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Preparing for Post-COVID-19 Operations: Hospitals

Whether you are a large health system, an academic medical center, a community hospital, or a critical access hospital, you have likely been faced with confronting the unprecedented and rapidly evolving challenges associated with the coronavirus disease 2019 (COVID-19) pandemic. As the pandemic-associated need for development of surge capacity recedes, you will likely have questions about how best to resume elective and scheduled procedures and return to your new normal.

MLMIC Insurance Company and MedPro Group wish to offer guidance and important actions to consider as you develop your strategy. Although this checklist is not all-inclusive, and your situations vary, the information provided in this document provides a roadmap that you can use as you progress toward resuming services and evaluating lessons learned as a result of the pandemic.

Our guidance is tempered with the recognition that the reality for many facilities is the need to continue to treat COVID-19 cases while resuming previously suspended operations. At the same time, you will likely be remaining vigilant for secondary and seasonal surges. Given that position, our recommended approach is more like turning a dial than flipping a switch.

MLMIC and MedPro remain steadfast in our commitment to supporting insureds through this difficult time. Please contact 1-800-275-6564 (MLMIC) with any questions or concerns.

Preparing to Resume Full Operations	
Complete the **Comprehensive Hospital Preparedness Checklist for Coronavirus Disease 2019 (COVID-19)**.	❏
Confirm with local public health officials that return to pre-pandemic operations meets current guidelines.	❏
Assess specialty care, home care, pharmacy, vendor, and durable medical equipment service readiness.	❏
Check for updated information from the **Centers for Disease Control and Prevention (CDC), Occupational Health and Safety Administration (OSHA), Centers for Medicare & Medicaid Services (CMS), the New York State Department of Health (health.ny.gov),** and other authoritative and regulatory agencies on a daily basis.	❏
Consult the **CMS Recommendations on Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I.**	❏
Consult the **Joint Statement: Roadmap for Resuming Elective Surgery after COVID-19 Pandemic.**	❏

Contact OSHA authorities for mandatory reporting of employee exposure to COVID-19 that results in a positive test. See **OSHA's Enforcement Guidance for Recording Cases of Coronavirus Disease 2019 (COVID-19)**.	❑
Ensure the facility's **Interim Enforcement Response Plan for COVID-19** is updated for a random OSHA audit.	❑
Confirm readiness of support service providers and availability of adequate supplies and materials (e.g.: housekeeping, laundry service, specimen collection, lab analysis, and radiology services).	❑
Ensure that the facility has sufficient personal protective equipment (PPE) to allow staff members to perform their job functions in a safe manner.	❑
Determine a timeline for reinstating visiting hours and vendor calls with guidance from CMS and local health officials.	❑
Establish a flow for visitors and vendors to minimize patient contact.	❑
Assess the facility's internal and external communication plans and platforms for the following: • Regulatory agencies (state department of health, etc.) • Media • Staff, visitors, and patients • Vendors/delivery services.	❑
Re-assign risk management/quality staff to perform these functions: • Identify, follow up, and track potentially compensable events (PCEs) occurring during COVID-19 crisis. • Identify, follow up, and track complaints occurring during COVID-19 crisis. • Track COVID-19 statistics, including testing, positives, intubated, operating room/procedural cases, new cases, deaths, healthcare worker positives, etc. • Track facility beds, PPE, intensive care unit, and ventilator availability. • Track quality indicators, including mortality, complications, readmissions, errors, near misses, and others, especially in context of COVID-19 crisis. • Confirm any required external reporting is completed. • Assess requirements for resuming CMS quality reporting requirements. • Discuss with liability carrier as necessary. • Complete a postcrisis performance review for system improvements.	❑

Testing and Maintenance

Evaluate the facility for health and safety concerns.	❑
Conduct air balancing of all critical rooms and areas.	❑
Change air filters on heating, ventilation, and air conditioning (HVAC) units, packaged terminal air conditioners (PTACs), and air scrubber units (if applicable).	❑
Clean and disinfect water coolers, ice machines, eyewashes, and drench showers in areas that were temporarily shut down.	❑
Flow test eyewashes and drench showers to clear sediment in lines.	❑
Flush all plumbing lines before potable water use.	❑
Conduct exterior facility rounds to check where temporary tents were installed. Check the condition of pavement (holes for tent tie-downs), directional arrows/temporary lot painting, and parking ruts under heavy vehicles.	❑
Recertify any medical gas outlets that were temporarily closed.	❑
Test any systems temporarily placed out of service (medical gas, nurse call, and public address systems).	❑
Inspect and restart all utility management equipment that may have been temporarily off, including medical air pumps, sewage pumps, air compressors, boilers, hot water heaters, and domestic water pumps.	❑

