

University of Illinois System's COVID-19 Planning and Response Team Interview

Dr. Bob Barish, Vice Chancellor for Health Affairs (VCHA), University of Illinois Chicago

John Coronado, Vice Chancellor for Administrative Services, University of Illinois Chicago

Margaret Moser, Executive Director of VCHA administration & operations, University of Illinois Chicago

While Dr. Barish and Margret typically work at UIC's Office of VCHA and Vice Chancellor Coronado works at UIC's Administrative Services, this interview focuses on their work on a University of Illinois System wide COVID-19 planning and response efforts. Dr. Barish was appointed by System President Tim Killeen to lead these efforts.

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SPEAKERS

Dr. Robert Barish, John Coronado, Margaret Moser, Jessie Knoles, Jenna Courtade

Dr. Robert Barish 00:00

...[Health Affairs,] who-- Good, okay recording-- who reported up to Urbana in the president's office. And then there was a provost, the typical Provost who oversaw all the colleges. And so we have 15 colleges. For whatever reason I wasn't involved. But that's, that structured did not seem to be optimal. I'll say that for the university, here in Chicago. And they created my office, the Vice Chancellor for Health Affairs, and it was a national search. And I came as, I was 24 years at Maryland, and after that, I was chancellor at LSU, Louisiana State, and that's where I came from, from LSU. So I oversee the seven Health Science colleges, one of the largest colleges of Medicine, Nursing, Pharmacy, Dentistry, School of Public Health, and Social Work. And the delivery system, University Hospital and Clinics. And we have something very special, we have Mile Square, which is federally qualified health centers, we have 14 of those who extend throughout the city of Chicago. So that's the scope when I tell you the scope, because almost every one of these colleges and hospital, obviously, Mile Square, were involved in the COVID-19 response and the pandemic. So that's my scope. I'll just introduce briefly, John and tell you, you know, John was a distinguished officer in the Navy. We were very lucky to have him here. How many people do you know in your career who oversee Camp David for the President? So John Coronado, who is the Vice Chancellor for Administration Services, was here at a very opportune time. And we'll talk a little bit about that. So John, brought a tremendous wealth of knowledge and organizational skill, as COVID began, and we'll get into that, but John, why don't you give a little bit about your background?

John Coronado 01:49

Sure. Thank you, Bob. So I'm John Coronado, the Vice Chancellor for Administrative Services. I joined UIC in April 2018. And the scope of my responsibilities includes pretty much all public safety. So I have the police department, emergency management, environment, health and safety, reporting to me. Then all the facilities operations, maintenance, renovation, new capital construction, those units report to me. Parking services, and all the utility operations on campus are also part of my organization. I have about 1200 employees that report to me, and because as you can imagine, the type of work we were, you

know, 80% of our people were on campus throughout the whole COVID timeframe, because the campus did not fully shut down. We had the hospital was operating, of course, on a daily basis, the health science colleges never really shut down completely. And we had students in our dorms, you know, throughout the entire time, less students, but there's still students that we had to support, as well as the other some critical research was still happening on campus throughout.

Dr. Robert Barish 03:04

And, and now we have Margaret, my chief of staff who basically runs my life and organizes everything. And she was actively involved in also the COVID-19 response and helping. So, Margaret, did you want to just give a just brief introduction, and then we'll, we can start with some of the questions.

Margaret Moser 03:22

Sure. Hi, I'm Margaret Moser I'm Executive Director, Vice Chancellor for Health Affairs Administration and Operations. I've been working at UIC for 17 years and 11 of them here in this office. And yeah, I was just here to help with whatever initiative came crossing our desk during COVID, and was very lucky to work with Dr. Barish, and Vice Chancellor Coronado, on the response.

Dr. Robert Barish 03:46

Great. So I like to tell stories. You had to tell stories when you were Chancellor in the Deep South. And so I noticed that one of your, your questions first one was, "Do you remember the first time you heard about the emergence of COVID-19?" I remember it like it was yesterday. And it was March 12 of 2020. And I was in the hospital, in the executive offices, and we got a call from one of the floors. That said, we think we have our first COVID-19 patient. Oh my gosh! You could imagine the staff, what do we do? We need to shut down the entire unit. Did we all get COVID? How do we deal with this? I mean, it was, there was so much concern and obviously for the patient too, but what do we do? This is new. We've been hearing about it, hearing about what happened out west and oh my gosh, everybody. So what I did was I had a specific contact at the CDC. And we called him, I called him directly at the CDC and said tell me number one, what should we be concerned about? How do we communicate this to the nurses and the staff, so there isn't chaos in the hospital? And we brought together a team, and I called him. And this is what they knew at the time. Now, this is March 12th. And he kind of, we went through the communication, which was good, he helped us. How do we, how do we ease the concerns, but he also told me what they knew from what happened in China. And I'm just telling you what they said at the time was fairly good news. We don't think this is highly communicable between patient and staff, or patient and patient. That's called a nosocomial infection. You want to be careful, but at least, now this is the very early days of COVID, at least we think there's good news here, and that it isn't as communicable as we had feared. Well, as you can imagine, over time, that that changed, right? But that's how we, that was the initial, all of us were concerned, oh, my gosh, the panic. And it finally happened here. And we didn't have rapid testing in those days. Remember, it might take 3, 5, 7 days, from the Health Department to, to get together. So obviously, our patients grew and ultimately went up to 144 patients in the hospital from 1 to 144. And today, as of today, we lost 220 patients in the hospital, 220 patients died. And we lost a number of staff, lost a number of staff because whether masks were universal at that time. How was it working? People were outside. So we really suffered, when I say suffered, our staff. And, and it was really grueling on, on the entire medical staff. And to see people who you would call intubate, would you, you know, when they, when you put a tube down them. And you

