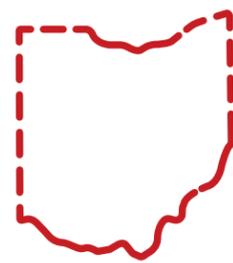




Community Benefit Report
COVID-19 Edition



Community Benefit Report

UHHospitals.org/CBR2019



University Hospitals

During the COVID-19 pandemic and beyond, patients can be confident in UH care –

Advancing the Science of Health and the Art of Compassion.

<https://www.UHhospitals.org/services/coronavirus>

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Front cover (from left): Edward M. Barksdale Jr., MD, Vice Chairman, Department of Pediatric Surgery and Division Chief, Pediatric General and Thoracic Surgery, UH Rainbow Babies & Children’s Hospital; pediatric patient Emzie; and Lynn Woo, MD, Program Director, Urology, UH Cleveland Medical Center

Dear Friend,

These past few months have brought unprecedented challenges in the U.S. and abroad. And while the circumstances surrounding many recent events have been unique, our community's collaboration and tenacious efforts to bring about meaningful solutions have remained steadfast.

University Hospitals has a history of successfully working inclusively with community stakeholders to address critical issues facing Northeast Ohioans, including infant mortality, the opioid crisis, food insecurity, lead poisoning and health care disparities. This spirit of cooperation took center stage during the COVID-19 pandemic, as UH and other health care industry participants joined forces with public and private sectors – including local, state and federal governments – to care for our neighbors. UH answered the call by setting up drive-through testing sites, deploying clinical trials of lifesaving drugs, searching for COVID-19 discoveries for treatment and prevention, sourcing needed personal protective equipment, educating our community on how to stay safe, and ensuring access to health care for all.

In fact, this culture of care and ability to quickly take action in crisis situations is in our DNA. In World War I, UH was the first hospital to respond to President Woodrow Wilson's call for a medical team to care for the wounded on the battlefields of France. During this time, UH cared for Clevelanders while also facing an earlier pandemic – the Spanish influenza – despite having a large portion of our clinicians abroad.

It is also this DNA that spurred our founders to declare that in our institution “**the most needy would be considered the most worthy.**” We take pride in this heritage and that UH has been recognized by many as a role model for diversity, inclusion and health equity.

UH contributes significantly to the region as a health care provider and an anchor institution, providing **\$3.0 billion** in community benefit through targeted programs and initiatives during the past decade, including **\$429 million** in 2019.

UH has purchased more than **\$785 million in supplies** from minority and women-owned businesses over the last decade. And, our workforce development programs have hired or helped advance careers for hundreds of individuals. We also put in place initiatives to recruit clinicians of color and foster interest among minority students who are pursuing careers in the medical field. And, our 340B program enhances our ability to address unmet community needs.

As one of the region's oldest and largest institutions, we pledge to do more. Our past efforts serve as a foundation – not our ceiling – for addressing racism as a public health crisis. We will build on our strengths as healers, teachers and discoverers to bring the people of our region together for greater community benefit. Creating wellness and health in our community – it's our mission, passion and purpose.

Sincerely,

Thomas F. Zenty III, FACHE
Chief Executive Officer
University Hospitals

Cliff Megerian, MD, FACS
President
University Hospitals

Heidi L. Gartland
Chief Government and
Community Relations Officer
University Hospitals



University Hospitals 2019 Community Benefit¹

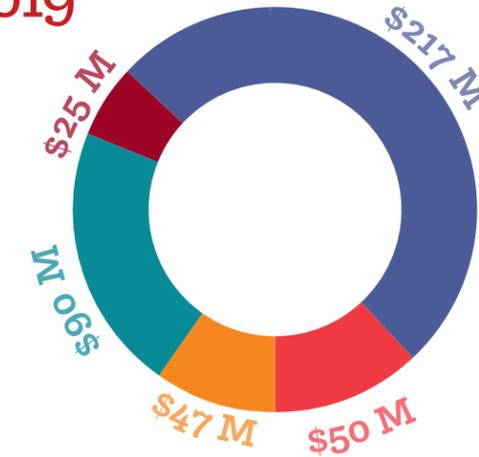
\$429 Million in 2019

COMMUNITY HEALTH IMPROVEMENT

Our outreach programs provide wellness and health improvement education, support groups and no-cost health screenings that help thousands in the communities we serve to understand, improve and maintain their health and discover available resources. We also invest in the community's health by supporting health-related community causes.³

EDUCATION AND TRAINING

UH elevates standards of health care here and elsewhere by preparing future generations of caregivers. Approximately 1,200 physician residents and fellows train here each year, along with thousands of nurses and other health professionals. We reach into our local community to teach lifesaving techniques and to inspire people to pursue health care careers.³



RESEARCH

UH serves our community in its broadest sense by engaging in and funding discovery and innovation across the continuum from basic and translational research to clinical and population health research. In conjunction with Case Western Reserve University School of Medicine and private-sector health care companies, our professionals elevate care standards and develop new ways to diagnose, prevent, treat and cure diseases and injuries.³

CHARITY CARE

Some of our neighbors lack the means to pay for essential health care. Throughout our history, UH has always provided care without regard to ability to pay.

MEDICAID SHORTFALL

UH is grateful Ohio expanded its Medicaid program in 2014. At this point thousands more of our under-resourced neighbors qualified for Ohio's Medicaid coverage, most being healthy, working-age, single men and women between the ages of 21 and 64 years old. Previously, Ohio generally only covered low-income children, pregnant women and the elderly along with a small number of single men and women who had significant chronic or disabling conditions that made it impossible for them to work. Medicaid, a government-run health insurance program, reimburses providers well below the cost of providing this care. UH subsidizes this care and the subsidy has grown **114%** over the past five years to an annual shortfall for UH of **\$217 million in 2019.**

This subsidy to the government has become the largest source of community benefit investment UH makes annually. There were over 536,000 hospital visits by patients whose primary payor was Medicaid insurance in 2019. We also help many uninsured patients sign up for Medicaid to ensure they have a regular source of coverage and can ensure they have a medical home, prescriptions and wellness services so they can remain healthy. UH underwrites the remainder of these patients' bills, reflecting our commitment to our community's health.²

\$3.0 BILLION in the last decade

¹ UH's gross community benefit investment for 2019 was \$479 million.

² Under Internal Revenue Service Guidelines, we subtracted \$13.5 million from Medicaid Shortfall to reflect net funding recorded from the federal Hospital Care Assurance Program.

³ We subtracted \$36.8 million in restricted grant funding from outside organizations from Education and Training, Research and Community Health Improvement, as required by IRS reporting guidelines for nonprofit hospitals.

UH Caring for Our Community

UH works with our community to identify and address our region's most pressing health care needs through research, charitable care, education, training, community outreach and subsidizing health care. UH provides national leadership and neighborhood care through an integrated system of 19 hospitals, more than 50 outpatient centers and hundreds of other care-delivery points. More than **27,500 UH physicians and caregivers** serve nearly **1.1 million patients** with the finest quality care, best care experiences and highest care value at every stage in life.

According to national community benefit experts*, much of the work health systems have invested in the COVID-19 response counts as a community benefit investment. Pertaining to hospital community benefit requirements, "The Schedule H [IRS Form 990] instructions and long-standing community benefit reporting principles provide a solid basis for reporting many or most COVID-19 related expenses (and relevant offsetting revenue) as community benefit." More specifically, responses to COVID-19 address a documented need and meet all of the other four qualifications for determining "what counts" as community benefit for nonprofit hospitals: improving access to health services, enhancing public health, advancing increased general knowledge and relief of a government burden to improve health.

* Source: <https://www.chausa.org/communitybenefit/what-counts>

Health Care Provider and Caregiver Education

UH has **115 physician residency training specialty programs**, which train more than **1,000 residents and fellows** annually. In addition to an affiliation with Case Western Reserve University School of Medicine, UH partners with Technion-Israel Institute of Technology American Medical School for medical education and Oxford University for research through the Harrington Discovery Institute at University Hospitals in Cleveland, Ohio – part of The Harrington Project for Discovery & Development.

UH has established programs that support the training of nurses and advanced practice providers through area nursing schools and community colleges, as well as partnerships for the clinical training of dietitians, pharmacists, physical and occupational therapists, and laboratory technicians.



About UH

Founded in **1866** –
Not-for-profit entity

19 hospitals,
including 4 joint
venture hospitals

Largest care
network in Northeast Ohio

50+ outpatient health
centers, freestanding urgent
care and convenient care centers,
surgery centers and facilities
providing behavioral care,
elder care and rehabilitation

27,500+ caregivers
making us Northeast Ohio's
second largest employer

4,000 volunteers
provide an integral component of
healing to patients in the hospital
with companionship, activities
and through the PetPals program
(when and where permitted and
not during COVID-19 restrictions)

2,100+ active clinical
research studies including 600+
interventional clinical trials

340B Drug Pricing Program & UH Pharmacy Venture Services

By Henry C. Burgess, III, Pharm.D, MBA

The 340B program, created in 1992, requires drug manufacturers to sell outpatient drugs at a discount to safety-net providers serving high numbers of low-income Medicare, Medicaid and Supplemental Security Insurance patients. Congress created the program to allow these providers to “stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.” Savings from the program help fund free and low-cost medications as well HIV/AIDS, diabetes, cancer, dental and primary care clinics that serve our most vulnerable citizens.

How does UH Outpatient Pharmacy currently leverage 340B?

The implementation of the UH Pharmacy Venture Services and access to the 340B Drug Pricing program helps UH stretch scarce health care dollars and deliver high quality health care services to vulnerable patient populations, including low-income, uninsured and underinsured patients. The pharmacy department provides wide-ranging outpatient pharmacy services to all patients, including a full spectrum of ambulatory clinical services, retail dispensing, home infusion services, and supportive and educational care for patients receiving oral and self-injectable medications. The combination of outpatient pharmacy and the 340B Program has allowed UH to expand access to care, cover expensive co-pays and provide expensive medications free of cost while focusing on safe, cost-effective care that results in improved patient outcomes.

What are the outcomes of 340B to UH Outpatient Pharmacy Services?

340B provides UH with medication assistance for uninsured and underinsured patients. UH Outpatient Pharmacy is committed to ensuring patients have access to the appropriate medications in a clinical and financially feasible manner. Supplemental services include: third-party prior authorization assistance, manufacturer assistance and benefits investigations, patient assistance program support (with over 4,000 applications processed), co-pay assistance (with over \$2 million in patient out-of-pocket expense savings) and payment plans for those with financial hardship.

UH Specialty Pharmacy also provides a clinical adherence program to UH Specialty Pharmacy patients. The program goals are to increase turnaround times, reduce medication-related problems, polypharmacy, improving clinical outcomes and increase therapy adherence. UH Specialty Pharmacy patients are now over 98 percent adherent to therapy as compared to the national outpatient pharmacy average of 79 percent.

Additionally, UH teaches the next generation of health care practitioners through post-graduate specialty pharmacy residency programs and pre-pharmacy students from pharmacy schools in Ohio. ♥



Henry C. Burgess, III, Pharm D, MBA, Vice President, UH Specialty Pharmacy

How UH Uses the 340B Program



Patient Visit

Patient visits participating hospital and receives a prescription for medication or a drug infusion



340B Hospital

Hospital qualifies for 340B program as a safety net provider for its high case load of low-income patients



Savings

Insured patients pay normal co-pay and their insurer reimburses normal payment. Hospitals' 340B savings are the difference between the cost of the drug at 340B price and the original drug price. In 2019, UH re-invested **\$99 million from the 340B program**



Patient Benefit

340B savings help low-income patients by providing reduced or free care services or programs, or by increasing health care access through new facilities. In 2019, UH provided **\$429 million in community benefit**

Leading the COVID-19 Response

By Dan Simon, MD,
and Eric Beck, DO, MPH

The COVID-19 pandemic has impacted us all – friends, families and neighbors here in Northeast Ohio, across the country and around the globe. With little notice, the virus drastically altered our daily lives and, for some of us, took family members too soon. While we've struggled with COVID-19, long, bubbling issues of equity and health disparities have been brought to the fore and raised up as priorities for our country and health system to address. We have all experienced the struggles and sacrifices of trying to stay safe and keep others safe during this period.

Over the past several months, Dr. Beck and I have seen and lived moments that are equally heartbreaking and inspiring:

- Nurses at the end of their shifts sitting with otherwise isolated COVID-19 patients, calming their fears and offering support without visitors;
- Researchers working late into the night, designing and conducting trials in the hopes of changing the course of this pandemic with new antiviral and anti-inflammatory therapies;
- Emerging leaders stepping up in the Hospital Incident Command System¹ to navigate our COVID-19 response and recovery efforts with resilience, agility, and a calm, collaborative spirit;
- Environmental Services team members singing in the hallways to help buoy spirits while they work tirelessly to keep our hospitals clean;

- Community volunteers sewing masks because they want to do something, anything, to help;
- Creative efforts to bring COVID-19 viral testing to our local communities, such as drive-through testing at UH Landerbrook Health Center, walk-up testing booths at UH Otis Moss Jr. Health Center and UH Rainbow Center for Women & Children, and UH Fever Clinics² across our 16-county health system;
- Innovation by UH clinicians and caregivers to manufacture and reuse personal protective equipment; and
- Caregivers speaking up about ways, big and small, that UH can address and create health equity and address health disparities.

Turned on its head by the devastating effects of an aggressive virus and grappling with how to better care for people of color and other under-represented minorities, the amazing people of Northeast Ohio continue to support the work of UH caregivers time and again.

It has been our distinct honor to help lead UH's COVID-19 efforts. Knowing that Dr. Beck and I have UH's **27,500 caregivers** and the tremendous support of this community as our partners, we are confident that we will continue to navigate through these challenging times and come out stronger together.

At UH, our patients and community will always come first. ♥



Dan Simon MD,
Chief Clinical/
Scientific Officer
University Hospitals
President
UH Cleveland Medical Center



Eric H. Beck, DO, MPH
Chief Operating Officer
University Hospitals
Health System



The Strength of UH and Public Health Partners

As the impending pandemic threatened Ohio, residents kept up with the news on the internet and television. Communities across the state didn't know what to expect. The COVID-19 response in Northeast Ohio was successfully implemented in record time through the collaboration of UH and other medical institutions with public health agencies.

With the first cases documented in early March, University Hospitals and Cleveland Clinic partnered to launch one of the nation's first drive-through clinics for coronavirus testing. The number of test sites soon grew, and fever clinics were created. Hospitals prepared with haste for an anticipated surge of cases.

Along with implementing an emergency operations command center and structure, UH worked with the public health departments in our 16-county footprint, the City of Cleveland, the Ohio Hospital Association, the Ohio Department of Health and the Ohio Governor's office to coordinate efforts.

In addition to specific operations and policies related to COVID-19, a larger strategic plan is under the scope of the collaborative Community Health Needs Assessments and aligned Implementation Strategies underway in the six counties where UH medical centers are located. They support the objective to link clinical and public health to provide better coordination and care for identified community health priorities.

In Cuyahoga County, the collaborative includes five health systems and two local health departments. Historically, both locally and nationally, each sector has worked separately from the other. While our health care and public health organizations provide excellent programs and services in each of their own fields, strengthening the partnership between these two groups has had an even greater impact on the health of our community. ♥

¹ Hospital incident Command System (HICS) is used in emergency and non-emergency situations to advance emergency preparedness and response.

² UH Fever Clinics provide fast, safe medical care to patients with COVID-19 symptoms in an area separate from other patients.

* HIP Cuyahoga (Health Improvement Partnership – Cuyahoga) is a coalition of 100 community partners from government, academic and nonprofit sectors, along with many community residents, that share a community-driven approach to provide improved health for all in Cuyahoga County.



Thanking Our Community – Helping UH

Board Participation and Leadership: Danielle Price

At the beginning of 2020, UH Director of Community Health Engagement Danielle Price served as the Board Secretary for the HealthComp Foundation.*

As the coronavirus pandemic spread to Northeast Ohio, Danielle stepped in to serve as the acting president of the foundation. In this role, she assisted Board Chair Heidi Gullett, MD, Medical Director for the Cuyahoga County Board of Health, who also held an essential role in the local COVID-19 response.

Among other duties, Danielle represented the foundation as a voting member of the Greater Cleveland COVID-19 Rapid Response Fund, which includes a coalition of Northeast Ohio philanthropic, corporate and civic partners. The fund, established by the Cleveland Foundation in March 2020, was created to complement the work of public health officials and to expand local capacity to address all aspects of the outbreak as efficiently as possible. In Phase 1, the fund raised **\$8.6 million in donations and awarded** grants to over 160 safety net organizations in Cuyahoga, Lake and Geauga counties.

In 2021, Danielle will serve a two-year term as Board Chair for the HealthComp Foundation. ♥

* The HealthComp Foundation's mission is to accelerate a healthy community through high-quality health care services, community partnerships and investment. It provides \$500,000 in grants annually in community services. Its vision is to foster a future norm where health care collaboration promotes health equity in our community.



University Hospitals is overwhelmed by the generosity shown by our community during the COVID-19 pandemic. Many thoughtful and creative gifts were provided to UH frontline caregivers.

Talented community residents sewed 100,000 cloth face masks for visitors and caregivers in a challenge created by UH Ventures. The masks were provided for use in accordance with revised CDC guidelines.

The UH Health Care Update website provided sewing instructions for the masks and other opportunities for individuals and organizations to help caregivers, patients and communities during the COVID-19 crisis.

Personal protective equipment, food and supplies were donated by many of our community neighbors, corporations and manufacturers. Financial gifts to the UH COVID-19 Community Response Fund and the UH COVID-19 Support Fund raised **\$9.3 million** by September 21, 2020.

The UH COVID-19 Community Response Fund provides vital tools, including testing at easy access locations across our 16-county footprint, develops clinical interventions to fight the spread of the virus, and supports research and clinical trials for treatments. The UH COVID-19 Caregiver Support Fund helps caregivers with services and resources aimed at providing comfort, compassion, special recognition and relief. ♥

COVID-19's Grasp on African-Americans: UH's Response

Since she cannot walk to her cashier job, a pregnant woman takes a crowded bus to and from work. A single mom of two children, her mother lives with her since she cannot afford child care. Two generations of families live in many of her neighbors' homes. Congested living conditions are common in low-income, urban communities that are hardest hit by the pandemic and where many African-American residents live.



Margaret D. Larkins-Pettigrew, MD, UH Edgar B. Jackson Chair of Clinical Excellence & Diversity, and **U.S. Congresswoman Marcia L. Fudge** partnered to present a virtual town hall in June 2020 to discuss the impact of COVID-19 in Cleveland. They addressed

the current conditions in urban neighborhoods, coronavirus testing and social determinants of health surrounding the pandemic.

Addressing the disproportionate number of urban African-Americans who have contracted the COVID-19 virus, Rep. Fudge said, "I don't want for our community to feel that we have done something wrong."

COVID-19 has affected African-Americans more than other populations for several reasons. The first is living in more dense communities and having more generations of family living in homes together. "Secondly, we tend to be more essential workers. We are exposed to more people on a daily basis than most other people who have the ability to work from home," she said.

Severity of illness is also an issue for African-Americans. "Because we have less access to health care and testing in particular, by the time we realize we have COVID-19 we have reported in such distress that our outcomes are not good," Rep. Fudge added.

Dr. Larkins-Pettigrew shared that African-Americans experience co-morbidities based on "longstanding issues associated with stress and taking care of ourselves. Cleveland and many other large cities across the country have declared racism a public health crisis. We're talking about social determinants of health. With this pandemic, with this virus itself, what has risen to the top has been the issue of racism," she said.

"When you talk about what happens to people and families – when they take their first breath in this world, and how they try to live and work in this world – you see that many African-Americans develop hypertension, diabetes and many immune conditions that make them more prone to COVID-19. Being black is not a disease; being disadvantaged and disenfranchised is a disease."

Dr. Larkins-Pettigrew emphasized that it is important to reach residents in the neighborhoods where they live, providing access to testing and health care. Another factor related to reaching African-American patients is trust.

"Even with access to health care and insurance, when people do not give you the dignity and respect that you think you deserve, then you are more apt to not show up for care," she explained. "We need to make sure this community is protected."

UH has expanded COVID-19 outreach to urban communities. Testing is made available conveniently at UH Rainbow Center for Women & Children and UH Otis Moss Jr Health Center, as well as UH Cleveland Medical Center. Dr. Larkins-Pettigrew also delivered **10,000 masks** to Cleveland Department of Public Health. Dr. Larkins-Pettigrew said, "At UH we have put in a dynamic system that can track this infection and identify urban hotspots where we can put more resources. We make sure that there are masks, tests and that we are surveilling our patients as well. ♥"



“ We are truly and sincerely trying to take care of this at-risk community. ”

Margaret D. Larkins-Pettigrew, MD

Pilot Soars to Recovery and Beats COVID-19

As a pilot Larry Davis, of Kent, has traveled, worked and lived all over the world – even for the military and the CIA. After a trip out west to design and build a plane, Larry returned to Cleveland on a particularly crowded commercial flight, where he believes he was infected with COVID-19 virus, even though many people were carrying sanitizing wipes and wearing masks.



Larry resumed his usual flying schedule, and had no symptoms until a week later. “I was startled awake by an absolutely horrifying burning in my chest,” he remembered. “I describe it as someone pouring lighted charcoal on my chest. I just sat upright immediately and thought ‘Am I having a heart attack?’ It only lasted about five or ten seconds. I’m startled awake and then, bang, it’s gone. I didn’t give it any additional thought.”

Over the next few days, Larry noticed he couldn’t taste food anymore, even when he added hot pepper sauce.

“The symptoms went right over my head. I really thought I just had the flu. My bones hurt, I was achy and I had a fever.”

After a few more days of chest pains and burning sensations, bad flu symptoms and gasping for breath, Larry finally sought help. His wife of 33 years Eugenia, a diplomat currently assigned to Washington, D.C., told him during a video call, “Look, Larry, you couldn’t finish a sentence without gasping for air. You need to go to the ER.”

Rapid and Compassionate Care

Once he arrived at UH Portage Medical Center, Larry’s memory is fuzzy. He was tested for the flu and coronavirus. Numerous physicians, nurses and respiratory therapists were in and out of his hospital room. Larry was intubated and placed on a ventilator two different times.

Larry only remembers being awake for brief periods in the ICU. He was so weak, his caregivers gave him a dry-erase board and pen to communicate. “I was as weak as a one-year-old baby,” he said. “It took me 15 minutes to write a four-letter word and it still wasn’t legible.” While he couldn’t recall ever being in pain, he could barely press the “help” button on his bed, had life-like hallucinations and spoke in French over the next few weeks.

Larry was anxious, and concerned about his family. He’s very thankful for the UH Portage staff because they were in touch with his wife constantly, providing her with updates and making her feel like he was in good hands. They recognized her voice whenever she called. After 27 days at UH Portage, Larry remembers leaving the hospital and many caregivers gathered to clap for him. He believes they were not only clapping for him, but clapping for all of their own hard work to save him.

His Message: COVID-19 Is Not A Hoax

Larry’s recovery was slow, but he can now walk five miles and climb stairs. He wants to send a message to naysayers who don’t believe the disease is serious. “It was a frightening, near-death experience and if I can do anything to raise awareness, I will,” he said. “The team at the hospital, it must be 100 people who had a hand in saving my life.”

“I tell every single person I see. Keep practicing these protective measures, even if you’re going back to work or if you feel like you have to go to the grocery store or get a haircut. You will already have this disease before you have symptoms.”

A Sweet Thank You

Larry has a sweet tooth, and as a “thank you” to the nurses and UH Portage caregivers who saved his life, he delivered 15 pounds of chocolate from a few of his favorite chocolate factories from his travels. Larry is eternally grateful to all of the caregivers at UH Portage.

Life After COVID-19

Larry and Eugenia plan to move to Norway for their next assignment and adventure. “We have very interesting lives, and I’m glad mine’s continuing,” Larry said. ♥



All in This Together: UH Helps Nursing Homes During Pandemic

When COVID-19 hit the U.S., it quickly swept through many nursing homes and other congregate living settings. Advanced age, weakened immune systems, other health conditions and close quarters hastened the spread of the virus among nursing home patients and essential on-site employees.

To change the course of COVID-19 among nursing home residents and reassure their families in Northeast Ohio, UH and public health officials acted quickly and collaboratively. Jonathan Sague, UH Vice President of Clinical Operations; Sam Brown, UH Vice President of Operations & Logistics; and a UH team experienced in handling public health crises stepped up to limit the spread of the virus. Jonathan and Sam have served as paramedics and first responders, providing health care across many communities in Northeast Ohio, and used their knowledge and practices commonly deployed in emergency services to develop a plan of action for those who became ill.

From the first nursing home patient treated at UH Parma Medical Center, to over 200 congregate living sites in Ohio that have sought assistance, a consistent and efficient process was applied. While critically ill patients with or suspected of having COVID-19 are transported to the hospital, a stable, yet positive, patient or PUI (person under investigation for the virus) is isolated in place or within a special unit set up in the nursing home.

UH developed an Intercept Team strategy to support nursing homes from pre-planning, through outbreak management, and finally to recovery. "The approach that we've taken has saved hundreds of transfers to the hospital, when patients are tested in place and managed at home," said Jonathan. "All along we have helped the nursing homes manage with testing strategies, resourcing PPE and, where needed, even helped them with staffing. We support them because if the staff fails, the building fails. And without staff, the patients would have to leave.

"Our goal is to resource and congregate command and control of the situation, manage the population in place and care for those who need acute care in our hospitals. UH is well positioned to thrive in these situations because of the depth of talents and capabilities within our health system. UH's secret sauce is getting the right experience and right people on the team."

UH regularly communicates data to the Cuyahoga County Board of Health, the City of Cleveland and other public health organizations to help identify where a congregate living outbreak will likely start, so the Intercept Team and support can be provided, said Sam. This also includes areas of substantial need with residents who are affected by social determinants of health. "We have identified and are sharing with our public health and government agencies where we see risk," he said.

"I think it's impactful that we're all in this together. As a health care system that is deeply embedded in the community, the pandemic has demonstrated yet again that UH is a premiere partner with agencies, patients and family members when needed the most. We came together as an organization beyond my wildest dreams. I'm proud to be in an organization that cares for and serves the most vulnerable, and for the safety and balance of the community." ♥





Another Compassionate Caregiver

Dedicated UH Environmental Services Worker Serves During Pandemic

Stacy Howard returned to work more dedicated than ever after a 14-day quarantine following a COVID-19 exposure. Early in the pandemic, the UH Parma Medical Center Environmental Services employee had cleaned a room of a patient in the hospital for another medical issue who later tested positive.

“Rather than getting discouraged and upset, she came back to work as scheduled, without complaining, like it was a normal day – and on COVID-19 floors without hesitation,” said EVS Manager Eric Vidal. “She set the tone for the rest of the department.”

The married mother of two young children even offered to switch units with another EVS worker who could not clean COVID-19 rooms due to an immunocompromised family member. Her compassion extends to the patients, especially COVID-19 patients unable to have visitors, and she speaks to them with kindness and a comforting tone while in their rooms. ♥

“She trusts this hospital and appreciates our efforts,” said Eric. “She is a reminder that we must continue to do our best and work hard. Our colleagues and our patients rely on us and watch how we handle things, even when we don’t think they are watching.” //



UH Parma Patient Triumphs after Prolonged COVID-19 Battle

The embrace of his wife and the giggles of his grandchildren – these are a few of the simple pleasures that Jerry Gustin missed during 57 days in the hospital, surviving and then recovering from COVID-19.

The 74-year-old Parma father of four and grandfather of eight was released from University Hospitals Parma Medical Center on May 27 to a huge throng of well-wishers. The crowd of caregivers included many nurses, physicians and therapists from the Acute Rehabilitation Unit, ninth floor COVID-19 unit and ICU who became a second family to him during his nearly two-month stay. All four Cleveland TV stations were filming Jerry as he exited the hospital, arms raised in triumph, wearing a T-shirt declaring “2020 Pandemic Survivor. It Came. We Battled. I Won.”

His wife, Linda, rushed to kiss and hug him. Jerry was brought to UH Parma Emergency Department by ambulance on April 1. Through the last two weeks of March, Jerry had spiked fevers but experienced no other COVID-19 symptoms. Suddenly, he was having trouble breathing and walking. “I felt like my chest was closing in on me,” Jerry said. “I thought I was going to die.”

After testing positive, he was admitted to a special COVID-19 unit and later transferred to the ICU, where he spent 23 days. While he was never intubated, Jerry needed a good deal of oxygen and slowly began to regain strength. He spent a few weeks at another facility before returning to UH Parma’s Acute Rehabilitation Unit, now COVID-19 negative, for three hours of intensive

physical and occupational therapy each day to regain function to resume his activities of daily living.

Allison Evans, Program Director for the Acute Rehabilitation Unit, said Jerry initially needed the maximum amount of assistance for dressing, bathing, walking and other activities of daily living. But his positive attitude, as well as the motivation he received from his family by phone and his second family of caregivers in the unit, helped him through this ordeal.

“I conquered everything that was expected of me,” Jerry said. “I totally respect the people who got me through this, and I really want these people that are going out and having fun to know: Please do yourself a favor – wear the mask and stay six feet apart. We can all survive this together.” ♥



UH Clinics Provide Quick, Convenient COVID-19 Testing

Suffering with suspicious symptoms of COVID-19 – coughing, fever and an inability to breathe – patients urgently needed to know whether they were infected with the coronavirus and get the medical care they needed. But how would they get tested without infecting others?

University Hospitals collaborated with Cleveland Clinic in a unified effort to open the first drive-through clinic in Cleveland, similar to those that were effectively used in other countries. The first drive-through testing site began on March 14, just as the first cases were showing up in Northeast Ohio, at a building jointly owned by UH and Cleveland Clinic. Patients with doctor's orders – regardless of provider – pulled through the drive-through lane and were swabbed nasally by caregivers clad in personal protective gear. Results came back – at first slowly, but then with faster turnaround as processes improved. The sickest COVID-19 positive patients were ushered to the hospital for medical care; others with milder symptoms were told to quarantine at home and monitor their symptoms.

Soon after, UH expanded its efforts throughout Northeast Ohio with another drive-through site at UH Landerbrook Health Center, followed by sites at UH Geneva Medical Center, and UH Avon and UH Otis Moss Jr. health centers.

In addition to drive-through testing, UH offered walk-up testing at a mobile testing unit for symptomatic patients with an order from their primary care physician. A mobile testing unit was also piloted in Bedford Heights, Ohio. These mobile sites provided access to testing for those individuals with transportation issues, and units were placed at sites that were identified as having the greatest need.

UH primary care physicians also can refer symptomatic patients for testing at UH Fever Clinics at UH Ashtabula, Mentor, Richland, Streetsboro and University Suburban health centers, UH Brook Park Urgent Care Partnering with Southwest General, and the UH Rainbow Center for Women & Children. With a health care provider referral, these facilities are equipped to test patients with suspected COVID-19 symptoms, in areas separate from other patients who are sick. UH health centers provide faster results than other commercial sites because UH was among the first to do its own COVID-19 lab testing.

Up-to-date, comprehensive information about COVID-19 medical services at UH can be found at:

UHhospitals.org 





COVID-19 Research: Promising Treatments and Devices

Grace McComsey, MD
UH Vice President of Research



Jonathan Stamler, MD
President, Harrington
Discovery Institute



Peter Pronovost, MD
UH Chief Quality & Clinical
Transformation Officer



Facing a pandemic caused by a novel coronavirus, UH research sprang into action, focusing its efforts on the prevention and treatment of COVID-19 illnesses.

Remdesivir and Therapeutic Studies

Under the direction of UH Vice President of Research Grace McComsey, MD¹, UH Clinical Research Center was one of the first in the U.S. to provide a clinical trial of the investigational antiviral drug remdesivir, which has shown to be an effective COVID-19 treatment. Within a day from study activation, UH enrolled its first patient – followed soon after with the enrollment of 99 patients with moderate to severe COVID-19. Dr. McComsey acknowledged the work of all clinical research support team members who make these studies possible across the UH system. “When we think about frontline heroes, we think of doctors, nurses and staff working with patients to help them fight the virus and get them better,” said Dr. McComsey. “We also often include physician investigators who are leading the clinical research efforts for finding the next vaccine for COVID-19.”

Leila Hojat, MD, is the principal investigator of the remdesivir trial, and through the Ohio Department of Health the drug is being made available to other Ohio hospitals.

Other potential COVID-19 therapeutics that are under investigation at UH include tocilizumab, tofacitinib, CD24Fc, gimsilumab, stem cell therapy and convalescent plasma. Currently, UH has more than 100 different COVID-19-related studies.

COVID-19 research efforts also are supported by the opening of the UH COVID-19 and Coronavirus Biorepository, under Dr. McComsey's leadership. This will allow investigators access to de-identified data and biological samples for further COVID-19 research.

Device Development Aids COVID-19 Treatment

COVID-19 patients who return home after diagnosis are receiving remote, real-time monitoring of critical vital signs, like oxygen level, heart rate and breathing rate, which alerts physicians and nurses when immediate medical care is needed. With the UH Remote Respiratory Monitoring System, powered by Masimo, clinical data from a wristband device is sent to an app on the patient's cell phone that is then delivered to a command center for the physician to receive. Since UH is one of two institutions in the U.S. to utilize the technology, webinar training on best practices was provided by UH Chief Quality & Clinical Transformation Officer Peter Pronovost, MD², with Masimo, to hospitals worldwide.

For hospital inpatients who are on a ventilator, Raymond Onders, MD, developed a diaphragm pacing system, which has been recently studied for use in COVID-19 patients. By improving a patient's diaphragm function, this system allows patients to be on ventilators for a shorter duration.

Another novel development, a breathing pump called the SecondBreath LLC Pneumatic Resuscitator, received FDA approval in April for emergency use in COVID-19 patients when a ventilator is not available or is in short supply. This device was created by a joint effort of University Hospitals, Medworks, and the Dan T. Moore Company. Zac Ponsky, founder of Medworks, reached out to Dan T. Moore Company to manufacturer the device, and received further expertise from Mada Helou, MD, UH Program Director of Anesthesiology and Critical Care, and brother Lee Ponsky, MD, Chair, UH Department of Urology.

And to protect health care providers, UH and NASA Glenn Research Center, with participants from U.S. Department of Veterans Affairs and Case Western Reserve University, developed new methods of decontamination of personal protective equipment (PPE) for both health care providers and aerospace applications. This collaboration was facilitated by UH Ventures, the innovation and commercialization arm of University Hospitals.

“We have been successfully leveraging relationships with health care, technology and supply chain providers across the state to bring to fruition several innovations that have addressed caregiver needs during this pandemic.”

Kipum Lee, PhD
Managing Director
UH Ventures Innovation Center



Harrington Discovery Institute COVID-19 Rapid Response Initiative

In response to the rising number of coronavirus cases worldwide, the COVID-19 Rapid Response Initiative is providing critical funding for research that will help end the current pandemic. Through Harrington Discovery Institute at University Hospitals and Morgan Stanley GIFT (Global Impact Funding Trust) Cures, the COVID-19 Rapid Response Initiative received hundreds of proposals from 122 universities and health systems in the U.S., Canada and the United Kingdom to yield one of the world's largest portfolios of potential COVID-19-related drugs.

The selected projects represent clinical trials in the areas of novel therapies to prevent coronavirus mortality, broad-spectrum antiviral therapies, next-generation vaccines and vaccine alternatives to avert pandemics, and emergency countermeasures and prophylaxis strategies for first responders and emergency medical personnel. “We were only able to fund 12 award winners, but frankly there are probably 50 projects here that show promise to protect the nation and the world,” said Jonathan S. Stampler, MD, President, Harrington Discovery Institute.

Funding a single HDI-developed vaccine or antiviral drug requires upwards of \$1 million in grant funding. One of the recipients James Reynolds, PhD, will study the first multipurpose drug to improve lung and heart function in COVID-19 patients at UH. ♥



UH Clinical Trial Site to Test COVID-19 Vaccine

It is with optimism that University Hospitals will be a study site for the Phase 2/3 global study of the Pfizer Inc./BioNTech SE investigational vaccine against SARS-CoV-2. UH's study site is one of approximately 120 clinical investigational sites around the world that will collectively enroll up to 30,000 participants.

The clinical trial will take place at UH Cleveland Medical Center with Robert Salata, MD, Chairman of the Department of Medicine at UH Cleveland Medical Center, Program Director of the UH Roe Green Center for Travel Medicine & Global Health, serving as the principal investigator. Elie Saade, MD, UH Director of Infection Control, and Scott Fulton, MD, and George Yendewa, MD, Assistant Professors of Medicine, will serve as co-investigators.

The Phase 2/3 trial is designed as a 1:1 investigational vaccine candidate to placebo, randomized, observer-blinded study to obtain safety, immune response and efficacy data. The study aims to enroll non-pregnant adults from 18 to 85 years. Because of the disproportionate occurrence of COVID-19 among people of color, as well as the severity of the disease and the higher death rate, UH plans to ensure solid representation of this population group is included in its study. ♥

¹Grace McComsey, MD, is also Associate Chief Scientific Officer, UH Clinical Research Center; Medical Director, Dahms Clinical Research Unit; and UH Chief, Division of Infectious Diseases, UH Rainbow Babies & Children's Hospital. Dr. McComsey was named a 2020 Woman of Note by Crain's Cleveland Business.

²Peter Pronovost, MD, UH Chief Quality & Clinical Transformation Officer, was named a 2020 Top 25 Innovator by Modern Healthcare.

From Geneva to Cleveland, COVID-19 Patient Accesses Care



After a large family gathering in early March, 51-year-old Stacey Unsinger told her husband Leroy, “I’m going to put myself in quarantine.” Although the global pandemic was just beginning to affect Ohio, Stacey was smart to isolate herself, as she has an autoimmune disorder and is considered high-risk.

Unfortunately, it wasn’t enough. Stacey believes she contracted coronavirus from the family event to which people traveled from several states.

“I got weak, I was tired and I was sleeping like crazy,” she recalled. “The third day of feeling this way, I said to my husband, ‘you need to come home from work, something’s wrong.’”

As her temperature began to quickly rise, Stacey called her primary care provider who arranged for her to go to UH Geneva Medical Center. “They did x-rays and CT scans right away and one of my doctors said I had double lobe pneumonia and they thought I had coronavirus.”

Stacey was at UH Geneva for two days and then moved to UH Cleveland Medical Center where she stayed for seven weeks. Other than those details, Stacey doesn’t remember much from the experience, and believes the lack of oxygen contributed to her lack of memory. She was intubated in the ICU, put on a ventilator and placed in a medically-induced coma.

// I can’t say enough how grateful I am for the care I received at University Hospitals, //

Stacey said. She recalls her physicians, especially Amitabh Goel, MD, and her nurses as guardian angels. They continuously checked on her, prayed with her and made her feel safe and supported.

Dr. Goel coordinated Stacey’s care with Rana Hejal, MD, whose team at UH Cleveland Medical Center was instrumental in her miraculous recovery. “I believe the coordination of care within the UH health system is a defining feature of UH that allows us to provide the highest level of care to anyone, regardless of where they live,” Dr. Goel said.

Right before she was discharged for recovery, Stacey recalls one of her infectious disease physicians gave her a cubic zirconia crown pin and said, “This is for surviving coronavirus. You’re in the clear.”

Rather than having to go to a nursing home for dialysis and follow-up care, Stacey was able to spend two weeks in recovery at Hanna House Skilled Nursing Center. She was happy to be recovering at a site that was a part of University Hospitals and easy to transition to. “The nurse practitioner at Hanna House...she just ‘microscoped’ my care and everything about me. She took care of me in all aspects.”

Stacey has followed up with Dr. Goel, and continued physical and occupational therapy with University Hospitals Home Care. With pulmonary physicians outside UH, Stacey said all of her doctors coordinated care, tracked her chart closely and worked together to save her life.

“I think UH really had a handle on coronavirus early on, and still does,” she explained. Stacey’s thankful she had quick access to UH Geneva in her community, as well as access to UH Cleveland Medical Center and recovery resources like Hanna House and UH Home Care.

(Stacey was featured in Ohio Governor Mike DeWine’s press conference on May 18.) ♥



Telehealth: Meeting Health Care Needs During COVID-19

A result of the pandemic was that many patients delayed care for their other health care needs, either because of the temporary suspension of nonessential surgeries and procedures or out of concern over potential exposure to the virus.

UH ensured our patients would get the access to health care they need. **More than 93,094 virtual appointments** with patients were conducted during the height of the pandemic in April alone.

Brian Zack, MD, Medical Director of UH Telehealth, credited UH Chief Medical and Quality Officer William Brien, MD, with leading the adoption of virtual care across several HIPAA-compliant online and telehealth platforms. Approximately **3,895 physicians** and **1,060 advanced practice providers** engaged in virtual care delivery.

“He responded to the pandemic by granting our providers emergency credentialing in telehealth across the system,” Dr Zack said.

“**Local community hospitals all followed Dr. Brien’s leadership. Throughout this period, UH Telehealth and UH Physician Services have collaborated with Legal and Compliance to ensure that virtual and remote care and platforms meet all evolving CMS and state requirements and the high standard of care expected at UH.**”

Virtually every UH service line, from family medicine and pediatrics to the most advanced specialty care, now provides virtual appointments for patients. During the pandemic, virtual care broadened its scope to include additional ancillary services, such as lactation, physical therapy, speech therapy and nutrition.

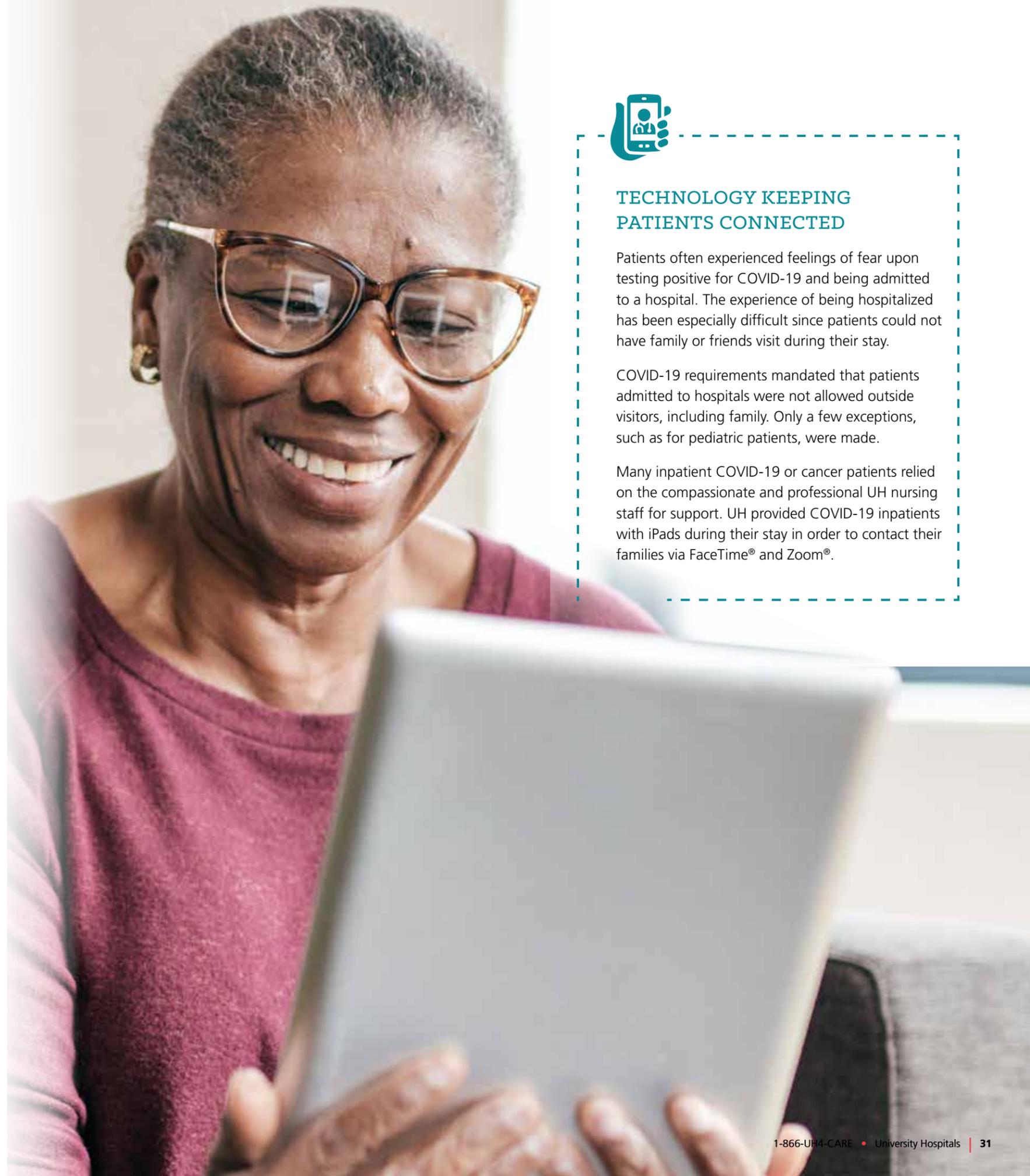
Medicare and Medicaid, as well as commercial insurance, provided coverage for virtual care. Patients were able to stay home and receive care, or triaged to the appropriate facility for medically necessary services.

UH providers received training to meet their patients’ needs through virtual service platforms. “We have created an educational library of materials to support our providers as they grow in this space,” said Rebecca Emmons, Digital Health Manager at UH.

“This includes reference materials on how to perform a virtual visit, tips for a successful connection and appropriate environment.”

Initial feedback is that virtual visits have been well-received by patients and providers. “Patients have appreciated the convenience and accessibility during this frightening and sensitive time,” Dr. Zack said. “The pandemic has shown our patients and our providers that virtual care can be a critical piece of their total continuum of care.”

William Brien, MD



TECHNOLOGY KEEPING PATIENTS CONNECTED

Patients often experienced feelings of fear upon testing positive for COVID-19 and being admitted to a hospital. The experience of being hospitalized has been especially difficult since patients could not have family or friends visit during their stay.

COVID-19 requirements mandated that patients admitted to hospitals were not allowed outside visitors, including family. Only a few exceptions, such as for pediatric patients, were made.

Many inpatient COVID-19 or cancer patients relied on the compassionate and professional UH nursing staff for support. UH provided COVID-19 inpatients with iPads during their stay in order to contact their families via FaceTime® and Zoom®.

Feeding Families

By Anne Leach MS, RD, LD

The COVID-19 pandemic has impacted our UH community, patients, team members and families in so many ways. During this time of uncertainty our UH caregivers have continued to arrive at work with the same level of passion and dedication as they did prior to COVID-19. **An estimated \$261,500 in food donations** from members of our community, restaurants and local companies have helped feed our caregivers while they work hard to keep our patients healthy. The Greater Cleveland Food Bank has provided 150 emergency food boxes to employees. Thanks to a donor, we will continue providing emergency food boxes to employees in need. To ease the burden on our caregivers, we

have transformed our cafeterias into mini grocery stores and offered online ordering with curbside pick-up. Our Food for Life Market, which provides free nutritious food to patients screened as being food insecure, transformed to curbside pick-up and served a record number of patients in March. And at several UH medical centers, the UH Rainbow Babies & Children's Hospital Summer Lunch Program continued to provide free, healthy bag lunches to children aged one to 18 years old. We've known for years how strong Northeast Ohioans are and are proud to share our story and say thank you.

(From left:) Lora Silver, MS, RD, LD, UH Otis Moss Jr. Health Center; and Ann Leach, MS, RD, LD, Community Program Director, UH Cleveland Medical Center

By Lora Silver MS, RD, LD

University Hospitals Rainbow Center for Women & Children partnered with Medworks¹ and Dave's Market to support families in need during the COVID-19 crisis. Thanks to the Medworks Unconditional Care COVID-19 Relief Fund and a generous donation by Dave's Market, UH Rainbow Center distributed **\$2,750 in Dave's gift cards** to patient families in need this spring.

Within days of the first cases of COVID-19 and initial stay-at-home orders in Ohio, the UH Rainbow Connects² program began proactive outreach and social needs screening of patients reporting increased stress and concerns during this time. UH Rainbow Center families are now receiving Dave's gift cards for immediate basic needs along with a healthy grocery list and pantry-friendly recipes. We also refer many families to our team of registered dietitians for individualized counseling and education with consideration of nutritional needs, food assistance budgets and other nutrition incentive programs available. These strategies equip our families with concrete resources and tips to stretch limited food dollars.

Medworks Unconditional Care COVID-19 Relief Fund also sponsored restaurant meals and fresh produce distributions for UH team members to recognize their dedication. As Medworks prioritizes neighborhoods hit hardest by job losses and closures of many food assistance programs, UH was honored to be selected as a trusted partner to quickly distribute resources to families in need. ♥

¹Medworks is a volunteer program of the 501C3 nonprofit organization, MobileMed1, which provides free medical, dental and vision clinics to uninsured and underinsured individuals. Medworks was co-founded by Lee Ponsky, MD, Chair, Department of Urology, UH Cleveland Medical Center; Director, UH Urology Institute; and his brother Zac Ponsky.

²UH Rainbow Connects provides connections between UH Center for Women & Children patients and needed resources in the community.

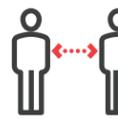




Screen:
Monitor the health
of your employees
every day



Clean:
Disinfect surfaces,
equipment, and other
elements of the work
environment



6-Foot In Between™:
Use masks and physical
distancing among
employees

UH Playbooks Guide Safe Practices in Public

As we navigate a new norm during the COVID-19 pandemic, safely re-entering our communities is of utmost importance. Whether a grocery store, office or school, the UH Healthy Restart Playbooks provided direction from UH in accordance with local, state and national guidelines.

The playbooks are free and open to the public, and downloadable from the website that also features up-to-date information and an “Ask the Expert” feature. “As businesses begin to think about reopening, they are looking for guidance as to how they can keep their workforce, facilities and customers safe,” said Dan Simon, MD, President, UH Cleveland Medical Center, and Chief Academic Officer, University Hospitals. “The health and safety of our community is our highest priority. All of us at UH have been working to care for our community, one patient at a time. Now that businesses and organizations are making plans to return to work, UH wants to be there to help. We know people are looking for trusted health information, and our goal is to share what we have learned around COVID-19 in a way that is helpful to our local businesses.”

These resources aggregate key recommended best practices in alignment with current guidance from federal and state agencies, said Joan Zoltanski, MD, MBA, Community Reactivation Director; Leader, UH Healthy Restart, University Hospitals. “Additionally, UH infectious disease experts provide context and simplification of the material to help you navigate your reactivation implementation plans, sharing what we have learned around COVID-19 and arming you with strategies for a safe and healthy restart.”

Recommended safety measures for retail spaces and offices include wearing masks, washing hands and ensuring six feet of social distancing. Additionally, as the playbook advises, occupied cubicles or desks should be six feet apart and limit the number of on-site employees. Virtual meetings are encouraged, and lunch and break times are staggered. In stores, occupancy needs to be reduced as well, with six-foot social distancing between customers and plexiglass panels between store associates and customers in check-out areas. Signs in front of the store inform customers of new safety measures, and carts are sanitized. Hand sanitizers are also placed throughout the store for customers, and regular and deep cleaning instructions are included in the playbook.



Like businesses, schools are reopening with varied models of attendance, from fully remote to entire day, in-person classroom instruction. The Healthy Restart Playbook for Reopening Schools addresses classroom and school safety measures for very young children, elementary age and older students. Input was gathered from key stakeholders, including members of the Cleveland Metropolitan School District and the Cleveland Council of Independent Schools. The playbook provides advice on classroom set-up, lunch time, dismissal and extracurricular activities. Educators, families and students are instructed on the ABCDs of COVID-19: Always wear a mask; Be aware of illness symptoms; Clean your hands and your space; and Distance physically, but not socially.

“The response to the launch of our UH Healthy Restart Playbook has been tremendous, with more than 2,400 Healthy Restart Playbook and **7,400 school restart downloads** from our UH Healthy Restart website thus far,” said Dr. Simon at the end of July. “Numerous organizations from multiple industries have requested deeper dives into material tailored to them. Now, with Ohio schools making plans for the upcoming year, the K-12 schools in our community faced an urgent need to prepare. Many of the schools turned to our experts in pediatrics, infectious disease, environmental safety, behavioral health and wellness to help them prepare for school starting in the fall.”

The UH teams that collaborated on the launch of these playbooks include clinical experts in infectious disease; pathology; travel medicine; pediatrics; equity, diversity and inclusion; psychology; environmental health and safety; and community women and children’s services. The creation of the playbooks was due to the dedicated collaboration of UH Ventures, Planning, Marketing, and several other UH departments. Continued guidance is facilitated through the pull-out pages in the schools’ playbook and UH’s proprietary Screen, Clean and 6-foot In Between™ checklist in the Healthy Restart Playbook. ♥

Joan Zoltanski, MD, MBA



The ABCDs of COVID-19 for Families

We all produce droplets when we speak, cough or sneeze. Even if you don't feel sick, if you have the virus, it is spread as these microscopic particles fly through the air. Slowing the spread of these droplets is the basic rule behind all our safety precautions, starting with rule number one: If your child feels sick, keep them home.

Always Wear a Mask

A mask covers the mouth and nose, where the droplets that spread COVID-19 are made. Children can have COVID-19 and spread the illness even when they don't feel sick. If your child sees you wear a mask, they will pick up on that and wear one too. This also will make it easier for your child, as they will be used to wearing a mask when they go back to school. When you talk to your children about wearing a mask, let them know that wearing a mask is a way to take care of others because if we all wear a mask, we can slow the spread in the community.

Be Aware of Illness Symptoms

Before your child leaves the house, check for fever and any COVID-19 symptoms. 100.0°F or higher temperature is deemed a fever. Keep your child home if they are having a fever or COVID-19 symptoms. Talk with your child so they know that you want them to let teachers know if they are not feeling well at school. Have a plan for what to do if you need to pick a child up during the day.

Clean Your Hands and Your Space

Teach good handwashing at home by washing hands together or talking about it with older children. Soap and water for twenty seconds or two choruses of "Happy Birthday," or a hand sanitizer with at least 60% alcohol are recommended. Talk with your child about being safe and not sharing items with other children right now.

Distance Physically, But Not Socially

Stay 6 feet apart as much as possible. Physical closeness increases exposure. Children can keep up with friends by phone or email with adult supervision. This can be a stressful time for children. You may have family or friends with COVID-19. You may have family or friends who have lost their jobs recently. Be honest and share information in a way they can understand. Tell your child that it's okay to be sad, mad or worried. It can be hard for grown-ups to hear about stress that children are feeling because we don't have all the answers. But listening to your child and answering their questions can help.

