

# Healthcare System Considerations for Resumption of Services during COVID-19

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## Introduction

As COVID-19 emerged, healthcare facilities and providers across the nation began preparing for a surge of patients. They reviewed existing emergency operations and continuity of operations plans, assessed supplies and equipment, evaluated staffing, enhanced infection prevention and risk communication efforts, trained staff, conducted drills, and readied facilities for increased numbers of patients. To make space available for a surge of COVID-19 patients, preserve supplies of personal protective equipment (PPE), and comply with community mitigation guidelines, the healthcare system delayed or canceled elective procedures, postponed non-emergent and preventive care or shifted to [telehealth](#), [furloughed](#) administrative and other staff or had them work remotely, and modified infrastructure and policies and procedures. These interventions have led to increased costs and decreased revenues. The [American Hospital Association estimated](#) the four-month financial impact on hospitals and health systems as a \$202.6 billion loss. Patient volume to [urgent care centers](#) (except in COVID-19 hotspots) is down more than 50 percent; [weekly visits to health centers](#) have similarly decreased. Healthcare services spending declined at an [18 percent](#) annualized rate in the first quarter of 2020.

The COVID-19 public health emergency has [altered the delivery of and access to healthcare across the country](#), with probable short- and long-term effects. Several months into the emergency, healthcare facilities and providers continue to operate under diverse circumstances. Some are in geographic areas where the number of COVID-19 cases is decelerating, others have reached a plateau, others continue to report an uptick, and still others have yet to experience a significant increase in cases. Regardless of where they fall along this spectrum, healthcare facilities and providers need to adapt to a new normal to mitigate the short- and long-term effects of the COVID-19 public health emergency.

Healthcare facilities and providers must now navigate an abundance of guidance, guidelines, and recommendations. Central to these efforts are the state, local, territorial, and tribal laws and regulations that serve as the foundation for the nation's public health authorities. [Governors](#), mayors, public health officials, emergency management workers, and other elected and agency officials instituted waivers, directives, and guidance within their respective authorities (e.g., [Resuming California's Deferred and Preventive Health Care](#), New York's [COVID-19 Directive Regarding the Resumption of Elective Outpatient Surgeries and Procedures in General Hospitals in Counties and Facilities Without a Significant Risk of COVID-19 Surge](#)).

The White House [Guidelines for Opening Up America Again](#) call for a three-phased approach to reopening which includes meeting state or regional gating criteria (i.e., downward trajectories of symptoms and COVID-19 cases) and the ability of hospitals to 1) treat all patients without resorting to crisis standards of care and 2) to have a robust testing program in place for their workers. Federal agencies such as the [Centers for Medicare & Medicaid Services](#) (CMS) supplemented the White House guidelines with general and specific considerations related to PPE, workforce availability, facility issues,

sanitation protocols, supplies, and testing capacity. The Centers for Disease Control and Prevention provided [guidance](#) on ways healthcare systems can operate effectively during the pandemic and a [framework](#) for providing non-COVID-19 clinical care during the pandemic. Membership organizations such as the [American Medical Association](#) and the American Hospital Association's [American Society for Health Care Engineering](#) have issued advice and guidelines. Medical specialty societies have also weighed in (e.g., [Joint Statement: Roadmap to Resuming Elective Surgery after COVID-19 Pandemic](#)). Guidance has also been published to inform actions related to reopening (e.g., [Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors, Road map to Recovery: A Public Health Guide for Governors](#)).

Individual providers and healthcare facilities must consider all of these recommendations and guidelines in the context of the current circumstances in their communities and the lack of evidence-based literature on the varied characteristics of the virus.

This resource highlights interrelated issues for the healthcare system to consider as they address their current status, restore services that have been curbed, maintain readiness for potential future waves of COVID-19 patients, and adapt to improve their operations based on lessons learned. Considerations for healthcare system emergency planners and executives along with individual facility or practice managers tasked with any aspect of re-opening, resumption of services, recovery, and ongoing operations during this COVID-19 pandemic are also included.

## Considerations

### 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. For example, CMS took [actions](#) to establish flexibilities to help healthcare providers contain the spread of COVID-19 through 1135 waivers as well as, where applicable, authority granted under section 1812(f) of the Social Security Act (the Act) and through regulatory flexibilities where blanket waivers could not be issued. As a result, many flexibilities (including blanket waivers) are in effect, with a retroactive effective date of March 1, 2020 through the end of the public health emergency declaration. The regulatory environment remains dynamic as [CMS](#) and other state and local agencies continue to adjust the availability of flexibilities in response to the changing public need.

