

# The Checklist to Accelerate Out of the COVID-19 Pandemic Slump

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## Abstract

As the COVID-19 pandemic evolves into an endemic, organizations are eager to return to the new normal. However, the timing of becoming an endemic and the definition of new normal are not known. The pandemic has disrupted much and the authors would argue it has put us in a “slump”. Quality is not where it should be. Operations are difficult to sustain reliably. Safety practices may not be consistently performed. Many other tried and true processes have been impacted by the pandemic and its complications, such as exhausted and inadequate staffing.

The authors suggest a five-item checklist that organizations could use to accelerate out of the COVID-19 pandemic slump. Organizations should:

1. Reassess their strategic plan
2. Identify how operations will change in the future
3. Evaluate their imminent role in population health
4. Examine their priority with health equity
5. Identify their desired future culture

We believe the five questions specific to these topics are necessary to answer now as we all seek to accelerate out of the pandemic slump.

## Introduction

Two years later, COVID-19 is shifting from pandemic to endemic. Epidemiology articulates that there is no switch for the change and it may vary by country, however, there is a view that the veracity of the infection may be better managed with vaccinations still being the must have. The disruption for healthcare and all organizations during the last two years has been significant. Nationally, regionally and in organizations, some initiatives were stopped, some delayed and some new ones were started. We propose a five-item checklist to accelerate out of this pandemic and provide examples from two organizations in how they are considering and answering each question.

[Meritus Health](#) is a regional health system in western Maryland with a mission to improve the health status of the region. Meritus Health has over 3,000 employees and 600 medical staff. It includes a 327-bed Meritus Medical Center, a medical group, a home health agency, a medical equipment company and is a 25% owner of Maryland Physicians Care, a 230,000 Medicaid member health plan.

[Luminis Health](#) is a regional health system headquartered in Annapolis, Maryland. Comprised of Anne Arundel Medical Center, Doctors Community Medical Center, J. Kent McNew Family Medical Center, Pathways and Luminis Health Clinical Enterprise, the system serves a population of 1.5 million residents. With 741 licensed beds, 80+ sites of care and 9,600 team members, Luminis Health generates \$1.2 billion in operating revenue as well as contributes \$80 million in community benefit.

We introduce the five-item checklist below as a way for organizations to pause, reflect, answer and use to accelerate out of the pandemic slump.

# The Checklist

## *Strategy*

A major disruption, like a pandemic, provides a natural checkpoint to assess if your organization's current strategic plan is still valid for the future. The environment has clearly changed with the dramatic and swift shift to telehealth and the increased focus on workforce recruitment and retention being classic examples. How those and other trends impact your organization's strengths, weaknesses, opportunities and threats (SWOT), long-term strategies, short-term strategies and goals needs to be analyzed. Depending on your plan, your change may mean you may need to develop a current strategic plan version 1.1 or a current strategic plan version 2.0.

### **#1 – Strategy – Have you stepped back and looked at your strategic plan to see if it is still relevant for the future?**

At Meritus Health, we finalized our 2030 Bold Goals strategic plan as the pandemic was starting in March 2020. We have four Bold Goals to strive to achieve based on the quadruple aim:

1. Zero patient harm
2. Lose 1 million pounds in the community
3. Be a nationally ranked employer of choice
4. Be the lowest total cost of care provider in Maryland

Considering the pandemic and the increasing need for physicians in our community, we are now adding a fifth Bold Goal to expand graduate medical education and recruit 40 physicians in the next two years. The pandemic highlighted for us the increasing physician demand to meet our community needs and therefore, expanding residencies over the next several years as well as recruiting physicians across multiple specialties has risen to a Bold Goal level.

Luminis Health finalized *Vision 2030* – an aspirational 10-year plan – immediately prior to the start of the pandemic. Through the spring of 2020, we paused to revisit the plan given the pandemic, growing social unrest, injustices and health inequities. We supplemented our plan with 10 recommendations put forth by our governance-led Health Equity and Anti-Racism Task (HEART) Force. A multidisciplinary group, the HEART Force organized its recommendations around three principles:

1. Lead as an anti-racist organization
2. Enhance culturally informed community collaboration
3. Measure and integrate accountability

The HEART Force built upon prior health equity work showing progress in: collecting race, ethnicity and language (REaL) data to measure disparities; building robust community partnerships; improving cultural humility training and increasing the diversity of leadership and governing bodies.