Disaster Management

Validate the capabilities of current equipment to meet requirements for resuming normal operations and secondary/seasonal surges.	❑
Survey your facility's preparedness for a potential second wave of COVID-19 cases.	❑

Infection Control

Check credible resources, such as the CDC and your state's department of health, on a daily basis for new or revised infection prevention and control recommendations.	❑
Consider defining specific criteria and/or a threshold COVID-19 incidence rate for a re-entering mitigation phase in the facility if local COVID-19 rates experience a second wave.	❑

Assess COVID-19 diagnostic testing availability, and develop operational policies and procedures and criteria for screening and testing patients and healthcare workers.	❏
Review the CDC's guidance for cleaning and disinfecting your facility and properly sanitize the hospital: • Review the cleaning vendor contract for expectations. • Identify the cleaning schedule moving forward. • Secure confidential materials. • Avoid use of paper signage.	❏
Establish employee screening processes for COVID-19 (including guidance for self-monitoring for symptoms), and follow CDC guidelines **Return to Work for Healthcare Personnel With Confirmed or Suspected COVID-19** regarding assessment of staff eligibility to return to work.	❏
If possible, install engineering controls (e.g., plexiglass barriers) to reduce or eliminate exposure to infected individuals. Consider: • Laminating paper signage or placing signage in plastic sleeves for routine cleaning. • Adding automatic door openers and air curtains. • Replacing electrical switches with motion sensors, where practical. • Adding touchless faucets, flushometers, soap dispensers, and paper towel dispensers.	❏
Re-educate staff and patients on infection control protocols and any other essential practice policies/procedures, including: • The **use of PPE** (e.g., donning and doffing techniques). • **Hand hygiene** (e.g., washing and avoiding face touching) and **respiratory hygiene.** • CDC-approved protocols for **collecting, handling, and testing clinical specimens.**	❏
Establish cough stations/kiosks for staff, patients, and visitors to quickly and easily wash their hands.	❏
Implement surveillance measures to ensure infection prevention and control compliance.	❏
Review surveillance systems and automated reporting to ensure that appropriate tracking and reporting have occurred. Adjust for any new reporting requirements.	❏
Post signage in appropriate languages (facility's top identified per CMS requirements) at all facility entrances to instruct patients with respiratory symptoms and fever to notify staff immediately via telephone before entering the facility.	❏

Human Resources/Staffing Assessment

Evaluate changes in staffing by employee category resulting from voluntary or involuntary termination, retirement, death, disability, etc.	❑
Keep in mind that otherwise healthy employees may not yet be available to return to work: • Consider the stress (personal and professional) they might be experiencing as a result of the pandemic and trying to return to their normal routines. • Consider their child care obligations, including the reopening of daycare centers and schools. • Consider any impact of COVID-19 on family members that may trigger the need for leave under FMLA.	❑
Work with facility leadership to determine immediate versus future staffing needs by using the facility's agreed upon modeling methodology to assess near-, mid-, and long-term impact. Balance predicted demand including a gradual resumption of elective services and the potential for a COVID-19 second wave, other seasonal demand, and current and future financial implications.	❑
Consider forming a coalition with senior care centers and other area hospitals to address staffing issues and to maintain the continuum of care for all patients and residents. Although many hospitals were forced to furlough or lay off staff during the pandemic, senior care centers and heavily utilized hospitals were in dire need of staffing assistance.	❑
Validate that all credentialed and licensed staff have not had their licenses/registrations/certificates become expired/rescinded/nonrenewed.	❑
Review existing employee education requirements and content to determine the need for additions, deletions, and modifications.	❑
Coordinate employee communications with other departments.	❑
Review labor agreements to ensure compliance post-declared emergency and to resolve any discrepancies that may have occurred during the surge.	❑
Coordinate ongoing employee appreciation and support activities.	❑

Biomedical and Supply Management

Assess the current inventory of supplies and equipment to ensure that there are sufficient materials to initiate a graduated ramp-up of services per the facility's proposed plan (e.g., adequate PPE and pharmaceuticals for ongoing COVID-19 care and for resumption of services).	❑
Validate the sufficiency of periodic automatic replenishment (PAR) levels and determine whether there is a need to stockpile higher levels (i.e., is the facility maintaining only enough to meet regulatory minimums and should that increase based on recent events).	❑

Review all supply contracts with the group purchasing organization and other vendors to determine whether appropriate and validate the ability of a contractor to service those agreements. Modify or cancel as appropriate.	❑
Identify alternate supply sources and determine whether they are appropriate to contact for surge services.	❑

