TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

Healthcare System Considerations for Resumption of Services during COVID-19

As COVID-19 emerged, healthcare facilities and providers across the nation began preparing for a surge of patients. To make space available for COVID-19 patients, preserve supplies of personal protective equipment (PPE), and comply with community mitigation guidelines, the healthcare system deferred elective procedures, postponed non-emergent and preventive care or shifted to telehealth, furloughed administrative and other staff, and modified infrastructure and policies and procedures. Healthcare facilities and providers now need to adapt to a "new normal" to mitigate the effects of the COVID-19 public health emergency, recover from the first wave, and prepare for subsequent waves of illness, while supporting the current health needs of their communities. This quick sheet, along with the ASPR TRACIE Healthcare System Considerations for Resumption of Services resource, provides considerations for healthcare system emergency planners and executives and individual facility or practice managers tasked with any aspect of re-opening, resumption of services, recovery, and ongoing operations during this COVID-19 pandemic.

Regulatory Environment

The emergence of COVID-19 necessitated declarations of a Public Health Emergency, Stafford Act Emergency, and National Emergencies Act as well as related federal actions and state and local emergency declarations. These emergency declarations in combination with new legislation enacted in response to the COVID-19 public health emergency, resulted in significant changes to the legal and regulatory landscape under which the nation's healthcare system operates. They affected reimbursement, insurance coverage, and cost sharing; expanded care delivery, including via telemedicine and at alternate locations; altered scopes of practice for various healthcare professions; use of PPE; enabled emergency use of diagnostics and therapeutics; addressed cross-border licensure and liability issues for healthcare providers; and allowed affected organizations to forgo scheduled inspection, testing, and maintenance activities. Facilities and providers must maintain awareness of the status of these changes and adjust operations accordingly.

Resumption of Full Clinical Services

Patient health and the survival of the healthcare system depends on the reactivation of non-critical care services. This includes a resumption of elective and non-emergency procedures and reopening of physician offices, clinics, and other outpatient settings while balancing the need for medical care against the relative risk of acquiring COVID-19. Before this may be accomplished, each facility must assess the progression of COVID-19 in its community relative to state, local, territorial, and tribal regulations and guidelines and available resources (such as available blood supply, PPE, and testing capability). Providers should continue to use telehealth as an alternative to in-office visits, where appropriate.

Patient/Visitor Relations

Facilities and provider practices must consider how to reactivate care for new patients while protecting existing patients and staff. This is especially vital for at-risk patients, such as those with compromised immune systems, respiratory or cardiovascular conditions, and those residing in congregate settings, where COVID-19 has been known to spread rapidly. Patients and their loved ones also need reassurance that physician offices, other outpatient facilities, and hospitals are safe environments to seek care. Much of this depends on continuation of effective infection prevention policies and procedures within facilities and robust patient and general public messaging coordinated among providers, facilities, health systems, community partners, and government officials and agencies about when and where individuals should seek care. Given the high risk for rapid spread of COVID-19 in congregate and institutional settings, and based on COVID-19 spread in the community, decision makers should adopt reasonable restrictions on the number of visitors entering facilities and devise screening procedures for all staff and outside visitors.

Communications

Healthcare facilities and individual practices must communicate both internally—as employers and entities that need to coordinate operations across their organizations—and externally, as trusted providers of

health education information. It is important for staff to develop accessible message content based on trusted sources, using effective communication in multiple formats and plain language. Leaders must determine the best spokesperson and methods of communication to ensure effective communication with persons with disabilities and meaningful access for individuals who have limited English proficiency.

Infrastructure

Many healthcare facilities and provider practices modified their internal infrastructure or added external infrastructure to manage a surge of COVID-19 patients, implement engineering controls, or accommodate the specific clinical needs of COVID-19 patients. Facilities should consider how engineering and administrative controls implemented for COVID-19 relate to their immediate operational picture, the potential need to address additional waves of COVID-19 patient surges, and long-term facility operations.

Supply Chain and Resource Management

Even if COVID-19 transmission has been reduced in a community and facilities have the space and staffing to support additional patient care, supplies and resources may not be sufficient. The supply chains for PPE, some medications and medical supplies (including blood and blood products), disinfection and hygiene products, and certain medical equipment have been stressed by increased demand. Physical distancing guidelines, travel restrictions, and staffing shortages have further reduced or delayed the availability of some resources. Facilities and practices should examine their supply needs under new COVID-19 requirements to determine if existing sources and ordering mechanisms are sufficient to meet their new needs.

Workforce

Healthcare facilities cannot operate without personnel who are healthy and confident their employers support them doing their jobs safely. This has two components: addressing short- and long-term physical and mental health of employees and implementing supportive human resources policies (including the availability of appropriate PPE for the workforce). Ongoing COVID-19 operations and continued revenue shortfalls present potential workforce challenges. Addressing these proactively through new and existing programs (e.g., employee assistance program and new staff screening processes, including COVID-19 testing) is crucial to ensuring a healthy workforce.

Administrative/Financial

The necessary emphasis on meeting the demand of a surge of COVID-19 patients has, in some cases, resulted in a decrease in administrative support at a time when healthcare facilities and provider practices need it more. The COVID-19 response has resulted in significant increases in expenditures that must be accurately tracked for recovery and reimbursement purposes; the need for available governmental and private sector funding support mechanisms; innovative and often time-consuming solutions related to supply chain and resource management; and modifications or implementation of new standard operating procedures to guide the functioning of facilities. In addition to the impact to healthcare systems, many physician practices have reduced in-person visits, implemented telehealth visits, and changed healthcare delivery practices, causing changes in revenue. Facilities and practices should review their existing administrative and financial management systems to ensure lessons have been incorporated and systems are able to meet their new operational needs in the COVID-19 pandemic.

Secondary Disasters during COVID-19

As the COVID-19 pandemic is anticipated to continue for many months, it is likely that secondary disasters, such as hurricanes, tornados, or mass casualty incidents, may occur in COVID-19 affected communities. This concurrent disaster environment could cause significant strain on the healthcare system and likely require deviation from "traditional" response and recovery operations. Facilities and provider practices should review existing emergency response plans and modify them to address COVID-19 considerations.

Continued COVID-19 Response

Most experts believe it is likely that communities will experience one or more additional waves of COVID-19 case surges in the future. Healthcare facilities and provider practices should continually examine which clinical and administrative practices are and are not working and adjust to improve operations during each wave. This also includes determining which innovative practices adopted for COVID-19 should become standard practice moving forward and accounting for the short and long-term effects of COVID-19 on the health of their community.