TEAM RESTRUCTURING IN COVID-19
“The Lombardy Model”

Guiding Principles:
• Protection of team members is our moral imperative as leaders, and essential to maintain a healthy workforce to serve our patients.
• Data from Wuhan and Lombardy suggest infection rate for HCWs is at least 20%.
• All patient care encounters should be considered risk for exposure to Co-V2 infection.
• Critical elements to maintaining an effective workforce:
  o Maintaining a pool of healthy workers at home to substitute for ill or exhausted providers
  o Allowing a period of self-quarantine (2 weeks) after significant exposure periods to prevent providers becoming exposure risks to their colleagues and patients.

Schematic Model

Imagine a team of 6 providers, structured into 3 teams of relative equivalent capability.

Team 1 – Surgeon A, Surgeon B
Team 2 – Surgeon C, Surgeon D
Team 3 – Surgeon E, Surgeon F

Week 1    Call/Clinic/OR schedule – Team 1 coverage

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<th>Monday</th>
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<td>Surgeon A</td>
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Team 2 and 3 – NO in-person clinical care; can do virtual care, admin/academic work

Week 2    Call/Clinic/OR schedule – Team 2 coverage

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<tr>
<td>Surgeon C</td>
<td>Surgeon D</td>
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Team 1 and 3 – NO in-person clinical care; can do virtual care, admin/academic work

Week 3    Call/Clinic/OR schedule – Team 3 coverage

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<tbody>
<tr>
<td>Surgeon E</td>
<td>Surgeon F</td>
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Team 1 and 2 – NO in-person clinical care; can do virtual care, admin/academic work

....REPEAT