Information Overload – A method to share updates among frontline staff during the COVID-19 pandemic

Seerat K. Poonia, MD¹ and Karthik Rajasekaran, MD¹

¹Department of Otorhinolaryngology – Head & Neck Surgery, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA

Corresponding Author:
Seerat K. Poonia, MD
3400 Spruce St.
5th Floor Silverstein Building
Philadelphia, PA 19104
Email: Seerat.poonia@pennmedicine.upenn.edu
Telephone: 215-570-6119
Fax: 215-662-4515

Funding: None
Conflicts of interest: None
Author Contributions:
Seerat K. Poonia: Conception, design, interpretation, drafting, revising
Karthik Rajasekaran: Design, interpretation, drafting, revising, final approval

Keywords: COVID-19; coronavirus; pandemic; information; communication; frontline
ABSTRACT

Since COVID-19 was classified as a pandemic the stream of important information from multiple sources is constant and always changing. As the pandemic evolves the need to report relevant information to frontline providers remains crucial. A one-page centralized document termed a “quicksheet” was developed to include guidelines, policies and practical information and to serve as a reference tool for our clinicians. It was updated and distributed frequently, up to once daily. It was embraced as an important resource for resident physicians initially, then quickly adopted by the entire department as a necessary reference and communication tool during the ongoing crisis. The quicksheet has been a beneficial tool to distill and organize the most important and relevant information for frontline staff and we hope it can serve as a template for departments and healthcare workers in other hospital systems to adopt.
INTRODUCTION

Since COVID-19 was classified as a pandemic by the World Health Organization (WHO), there has been a significant amount of knowledge gained about the disease and its impact. The exponential stream of information initially from China and then Italy, has grown immensely with the spread of disease. Now, experiences are constantly being relayed from all over the world. The rate of influx of this information is fast and from multiple sources, ranging from hospital administration, department leaders, coworkers, social media, family and friends.

Furthermore, the wealth of information is not only growing, but it is constantly changing as we learn more about the novel coronavirus and its effects. Being on the front-line, it is overwhelming and stressful to not only keep up with the most up-to-date information, but also to be able to access it in a timely manner. We therefore created a COVID-19 “quicksheet”.

QUICKSHEET

The goal of the quicksheet was to create an easily accessible, one-page centralized document with the most up-to-date and relevant information, that can be readily viewed by the front-line staff. It is meant to serve as a condensed summary of longer, more detailed protocols that exist in source emails and on institutional websites. This was initially created by a senior otolaryngology resident (first author) after careful review and compilation of all existing departmental, hospital and CDC/WHO guidelines and recommendations. The intention was that it would be shared with her co-residents and fellows. But, after being in use for a few days, it has gained immense popularity, and is now shared with the entire department. Other departments within the institution are now to follow suit as well.
Figure 1 is an example of our quicksheet. The items that were most pertinent to our service included the following:

1. **Header** – Includes a title specific to our department and the date of the last update.

2. **Updates** – This is at the top of the document and the first major section. It includes the latest, most crucial information.

3. **PPE Recommendations** – This section is divided into two columns because there are different considerations based on the two major environments we function in -- the operating room (OR) and inpatient. The OR is further broken down into case categories as there are different recommendations based on the type of surgery, specifically whether there is involvement of the mucosal surface, non-mucosal surface or the airway. The inpatient/consults section describes the recommendations based on a combination of patient characteristics and the extent of examination or procedures to be performed. Also included in this section are important notes concerning the location of specific PPE, instructions for reuse of PPE and a link to an instructional video for proper donning and doffing of PPE.

4. **Consult policies** – The initial section includes important considerations as a subspecialty consultant service. Specific policies as it pertains to the necessity of certain routine procedures as well as management of certain types of consultations are discussed.

5. **Emergent airway management in suspected or confirmed COVID** – This section is constantly evolving. It includes departmental and hospital policies for airway management in the decompensating patient and includes PPE reminders and general management considerations.
6. Coverage policies – Our department abandoned the prior service model to create a float schedule, with a goal of maintaining only the minimum number of residents necessary in the hospital. This section includes departmental policies for the coverage of essential surgeries still being performed and urgent clinic appointments.

7. Self-monitoring – This final section provides the information one would need if they develop any symptoms concerning for coronavirus and includes phone numbers for the institution’s official hotline.

The quicksheet is updated on a daily basis by an appointed individual, whose responsibility it is to review all emails daily and distill the most important information. Attending physicians, residents and fellows are encouraged to submit any pertinent information to the author for inclusion in the quicksheet, allowing it to serve as a central interdepartmental communication tool. The quicksheet is then emailed to the entire department when there is a significant update. Ideally the frequency is once daily at most, unless there is a dramatic change.

CONCLUSION/IMPLICATIONS

As the COVID-19 pandemic continues to evolve, it will remain critical to distill and organize the most important and relevant information for physicians on the front lines of patient care. The quicksheet document has been a beneficial tool to this end, serving as an easily accessible and reliable clinical and safety reference for residents, fellows and attendings during a time of tremendous change and uncertainty. We hope that this quicksheet can serve as a template for departments and healthcare workers in other hospital systems to adopt.
ACKNOWLEDGEMENTS

We would like to acknowledge Micheal Ruygrok, MD, an emergency physician and the Director of Risk Management, Quality, and Patient Safety at US Acute Care Solutions, South for formatting considerations while creating the quicksheet.

FIGURE LEGEND

Figure 1: Example of quicksheet distributed on 4/3/20.

REFERENCES

No works were cited in the writing of this commentary.
This manuscript has been accepted for publication in Otolaryngology-Head and Neck Surgery.