Rush COVID-19 Community Response Playbook

Strengthening Our Commitment to Health Equity

As of 5/1/20
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**RUSH Overview:**

Health systems across Chicago and the country are responding to COVID-19 with concerted efforts on workforce deployment, medical care capabilities and supply chain management. In addition, the COVID-19 pandemic has increased health-related social needs, exacerbating underlying inequities that have long led to worse health outcomes among black and Latinx communities.

The COVID-19 pandemic calls for social services to identify and address social needs, accessible and trauma-informed mental health treatment, health promotion activities that support continued chronic care management during the pandemic and outreach targeted to communities most impacted by the harmful effects.

At Rush University System for Health, an integrated academic health system spanning the West Side of Chicago, Oak Park and Aurora, partners from across the institution have worked extensively on many of these issues for years. Together with residents, community leaders, nonprofit organizations and other health care institutions, our goal is to be a catalyst for community health and vitality by dismantling barriers to health, and by promoting health equity both within and outside of Rush. This playbook describes how these partners have come together given the COVID-19 pandemic to align and elevate existing efforts, identify new needs and fill in gaps to best support patients, families and community members in our service areas.

Our approach mostly focuses on those particularly impacted by COVID-19, including but not limited to:

- Communities of color
- Immigrants
- Individuals with disabilities
- LGBTQ+ individuals
- Older adults
- People experiencing homelessness

*This document shares our approach and materials, as of May 5, 2020.*
Chapter 1

Rush’s commitment
to health equity
Overview

A hospital’s mission is to help heal people — and that’s why Rush University System for Health continually works to address the social inequities that contribute to poor health. People who live in the neighborhoods at the center of Rush’s service area are working through the effects of decades of structural racism and economic deprivation, including higher levels of poverty and unemployment, crowded housing, and lower rates of education and health insurance.

The resulting inequities have a far-reaching impact on community well-being — an impact starkly illustrated by the fact that life expectancy for a resident of Chicago’s Loop is 85 years, while six miles west the life expectancy for a resident of the West Garfield Park neighborhood is just 69 years.

Because inequities are so deeply rooted in our social systems and structures, a team approach is required. We are coordinating our efforts and resources with other health systems, community residents, nonprofit organizations, government agencies and faith communities.

Health equity is a systemwide strategy for achieving Rush’s mission: to improve the health of the individuals and diverse communities we serve through the integration of outstanding patient care, education, research and community partnerships. Together, we can have a greater collective impact in our communities.

Community-focused, cross-collaborative leadership

Shortly after Illinois’ shelter-in-place order began, Rush’s community health equity and engagement team, population health and social work services team, and Rush University’s College of Nursing came together to launch our Community Command Center (CCC) to best meet the needs of those we serve. Teams quickly galvanized across the institution to achieve one overarching goal: To advance and align initiatives and maximize the effectiveness of Rush’s response to COVID-19, in particular among communities most vulnerable to adverse outcomes.

The CCC builds on existing programs at Rush designed to address community needs. Because of the urgent nature of the response to community members, the CCC quickly gathered diverse representation across Rush to synthesize needs and identify areas of focus, to create working groups around these needs leveraging existing roles and partnerships, and to track process measures for reporting and improvement cycles.

Many different existing and new initiatives grew from these efforts, which are categorized according to the following focus areas:

- Population and community health activities and care
- Proactive outreach calls to at-risk populations
- Social work helplines
- Health education and wellness programming
- Social connection support and mental health treatment
- Emergency food support
- Education and resource connection for older adults
- Support for homeless shelters
- Support for Rush staff and providers
Chapter 2

Key response strategies and tactics
Interprofessional and cross-departmental collective approach

The Community Command Center, or CCC, coalition is comprised of an interprofessional and cross-departmental group of over 50 Rush staff, providers and local partners. The coalition grew from an original 20 participants, who initially met on Friday, March 20, 2020, and continues to grow through organic networking.

Provider Offices

- Rush Oak Park Physicians Group
- Rush University Medical Group

Our key institutional partner NowPow was also a member of the CCC team.

This diverse representation has allowed the CCC to respond to a broad range of population and community health needs.

Regular meetings identify needs and strategic work

The CCC began meeting three times a week (Monday, Wednesday and Friday) for one hour to build momentum and rapidly respond to identified needs. In late April, the CCC tapered down to twice weekly to maintain momentum but free up time.
Community collaboration

“Critical to this effort was setting the table with everyone because we can think better as a group. It’s a table to which everyone is invited. As problems have risen in the morning, we’ve tried to solve them in the afternoon.”

– David Ansell, MD, MPH, senior vice president, community health equity and associate provost, community affairs

Surveying community partners about their needs was our first step for building our institutional strategy. Shortly after Illinois’ shelter-in-place orders went into effect, we electronically surveyed 65 community-based organizational partners and faith-based organizations to assess needs and barriers as well as offer access to resource information. Of those, 18 partners responded.