## *Operations*

The pandemic's impact on daily operations is, of course, one of the most visible changes. From pop-up clinics to drive-through testing to multiple ways of delivering care differently, clinical and non-clinical operations have changed in many areas.

### **#2 – Operations – Are you designing anything differently now in how you operate and deliver care considering lessons learned from managing the pandemic?**

At Meritus Health, the pandemic reinforced how important access is to quality care. As a result, we are planning to do even more outreach to people than ever before. We now have a mobile clinic and have been delivering vaccinations to areas in our community that we previously had not reached. The future is much more than mobile vaccine, but mobile preventive services across the spectrum. Mobile care is no longer a nice to have delivery mechanism but will increasingly be an essential part of delivering care to increase access for all.

Luminis Health expanded its outpatient footprint to include mobile integrated care, testing and vaccination centers and enhanced primary care. Our digital front door (DFD) is making healthcare more accessible and user-friendly for our communities. Tactical components of the DFD include a unified website platform as well as online self-scheduling while further planning is underway for telemedicine on-demand and patient concierge services. We continue to expand behavioral health services given service shortfalls magnified by the pandemic. We are also redesigning care teams in light of workforce challenges and anticipated long-term scarcity. We are piloting integrating LPNs, CNAs and paramedics into the care teams as well as evaluating skill mix across various disciplines to ensure each member is working at the top of their credentials. The leadership and board have shifted to evaluating progress from an annual operating plan view to quarterly sprints. This pivot necessitates getting back to basics, a laser focus on the “must do, can't fail” activities and managing by metrics and ratios.

## *Population Health*

In many communities, health systems played a role in population health that they had not previously envisioned. From COVID testing to mass vaccination, health systems mobilized and partnered differently. How has that impacted your organizational thinking for your future role in population health?

### **#3 – Population Health – Do you have a different role now for the health of your community?**

At Meritus Health, we quickly mobilized a drive-through COVID testing site in March 2020. Two years later, we have done nearly 300,000 COVID tests – all free for patients. Individuals from more than 30 states have tested positive and 25% of the individuals are from outside our county. We also provided the greatest percent of COVID vaccinations in our community as a health system than any other in Maryland. We recognize our role in our community to work with our partners, and are now, more than ever, committed to population health and public health. As one example, we have a pilot program to eradicate loneliness in our community. The Care Caller program utilizes volunteer Meritus Health staff and auxiliaries to call once a week to check in and have general conversation with individuals who have self-identified as lonely via the social determinants of health (SDOH) questionnaire. We are beginning to also see how to leverage our community health workers to meet people in the community who are lonely. Loneliness is one SDOH and addressing SDOHs is essential for population health. The pandemic slump is characterized by unattended and increasing SDOHs in our community.

Luminis Health's testing and vaccination clinics have been cosponsored and hosted with community partners including local health departments, churches and low-income housing communities – reaching people where they are and building upon trusted relationships. Robust community partnerships are a cornerstone of our *Vision 2030*. We have added additional patient and family advisory councils (PFACs) – notably to better serve the Latino community. Specific interventions aimed at reducing disparities in the Latino community include:

- Analyzing grievances, complaints and hospital consumer assessment of health providers and systems (HCAHPS) data
- Conducting community focus groups
- Installing a video remote interpretation application on all MyChart tablets
- Integrating the Latino PFAC members into hospital meetings to ensure accountability
- Updating signage and patient education materials in English and Spanish

## *Health Equity*

In addition to the national events in 2020, COVID-19 further shined the light on how pervasive, disparate and embarrassing disparities in healthcare outcomes exist. From differences in COVID specific mortalities to vaccination rates, the color of your skin continues to matter a lot in terms of what you get and when.

