



Alternate Care Site Resource Package

Resources and documents to support state, tribal, local, and territorial (STLT) governments in the **establishment and operation of an alternate care site (ACS)**

This package includes guidance documents and considerations for STLT governments through three stages:

Deciding

Deciding whether an ACS is the best choice for your community

Building

Building and setting up an ACS

Operationalizing

Carrying out the daily functions and operations of an ACS

This package includes guidance documents developed by a variety of federal agencies and non-Federal websites and webpages. Linking to a non-federal website does not constitute an endorsement by the U.S. government, or any of its employees, of the information and/or products presented on that site.

Alternate Care Site in Action: Wisconsin

This package includes a case study from Wisconsin that provides an overview of the establishment and operation of an ACS at a state fairgrounds. The case study includes a sample of the statewide Situation Report (SitRep) and other helpful resources.

For additional information, contact: ASPRstakeholder@hhs.gov



Deciding

Building

Operationalizing

Deciding to Establish an Alternate Care Site

Guidance Documents

[Alternate Care Site Toolkit, 3rd edition](#) (HRWG) ★

The ACS Toolkit is medical operations guidance and was developed with the intent to help STLT entities address potential capacity and capability gaps in health care systems during the COVID-19 pandemic. It provides guidance and technical assistance to STLT entities in establishing and operationalizing an ACS for COVID-19-positive patients, presumed COVID-19-positive patients, and/or non-COVID-19 patients in a mixed setting. The Toolkit includes both a Key Takeaways section and an ACS startup checklist.

[Medical Operations Coordination Cell \(MOCC\) Toolkit](#) (HRWG)

The MOCC Toolkit offers flexible and modifiable guidance, aimed to assist regional, STLT governments to ensure load-balancing across healthcare facilities and systems.

★ *The Alternate Care Site Toolkit, 3rd Edition is a marquee product for alternate care site strategy, planning, build, and operations*

Considerations

- Consider **available resources**
- Seek **input of clinical and operational experts**
- Analyze **local, regional, and state-wide trends**
- Maximize the number of **available hospital beds, hospital beds that can be converted, and hospital beds that can be set up in non-patient care spaces**
- Incorporate an **entity responsible for coordination of hospital capacity, resource needs, and patient transfers** (e.g., a Medical Operations Coordination Cell).



Deciding

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Building an Alternate Care Site

Guidance Documents

[ASPR TRACIE Topic Collection: COVID-19 Alternate Care Site Resources](#) (ASPR) This Topic Collection focuses on plans, tools, templates, and other immediately implementable resources to help with COVID-19 preparedness, response, recovery, and mitigation efforts, focusing on the establishment and operation of Alternate Care Sites.

[ACS Implementation Support Materials](#) (USACE) These materials were developed by medical and construction experts from the U.S. Army Corps of Engineers (USACE) and the U.S. Department of Health and Human Services to help address potential shortages in medical facilities during the COVID-19 pandemic. They are intended to assist in assessing and developing potential facilities for suitability as ACS and to rapidly engage contractors to convert and prepare them for medical use.

[Building a COVID-19 Hospital](#) ([video](#) [UM slides](#) [LSU slides](#)) (Project ECHO COVID-19 Clinical Rounds) Melissa Brunsvold, MD, and Meghan Maslanka, MD, described the establishment and operations of ACSs at the University of Minnesota and New Orleans' Ernest N. Morial Convention Center, respectively.

[Creating COVID-19 alternate care site trainings for interprofessional teams](#)* (Public Health Nursing) This case study of the Colorado experience developing training for community-based COVID-19 care delivery sites can inform other public health planners creating the same in their locales.

[Development of a COVID-19 alternate care site from ground zero: A nursing perspective](#)* (Public Health Nursing) Describes the rapid development of a hospital care model ACS to care for mild to moderately symptomatic COVID-19 patients in Memphis, Tennessee. Includes an ACS nursing checklist.

Considerations

- Prioritize the formation of an **executive leadership team**
- Consider **interior space, parking, security, proximity to local hospitals, and infrastructural supports** (e.g., power supply, internet, cell phone coverage & access)
- Match local needs** to ACS capabilities and capacity
- Build a **relationship between the ACS and existing acute care hospitals**
- Explain the **ACS's mission and its admission criteria**



Deciding

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Operationalizing an Alternate Care Site

Guidance Documents

CMS Programs and Payment for Care in Hospital ACS

(CMS) This document provides state and local governments developing ACS with information on how to seek payments through CMS programs – Medicare, Medicaid, and the Children’s Health Insurance Program – for acute inpatient and outpatient care furnished at the site.

Infection Prevention and Control Considerations for Alternate Care Sites

(CDC) This guidance provides critical infection prevention and control considerations for ACS and is intended to supplement existing plans.

Alternative Care Sites for the Covid-19 Pandemic: The Early U.S. and U.K. Experience*

(New England Journal of Medicine) ACSs provide essential capacity to cope with the demands of the Covid-19 pandemic. There are several different approaches and each can be effective depending on the specific needs of a particular location. Early experience with these facilities in the U.S. and the U.K. have yielded valuable lessons about how to structure and operate them most effectively, and about how to integrate them with overall health care services in a region.

The Federal Experience in New York City

(ASPR) Describes the establishment and operation of an ACS at the Jacob K. Javits Convention Center.

Baltimore Convention Center Field Hospital

(ASPR) This document describes the establishment of an ACS to augment the State of Maryland’s surge bed capacity.

Considerations

- Utilize a **central nurse call bell system** and a **central vital sign monitoring system** to enable remote patient monitoring
- Ensure ACS locations can **access electronic health records**
- Consider having designated staff monitor and assist with **PPE donning and doffing**
- Ensure legally required **accessibility** for patients with disabilities and with limited English proficiency
- Request that sending facilities include a **three-day supply of patient medications**

Alternate Care Site In Action

Using a Fairgrounds for Surge: Wisconsin ACS

Facing surges in COVID-19 patients, the state of Wisconsin established an alternate care site using a fairgrounds for surge ([video slides](#)) (Project ECHO COVID-19 Clinical Rounds). Wisconsin's Governor [announced](#) that the **Wisconsin State Fair Park Alternative Care Facility** would begin accepting COVID-19 patients on Oct. 14, 2020.

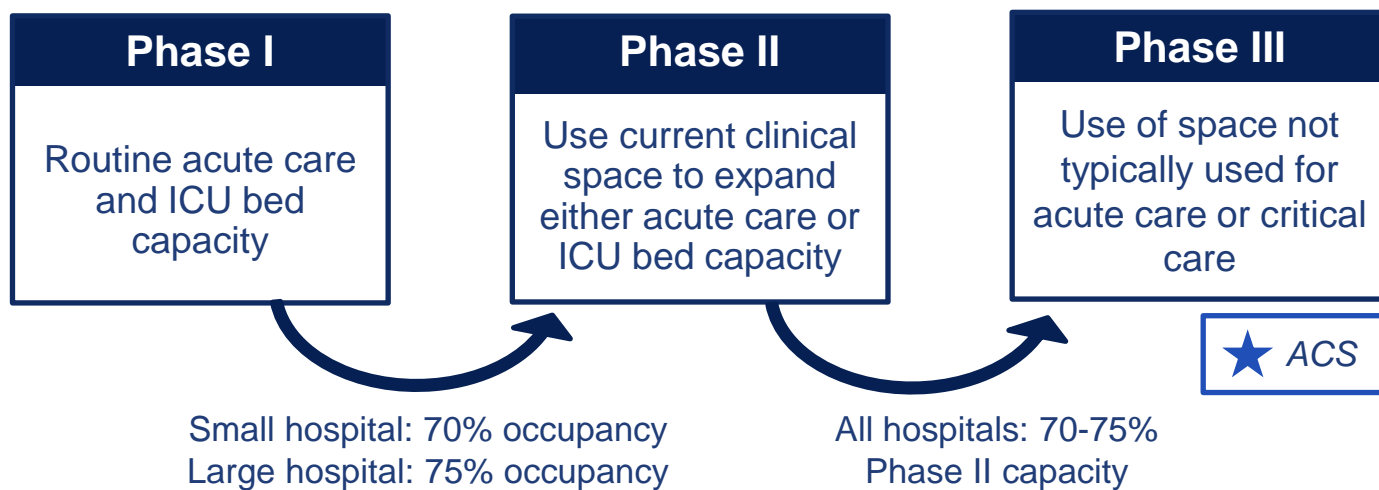
Deciding

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Health system executives, physicians, nursing, and care management leaders were in strong favor of an alternate care site given the desire to continue time-sensitive patient services which had been curtailed during the first wave of the pandemic (e.g., oncology, GI, and other outpatient care). Ultimately, this led to the decision to activate the Wisconsin ACS. Hospitals felt confident in their ability to provide elective services while providing COVID services.

ACS Surge Support Was Initiated in Phase III of Hospital Surge Capacity



Deciding

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Wisconsin State Fair Park Alternate Care Facility

The WI ACS was designed, staffed, and equipped to care for **lower-acuity patients**, serving as a relief valve to allow hospitals to continue to provide a broad range of services.

- ✓ Admitted ambulatory patients 18-70 years old
- ✓ Patients must have 24-hours of stable vitals (supplementary oxygen, IV fluids allowed)
- ✓ Admissions criteria were flexible as community needs changed



Alternate Care Site In Action

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The model for Wisconsin’s ACS requires a minimum of 5-7 days to prepare facility and service operations for admissions. Once the facility is ready to accept patients, it coordinated with established hospital infrastructure to manage patient load and transfers.

Managing Utilization of Wisconsin’s ACS

Wisconsin used the weekly statewide HERC SitRep with hospital capacity metrics to confirm the necessity of patient transfer to ACS’s. A SitRep template is below:

Discipline/Entity	Hospital		Key Partners	Forecast
Region	Date: _____		<ul style="list-style-type: none"> • What % beds occupied? <ul style="list-style-type: none"> ○ HHS COVID Hospital Capacity data base ○ Adult Hospital Inpt. Bed Occupancy • What is the region’s total # of staffed surge beds that are available? • What is your staff status? <ul style="list-style-type: none"> ○ Critical shortages? • What is your stuff status? <ul style="list-style-type: none"> ○ Critical shortage of N95? Disposable Gowns? Surgical mask? • # CMS facilities reporting Outbreak Status? 	<ul style="list-style-type: none"> • What is your one week outlook? • Biggest concerns? Trends?
	Immediate Bed Availability*			
	ICU	Total #		
	Intermediate Care	Total #		
	Medical Surge	Total #		
	Behavioral Health	Total #		
	COVID-19 Patients Admitted*			
	ICU Positive Cases	Total #		
	Medical Surge Positive Cases	Total #		
	Total suspected/confirmed positive cases	Total #		
	# of hospitals reporting HOSPITAL Peak Census?	# hospitals/total # hospitals		
	Other considerations <ul style="list-style-type: none"> • Testing Supplies Status? • # and of Hospitals with Activated Surge Plan ? 			

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