Primary gaps reported related to the following:

- Communicating with community members who did not have internet access
- Concern about not having reliable resource information readily available
- Food access
- Receiving accurate information about COVID-19

Survey respondents were offered access to NowPow, a social service resource referral platform for emergent needs of community members. Rush uses this tool in its care management and coordination efforts across various places in the Rush system to identify what patients’ needs are around social and structural determinants of health and to connect them with community resources. Out of the 18 community partners, 10 have signed up for the platform.

Community partners received additional follow-up calls to further determine needs and/or concerns.
Needs did not change; however, an additional concern arose around students being home all day without structure, particularly those students who live with older adults (grandparents). Emails from school leaders also elicited a better understanding of immediate needs for students.

**Survey Examples**

- Community-based organizations (English)
- Faith-based organizations (English and Spanish)

Other ways of gathering information to identify community needs included the following:

- College of Nursing Faculty Practice partner organizations requests for support and input
- Input from Health Ambassadors and Advisory Council members from Rush Generations, a health promotion program for adults and caregivers that provides over 16,000 members with access to information and resources geared toward health and aging
- West Side COVID-19 Homeless Coalition daily meetings assessing needs
- Direct outreach to aging-related partners on the West Side, including Geriatric Workforce Enhancement Program participants and the City of Chicago's Department of Family and Support Services/Senior Wellness Centers
- Communications on local news outlets and professional networks, including Austin Weekly News neighborhood news outlet and Chicago Bridge network of local providers who care for older adults
- Documentation and clinical supervision with care managers and community health workers providing individual-level interventions to thousands of non-COVID patients with exacerbated social care needs and to over 2,500 COVID-positive patients to date

In addition to CCC work, our community leaders are also actively involved in citywide health equity COVID-response initiatives. Rush has been an active partner on the City of Chicago's Racial Equity Rapid Response Team, with Rush's senior vice president of community health equity, David Ansell, co-chairing the hospital and health center group and our vice president of community health equity, Darlene Hightower, serving on the communications group.
Communications and engagement

To spread the word about what resources Rush has available, we deployed a variety of vehicles and methods, including:

Outreach calls

- Calls made by numerous team members, including community health workers, social workers, nurse care managers, AmeriCorps members, staff volunteers, students and community volunteers

E-newsletters

- Rush Generations
- Rush Education & Career Hub (REACH) newsletter
- Community Health Equity and Engagement (CHEE) newsletter

Webinars and virtual town halls

- Town hall fliers
- Accessible access instructions for Zoom participants

VIRTUAL TOWN HALL FOR MEDSTEM STUDENTS

Thursday, April 16th
3-4 PM on Zoom

Join us for an information session and Q&A about COVID-19 and how it will affect MedSTEM Pathways and MedSTEM Explorers this summer. Rukiya Curvey Johnson and Nia K. Benton will present and answer questions about our programs. Katherine Dato, DNP and Dr. Kush Desi will join as experts to answer questions about COVID-19.

Register online at: www.reachatrush.org/news-events/

Instructions for Accessing Your Virtual Rush Generations Workshop through Zoom

For additional assistance, reach out to Padraic Stanley at 312.942.2089.
Websites

- Rush COVID-19 Community Resources
- Rush Center for Excellence in Aging - Coping Resources

COVID-19 Community Resources

“We understand that it’s hard to feel at ease when the COVID-19 pandemic is an ever-changing situation. We also understand that our communities are incredibly challenged with being able to keep up with this information and understand how to navigate this landscape. As the COVID-19 pandemic continues to evolve, the Office of Community Health and Engagement is working closely with partners across Rush and throughout the city in support of the well-being of our shared community. Thank you for partnering with us to keep our communities safe and healthy.”

Darlene Oliver Hightower, JD
Vice President, Community Health Equity
Rush University System for Health

As the coronavirus (COVID-19) continues to spread across the United States and the Chicago area, the Rush system is dedicated to providing comprehensive care to people who have COVID-19, as well as sharing important and accurate information you can trust about how this pandemic evolves. To contact Rush with COVID-19 related inquiries and to connect with mental health support and resources, call (888) 352-RUSH (7878) for more immediate

Center for Excellence in Aging

Coping with COVID-19

“Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person. The virus that causes COVID-19 is a new coronavirus that has spread throughout the world. COVID-19 symptoms can range from mild or no symptoms to severe illness.” - CDC coronavirus

Coping with the changes that COVID-19 has made in our world can be very difficult. Public health requirements for physical distancing has impacted health care, social relationships, and our economy. While we have never had to deal with a pandemic on this scale before, there is a large body of research supporting coping options for dealing with change. Please explore resources below.