These emergency declarations, in combination with [new legislation](#) enacted in response to the COVID-19 public health emergency, such as the Coronavirus Aid Relief and Economic Security (CARES) Act of 2020 and the Families First Coronavirus Response Act of 2020, 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; 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. Questions to consider include:

- Which waivers or other regulatory relief may no longer be available should relevant emergency declarations not be renewed? How does your planning account for them?
- What is the time frame after the state of emergency and/or waiver is no longer in effect, when you will be back in compliance?
- If you do require certain flexibilities to remain in place to continue operating during the COVID-19 pandemic, do you have a mechanism in place to request those flexibilities?
- How are you managing compliance with altered regulations and requirements? How are you documenting the use of flexibilities within your operations?
- How do you plan to stay abreast of the changing regulatory environment to ensure maximizing available flexibilities while being aware of end dates?
- Do you know [who to contact](#) if you have questions about how to achieve and maintain compliance with new flexibilities and requirements?
- How has the public health emergency affected the scopes of practice for your providers and what is your staffing plan for subsequent pandemic waves?
- What is your plan for restoring operations to meet regulatory and accreditation requirements following the public health emergency? For example, how will you meet your Medicare and Medicaid Conditions of Participation? How will you resume regulatory inspections, virtually or in-person?
- How is your facility assessing its response and adjusting its emergency program and policies?

### Resumption of Full Clinical Services

Patient health and the economic survival of the healthcare system depend on the reactivation of non-critical care services. This includes a phased resumption of deferred procedures and reopening of physician offices, clinics, and other outpatient settings. Before this may be accomplished, each facility and provider practice must assess the progression of COVID-19 in its community relative to available resources and state, local, territorial, and tribal regulations and guidelines. Questions to consider include:

- Which clinical services can you deliver via telehealth to maintain physical distancing, subject to federal, state, and local regulations?
  - For many public programs, certain telehealth flexibilities may only be available during the public health emergency. Facilities and practices should confirm available flexibilities relative to state and federal emergency authorities when planning for ongoing operations.
  - Have you provided staff training on telehealth technologies?
- Do you have a plan for case or appointment prioritization and rescheduling, such as first cancelled, first rescheduled, or a triage approach to determine which patients now have worsened health statuses?

- Physician practices that schedule with [ambulatory surgical facilities](#) or hospital operating rooms will need to [coordinate scheduling](#) with all parties and take into account pre-procedure screening and community status.
- Do you have a plan to re-assess patients' health status or conduct updated pre-operative examinations? Will patients who have had COVID-19 or suspected of having COVID-19 need additional [pre-operative testing and screening](#)? How will patients who report COVID-19 infection after a hospital visit or procedure be managed?
- What is your plan for pre-operative SARS-CoV-2 screening and testing? If a patient is PCR positive, will you be using the CDC's test-based or non-test-based strategy to determine if a patient is still infectious?
- Will patients be responsible for the cost of any additional SARS-CoV-2 testing?
- Can you designate certain areas of your facility or office for those known or suspected to have COVID-19 or otherwise maintain physical distancing and negative pressure if needed?
- Do you have enough staffing to care for both COVID-19 and non-COVID-19 patients? Can you establish COVID-19 care teams to limit the number of staff exposed to COVID-19 patients as well as to preserve PPE?
- Are you still using universal masking (e.g., everyone wears a mask) throughout your facility for all staff, patients, and visitors? Do you have access to supplies to continue that practice?
- Do you have an open line of communication between outpatient facilities and hospitals to ensure all healthcare system partners understand the hospital census and capacity using your regional or county/state coalitions?
- Are post-acute care and rehabilitation services available for those ready to leave the facility and do those facilities distinguish between availability for COVID-19 and non-COVID-19 infected patients? Can those facilities safely care for COVID-19 patients?
- Are community-based providers (e.g., provider practices, home health services, durable medical equipment providers) prepared to support home-based care needs of all patients?
- Are there plans for addressing lack of access to equipment at home for discharged patients or implementing telehealth (e.g., computer, internet and/or smartphone) for lower income or isolated older adults?
- How are you communicating with the public and instilling confidence in patients that strong infection prevention measures are in place and that delaying necessary care is riskier to their health than potentially being exposed to COVID-19 in a healthcare setting?
- Does your facility have a vision and plan for how to manage patients with long-term COVID-19 health effects?
- Do you have sufficient staff, plans, and supplies in place for frequent cleaning of high-touch surfaces?
- Do you have physical distancing measures in place in facilities, such as procedures for universal masking (with an appropriate mask) and closing or limiting access to break rooms, conference rooms, and other communal settings?

- Have you put physical restrictions or controls in place to encourage/force physical separation, such as reducing seating options, staggered appointments, and placing spacers on the floor for queuing?
- Are you using [official case counts](#) and other [tools](#) to monitor the progression of COVID-19 in your community?
- Are you routinely evaluating official COVID-19 case counts and other data for influenza- or COVID-like cases?
- Are you able to monitor the availability of testing in your community?
- Do you have a strategy for testing all staff once “full” clinical services restart?
- Have you ensured access to PPE for all staff, including community-based partners, clinical partners, and staff working in long-term care and other congregate living settings where care is delivered?
- Have you developed a plan that will guide clinicians in decision-making around when a patient needs to be seen face-to-face versus providing care via telehealth?