Insurance and Business Continuity

Consult with the facility's business attorney regarding the status of any waivers or executive orders enacted during the COVID-19 pandemic including, but not limited to, HIPAA, EMTALA, and Stark law.	❑
With legal counsel assistance, evaluate and update all contracts for appropriate changes based on lessons learned from pandemic-related issues.	❑
Reinstate any professional liability, general liability, or other relevant business insurance policies and programs that were temporarily suspended.	❑
Verify that clinical employees who have their own professional liability coverage have not let it lapse while some services were temporarily suspended.	❑
Validate provider agreements (e.g., radiology, pathology, emergency medicine, anesthesia, etc.) to ensure that appropriate coverage limits are in place and that the policies are active.	❑
Ensure the medical staff office reviews all privileges to ensure they are current/updated and that professional liability coverage remains intact.	❑
Determine whether billing procedures for health insurance plans accepted by the facility have changed while services were limited. These may be routine changes or changes associated with government mandates during the pandemic. Educate staff as needed.	❑
Align business continuity activities with other risk activities to support organizational resilience, such as cybersecurity, vendor/supply chain, information technology data backup and recovery, and off-site facility access.	❑

Patient Continuity of Care and Utilization of External Resources

Coordinate with staff and materials management to refine PAR levels by unit as well as to determine surge requirements.	❑
Review policies, procedures, and protocols to determine whether any modifications are necessary to address new or changing operational issues.	❑
Coordinate with environmental services/facilities to plan and validate sanitization of COVID-19 areas and near-, mid-, and long-term modifications necessary to accommodate normal operations (e.g., removal of temporary barriers, air-flow adjustments, modification to allow for quick surge ramp-up, modification to create acuity adaptable areas).	❑
Communicate with medical staff and other referral sources regarding the resumption of the schedule of services.	❑

Engage medical staff in any proposed/necessary changes to the by-laws, rules, and regulations.	❑
Establish ramp-up capacities with sections/departments based on a prioritization schedule (e.g., the **Medically Necessary Time-Sensitive (MeNTS) Prioritization** instrument).	❑
Consult with postacute care partners (e.g., skilled nursing facilities, adult family homes, home health services, durable medical equipment suppliers, hospice, dialysis, homeless shelters) to determine their capacity and to learn of any restrictions they may have in place that would impede timely discharge planning. Take the near-, mid-, and long-term approach that will address resumption of service needs and allow for a potential second wave and seasonal surge planning.	❑
Determine strategies for patient placement to reduce real and perceived concerns associated with co-mingling of COVID-19 and non-COVID-19 patients in both inpatient and outpatient departments.	❑
Update the facility's patient portal, website, email, and other communication modes to alert patients of the resumption of services and hours for both inpatient and outpatient services.	❑
Consider telephone/on-line registration whenever feasible.	❑
Prioritize and coordinate with practitioners regarding outpatient testing and procedures to reschedule, such as pathology, radiology, mammography, gastroenterology, radiology, and cardiology.	❑
Educate patients and visitors about visitor restriction policies.	❑
Consider revising admission documents to include considerations related to inpatients to avoid exposure while moving throughout the hospital (e.g., going outside, purchasing from vending machines, etc.).	❑
Address the risks of acquiring COVID-19 in informed consent documents.	❑

Telehealth

Consider whether the facility should continue telehealth services (if used during the crisis) in light of the anticipated return to stricter guidelines (e.g., requiring HIPAA-compliant platforms).	❑
Determine whether a new patient agreement/consent is necessary if the facility plans to continue offering telehealth services on a new platform. Consider the terms of the agreement, including information about when a virtual visit is appropriate and when an in-person visit is required.	❑
Tailor telehealth use to evolving guidelines from the **Office of Inspector General, U.S**. **Department of Health and Human Services** and **CMS**.	❑
Review state and federal telehealth laws and regulations, telehealth billing guidelines, and risk management considerations for telehealth at **MLMIC** or **MedPro Group**.	

Documentation/Electronic Health Records

Thoroughly document the facility's pandemic circumstances, decisions, and any actions taken to ensure patient care and patient/staff safety. This can be documented in an emergency operations summary or as a separate document.	❏
Review open/incomplete records within the electronic health record system (EHR) to determine how best to complete and close out the records. Assign priority focus on records of temporary/supplemental staff and physicians to increase likelihood that they are available to complete their entries. • Ensure that downtime procedures were followed during any period when the EHR was not available for documentation.	❏
Resume the facility's normal documentation practices, as any immunity associated with the COVID-19 response is likely not going to be in place after the pandemic.	❏
Solicit staff/physician input regarding any recommended permanent modifications to the EHR system, including order sets, templates, and flowsheets to submit to the facility's EHR governance committee.	❏
Identify opportunities for data extraction that may be used to improve quality and outcomes (e.g., automated treatment protocols based on predictive analytics, etc.).	❏