COVID-19 Information for Older Adults and Caregivers

- AAPF: What you need to know about the coronavirus outbreak

Coping with COVID-19

- Audio meditations from Dr. Angela Johnson
- Watch Schumacher Senior Visions videos
- Alzheimer’s Association: Tips for Dementia

Grief

Rush Center for Excellence in Aging Co-Director Dr. Ett Ettman offers a webinar, “Grief”
We also worked to make as many of these communications available in Spanish as well as English.
Chapter 3

Focus Areas
Population and community health activities and care

Rush’s robust population and community health activities include the following:

- Robust care management offerings to support diverse patient populations, such as individuals with complex social needs, recently hospitalized individuals, LGBTQ+ individuals, and Medicaid beneficiaries via phone and in person
- Local collaborations to improve the care ecosystem for our patients, including enhanced partnerships with home health agencies and skilled nursing facilities, the West Side Accountable Health Communities Collaborative and a collaborative Adverse Childhood Experience Home Visiting initiative
- Proactive screenings for health-related social risks, Adverse Childhood Experiences and depressive symptoms, across care settings (depending on the screening: inpatient, emergency department, primary care, select specialty care clinics) and in the community
- An integrated partnership with NowPow to facilitate referrals to community resources and to receive referrals to internal Rush programs
- Mental health assessment, treatment and primary care integration for individuals 12+ years old
- Confidential reproductive health services for adolescents and young adults
- A dedicated center for LGBTQ+ affirming care
- A transitional care program for individuals who visit the Emergency Department or hospital, but do not have a primary care provider
- Health care delivery to vulnerable populations in the community via CON Faculty Practice in partnership with nonprofit social service organizations, Rush’s three school-based health centers and the Rush@Home house calls program

In collaboration with health care leaders across Rush, services are largely provided by the following teams:

- College of Nursing Office of Faculty Practice
- Department of Population Health
- Department of Social Work and Community Health
- Office of Community Health Equity and Engagement

The teams leading these initiatives have continued to provide ongoing care (described above) while also flexing programming and filling in supplemental roles to meet the needs of Rush diverse patients and caregivers under COVID-19 including:

Screening and testing:

- A 24/7 triage line staffed by RNs, with transfers to our Social Work Helpline for nonmedical concerns
- A drive-through clinic for COVID-19 screening and testing
- A COVID-positive clinic to create an alternative to seeing patients in the Emergency Department
- In-home testing for vulnerable patients who cannot come to be tested in person and reside in specific target ZIP codes
Caring for COVID-positive patients:

- Inpatient and Emergency Department care managers are a key part of care teams still providing in-person assessment and discharge planning to COVID and non-COVID patients, and participating in daily multidisciplinary rounds
- Nurse and social work care managers follow up with individuals who test positive to offer support, navigation and resources – such as home-delivered meals, a referral for caregiver support, assistance on utilities or coping mechanisms
- Patient care navigator schedules follow-up visits for individuals who test positive
- Updated data and analytics dashboards to track COVID outcomes (including test results, admissions, ICU and ventilator use) by race, gender and age to identify trends and target proactive outreach

Continuing and enhancing our population health activities:

- **Standing up of telehealth** to maintain continuity of care as much as possible – including for mental health care provided by Social Work and Community Health and by Psychiatry and Behavioral Sciences
- **Ongoing care management**, including advance care planning and support around procedure rescheduling, for diverse patient populations who access care at Rush, including those who screen positive for two or more social needs or depression symptoms, are referred by outpatient provider, are hospitalized or visit the Emergency Department
- **Respecting the rights of patients with disabilities** for whom a support person may be essential by implementing an organizational policy to accommodate their individual needs and allowing for assistance from a designated family or professional caregiver, despite limited visitation policies (see Restricted Visitor Policy FAQs, and click the “exceptions” dropdown.)
- **Bereavement supports** as typically would be provided, including resources around funeral arrangements under COVID-19

Health care delivery to vulnerable populations in the community:

- Transitioned all CON Faculty Practice primary care and home visiting activities to telehealth
- Transitioned all school-based health center primary care and mental health care to telehealth
- In some settings, telehealth allowed services to be expanded to additional settings
- Continuation of essential home visits to persons with serious mental illness with added safety precautions and PPE
Outreach methods

Here are a few examples of how our teams execute the initiatives above:

• A team of nurses delivers test results, and based on their clinical judgment, places an order for social work follow-up for the majority of patients who test positive and some of the patients with negative test results. These referrals populate a work queue that social work care managers from the Social Work and Community Health and Population Health departments review and manage seven days a week. They call COVID-positive patients to screen and assess for the following:
  ▶ Caregiver and social support needs
  ▶ Food insecurity
  ▶ Needing a primary care physician
  ▶ Sanitizer and water needs
  ▶ Understanding precautions in transmission and leaving the home; medication access
  ▶ Ways of coping with self-isolation
  ▶ Worsening of symptoms

• Navigators, social workers and nurses have volunteered to fill extra shifts in the inpatient and emergency department due to staffing shortages, including cross-training outside typically-staffed unit/setting to accommodate surges in patients

• Proactive calls are being made by navigators and social workers to provide support around rescheduled procedures, including for trans and gender-nonconforming patients seeking gender-affirming treatments who have had surgeries and other treatments postponed.
Proactive outreach calls to at-risk patients and community members

In addition to our ongoing population health activities described above, we are also actively reaching out with proactive COVID-related calls to various groups who may be particularly at high risk for adverse impacts of COVID-19, including the following individuals:

- **Medicare beneficiaries with high risk of severe medical complications:** We’re using a predictive algorithm from ClosedLoop AI to identify Medicare beneficiaries most at risk for severe medical complications should they become infected with COVID-19 and having nurse care managers conduct proactive outreach, education and referrals

- **Older adults residing on the West Side of Chicago,** who are members of Rush Generations or identified by local community groups as benefitting from friendly check-in calls

- **Individuals who have visited the Chicago Emergency Department** for non-COVID related reasons

- **Individuals who have recently reported social needs,** including food insecurity, in Rush’s Emergency Department or in community-based screening calls from employee volunteers and AmeriCorps members

- **Caregivers of individuals who test COVID-positive at Rush,** who have been identified by the social work and nurse care managers in their calls to COVID-positive patients as potentially benefitting from caregiver support

- **City of Chicago Senior Center participants:** Leveraging Rush’s contract with the City of Chicago to perform well-being checks with past Senior Center participants, in collaboration with the City’s Department of Family & Support Services

- **LGBTQ+ individuals** receiving patient navigation services from Affirm: The Rush Center for Gender, Sexuality and Reproductive Health

**Outreach methods**

These proactive outreach call efforts are underway to try to reach individuals who are at particular risk for adverse consequences of the COVID-19 pandemic due to a preexisting health condition or social need.

We are leveraging a diverse workforce to make these calls, including nurse care managers (some redeployed from other departments/units), community health workers, patient navigators, AmeriCorps members and Rush University student volunteers. We provide centralized guidance and upfront training to individuals making outreach calls for quality and consistency in intervention and documentation.

**Measurement opportunities for population health activities and care and outreach calls**

To gauge our progress and continue to monitor the need, metrics we are tracking across initiatives include:

- Number of individuals successfully engaged
- Number of individuals with attempted outreach
- Types of needs identified and COVID-19 status
- Types of interventions provided, such as enrollment in Senior Connections weekly friendly calls or referral to utilities assistance
Social work helplines

Along with the proactive care management services and outreach calls described above, patients, families and community members can also call into Rush to access social work support services.

We offer two helplines for community members to reach us:

- Pre-established helpline for Rush Generations and centralized intake for care management and resource information toll-free helpline
- Temporary Social Work Helpline for COVID-related resources and anxieties

The Social Work and Community Health Department has an existing toll-free helpline as part of Rush Generations, a health promotion membership program for adults and caregivers that provides lectures, evidence-based workshops, classes, information and resources geared toward health and aging. This helpline is staffed by departmental social workers and health promotion staff (including bilingual for Spanish callers) to provide information and assistance around resources available at Rush and in the community, including but not limited to Rush Generations offerings. It also offers program updates to those not receiving the Rush Generations e-newsletter and/or not connected to our Rush Generations Facebook page. The department collaborates regularly with Rush primary care, specialty care and inpatient providers and runs a mental health clinic. This helpline serves as centralized intake for those offerings.

An additional and temporary Social Work Helpline was recently launched to expand supports under COVID-19. Social workers staff this line from the Office of Community Health Equity and Engagement’s Community-Based Practices team (including staff from Rush’s School-Based Health Centers, Adolescent Family Center and Affirm: The Rush Center for Gender, Sexuality and Reproductive Health). The team collaborates regularly with the Social Work and Community Health team to minimize duplication of services and share resources.

Callers are directed to the Social Work Helpline line by:

- Referral from the centralized Rush Call Center and triage nurses for those in need of emotional support and/or resource linkage
- Direct dissemination of phone number to school partners and various community-based organizations and listservs
- Transfer from other internal Rush departments
- Proactive outreach calls to the targeted groups as described above
**Outreach methods**

The existing toll-free helpline is known among the 16,000+ Rush Generations’ members and others familiar with Social Work and Community Health’s services via existing communication channels, including quarterly print newsletters, electronic newsletters and the community-facing Rush.edu website.

To get the word out about the newly created supplemental Social Work Helpline, we:

- Developed a training and workflow tool for Rush Call Center and triage nurse staff
- Distributed phone number to school partners, marketing it as a resource for students in need of mental health services
- Shared flier with various community-based organizations, email listservs and in food deliveries
- Added information to Call Center information on community-facing Rush.edu COVID-19 Resources webpage

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**When to Refer**

**Patient Primarily has Non-Medical Needs**

**Mental Health**
- Worry, stress & anxiety
- Upset/confused about why they’re not getting a COVID-19 test
- Caregiver support
- Struggling with social isolation

**Resources**
- Transportation to medical appointments
- Food insecurity
- Housing
- Unemployment
- Connection to other resources

**How to Refer**

- **Connect to Extension 3-1245**
  - This helpline is staffed by five social workers, from 9:00am-5:00pm
  - Inform patients that they may have to leave a message if no one is available and it will be returned within the business day

- For non-English speakers, what is the most convenient way to share patients with us?