knew that that was probably the last time they would ever see their family, their loved ones because they couldn't come into the hospital. We couldn't have visitors. So you'd get this Zoom, you get an iPad, and they would say almost goodbye to their loved ones. It was, it was unbelievable. I just to let you know, I lived through the first pandemic, I was a young intern at St. Vincent's Hospital in New York City. During a disease we didn't know anything about either. And it was, and then we learned it was HIV. I never saw anybody live from that disease. But it wasn't communicable. You could walk in without a mask. You could walk by someone you could spend. Whatever it was, we knew. It wasn't by airborne. And so it was a different type of thing. So and I'll let John and Margaret, so you said the last day going into lockdown. I think we locked, we went into lockdown almost five days later, March 17th. Because we go, oh my gosh! You know, we this thing is, and all these patients were coming in, and some of them were dying. And despite all our efforts, we didn't have much to do. We didn't have any medications. We had a ventilator, we had oxygen. And, and it was really, it was really very, very sad. So what happened is, and I'll get to John, eventually, this is where the academic was great to have all the colleges in the Health Science Center, and even all the other colleges who helped out. But the President got us together. I got a call, I don't know if you remember Dr. Barbara Wilson, do you remember Barbara who is here? Now she's president, University of Iowa. But she was the Executive Vice Provost, and she ran the meetings. And what happened was the president was President Killeen called me with Barbara and said, We would like you to oversee the, I'll call it, Task Force, Margaret, the uh, to oversee COVID-19 response for the entire University of Illinois System, meaning Urbana, Springfield, Chicago. Oh, boy! You know? Okay. What I think the President is saying is we need an organized approach. We need an organized approach. So, I was recognized at the board. It's in the board minutes that you know, Dr. Barish, and the first thing I said is, oh, my gosh, we need a military model. Now, I wasn't a decorated veteran as, as John Coronado. I was a flight surgeon in the Air Force, but I never ran Camp David. So who did I call first and say, John, we need an emergency response team. We need a military operation here? And I said there was the person who was perfect for the entire university was John Coronado. And he put into place an entire emergency management system and I'll let John describe it. And then we had weekly meetings. We'll go into that with with all the leadership at the University, so that we coordinated we sang from the same hymnal, but it was the coordination that you needed to do, and we use the military model. And so John, I'll let you pick it up from there.

John Coronado 10:06

Sure. Thanks, Bob. So I'm going to back up a little bit because, as Dr. Barish said, you know, March 12th was like a key date in our history, because that's when COVID hit home with that first patient. But we had, you know, we had been following this since the holidays, because that's when it started getting reported in China. What's this thing going on in China? And by January, we recognized that it was likely to come to the US, especially since we have faculty and students, international students, who were, who went to China and other areas in that vicinity during the holidays. And so we started tracking those people. And we actually convened our first emergency operations policy group to talk about COVID, towards the end of January. And we started recognizing that this was eventually going to come to us. And so we better be prepared to deal with it. And we started thinking about what type of organizational structure we need to report on to make sure to react to it because we didn't know when it would come, we just knew that it was, it was on its way. And it was eventually you got to make it to us, and, and so we did set up a, the UIC Emergency Operations Center. And that structure. And as Bob said, it's kind of military oriented and a hierarchical, hierarchical construction set. And in the operations group within that

model, that's where we really fit in these lines for Academic Affairs, and research, and healthcare operations, and stuff so that they can continue working, those entities can continue working in their silos, and to develop the resource requirements that they need. And get that over to our logistics section and the finance section, so we can figure out how we're going to prioritize all our efforts and deliver to the campus. Shortly after that 12 March date, you know, that's, that's when we decided to extend our spring break, and we're going to figure out how to end the semester in a virtual environment. And so everyone, it was an all hands on deck effort to, to move, pivot to completely online instruction. For the most part, there's very small amount of people on campus. In late March, the governor issued an executive order, the stay at home order, and so that affected most of us, but not everyone, not all of us. We were deemed essential services. And so a lot of our people still came to campus on a daily basis to keep the campus operations running, the critical operations running. And so we had, you know, three times a week calls, coordination calls, describing you know, what efforts were going on. And these these continued throughout July, I think, you know, basically laying out priorities and lines of effort that needed to be done in order to resume near normal operations in the fall. That was our goal. So we wanted to finish the academic year, and then figure out how, what, what, what kind of environment would we be operating on for the fall. And that's where our efforts system wide, you know, we're very much synchronized through this taskforce that Dr. Barish talked about. And then at UIC, we had several working groups developed and planning for how research would continue, healthcare, academic affairs, student life and things like that. And I think that just happened to work well for us. And, and the system saw what we're doing, and they felt it was good enough to adopt for a system wide perspective. But we did collaborate, learn from each other as to what we're doing. And at some point, we'll get into probably the saliva test process and badging and things like that.