### Patient/Visitor Relations

Facilities and practices/offices must consider how to reactivate care for new patients while protecting existing patients and staff as they continue to care for COVID-19 patients. 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 by coordinating this information among providers, facilities, health systems, community partners, and government officials and agencies about when and where individuals should seek care. Questions to consider include:

- What is your patient and visitor screening process? How will you determine when it needs to be changed?
- Under what circumstances may visitors accompany patients to your facility?
- Are you able to prescreen patients remotely via telehealth, phone triage, or online screening?
- How are you adapting your patient and visitor screening algorithms to reflect current COVID-19 transmission patterns in your community?
- What adjustments have you made to your visitation policies? How are you communicating updates to visitation policies with patients and their loved ones? Do you have special considerations for obstetric and pediatric patients as well as patients with special needs such as intellectual disabilities, language and hearing issues, etc.?
- Are you able to separate patients with COVID-19 symptoms from other patients through physical distancing, designating certain hours for COVID-19 evaluation, or other means as outlined in local, state, and federal guidance?
- Do you have enough facemasks or cloth face coverings to enable source control via masking of patients and visitors?

- What adaptations have you made to help patients and their loved ones stay connected based on visitation policies? How have these adaptations been incorporated into planning and communicated to staff?
- How are you communicating your operational status and protective measures with the community and other community partners?
- How are you informing the public that you have sufficient staffing, space, and supplies to safely treat anyone needing care?
- Do you have a mechanism to re-evaluate your current policies and emergency operations plans? Can you implement interim adjustments due to changing conditions in the community or your facility?

## 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. Gather your message content from trusted sources and determine the best spokesperson for the message and best methods of communication.

- How are you regularly communicating across facility leadership?
- What is your internal communication plan? How will you keep providers updated on current clinical and operational issues?
- Do you have a plan to communicate effectively and appropriately to all staff on all shifts?
- How will you be addressing staff fears and concerns?
- How are you ensuring you have access to regular, updated clinical information from federal agencies, medical associations, and other sources about emerging clinical management of COVID-19?
- What is your external communication plan? How will you keep the community updated on your evolving protocols and guidance?
- Do you plan to have key leadership visit directly with staff, allowing them to observe the environment in which they are working and provide an opportunity for staff to share their concerns?
- Are you collaborating with community and governmental partners, encouraging the public not to delay emergency care? Are you providing information on where and when the public should seek other types of care, including chronic disease management and preventive care such as vaccinations?

## Infrastructure

Many healthcare facilities and 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 these engineering and administrative adjustments relate to their immediate operational picture, the potential

need to address additional waves of COVID-19 patient surges, and long-term facility operations.

Questions to consider include:

- How will you maintain physical distancing in public spaces such as waiting rooms?
- If you designated certain floors or other sections of your facility for COVID-19 patients, are you able to convert any back to their original purpose in the short-term? What triggers have you established for conversion and reversal of COVID-19 treatment space for subsequent waves of the pandemic? Do you know how long the conversion process takes and what is required?
- Which patient room modifications may be discontinued, modified, or made permanent? For example, did you convert rooms to negative pressure? Did you place medical equipment in hallways to reduce room entries and preserve PPE? Did you increase occupancy in rooms? Have you contacted regulatory agencies at the local, state, and federal level to discuss these alterations in process?
- How have you modified non-clinical spaces such as administrative offices, break rooms, cafeterias and food vending areas, and parking garages and should these modifications continue? How have you incorporated changes into electronic medical records and ordering systems, and should these modifications be maintained for future use?
- If you modified equipment for COVID-19 patient use (e.g., used anesthesia machines as ventilators), what is your plan to restore it to its intended use?
- What was done to increase surge capacity? How will this be sustained or modified for future waves or other emerging infectious diseases?
- If facility or equipment inspection, testing, and maintenance (ITM) frequencies or activities were adjusted, do you have a plan to return ITM to compliance at the end of the emergency declaration?
- If facility systems were modified or have been not been operated (e.g., HVAC, medical gas system, electrical system, water systems), do you have a plan to ensure system modifications are compliant and inoperable systems are safely restored?
- Have you established thresholds, such as a certain percentage of beds within a specific timeframe, you can surge to and where to place them, if cases begin to increase in your community?
- If you established a temporary surge site or an alternate care site (a structure of opportunity beyond your regular facility where you may provide surge care), what are your triggers for deactivation and reactivation? What are your plans for terminal cleaning, replenishment of supplies, and storage (if a tent or other temporary site)? If it is a community site, how are you collaborating with partners on continued and future use? Have you evaluated whether any of these temporary sites should be kept warm for future COVID-19 use, subject to emergency declarations, waivers, and state and federal regulations?
- How have you adapted physical security and cyber security measures based on additional infrastructure or changes to infrastructure?