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**Possible Language**

“This situation is creating a lot of stress and anxiety for our patients. Now that we have addressed your medical questions, I would like to connect you to one of our social workers who can talk with you about the non-medical ways this virus is impacting your life. This might include talking about what’s worrying you, or connecting you with community resources. Is it ok if I transfer you now? If no one answers, please leave a message and someone will get back to you shortly. Please note that this line is only staffed between the hours of 9am and 5pm.”
Measurement opportunities

Metrics we are tracking include:

- Number of calls received and breakdown of whether call is a Rush patient
- Source of calls
- Types of intervention provided
Health education and wellness

To provide accurate, community-relevant information about COVID-19 prevention and support health and well-being, we use a number of communication vehicles.

Newsletters

**Rush Generations**: Existing e-newsletter sent out to Rush Generations members. The frequency of e-newsletters changed from monthly to biweekly to keep members informed during the COVID-19 pandemic and engaged in the new programming offered via phone call, Zoom and Facebook Live.

**Rush Education & Career Hub (REACH) newsletter**: This shared weekly e-newsletter focuses on supporting K-12 students, educators and families during COVID-19. Tips and information highlighted include educational resources to support remote learning, emergency assistance for food, housing, employment and health/safety.

**Community Health Equity and Engagement (CHEE) newsletter**: This new biweekly e-newsletter shares resource information that community partners may find valuable. It also includes feature stories from Rush and the community and offers updates on relevant Rush resources.
Webinars/Virtual sessions

**Ask a Doc webinars:** A community-focused webinar series hosted in Spanish and English. Each week experts provide information and answer questions from community members on COVID-19. These webinars have taken place twice a week since late March, once in English and once in Spanish. A flier accompanies every Ask a Doc invitation that community partners can share with their constituents in Spanish and English.

Topics to date include:

- General COVID-19 questions/concerns/inquiries
- COVID-19 concerns within the LGBTQ+ community, in partnership with Howard Brown Health
- COVID-19 and mental health
- Older adults and COVID-19

**Community Panel Webinars:** Additionally, the Office of Community Health Equity and Engagement hosts panel discussions on the inequitable impact of COVID-19 on the black community. This panel series was launched as a response to reports and data indicating a disproportionate share of COVID-19 cases and deaths amongst Chicago’s black population. The first panel in this series included two physicians (from Rush and from the University of Illinois School of Public Health) and two pastors from community partner congregations. The second panel included physicians (from Rush and Howard Brown Health) as well as two pastors from communities hardest hit by COVID-19.

**Mini-Clip Mondays (Rush Generations):** As part of its new virtual programming, Rush Generations is posting mini lectures on its Facebook page and via newsletters each week. Topics covered in these video clips include COVID-19 key information for older adults, mindfulness tips, guided meditation, back and neck pain and the 2020 Census.
Virtual health promotion workshops and lectures (Rush Generations):

All in-person existing programs transformed into virtual offerings including:

- **Fitness classes**: Gentle Chair Yoga, Dance and Chair Fitness
- **Support groups**: Friends and Families of People with Memory Loss, Huntington’s Disease, Diabetes Education, plus additional offerings below
- **Evidence-based health promotion programs**: Chronic disease self-management in English and Spanish
- **Health Legacy Program for Women**: Teaches older adult black women to make lifestyle changes to reduce obesity and diabetes

Rush ensured that these were shared widely throughout our service area.

Other health promotion clips:

- “Fireside chat” via YouTube with social worker, endocrinologist and plastic surgeon for LGBTQ+ community
- #WellnessWednesday posts on the CHEE Facebook page to inspire and engage the community during the pandemic, including mindfulness tips, Zumba classes and virtual museum tours

Outreach methods

Sharing of health promotion activities electronically, digitally and promoted via outreach calls and helplines. For instance:

- Appropriate communications vehicles to share Ask a Doc webinars helps spread the reach to community members. Each week, the Ask a Doc webinar is sent to community partner organizations, added to the COVID-19 Community Resources page on Rush.edu with a clickable link to join the webinar along with an announcement on the CHEE Facebook page. Once the webinar has been recorded, it is uploaded for viewing to CHEE’s Facebook page.
- Speakers/providers use the Gather Voices tool to generate Rush Generations wellness mini lectures/videos, which are posted on the Facebook page and sent out via e-blasts. The edited videos with subtitles are also stored in the newly developed Rush Generations YouTube Channel. The health promotion workshops, classes and support groups are, for the most part, conducted using Zoom and/or telephone.
- Rush also shares the various opportunities and classes with the Oak Park Department of Public Health as well as the Oak Park River Forest Chamber of Commerce

Measurement opportunities

Metrics we are tracking include:

- Number of webinar attendees
- Number of video views (Facebook, YouTube)
- Enrollment changes vs. previous in-person workshops and lectures
Social connection supports and mental health treatment

In a time of social isolation and collective grief, social connection and emotional well-being are more important than ever. To provide emotional support to community members, especially older adults who are at heightened risk for isolation, we have adapted and developed the following initiatives:

- **“Coping and Connection in the Time of COVID” telephonic emotional support group**: Twice weekly support group led by clinical social workers to provide an opportunity for emotional connection and support with other Rush patients and community members.