Dr. Robert Barish 13:58

We developed, in the military there's something called a SITREP, situation report. We came up with this scorecard green, yellow, red; what was working, what wasn't working, and we have examples of that Margaret has examples that we can show, you probably want to have it in your archives. So and we would send it to the board every Friday, we'd send it to the president who sent it to the board. So the Board of Trustees, from a quick glance could say, oh, we don't have enough masks, I see. Or here the number of patients, or the students, or requiring masks everywhere in the campus. And one, a little bit of difference, the west campus, which is the healthcare side, we didn't really shut down because our students were in healthcare. We did make a decision and it was kind of a national decision that our medical students would not really be involved with the, in the care of, of COVID-19 patients if we knew that. I mean obviously, you never knew totally, but, and that was a national issue debated. But we didn't want them to put at risk, them at the time we had to go through, do we have enough protective PPE, we call it? We had to have warehouse it here. And I mean, it was quite, it was really almost like a military operation with logistics. One thing, if you don't get logistics, right, you don't get anything right. So we had to get that portion, right. But we did keep in contact with the board through a wonderful what we call sitrep, situation report, that, and over time, you can see things were all red, then they yellow, red, yellow. And then over time, when you saw things turning all green, you go, they felt really better, because oh my gosh, they just looked at it as a glance. And that was a tool that we use, we found it to be very successful. And we get we did that weekly for the board.

John Coronado 15:46

Yeah,

Dr. Robert Barish 15:47

John, do you want to comment on that?

John Coronado 15:48

I was just gonna say that that turned out to be a great tool, because it gave them a high level snapshot, in a color coded fashion that they could do the quick assessment, as well as like a high level summary. And then each university got a chance to, you know, go in detail into what is going on in their universities. And so, I think that really put our board members and the president at ease as to, you know, that, from a system perspective, that we're doing some really great things. And we're leveraging kind of, you know, good ideas from each other as well to bring to our respective universities.

Dr. Robert Barish 16:22

Right. Let me get into a little bit about the saliva testing. Because I know obviously, SHIELD Illinois was a huge success for Urbana. So we're a healthcare facility, we had a little bit different approach, just a little bit. We could develop our own because we have a pathology laboratory that's certified. So, we could we didn't have to go through the FDA quote, unquote, initially, like I know, Urbana and SHIELD had to, but we had to develop something because we had patients, right? We had patients and we had staff and we had faculty, it's a slight variation of the Urbana test. You don't need to get into the details. But the fact is, we could certify ourselves through the pathology, through pathology certification. And that's how we used, that's how we used our own saliva testing. And we use that almost throughout the entire pandemic. Now we're using SHIELD more, but it was great for us because, you know, we have 350 tests. And this was a, they developed it, and we worked with Urbana. We collaborated. But we had the ability to certify ourselves. And not necessarily, because we're healthcare facility, and not necessarily wait for all the, the bells and whistles of the FDA. So it was very, very successful. And people really liked the the saliva test and, and then what we realized, as we're as we're moving through this, and eventually, when the vaccine came, and I'll just jump to the vaccine. And Margaret, you, I know I'm jumping around a little bit. But, we had to have a facility that could give a significant amount of vaccinations. You know, every year we give the flu shot. We'll give two or 3000. Just as of yesterday, we gave about 800. But we'll get up to that. Because in the healthcare facility, you must, its mandated to get the flu shot, if you're in healthcare. So what we did, and this was our former chancellor Amiridis, really helped, our credit was called Credit [Union] 1 Arena, that's our basketball facility. And I forget how many it seats, John?

John Coronado 18:32

About 6000, I think. Six or eight thousand.

Dr. Robert Barish 18:35

So instead of having the small clinics, at least on campus, we took over the entire Credit [Union] 1 Arena for vaccination. And I, we'll go back and we can research the first day we gave the vaccinations. But here's where the, the synergy between the academic components and the hospital. By the way the hospital set up their own emergency system too because, in coordination, but a hospital is, is its own entity, and it had to have an emergency response set up as well. And they did that. So the College of

Nursing, all the nurses. College of Pharmacy would mix the vaccines. Dentistry would give vaccines. College of Medicine, School of Public Health did all our contact tracing. Can you imagine that? We had a school that suddenly, it was fantastic! And oh my gosh, it really helped us tremendously. Social Work helped out, you know, and who are we missing? Nursing, pharmacy, dentistry, School of Applied Health Sciences. Everybody got together, and of course the hospital personnel and we recognize the hospital personnel, four or five of them. Dr. Bleasdale we'd like you to, we'd like to talk to you, have her talk to. We gave her the the President's Commendation Medal, [Presidential Medallion], and the vaccination team, the nurses, there were several nurses and the MD administrators who we gave out the President's Commendation Medal, [Presidential Medallion], was awarded down in Urbana. And we were able to give almost 180,000 vaccinations, 180,000 vaccinations. Now, let me tell you the story the very first time, and we started with, it was great. We had a system. When the patients came, especially the elderly. What was so heart rendering to us, was that it wasn't only the vaccination, and then you had to wait 20 minutes. Did they have a reaction? But, very rarely was a reaction. But they would sit there and we've gave it to people 85, 90, 92 years old. And they started crying. And then we said, well, it wasn't so much they got the vaccination, which was really a relief, but they hadn't talked to anybody in a year. They'd been homebound, housebound for over a year. And so they just wanted somebody to talk to, can I talk to you doctor? Can I talk to you nurse? Can I talk to you social? They just wanted somebody to talk to because imagine being isolated in your home and not going out for a year. And so what we did in Chicago, I think, was incredible effort by the healthcare system, the academic system. Everybody pitched in. And then the, the mayor says we want UIUC, UI Health, to take care of 15 of our most underserved communities. Will you partner with us? And we did. And our, also our Mile Square federally qualified health centers gave vaccinations. And that's what I want to show you, I want to show you Mile Square, I want to show you the facility, you'll get a feel for, for what it's like here, and it'll, I think it'll give you, you know, enhance the report. And so the most vulnerable of citizens because we know, disproportionately African Americans, and Latinos were who suffered the most. And so the mayor said, We want you to, to help with the, 15 of the most underserved, and we did. Not only in this major facility, but mobile clinic, Miles Square, and it's a huge effort. And so we're very, very proud of the history that we played in Chicago, not only here for our faculty, staff, and patients, but for the community at large. So I don't know, Margaret, you're involved. John, you were involved. Margaret, do you want to add any color or commentary to this a little bit?

