ASPR TRACIE Technical Assistance Request

**Request Receipt Date (by ASPR TRACIE):** 27 October 2020  
**Response Date:** 28 October 2020  
**Type of TA Request:** Standard

**Request:**

The requestor asked for tools to do assessments of surge capacity.

**Response:**

ASPR TRACIE reviewed existing resources on our [Novel Coronavirus Resources](https://asprtracie.hhs.gov/coronavirus-resources) page. Section I includes surge capacity assessment tools. Section II includes other resources that may assist with surge planning activities, including establishment of alternate care sites (ACS) and activation of crisis standards of care (CSC). Related information may be found in the COVID-19 [Alternate Care Site](https://asprtracie.hhs.gov/alternate-care-site), [Crisis Standards of Care](https://asprtracie.hhs.gov/crisis-standards-of-care), and [Critical Care Surge](https://asprtracie.hhs.gov/critical-care-surge) and [Information and Peer-Reviewed Resources](https://asprtracie.hhs.gov/information-peer-reviewed-resources) collections.

Please refer to the Centers for Disease Control and Prevention’s [Coronavirus Disease 2019 webpage](https://www.cdc.gov/coronavirus/2019-ncov/) for the most up-to-date clinical guidance on COVID-19 outbreak management.

**I. Surge Capacity Assessment Tools**

American Society of Health-System Pharmacists. (2020). *Patient Surge Management During a Pandemic: Toolkit for Hospital and Health System Pharmacy.*

This toolkit highlights lessons learned related to executive emergency orders, drug utilization, pharmacy workforce management, facility surge, and pharmacy service lines along with resources created in response to COVID-19.


This tool is designed to help healthcare coalition (HCC) partners develop a common understanding of their resources and existing gaps, and strategies for prioritizing which gaps to close. Gaps may include inadequate plans or procedures, staffing, equipment and supplies, skills and expertise, and/or services. HCCs are encouraged to modify the template to reflect their coalition members, resources, and unique community attributes. A companion HCC Aggregator Tool allows information from multiple HCCs to be summarized to present an overall picture of a larger geographic area, including an entire state. (For a 508 compliant version of this tool, copy and paste this link into your browser: [https://files.asprtracie.hhs.gov/documents/aspr-tracie-healthcarecoalition-resource-and-gap-analysis-pdf.pdf](https://files.asprtracie.hhs.gov/documents/aspr-tracie-healthcarecoalition-resource-and-gap-analysis-pdf.pdf).)
This spreadsheet-based tool calculates estimates of the number of persons needing hospitalizations, intensive care unit (ICU) care, and ventilator support compared to existing and expanded hospital capacity. Users can also simultaneously see the outputs of three mitigation strategies versus no interventions.

This Excel-based calculator updated 4/7/2020 allows healthcare facilities and other workplaces to enter the quantity of their current stock of various types of personal protective equipment (PPE) and calculate an average consumption rate (burn rate). Based on the burn rate, they can estimate their remaining PPE supply.

Surges of COVID-19 cases have overwhelmed hospitals in many areas of the U.S. Often, severe patient loads are concentrated on a few facilities in a region. This document describes load-balancing and the Medical Operations Coordination Cell (MOCC) as options for managing patient surge.

This template provides a framework for indicators and triggers that may assist states that are implementing MOCCs to address patient surge related to COVID-19.

This toolkit is designed to aid any organization that uses PPE with planning and implementing preservation strategies. It provides estimates of the value of implementing preservation actions to reduce (use of), to reuse, or to repurpose PPE, in conventional, contingency, or crisis capacity conditions.

This modeling tool provides one to thirty day ahead projections of an individual hospital's demand for medical and ICU beds, ventilators, PPE, medication, and staffing.

(Requires free registration to download.)
This 11-page checklist focuses on systems and processes for monitoring and improvement. Topics include staffing, space, supplies, infection control, staff well-being, and structures for planning, decision-making, and communications.

II. Additional Resources


The 2019-2023 Hospital Preparedness Program (HPP) Funding Opportunity Announcement (FOA) requires HCCs to develop a complimentary coalition-based infectious disease annex to their base medical surge/trama mass casualty response plan. This infectious disease surge annex aims to improve capacity and capabilities to manage a small number of patients with high-consequence pathogens or a large number of patients during a major epidemic or pandemic.


This planning tool is intended to assist HCCs and their partners in assessing their preparedness for an influenza pandemic. It may also be used to orient the response as a pandemic begins. This checklist can help HCCs assess, create, and improve their pandemic preparedness and response plans.


This site has multiple links to help healthcare facilities and staff optimize their PPE, with specific guidance on the usage of gowns, masks, eye protection, and N95 respirators, PPE decontamination procedures, and responses to frequently asked questions.


This resource highlights strategies that local healthcare workforce decision-makers could adopt to optimize healthcare workforce assets, assess ongoing staffing needs, and identify resources to meet patient surge during the COVID-19 pandemic.


This guidance summarizes best practices for national implementation to sustain personal protective equipment while ensuring the protection of workers during the COVID-19 pandemic.

This Toolkit was developed to help state, local, tribal and territorial (SLTT) entities to address potential shortages in medical facilities during the 2020 COVID-19 pandemic. It is intended to provide technical assistance to SLTT entities in establishing and operationalizing ACS.


This toolkit provides a curated set of resources and tools for decision-makers managing healthcare workforce challenges in response to the COVID-19 emergency.


This toolkit offers flexible and modifiable guidance, developed by the U.S. government, aimed to assist regional, state, local, tribal and territorial governments to ensure load-balancing across healthcare facilities and systems so that the highest possible level of care can be provided to each patient during the COVID-19 pandemic.


This two-pager summarizes critical care planning for COVID-19. It includes a figure depicting the expansion of critical care from conventional to contingency/crisis levels. The document offers key points to operationalize the concept in terms of space, staffing, supplies and to provide critical care.


This playbook follows a “Space, Stuff, Staff” strategy to rapidly expand inpatient and critical care capacity. It includes an overview of surge capacity concepts, checklists, tables, decision trees, diagrams, and supply and equipment lists.


This decision tree is intended for use by healthcare facilities to guide triage planning during a CSC situation.


This document - updated as needed - provides information on configuring ICUs based on lessons learned by hospitals that have cared for COVID-19 patients. Topics include increasing and managing ICU capacity, adapting various aspects of critical care delivery and the care environment, communicating with patients, providing emotional support to staff, and adjusting operations in other areas of the hospital.

This resource builds upon prior consultation (issued on March 28, 2020) and focuses on CSC and staffing needs—including deployment and allocation of expert clinical staff—to ensure the care of COVID-19 patients.