- **Senior Connections: Rush Generations Friendly Caller initiative**: Dozens of volunteers have been trained to make friendly calls to hundreds of older adults (more details below).

- **COVID-19 Caregiver Support Group**: Weekly support group led by clinical social worker, for individuals who are caring for someone who has COVID-19.

- **Telemental health continuity for Rush patients**: (as mentioned above) and for students who are new or established behavioral health patients of the Rush School-Based Health Centers.

- **Connection with mental health resources and treatment**: Connecting individuals to mental health care at Rush, via community mental health providers or via support lines run by the city, state and National Alliance on Mental Illness.

- **Coping and Stress Support Module**: Providers can refer patients to new Video OnDemand module if patients are stressed and/or requesting emotional support, or patients and employees can click on the module to self-refer.

Outreach methods

For the **Coping and Connection in the Time of COVID** support group, we shared a description of the group with care managers, posted on the Rush.edu website and included information about it in e-newsletters:

Example copy:

**“Coping and Connection in the Time of COVID” Telephonic Support Group**

**Wednesdays and Fridays, 2-3 p.m. CT**

*(Standing conference line and access code)*

*These support groups are available to all individuals interested in joining weekly conference calls to connect with others during this isolative time. Each group will be co-facilitated by two licensed Rush social workers and will provide an opportunity for emotional connection and support.*

*These groups are available at no charge to Rush patients, their families and community members.*
Our **Senior Connections: Rush Generations Friendly Caller initiative** began with initial calls to Rush Generations members who reside on the West Side of Chicago (approximately 200 people) and older adults referred to us from nearby Garfield Park Community Council (approximately 250).

Students from Rush Medical College, the Albert Schweitzer Fellowship and other volunteers completed a two-hour training and orientation to make friendly calls to older adults. While callers are equipped with knowledge and resources available to make appropriate referrals, the calls are participant-directed, focusing on whatever the older adult wishes to discuss. Referrals for these calls can be made to the COVID call center, Social Work Helpline, Food Resources, etc.

For our **Families Caring for COVID** support group, a description of the group was shared with care managers, posted on the Rush.edu website and in newsletters.

Example copy:

**“Families Caring for COVID” Telephone/Video Support Group**

*Are you caring for someone who has COVID-19? Do you feel overwhelmed? Sad? Anxious?*

Whether you are caring for them at home or they are in a facility, it can feel overwhelming. Talking can help, especially talking with others who really understand and can help with information and resources.

If you are caring for someone with the diagnosis, please join us for a professionally led support group on Wednesdays from 12:30-2 p.m. each week. Your first meeting will be by phone, and we will send information about connecting through the Zoom app after that if you'd like to use a video connection.

*To get started and connect: (Standing conference line and access code)*

If you have any questions, please call the Caregiver Initiative at (312) 563-0350 and ask for the “Families Caring for COVID” support group.

**Measurement opportunities**

Metrics we are tracking include:

- Number of attendees at support group, ratio who are Rush patients, location of participants
- Number of friendly calls requested
- Screening results regarding social isolation and depression
- Participant demographics
- Encounter data related to telemental health services
Emergency food support

Rush has a longstanding commitment to food security as part of its health equity efforts. As detailed in its Community Health Needs Assessment and Implementation Plan, food security has been identified as a need for the communities Rush serves. In response, Rush formed an interprofessional food security leadership group that addresses food security for patients, community members and employees.

In order to respond to the increasing need for emergency food support, Rush has built on two other existing partnerships and programs – Top Box Foods and Rush’s Employee Volunteer Program (EVP). Rush is sponsoring an employee volunteer opportunity through the EVP where employees make outreach calls to patients, community members and employees throughout the West Side of Chicago and work with Top Box to safely deliver food to residents.

The calls aim to:

- Identify and confirm individuals experiencing food insecurity
- Provide those individuals with information about the food pantry closest to their address of record
- Link them to resources that can assist them with applying for food relief services such as Supplemental Nutrition Assistance Program (SNAP) or Meals on Wheels (for seniors ages 60+)

Identified individuals also receive an emergency food assistance box from Top Box Foods, our anchor mission vendor, containing fresh produce and shelf-stable food items at no cost to the recipient. This box is estimated to provide at least two weeks’ worth of food. Individuals not receiving SNAP benefits or meal delivery assistance are referred to Rush community health workers for assistance to complete applications.

Ten West Side partner food pantries have also received grants from West Side United to help with food distribution, including one of Rush’s key partners serving the Austin community, Beyond Hunger.

Outreach methods

Employee volunteers are reaching out to individuals who have been identified as being food insecure when screened for social needs in the past three months in the Emergency Department or community sites, and who meet the following criteria:

- Residing in a West Side ZIP code
- Over the age of 60 and/or
- Are a member of a faith-based church engaged with Rush’s West Side ALIVE research program

The first cohort of callers consisted of employee volunteers from Rush. Callers ask individuals about qualifying for SNAP benefits or Meals on Wheels (Meal Delivery Program) assistance and offered enrollment support.