Margaret Moser 22:24

I don't know, if you like if we've adequately described, like when you say open up a mass vaccination clinic, or start a saliva testing program. Like it doesn't sound so hard, like people show up and get a shot and then leave, right? But you have to get them there. You have to register them, you have to have the right people do it. We have pharmacists, you know, at that time, the vaccine was so precious that if we, you know, there's like six doses in a, like in a vial, that if we only had five patients, we would go find somebody for that last one because it was so precious. So, I mean, it's just was an incredibly rewarding--. I mean, I've been at UIC, like I said, for 17 years, and I've been part of some really amazing projects, but being at that vaccine clinic and helping patients get their shot on the first day that it open was by far one of, it's probably the proudest day of my career, I would say.

Dr. Robert Barish 23:24

Yeah, I agree with, with Margaret. And every, you know, it really brought all of us together, everybody felt so proud of the institution, they'll never forget it. You know, there's nothing like in a disaster, or a pandemic to bring people together in a way that I think we've never been before. So it was, as Margaret said, we were also hearing at the time disasters in Florida, or other states. Lines, 8, 10 hours, 12 hours, you can't get a vaccination. People would come in and be out in 20 minutes. We took care of I mean, rightfully so, not ahead of anybody, but even board members, people who, they go, Oh my gosh, we were expecting a disaster four or five hours. They came, and they got in and out. So it was a very efficient operation. And not easy to do. But imagine our pharmacists sitting down on the basketball court, basically mixing the drugs, then transporting it up to all of us to get the vaccines and then the paramedics waiting for 20 minutes. Well, this is a reaction. Oh, and now we have to set you up for your next vaccination in either 21 or 28 days and come back. It was really, it was very emotional for everyone. We knew we were saving lives. We knew that the University of Illinois and UI Health, UIC we were saving lives in a way we never had and the beauty of the academic and the health care component coming together, not arguing, coming together in a way it's, it was really--

Margaret Moser 24:52

Can I just mention also our community, Dr. Bearish?

Margaret Moser 24:55

So, you know beginning of March it's heading and you would have heard all about the the need for PPE across the country and people just scrambling for it. And I want to say that one of the most, the things that touched me the most through all of this was just the outpouring of help from the community, not only the people that we serve, but our community within. So we were, we needed PPE for the hospital, right? Like we have a very well articulated supply chain management within the hospital and within UIC, but nothing was really built for this. A national shortage. And so, we opened up a website, and we put out a call for help and even things that we didn't ask for started coming through the door. So, you know, suddenly, me and my staff were maintaining a warehouse that Dentistry gave us and we were bringing in PPE, some of it couldn't be used in the medical setting, but could certainly be used. I know, John, like we gave some of the PPE that we brought over, you know, for some facilities [workers?]-

Dr. Robert Barish 24:55

Oh my gosh, yes!

Margaret Moser 26:03

--and things like that. So we had like nail salons, that could not be in, in business anymore. And they came and bought a palette of, of the masks, and our dental clinics. So all these dentists clinics that could no longer be open, emptied their drawers have all of their PPE and dropped it off at the, at the college. And we, our, our researchers who were not able to be in their laboratories brought their PPE and their chemicals, and their reagents, and all of these things that they needed, and negative AD coolers. All of these things that, that we needed. And it was, it was definitely work to manage the influx of it all. But it really, until we could stabilize our supply chain, it really was a comfort, I think too many that all of this stuff was was coming through the door.

John Coronado 26:03

Right, yep.

John Coronado 26:59

Yeah, I was gonna add on the logistics, logistical effort to set up these sites was a tremendous amount of work. And I think we put, took extra care and trying to make it as efficient as possible, recognizing that this is December, January, February in Chicago, where people were coming to get vaccinated. And doing it in a parking lot wasn't going to quite cut it, we did have parking lot, vaccination site established. But for the quantities that we wanted people that we wanted to run through it, we needed an indoor site. And we leveraged that Credit Union 1 Arena just for that fact. And for a while we were giving more doses of vaccine out of Credit Union 1 Arena than the rest of the city combined.