### **#4 – Health Equity – How serious are you about health equity and leadership diversity?**

At Meritus Health, COVID-19 prompted us to further analysis and discipline in understanding disparities in care in our population. We were able to produce a health equity report and shared it on our [website](#). These measures are tracked monthly and improvement teams are in place. COVID drove us to add this lens of ensuring quality of care for all.

Consistent with our HEART Force recommendations, Luminis Health has developed diversity, equity and inclusion (DEI) scorecards and dashboards. We compare ourselves to state and national data, but more often we measure progress against our own prior performance. We track the diversity of our leadership teams and boards. Being intentional in casting a wider net in recruiting candidates has proven very effective. At Luminis Health, 54% of our executive leaders are women and 31% are racially/ethnically diverse. Additionally, our governing board is now comprised of 50% women and 43% racially/ethnically diverse members. Many metrics demonstrate need for continued attention – we all know the adage of “what you don’t measure you don’t manage.” Our African American Business Resource Group expressed concerns about inequities in workforce disciplinary actions; we saw disparities, which prompted action.

## *Culture*

Ultimately, leadership defines culture. You hear from many leaders – we did things during the pandemic that we never did or thought about before. How do we use that for shaping our future organizational culture?

### **#5 – Culture – Are you making any changes to your organizational culture from what you learned in the pandemic?**

At Meritus Health, we learned that agility was necessary and now a highly-valued element of culture we want going forward. Our lessons from incident command provoked us to change how our senior leaders meet. We no longer sit down on a weekly or periodic basis. We only meet through a standup huddle Monday through Friday for 15 minutes and use the format of situation, background,

assessment and recommendation (SBAR) as the communication tool for decision making (Just Huddle article).

Formed in 2019, just six months before the pandemic struck, Luminis Health was working to harmonize the culture across multiple facilities and settings. The pandemic accelerated our integration work and driving “system-ness” while delaying other activities. Like many hospital systems, we worked on intersystem transfers to load balance through the six COVID surges; we integrated our ICU, acute care surgery and anesthesiology practices; we grew telehealth; we implemented new discharge protocols with stronger links to primary and post-acute care teams; and we pivoted to remote work, where appropriate. We are creating an inventory of innovations and lessons learned through the pandemic and many of these clinical and operational changes will continue under our new normal.

## Conclusion

We recognize that most, if not all, healthcare organizations have altered their strategy and work over the last two years during this turbulent time and are not waiting now. We also recognize that COVID-19 is still present and will be for some time. However, we think it is worthwhile to truly pause and reflect on lessons from the pandemic to accelerate out of its grasp.

Personally and professionally, the pandemic may feel like a multiple season slump. We are all ready to come out of it. We propose these five checklist questions as a good discussion starter for strategy, operations, population health, health equity and culture to not only break out, but to do it with speed. These five areas will also be critical elements for leading healthcare organizations in the future.

### Checklist of Key Questions to Answer to Accelerate out of the COVID-19 Pandemic

1. **Strategy** – Have you stepped back and looked at your strategic plan and looked to see if it is still relevant for the future?
2. **Operations** – Are you designing anything differently now in how you operate and deliver care considering lessons learned from managing the pandemic?
3. **Population Health** – Do you have a different role now for the health of your community?
4. **Health Equity** – How serious are you about health equity and leadership diversity?
5. **Culture** – Are you making any changes to your organizational culture from what you learned in the pandemic?

*NAHQ's [Healthcare Quality Competency Framework](#) is a solid foundation from which to build teams and align to the five questions/suggestions in this paper. Specifically, competencies around Health Data Analytics, Population Healthcare, Patient Safety, Performance and Process Improvement, Quality Leadership and Accountability and Quality Leadership and Integration are needed to activate the workforce and advance strategic and operational priorities. Visit [nahq.org](http://nahq.org) for more information on the Healthcare Quality Competency Framework.*

### *Additional Resources:*

[Lessons Learned about Quality Management During the Pandemic](#)

### *References:*

Maulik Joshi M. Just huddle. NEJM Catalyst Innovations in Care Delivery. <https://catalyst.nejm.org/doi/full/10.1056/CAT.22.0007>. Published March 9, 2022. Accessed March 10, 2022.