Measurement opportunities

Metrics we are tracking include:

- Number of food boxes delivered and participant characteristics
- Number connected with local pantry for food support
- Numbers of referrals for enrollment in SNAP
- Number of referrals for enrollment in home-delivered meals (for 60+ year-olds) program
- Number of social work referrals
- Number of referrals to the Rush 24/7 COVID-19 hotline
Support for homeless shelters

Rush has committed to health equity with the notion that housing is health, and we must support those who are housing insecure. Rush for many years has supported its shelter and housing partners, such as Franciscan Outreach and Housing Forward. Rush offers a free clinic with medical students and faculty providing medical care to the Franciscan Outreach’s patrons. In addition, Rush also provides food to Franciscan three days a week from the Rush Surplus Project.

During COVID-19 Rush has doubled down on this commitment and Rush providers/faculty initiated an effort to address COVID-19 for those with housing insecurity, in partnership with the City of Chicago, homeless housing providers and other health care institutions to form the West Side Homeless Coalition.

The quickly formed coalition provides the following support:

- Guidance around personal protective equipment (PPE) supply provisions to homeless shelters
- Protocol for screening, prevention and care at homeless shelters
- Care provision through the College of Nursing Faculty Practice for homeless population

Outreach method

Through regular workgroup meetings and interprofessional collaboration, the coalition worked quickly and was able to organize and galvanize necessary resources, which resulted in the following:

- Developed a Rapid Response Team (in partnership with UI Health) to test and contain outbreaks within shelters throughout Chicago
- Collaborated with City of Chicago Department of Public Health, the Mayor’s Office and A Safe Haven Foundation to open a COVID-19 Isolation Center for persons with unstable housing to provide a safe space to isolate and recuperate from the disease

COVID-19 Medical Respite Intake Process

Once an individual arrives at A Safe Haven, the intake process is as follows:

1. Assign a case manager or discharge planner liaison (COVID-19 Facility Liaison) to staff each hospital unit, ED shift and shelter shift.

2. Complete the Quarantine/Isolation Facility Intake Form: CDPH will attempt to arrange same-day transport for those requests received and approved before 4 p.m.

3. Hospitals must provide transportation to isolation facility for patients approved on Saturdays and Sundays.

4. COVID-19 Facility Liaison attempts to collect the best contact information for the individual (if any) and the individual’s emergency contact(s), and ensures she/he is discharged with a 14-day supply of any medications and other personal necessities.
Rush provides medical care to individuals when they arrive and various other supports, including:

- Care provided by Rush Nurse Practitioners who are being temporarily redeployed
- Mentorship by Rush Nursing Faculty for RNs staffing the clinic from the City of Chicago
- Consultation on discharge planning and psychosocial issues by Social Work and Community Health
- Some supply donations organized by College of Nursing faculty and staff (hygiene supplies, socks, underwear, etc.)
- Rush University students and staff distributed 25,000 surgical masks to 97 congregate living facilities
- Secured a significant grant for a Chicago Homeless Response Fund to cover supplies, testing, care, training and screening tools such as infrared temperature scanners or thermometers
- Received additional operating grants to support West Side shelters

**Measurement opportunities**

Metrics we are tracking include:

- Number and percent of city shelters with protocols in place for screening
- Number of masks procured and delivered to shelters
- Number of individuals trained on proper use of masks
- Number of students involved in volunteer efforts
- Number of shelter staff/volunteers supported
- Other supplies procured and delivered to shelters
- Number of individuals (patients) supported with medical care/care management/mental health supports
- Number of providers volunteering and number of providers who attend recruitment webinars
- Number of false negatives identified
**Education and resource connection for older adults**

To ensure that our older adults do not get overlooked, a taskforce led by Rush’s Center for Excellence in Aging (CEA) with members of the CCC team, came together to identify opportunities to more strategically support older adults on the West Side. This builds from extensive work that the CEA has done previously and Rush’s longstanding commitment to older adults.

**Outreach methods**

After conducting a series of interviews with organizations on the West Side of Chicago that focus on older adults, the taskforce identified the following key priority areas:

1. Need for accurate information about COVID-19 safety
2. Food access and security
3. Ability to access PPE
4. Connecting with hard-to-reach older adults
5. Social isolation (including boredom and loneliness)

These findings inform ongoing programming described above and additional efforts undertaken by the taskforce to support older adults in the following ways:

- Creating a curated resource information sheet for local older adults and caregivers; shared with community partners for dissemination, including senior buildings to try to reach older adults who may be less socially connected and provide emergency food delivery
- Sharing the CDC’s one-pager on COVID-19 prevention with community partners for dissemination
- Coordinating with local police to provide COVID health information for their well-being checks and communicating with local aldermanic offices about needs of older adults in their areas
- Developing media pieces focused on older adults and COVID-19 including an article for *Austin Weekly News* and a recent webinar on SeniorTalk with Clara Hubbard, a local radio show
- Collaborating with City of Chicago senior centers to support their outreach and education efforts, including planning for and providing outreach calls
- Creating content about coping during COVID and disseminating through Rush’s Center for Excellence in Aging’s website
- Collaborating with other Rush partners to allocate thermometers to local aging service providers in need
- Creating and distributing educational flier on avoiding frauds and scams
- Infusing an older-adult focus into various activities previously mentioned, including Ask a Doc webinars, community partner surveys, outreach calls and prioritizing older adults for emergency food delivery
Measurement opportunities