Dr. Robert Barish 27:42

And, you know, from the human nature, when you when you went to the Credit 1 Union Arena, [Credit Union 1 Arena], you'd see some of the same nurses there. It's almost like they slept there for six months, eight months. I said, you know, if there's ever like a Sister Marie or Sister, I mean, if I felt like they were like Mother Teresa, and so they just, they just took over and pharmacy, and the way they live just to take care of the patients. It was really incredible. I mean, hope we never see something like this together. But it really focused on the humanity of, of caring for patients, it was was just incredible. And I know that, so these meetings with this system, and John and I and every week and the sitreps, what was it about a year and a half? It went on for almost [laughter].

John Coronado 28:33

It seemed long time. I think we cut them off, like in July timeframe. But it seemed to go on forever.

Dr. Robert Barish 28:40

I remember, I got a call from the president. [He said], you know, Bob, don't take this personally, but I, I think we're going to end these weekly meetings and situation reps. I go, I call John ago, you won't believe this. This is fantastic. We, you know, we've done our job. And occasionally they'd still call us in. We'd done our job. No students, to our knowledge, had passed away from COVID. We kept masking in classes, some of the other universities, University Chicago, let them down, some of the other ones and they had further outbreaks, even today in classes. We're very conservative. And I will ask you to, to round this out, that you meet with the hospital. I'll give you their names we can, and I'll be there with you, to really round out the story of the delivery system, and what they did at Mile Square. I think it'll really be great. But this was the, this was the team we put into place. I was very fortunate to have John and Margaret and others with their organizational skills. And we learned a lot, both of us in the military and I think we use that knowledge to help organize a unified approach that we could all work together, all three university systems, universities to work in concert with the system. And I think it worked out very, very well and and I am honored that the system asked me to chair this task force,

Margaret Moser 30:01

Dr. Barish, we did provide a list of all of the people from the hospital as well as additional people at UIC, that we felt like--

Dr. Robert Barish 30:09

I didn't see the list. But hear me out here, and I can be on the call. I think you you we should engage Mike Zen, the CEO of the hospital, Dr. Bleasdale who won the, infectious disease, and she's quality and safety. At the time, our chair of the Department of Emergency Medicine was also our chief medical officer, Dr. Terry Vanden Hoek. And then we had Shelley Major was our chief nursing officer. And I'm just trying to think of-- I don't know if Dr. [Rigos?] would, she'd be, but I think I'd like to be in that meeting with them. I think you're gonna get another flavor of the day-to-day issues that we had to deal with in the hospital. And I would also say, Dr. Ian Jasenof, Dr. Jasenof, who was the Chief Medical Officer, is [the Chief Medical Offices], from Mile Square, and all the work that we did too, and you can invite Henry as well, Margaret. But I think that gives you a good flavor. They may ask for some other people on the vaccination team. Right, Paul Gorski, and, but I think this would round it out, at least, to be able to talk a little bit about, about that. And Kim Bertini, right? Kim Bertini, Paul Gorski. What do you think, John?

John Coronado 31:23

I think that's a good list, and one comment about Dr. Bleasdale is that she also served as the Deputy Incident Commander for our UIC responses. So she was instrumental in advising us, advising the cabinet as we met to discuss safety measures. And so we really wanted to try to take an informed scientific approach to our response efforts. And, you know, her knowledge was instrumental in helping us navigate through all that.

Dr. Robert Barish 31:49

Yeah. We, we, our guiding principles, we're gonna follow the science, we know that science changes, just as our first case didn't quite turn out the way we thought. So, and Dr. Lisa was very, very helpful. And then Dr. Bleasdale was our kind of our spokesman nationally, international. NPR, all over and she won the physician of the year in the in the state of Maryland for internal medicine, because of all the work, but I think, you know, at the end of the day, healthcare is a team sport. And this was a team effort. And to this day, we're pleased, I know, could happen, but I don't think we've lost any student, at any of the universities. And others have I mean, because, you know, their students have complicating issues in their lives and, and comorbidities. So, but hopefully that gives you a little bit of a flavor. I know. You know, we like to talk like this. And do you think this was helpful at all to you?

Jessie Knoles 32:52

Yes. I do think we might have a few more specific questions.

Dr. Robert Barish 32:58

Absolutely. Go ahead, Jessie, yeah.

Jessie Knoles 33:00

So could, could any of you discuss some of the tools, policies, and procedures that were implemented to get faculty staff and students safely back onto campus as soon as possible, such as the UIC Health Check, and the UIC Daily pass?

Dr. Robert Barish 33:16

Yeah, sure.

John Coronado 33:17

You want me to talk? Start about that? Yeah--

Dr. Robert Barish 33:19

Sure, absolutely.

John Coronado 33:20

So as I mentioned, we had several working groups that were established early on in a pandemic to think, start thinking through not only how we would wrap up the 2020 academic year, but also how we would start in Fall of 2020. And so what safety measures were going to be put in place. And so we had groups of people figuring out how to make classrooms and building safe, and all the building systems in place, ordering the protective equipment like hand sanitizer and wipes, and making sure we had enough surgical mask, or mask available for distribution to students and staff that were coming back to campus. We were looking at our campus density and monitor, you know, try and get, get a gauge as to how many people will be on campus on a regular basis throughout the Fall semester, and making sure that we had, you know, the right, what I call administrative controls in place, you know, spacing, floor decals to indicate spacing, the signage for maximum number of people in the elevator, you know, waiting area, lobby areas, wherever the case may be. Looking at looking at capacities and designating, you know, where they sit within classrooms and stuff like that. And so a lot of, a lot of the information came out of this working groups and cross collaboration and sharing information. And then, then recognizing that we needed additional controls in place to make sure that people were doing self monitoring. Because we didn't want people to come to campus if they weren't feeling well. That's how we instituted this daily health check. So it was a survey that my team helped create, and we made it policy that if you're going to come to campus, you needed to complete this daily, daily health check. And it would give you a badge on your mobile device that would say that green meaning that you had completed it, and you can be on campus. And we integrated it with some of our controls, like swiping mechanisms and Wi-Fi. So that if someone came on campus, and they didn't complete that, it would automatically send a note to the individual saying you forgot to complete it, or to, and to their supervisor saying, hey, so and so didn't complete it, make sure, make sure he or she completes it. We did something similar when we did, when we started doing saliva testing for those that were mandated. To do saliva testing, same kind of theory, they had a badge that said they had completed their saliva tests, and were in compliance with the saliva testing protocol. So those two things really lent an extra measure of safety, and help whether it was real or perceived safety on campus, just to let people know that people were being compliant with our safety measures. We created a COVID safety policy, you know, that we published and distributed across our Dean's, department heads, and unit directors, you know, so that they understood what the requirements would be for campus. So we leverage a lot of internal, or standard internal communications, social media where we could, you know, and we did this in a system manner to where sometimes President Killeen, talked about Big Picture safety measures and things that we're going to go on from an academic perspective. And then we learned in the Chicago stuff when Governor Pritzker moved from phase three to phase four, you know, we gave the campus interpretation of what that meant for our university, in our spaces. So we really tried to clarify it to make it crystal clear to those working, doing research or healthcare on campus with requirements

would be. And of course, as Dr. Barish said the hospital had its own level of additional measures that they had, had to make sure were in place.

Dr. Robert Barish 34:08

Right. Can I, you asked interesting question about innovation during all of this. And obviously, we talked about saliva and the whole way, we operated almost on an emergency basis, day in and day out. We installed though, the most complicated electronic health record, Epic. A hundred and twenty million dollar project that really is transformative for the way we take care of patients and, and care for patients. And we did this during the pandemic. Can you imagine that and during our nursing work, work outage, stoppage. And it was amazing. I think we're the only one to this day, they talk about how to UI Health install this major, major electronic health record during a pandemic. And so we're very proud of that. And it's worked out fantastically, and it's helped our patients, helped the hospital. And now we have MyChart. It's, It's amazing. But I want to let you know, that was another major challenge that no other university health system had to deal with during this, so because I know that was one of the questions that you that you asked. It's interesting, you also asked, and I'll let you ask your other questions. But how was it dealing at home? Virtually? Well, you just got used to being on Zoom from like, 6:30 in the morning 'till almost 10 at night. And, and we all got used to it. You know, obviously, we still come into the office on occasion or whatever, go into the hospital. But it was quite, you know, it became fairly efficient, and especially for our meetings with the System and the President and the cabinet. And so we learned that was really, we learned how to use technology,

John Coronado 39:01

I would say we, we became very productive with it too. I know, I know personally, I kept coming to campus until June, just because my, there's so much going on here and we need to make sure that things were happening. But then in June, I started working more from home. And again, I learned you know, just make sure I had good Wi-Fi setup, good office setup. Fortunately, my home allowed all that. And so I was able to get really productive with Zoom calls and take, still taking care of the business.

Dr. Robert Barish 39:33

The other innovative, and when you meet with the hospital be there, they'll talk to you about what other innovative things do we do. I think we were the first in the city and one of the first in the country to give I'll call [it] the nurses "battled pay." We actually gave them you know, those nurses and staff who were dealing with COVID patients got a premium on, on, on their wages and their hourly wages and we also did it with our residents. You know, those residents are post-medical school in training, we were one of the first. I know that some of the other hospitals may not have liked that, but we felt they deserved it. So we wanted to reward those who were in many ways in harm's way.

John Coronado 40:11

And really not just the medical folks because it extended to the working staff and [environmental?] service personnel.

Dr. Robert Barish 40:18

Yes.

John Coronado 40:19

You know, the people who do cleaning and stuff, the custodial work, you know, the transportation people, you know, the law enforcement that security guards at work at the hospital. So, so pretty much anyone that's had, required to be in this dangerous environment. You know, got a differential pay, if you will.

Dr. Robert Barish 40:38

Right. And John had a number of environmental services, people who lost their lives, transportation. And so.

John Coronado 40:45

Yeah, we actually had four employees, four of my employees die of COVID. Yeah.

Dr. Robert Barish 40:51

And I should mention in Margret will get the specific, Dr. Don Edwards, the chairman of the board, set up a fund for those employees who passed away from COVID. And I think it was up to \$10,000. Margaret, Or was it five?

Margaret Moser 41:10

I think was five.

Dr. Robert Barish 41:11

Five, yeah. \$5,000, to help care for the funeral expenses, those things, and we thanked him. So we set up a mechanism through my office, the VCHA, for those employees, who passed away that we could help them with, with expenses, funeral costs and others. And so that was another very innovative thing. We thank the chairman of the board, Don Edwards. And I think it was very well received to the extent when people were grieving that, you know, we could help them in a small way.

Jessie Knoles 41:47

Great. Yeah thank you. I think I read somewhere that a number of med students had graduated early in order so they could be put out into the field. Was that something that the university or UI Health kind of pushed? Or was that something that the med students really wanted to go out and do?

