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Deb Koesler

Clinical Nursing Director of Children's Emergency Services C.S. Mott Children's Hospital

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Late last summer, as kids were heading back to school in Southeast Michigan, an unexpected “triple-demic” emerged.

COVID-19 along with influenza and Respiratory Syncytial Virus or RSV which are usually seen in the winter surged among children as they returned to schools.

Because of COVID-19 social distancing, kids didn't have the immunity they had in earlier years, said Deb Koesler, clinical nursing director of children's emergency services at C.S. Mott Children's Hospital.

Seeing the rapidly rising number of sick children coming to the ER, she went above and beyond her role and began making plans to make room to treat them.

Koesler worked with the team to add beds in hallways to double capacity for noncritical and noncontagious patients. They also took space in the adjoining pathology blood-draw area and began using the negative-pressure hazmat space as a closed room for children who were contagious.

Those temporary spaces were badly needed as it turned out. In 2021, the ER team treated 2,445 patients with respiratory distress or fever. In 2022, that number rose to 3,317 patients, a 36% increase, the hospital said.

On average, each day before the surge, the ER saw about 120 patients, Koesler said. With the triple-demic, that number surged as high as 194 patients per day. Many were treated and released. Others who needed to be admitted but couldn't be for lack of inpatient beds were occupying 20 of the ER's 33 closed-door rooms. That left just 13 rooms for ER patients, prompting Koesler to go looking for additional space.

She ensured the temporary beds were added to the hospital's electronic medical record system to ensure tracking of patient care. She also worked to secure portable pulse ox monitors, inhalers, treatment and oxygen masks and other equipment to help them care for patients moved into temporary treatment areas. And she made sure the ER had juice boxes, Goldfish crackers and other snacks for children and chips, cookies, granola bars and soft drinks — considered contraband on the campus — for staff who needed to keep up their energy.

To help treat the surging number of ER patients, Koesler enlisted educational and supervisory staff to supplement front-line nurses and staff.

“We ordered in food (and) did whatever we had to do to keep seeing patients” through November when the surge ended, she said.

Given those efforts in the ER, Mott chose Koesler to serve on a hospitalwide group looking to double occupancy capacity for in-patient units on a larger scale.

The plans wound up not being needed because the tripledemic surge died down, Koesler said. But with a strategy now in place to add temporary capacity, it will be easier to ramp it up in the future as needed.

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