Metrics we are tracking include:

• Number of older adults provided with emergency food
• Number of fliers printed and distributed focusing on older adult COVID-19 information and resources
• Number of media placements and hosted events highlighting older adult COVID-19 issues
Support for Rush staff and providers

In addition to providing support for our external community, Rush is committed to also providing mental health support and resources for our first community, employees.

For those employees serving in-person on the front lines, we developed a Wellness Hub in the hospital Tower building. The hub includes one-on-one supportive counseling (staffing details below), mindfulness exercises and general respite with snacks and a quiet space. Wellness rooms are also available for staff on hospital floors. Our Chief Wellness Officer does inpatient and ED rounding with providers on hospital floors, on-site employees can get an immediate response from the Wellness Response Team by paging, and Virtual Wellness Rounds extend the support to furloughed employees or those working from home.

Rush has also undertaken various efforts to address basic needs staff may be experiencing during the pandemic:

- Free housing for staff who have tested positive for COVID-19 and other health care workers who need temporary accommodations
- Free parking
- Free regional train rides
- Free bike share
- Discounted ride share
- Discounted car rentals
- An emergency Day Camp to provide child care for children of frontline staff

Beginning April 24, 2020, Rush University Medical Center began offering employees and students testing for COVID-19 antibodies – the proteins the immune system produces to fight the virus. The testing is available through a simple blood draw and contributes to research by following study participants’ symptoms over time and other data to allow researchers to find factors that help with recovery from COVID-19. Rush offers employees receiving care for COVID similar care and supports as described above.
**Outreach method**

Rush staff have been notified about the Wellness Hub through communications in a special edition of the Rush Wellness e-newsletter along with signage throughout clinical spaces where frontline staff work.

Rush clinical social workers staff the in-person Wellness Hub weekdays from 8 a.m. to 8 p.m. daily. There is a daily to-do list for setting up the Wellness Hub and a documentation form that protects employee confidentiality. All Rush University Medical Center employees receive updates about the Wellness Hub offerings via the e-newsletter.

In addition to supporting staff while at work, Rush acquired an emergency license to support employees with child care concerns due to school and daycare closures. The staff from Rush’s daycare, Day School and Community Education and Outreach programs provide child care and enrichment for children (between ages 5 and 12) of frontline staff.

**Metrics**

Metrics we are tracking include:

- Number of Rush staff who visit the Wellness Hub; type of intervention that person participates in
- Number of Rush staff who request support around basic resources, including food
- Number of Rush staff who sign up for the child care camp and attendance rates

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**Wellness Center Intake Form**

Name: __________________________ Phone: __________________________

Date of consultation: Click here to enter a date.

Intervention provided (check all that apply)
- Provided supportive counseling
- Conducted psychoeducation
- Facilitated processing of emotions
- Practiced relaxation/mindfulness techniques
- Supported current coping
- Offered community resources
- Engaged in safety planning
- Other: ________ Click here to enter text.

Next steps (examples include implementing a new practice or coping strategy, calling a resource, contacting RWAP, talk to a manager/team member, etc.)

Telephone follow-up scheduled for: Click here to enter a date.

Follow-up to be completed by: Click here to enter text.

Form completed by: Click here to enter text.

Shred date (4 weeks post-initial consult): Click here to enter a date.
Chapter 4

The Path Forward
The road ahead

As this health crisis continues to evolve, Rush teams will remain nimble to meet the ongoing needs of our communities as well as any new needs that arise. The cross-collaborative approach of the Community Command Center helps us deepen our support for the at-risk individuals and neighborhoods we serve during this critical time and encourages innovation and out-of-the-box thinking. It also presents us opportunities and ways to both improve on and sustain this work to ensure that our community’s needs are met now — and well into the future. We are indeed better together.

Other Rush COVID resources

- Rush COVID Response Playbook
- Rush University Medical Center website
- Rush COVID-19 Community Resources web page

Rush also actively develops educational supports for internal and external providers via various local and national networks. COVID-related offerings to date have included:

- Center for Health and Social Care Integration (CHaSCI) Community webinar: Care Management in the Time of COVID-19
- Coronavirus: Information for Community Health Workers
- COVID-related Continuing Education Opportunities

To learn more about our health equity work, visit Rush in the Community.

We hope this compilation is a helpful resource for other health systems and communities working on similar efforts. We are happy to answer questions, explore ways to tailor similar efforts to your own community and arrange for staff trainings via our Center for Health and Social Care Integration.

For more information and to connect with Rush leaders conducting this work, please contact:

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