Dr. Robert Barish 42:07

I think it was both. I think both. And we coordinated too with other medical schools. And I think, you know, they were wanting to get out there. That was a tough time for medical students. They only could see certain patients, what was going, we were trying to protect them. And we wanted to, and most of these students, by the way, had all, they had all completed their core requirements for graduation. And it was really electives that they had for the last, you know, five or six months. So I wanted to make sure you know, they completed their core requirements for graduation. And so yes. And I think they really appreciated it, too. So it was, again, we tried to be innovative. That's a great question, Jessie. We try to be innovative, and try to do things. And as I said, the West Campus, the health side really didn't never shut down. Taking care of patients. I also think, at some point, when we talk, the School of Public Health, I talked about contact tracing, they were very, very-- I don't want to underestimate their role in

helping us try to do our best to contain whatever we could and, and it was brutal for them, you know, they get these calls, and they try to call people and after a while it's, some people wouldn't answer. They knew where they were calling, and you'd have to go in isolation, or quarantine. And it was a very demanding job. And they really did it. And they set up this whole system, don't you think Margaret and John have contact tracing, which was a for us was amazing.

John Coronado 43:40

I think, I think it was, yeah. I thought their work was excellent and informed a lot of our actions. We identified some cluster breakouts, implemented new controls or different, different procedures to try to prevent it from happening again. So I think they were really helpful in our response efforts. And one of the things we haven't talked about yet. As part of our communication strategy was establishment of a COVID dashboard. And that's where we, you know, on our website, we had a web page devoted to everything COVID. All our safety practices, return to work policies, you know, information, communications and all that. But at the front of it was our dashboard, which really talked about our positivity rate, in a number of reported positives, either either self-reported or via our saliva testing program. How many students in our in our housing, were in quarantine or isolation? How many students on campus in general for that, what the mix of on-site campus instruction versus online or hybrid? So it ended up being very informative, and we kept that up for two years. Two full academic years of information, just giving anyone interested in knowing how we're doing standpoint or how positivity is fluctuating on a week-to-week basis, you had that information right there as well as the contact tracing team efforts, and being able to get to individuals to get them into isolation or quarantine.

Jessie Knoles 45:20

Because UI Health didn't necessarily shut down at the beginning of the pandemic, could you discuss how those facilities fared in the early months, including major challenges in regards to getting PPE or testing, anything like that?

Dr. Robert Barish 45:38

Well, getting PPE initially was a bit of a challenge, because everybody in the United States is trying to get PPE. And Margaret did comment on we had a lot of, a lot of people who, who gave us PPE. You know, there were a lot of, which was really great. We use the College of Dentistry on the West Campus as a warehouse for mask, protective gear, for gowns. And I felt badly, but we took an entire floor of the, and the College of Dentistry, by the way, is almost another hospital. It just doesn't keep people overnight. I mean, it's an amazing facility. So they did a great job in organizing it. And we had to work with procurement, and try to get things in John's-- And then how do we get it to everybody? So it was a work in progress almost every day. Until John, how would you say, May 6? Three to six months into it, where we, we came, right?

John Coronado 46:41

Well, we centralize all of our procurement. The hospital was doing all their healthcare procurement. And we were, you know, my units were taking care of the campus protective equipment procurements and the distribution of it. But it, yeah. But it was clear that hospitals across the country were getting priority, and they needed it, get the priority for that personal protective equipment.

Dr. Robert Barish 47:04

And then we learned a little bit along the way, that yes, masks were important. But certain masks were better than others. So when people say you're hearing the masks don't work. Well, they sure as heck do work. And it's the KN95, obviously, in the hospital, getting a fitted N95. That's a different-- But we felt that this was so much better than the blue masks that we wear, that those were really more protective. We just knew it. Because when you wore these kKN95, to the extent you could get them, people didn't seem to get COVID as much as when the blue mask. So any any measure was better than nothing. But we realized, and John, and we worked on KN95s and getting those specific masks, because we realized those were better protection than the this what we call the surgical masks that you see when you enter the hospital.

Margaret Moser 47:58

And I do want to say that we did when we submitted our list of names, we did recommend that you interview the seven Health Sciences Dean's because, like we mentioned, we really did, they didn't, well, some of them, some colleges went home. Social Work when almost all remote. Applied Health Sciences was largely remote, but some of our colleges we're here every single day. And so you know, one of the things like how there was a system sitrep, there was also a Health Sciences sitrep. So Dr. Barish was meeting at least twice a week with all of our Dean's at really early in the morning. And it was just a readout every day. And those colleges were sending us reports. And so each of them had a different approach to, based upon what's required for their education for their students for who was in the buildings and how they manage those buildings. So I think that it's definitely well worth it to speak to each of those Dean's because they're basically like the CEOs of their own operation. But I think we had more central coordination with units like John Coronado's unit with VCAS. Like I now can pick up the phone and call people that I had never met before, over there. So our relationships, I think, are also better because of COVID. I think, you know, I don't want to, I don't want to underscore like, just the seriousness of it and how scared everybody was and how busy everybody was, and just what a monumental shift in our operations this has been and still persists today. We still are masking [Margaret holds up a mask]. Yeah.

