for current situation	Running low, expecting improvements	Running low, expecting declines	Crisis-level (almost out/none)	N/A
Respirators						
Masks						
Gowns						
Gloves						
Face shields						
Ventilators						
Tests or testing components						
Isolation Rooms						
Beds						
Frontline workforce (FTE and part-time)						
Frontline workforce resiliency						
Lab workforce (FTE and part-time)						
Time for training						
Lab workforce resiliency						
Medications						
Personal resiliency						
Enter anot						

4. What are your top 3 concerns this week? Check 3.

- Respirator supply
- PPE supply
- Test or test component supply
- Ventilator supply
- Isolation room availability
- New and/or diverging guidance/recommendations
- Non-COVID care
- Personnel training
- Frontline workforce resiliency
- Factors around new therapeutics
- Lab capacity
- Other departments' concerns/requests
- Which symptoms should prompt testing (in HCP, asymptomatic patients, others)
- Reliability of test results
- Personal demands/resiliency
- Other

5. Additional comments: