

**GILLETTE CHILDREN'S SPECIALTY HEALTHCARE IN
MINNESOTA: A VIRTUAL CARE SUCCESS STORY
DURING COVID-19 PANDEMIC****AUTHORS**

RULON STACEY, JIBAN KHUNTIA AND GRACE GOSCHEN

ABOUT GILLETTE CHILDREN'S

Gillette Children's Specialty Healthcare is an independent, non-profit health system in St. Paul, Minnesota. It consists of a 60-bed hospital, 11 clinics, and nine greater Minnesota locations and serves over 25,000 patients per year, comprising children and adolescents with complex needs and disabilities. Gillette is recognized worldwide for its excellence in patient care, and many of its providers are deemed "Top Docs." Beyond this, Gillette's Pediatric Intensive Care Unit (PICU) has received the prestigious Beacon Award from the American Association of Critical-Care Nurses, and the system is lauded for its top patient safety record.¹

**COVID INCIDENCE AND PREVALENCE IN RAMSEY
COUNTY, HOME OF ST. PAUL**

The Minnesota Department of Health (MDH) confirmed Ramsey County's first presumptive case of COVID-19 on March 6, 2020. The patient, an older adult who traveled on a cruise ship that had a known COVID-19 case, presented with mild symptoms and recovered at home.² On March 13, 2020, Minnesota Governor Tim Walz declared the State of Emergency.³ St. Paul Mayor Melvin Carter followed suit and issued a State of Local Emergency on March 14, restricting new permits for 50 or more people gatherings.⁴ March 15 marked the first confirmed case of COVID-19 transmitted via community spread, and in response, the governor announced a temporary closure of K-12 schools and all non-essential businesses.⁵ He also required healthcare providers throughout the state to postpone non-emergent and elective procedures.⁶ On March 27, the governor expressed that Minnesota had missed the opportunity to "flatten the curve" due to testing regiment unpreparedness and sought a new objective: slowing the infection rate so hospital resources could withstand the oncoming crisis. He, therefore, instituted a Stay Safe Plan that included a stay-at-home-order.⁷ Despite these statewide and local efforts, Ramsey County cases increased from one to 56 by the end of March and rose

steadily throughout April, May, and June. By July 1, Ramsey County had experienced 4,724 cases and 218 deaths.⁸

**FIGURE 1: STAFF MEMBERS GREET PATIENTS DURING NEW
CDC AND MDH PROTOCOLS.****ADAPTING TO THE NEW NORMAL**

Gillette Children's Specialty Healthcare adapted rapidly to the crisis. "As an organization, Gillette had to quickly pivot to accommodate the governor's order and to ensure the needs of our patients were met in a manner that did not sacrifice the quality of care and maintained safety," says Brittany Carlson, Gillette Senior Patient Access Manager. "Since March, the patient access team has scheduled more than 175,000 appointments. This includes in-person visits and virtual care appointments." Rescheduling patient visits were coordinated by the Patient Access Team, which fielded 4000-5000 calls per week during the height of the crisis. Staff members adjusted to a Work From Home model, and many providers worked longer hours to adapt to patient needs. In addition, Gillette hired more Patient Access Specialists and expanded rehabilitative telehealth, which is covered in depth later in this brief.

Meanwhile, Gillette followed the Centers for Disease Control (CDC) and MDH guidelines. This included a wellness screening requirement for all patients, visitors, employees, and medical staff, which consisted of temperature and symptom checks. Those exhibiting symptoms were turned away from all facilities. Besides, Gillette altered their visitor policy, limiting visitors to two immediate family members or caregivers over age 18. Gillette also mandated masks on every healthcare campus

¹ <https://www.gillettechildrens.org/about-gillette/honors-and-awards>

² <https://www.ramseycounty.us/content/first-presumptive-case-covid-19-minnesota-and-ramsey-count>

³ <https://www.startribune.com/minnesota-declares-peace-time-emergency-to-combat-coronavirus-as-cases-rise-to-14/568772352/>

⁴ <https://www.mprnews.org/story/2020/03/14/walz-minnesota-schools-closed-covid19>

⁵ https://mn.gov/governor/assets/2020_03_16_EO_20_04_Bars_Restaurants_tcm1055-423380.pdf

⁶ <https://www.gillettechildrens.org/khm/we-really-want-to-see-you-rescheduling-due-to-covid-19>

⁷ <https://www.wdio.com/politics-news/minnesota-gov-walz-new-restrictions-covid-19/5684188/>

⁸ <https://usafacts.org/visualizations/coronavirus-covid-19-spread-map/state/minnesota/county/ramsey-county>

and educated their patients on social distancing practices; they supplemented this education through unique floor decals, which helped ensure everyone stayed six feet apart.⁹ Beyond this, Gillette implemented intensive sterilization protocols through its Environmental Services Team. This included enhanced cleaning of patient spaces, waiting rooms, and all high-touch surfaces.¹⁰

FIGURE 2: MEMBERS OF THE ORTHOTICS AND PROSTHETICS DEPARTMENT SEWING A MASK FOR HOSPITAL STAFF USE.



In terms of PPE procurement, Gillette redeployed staff from their Orthotics and Prosthetic Department to manufacture masks. These technicians and practitioners applied their sewing skill sets to make high-quality masks for hospital employees not involved in direct patient care. This allowed Gillette to reserve valuable PPE for its frontline workers. Pediatric Infectious Disease Physician Emily Schaaf worked closely with the team to ensure the masks' efficacy. As of April, the team was producing approximately 400 masks a month, intending to make hundreds more.¹¹

COMMUNITY RESOURCES DURING COVID-19

Gillette initiated another notable response in terms of community engagement and support. Because Gillette specializes in caring for children with complex, chronic conditions, their Child and Family Service Team took specific actions after the onset of COVID-19 to provide child life specialists, therapeutic recreation specialists, music therapists, and social workers to patients and their families.¹² These specialists were deployed to help families cope with new challenges such as isolation and distance learning. Gillette also offered appointments with their psychological team to pediatric patients and their parents.¹³

CHALLENGES FACED BY GILLETTE CHILDREN'S SPECIALTY HEALTHCARE

Gillette treats pediatric patients who have rare, severe conditions. These patients are almost exclusively considered 'high-risk,' as they require medically complex, life-long care planning and are particularly susceptible to COVID-19 related complications. For this patient group, coronavirus exposure would significantly raise their risk of needing high-cost critical intervention, and delays in care (deferred due to safety concerns) could lead to more emergent hospital stays in the future.

Leading into the COVID-19 pandemic, the Rehabilitation (Rehab) Therapies department at Gillette maintained over 120 staff, and the department rendered over 60,000 visits per year. Spanning over the five locations, Gillette's rehabilitative care service was rendered in person via outpatient and inpatient services. However, as the coronavirus crisis evolved, the department's robust volume of patients seeking in-person care quickly declined.

At the trough of this decline, Gillette's Rehabilitation Therapies department observed a reduction of 75% in scheduled appointments and corresponding temporary staffing reductions. This decline was due to concerns from families and carers about patient safety in the hospital environment and the risk of virus transmission. This operational challenge required a safe solution to ensure the continuous access and delivery of essential rehabilitative services.

In Gillette's Rehab Therapies department, it was determined that the creation and operationalization of a telehealth/virtual care program was a potential means to deliver rehabilitative services to patients during the pandemic until it was medically safe to bring these groups back into a clinic setting.

OPERATIONALIZATION OF TELEHEALTH

Based on the decision to implement a telehealth model of care, a workgroup was formed of leaders and clinical educators of the Gillette Rehab Therapies department to create the virtual care offer. A methodical multi-disciplinary approach was taken to build the model's programming, and this evolved to piloting the virtual care service to test its viability before public roll-out. As part of this testing phase, the working group reviewed state practice acts, payer guidelines, professional, ethical standards to ensure alignment with recommended telehealth practices, developed clinical resources (e.g., virtual care protocols),

⁹ <https://www.gillettechildrens.org/covid-19-coronavirus>

¹⁰ <https://www.gillettechildrens.org/khm/staying-safe-by-keeping-things-clean>

¹¹ <https://www.fox9.com/news/gillette-childrens-team-shifts-from-fabricating-prosthetics-to-making-masks>

¹² <https://www.gillettechildrens.org/khm/child-family-services-provide-resources-during-covid>

¹³ <https://www.gillettechildrens.org/khm/helping-kids-cope-with-covid-19-tips-to-reduce-stress-and-anxiety>

authored a master training manual for rehabilitation clinicians.

The time frame from creating the virtual care workgroup to piloting the first virtual care rehabilitative visit occurred in less than a month. The provision of rehabilitative virtual care was implemented in a phased approach with the virtual care workgroup team members offering the first virtual care pilot visits. Patients and families were very receptive to the virtual care service offering, as it provided a viable solution to their rehabilitative needs whilst addressed their concerns about virus transmission in the hospital environment. The Gillette ‘Patient Access Department’ and Rehab Therapies department collaborated on advising patients of the virtual care service offering to ensure patients and families were supported in the transition from in-person care to virtual care. Informative phone calls to patients and families describing the new virtual care rehabilitative service at Gillette provided the needed support to transition to virtual care. Once the pilot phase of the programming was deemed successful, a full endorsement was provided’ by department and administrative stakeholders to move forward with implementation across the entire rehabilitation department.

They scaled out the virtual care/telehealth rehabilitative service offering involving over 70 rehabilitative clinical staff, including physical therapists, occupational therapists, and speech-language pathologists. Training sessions were conducted by members of the virtual care workgroup every week until the entire clinical team had been formally trained. Once trained, therapists provide virtual care services independently with ongoing mentoring and support from workgroup team members. Since the inaugural visit, the Gillette Rehabilitation Therapies department has rendered over 3,000 virtual care visits to children with complex care needs. The development of the virtual care service offering led to timely access to essential rehabilitative services and many other benefits for Gillette’s patients and families.

RESULTS

There have been multiple benefits to the implementation of a rehabilitative virtual care model.

- Telehealth negates patients’ need to travel, so the perceived increased risk of attending an in-person appointment during a pandemic is removed.
- With a fixed amount of clinical space and the implementation of social distancing practices, creating the rehabilitative virtual care model allows therapists to work remotely to provide virtual care to Gillette patients. This new working model promoted the rehabilitation professionals’ engagement and connectivity since it was impossible for the entire rehabilitation team to return to the clinical space. Positive feedback about working remotely was conveyed from many of the rehabilitation professionals to their supervisors and manager.

- Cost-efficiency savings have been realized as no personal protective equipment is required to deliver this model of care.
- Engaging the patient and family in their home environment has substantially improved the therapists’ understanding of environmental and logistical factors that influence the rehabilitative care plan. For instance, prescribing mobility aids and home exercise programs can improve the therapists’ delivery of treatment by tailoring the programming to the patient and families’ home environment better.

Prior to the pandemic, there was a perception that in-person care was the optimal means of delivering rehabilitative care. The Gillette Rehabilitative Therapies Team now recognizes that virtual care can complement and add to the rehabilitative patient care experience. The success of the virtual care rehabilitative program during the pandemic led to the strategic decision that the new delivery model of rehabilitative services is sustainable for the long term. The new service offering is a viable long term for a variety of reasons, including:

- Improves access to rehabilitation services for patients and families residing in remote rural locations,
- Eliminates travel to and from a medical facility for patients and families that face challenging transportation situations for their children. The time to travel to and from an appointment can often exceed the appointment time, which can be an unnecessary burden for the family.

CONCLUSION

The COVID-19 pandemic presented new challenges to health systems across the globe. Gillette Children’s Specialty Healthcare faced the unique challenge of providing rehabilitative care and support to high-risk pediatric patients with complex, life-long conditions. They met this challenge by expanding telehealth, providing continuity in care and treatment during the COVID-19 pandemic, and offering community resources and support. Gillette showed that virtual rehabilitative services are a feasible alternative to more standard care models and thereby provided a long-term blueprint to other systems that serve high-risk patients. In short, Gillette Children’s Specialty Healthcare found a silver lining in the face of COVID-19, proving that excellent patient care is undeniably achievable through virtual care/telehealth.

ACKNOWLEDGMENTS

This research brief was prepared as an exercise to collect examples of sound practices and innovations for the People Working Group of the ‘Beyond COVID-19’ Task Force of the International Hospital Federation (IHF). Wayne Cascio is a member of the Task Force and thanks the task force members and IHF on their directive and support for pursuing these cases.

I wish to thank Lauren Duff for arranging the interviews and for helping to summarize results. Of course, the content of this report would not be possible without the willingness of the following individuals to share forthrightly and in detail how St. Joseph’s met a variety of people-related challenges posed by the pandemic. They are Kevin J. Slavin, President and Chief Executive Officer; Lisa Brady, Chief Operating Officer; and Joseph Duffy, M. D., Chief Medical Officer. I am deeply grateful to each of you.

CITE THIS RESEARCH BRIEF AS:

Rulon Stacey, Jiban Khuntia, and Grace Goschen (2020). Gillette Children’s Specialty Healthcare In Minnesota: A Virtual Care Success Story During Covid-19 Pandemic. Health Administration Research Consortium Research Brief, University of Colorado Denver, Vol. 2, Issue 2, pp. 1-5.