Margaret Moser 48:37

There's an old saying nothing unites like a common enemy. A common enemy was COVID. And it was a true unifier.

John Coronado 49:48

Yeah, we were definitely unified in our efforts.

Dr. Robert Barish 49:50

Yeah, we definitely unified and, and I one of the last questions you asked was did you postpone any major projects or for the pandemic? And I, we didn't we kept pushing ahead and that \$120 million electronic record, which was two years in the making, we just kept pushing, and we didn't want COVID To defeat, defeat us in that way. So--

John Coronado 50:12

I think, yeah, the really important stuff kept moving forward, some things may have slowed down, but we try to keep, you know, everything moving forward Still, despite, you know, the pandemic.

Dr. Robert Barish 50:22

Our Specialty Care Building opened up one time. Our welcome atrium is going to open up in another month and a half, that was built. So we just kept, kept pushing forward. So, but I agree with Margaret, the deans are kind of like the CEO. You know, the deans, and I want to make sure they get credit, and the hospital. But this is the start of a journey for the archives. It's very important for us, because it changed all of our lives, you know. Across the country, so many CEOs of hospitals have quit, because it just completely burned them out. Completely. So you, you pick up the paper today another 20 CEOs are gone, I just I've had it, I can't deal with anymore. And so, it took a mental toll, by the way, on a lot of leadership. And, and we also had psychiatry step up, we knew that this was taking a toll. So our Department of Psychiatry, added extra hours tele-psychiatry, they'd go on rounds in the hospital. Because, yes, there were phone calls, you could pick up a phone, or you could get on a Zoom, but it's nothing like seeing somebody on rounds, and then the nurse or technician or physician, can I talk to you, can I just talk to you. And they tell you what they were experiencing. You know, to see so many people die in front of you. To see a patient who's, you know is going to die and didn't get the vaccination and say, "Okay, Doc, can I get the vaccination now?" I mean, it was unbelievable the stories that came out of this, so. But we want to get you feel, we want to get you to Chicago.

Jessie Knoles 52:02

Yeah!

Dr. Robert Barish 52:03

You know, the board meeting, the board meeting, Jenna, Jessie, [is] in November. And we'd love to show you around a little bit. If you come to Chicago, we'll even show you the new building, the most famous robotics simulation center, maybe in the United States, and just give you a little feel for, this was our environment.

Dr. Robert Barish 52:21

And then we'll show you Mile Square. And Miles Square was named Mile Square because when the was first built, the first original, it was in that square mile were the worst health statistics in the United States.

Jessie Knoles 52:21

Right

Jessie Knoles 52:32

Wow

Dr. Robert Barish 52:33

There's a lot of history here, and even dating back to the College of Pharmacy, which is the first college, I believe, at the University of Illinois, dates back before the Civil War. So it's a lot, but we're so glad that you've contacted us! You know, we were so busy doing everything I wish I had, I did this when

I was at LSU, I wish I had, you know video, and we do have them scattered. And I'm sure Margret with Michael West Becker communications, we took a lot of pictures and video, but we never really thought about, okay, let's put down the history of what we did. We're just too busy doing our job. And so that's why we really appreciate you. You know, you talking to us and storing archives for the future generations. Of what happened.

Jessie Knoles 53:18

I believe I was hired to work specifically with UIC on this project. So,

Dr. Robert Barish 53:23

Oh! That's great!

Jessie Knoles 53:25

[Talk with] you all, and hopefully get up to Chicago and have some interviews.

Dr. Robert Barish 53:30

Well, we'll show you around, and Jenna. Please, we'd love to! And you'll get another feel for, for our other leadership, we don't want to, we want to make sure you get the full story. And this is, this is the start. This is the start of archiving.

John Coronado 53:44

And I love to offer the same thing for some of my folks who were intimately involved in getting the buildings ready and looking at our heating, ventilation and air conditioning systems and the work they did to introduce more outside air to create the safe spaces. There's a huge lift.

Margaret Moser 54:04

It was a major lift by, I think it what like your fire marshal? Like everybody, your fire marshal, your head of EHSO, everybody really just on board and on that. When we were talking with the archivist about this, we did let like, I think we wanted to be really clear that what we were talking about here, like we wanted you to talk with Vice Chancellor Coronado and Dr. Barish was about, you know, the university response, the System. But you know, in UI Health, we can talk to you about our seven Health Science colleges and then the hospital folks will talk to you about the hospital, but it's really the chancellor's office at UIC that should, you know, provide, you know, was responsible for the overall communication and decision making and things like this. So, they absolutely should be involved in who you talk with, here. We provided a list for ourselves and then gave you some context for those other offices.

Dr. Robert Barish 54:57

And Jessie and Jenna, I'll be happy to be involved in those conversations with the hospital or the Dean's, just let me, let me know and we'll, we'll we'll be engaged. But we do appreciate, it means a lot to us, to, that you're talking to us, and that you've taken on this project to archive. I think it's very important.

Jessie Knoles 55:16

It is. Yeah. Thank you for meeting with us today.

Dr. Robert Barish 55:19

Oh, it's our pleasure. Thank you.

John Coronado 55:21

Our pleasure. Yes.

Jenna Courtade 55:22

Thank you.

John Coronado 55:22

Thank you very much.

Dr. Robert Barish 55:23

We'll see you.

John Coronado 55:24

Okay. Take care. Bye

Margaret Moser 55:25

Have a good one.