## 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 (and furloughs) have further reduced or delayed the availability of some resources. Questions to consider include:

- How are you managing vendor access and deliveries and are modifications warranted for future waves of the COVID-19?
  - Consider “ordinary” services such as flower and food delivery services and construction operations.
- What is the time frame that upon lifting the state of emergency, vendor access will be resumed (e.g., inspection, testing and maintenance of fire alarm, sprinkler systems, and kitchen suppression systems)?
- How long will your current PPE supply (e.g., gloves, gowns, eye protection, procedure masks, cloth face coverings, N95 respirators or other respirators) for staff and patients last without replenishment? Do you have a reliable source for resupply or alternative type of effective PPE? What are your triggers to institute conservation strategies?
- Did your facility need to implement any contingency or crisis capacity strategies (i.e., extended use or limited re-use) for optimizing the supplies of PPE? When can you return to conventional measures?
- How will you communicate changes to your infection prevention policies to your patients prior to conducting elective procedures? Will cancellation of elective procedures be included in your conservation strategies and explained to patients when their procedures are scheduled?
- Do you have access to [new technologies that enable reuse of some PPE](#)? How are you communicating to staff regarding use of PPE?
- How are you monitoring supplies of medication, blood, medical gases, and other essential medical supplies? Have you identified alternative products? Do you have a reliable source for resupply? Are you in regular contact with your suppliers?
- How are you planning for supply chain substitutions, communicating changes with staff, and providing proper training to ensure staff and patient safety?
- Do you have enough supplies to maintain enhanced levels of cleaning and disinfection throughout all areas of your facility?
- Do you have enough supplies of hand sanitizer, facial tissues, paper towels, soap, and other hygiene products to enable personal infection prevention measures by staff, patients, and visitors?
- Do you have reliable suppliers of nutrition products, linens, waste management services, and other non-medical supplies to support continued operations?

- Are you able to stockpile resources anticipated to be needed during future waves of the pandemic?
- Have you entered into any collaborative or joint purchasing agreements with other facilities or community partners as a back-up to your normal supply chain?
- Have you reached out to your healthcare coalition or other community partners to explore collaborative purchasing agreements, development or expansion of memoranda of agreement, joint resource stockpiling, or creation of personnel response teams to address subsequent waves of the pandemic?
- Are you able to confirm the availability of consumables/disposables associated with increased ventilator use? Also, availability (or increased inventory) of medicines, especially sedation medications, to prepare for ventilator use during future pandemic waves?
- Have you worked with other healthcare organizations in your community to share supplies or staff (including local public health employees)? How have you synchronized contracts on other potential resource needs with community partners?

## Workforce

Healthcare facilities and provider practices 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. Ongoing COVID-19 operations and continued revenue shortfalls also present potential workforce changes.

Questions to consider related to physical and behavioral health include:

- Can all staff recognize potential exposures and symptoms and know how to report them?
- How are you ensuring that all staff (including non-clinical staff) within the facility/practice are trained to do their jobs with COVID-19 infection prevention measures?
  - Have clinical staff, reassigned to different departments or otherwise working outside their typical roles, been trained to operate medical equipment or work in environments with which they are not familiar?
  - Have non-clinical staff been trained to perform any modifications to their typical roles?
  - Will refresher training be provided periodically?
- Do you have a process to review furloughed staff for newly open positions before posting those positions?
- Have you determined your facility policy for routine screening, including PCR and antibody testing for COVID-19? What is your process for defining and addressing an exposure? What is your process/policy for an employee who tests positive?
- How are you managing the immediate, short, and long-term behavioral health effects on your staff (including furloughed employees)? Are all personnel aware of resources available through your employee assistance program or how to access any additional coping and mental health resources being made available as a result of COVID-19?

- How is your organization addressing post-traumatic stress disorder (PTSD) and trauma encountered by frontline staff in a proactive manner?
- What type of counseling and other employee assistance programs have you arranged given the emotional toll of working during the COVID-19 pandemic?
- Are you able to adjust scheduling to allow time off for those who have been working under difficult conditions for an extended period?
- Are you training all staff on infection prevention and control measures, including how to put on, use, and take off recommended PPE? Do you have a plan to provide ongoing and refresher training?
- Do you have policies in place and are you encouraging staff to stay home when sick? Do your attendance policies penalize staff for calling off work?

Questions to consider related to human resources policies include:

- How are you maintaining communications and connections between facility leadership and the rest of the staff?
- How are you recognizing and celebrating the extraordinary commitment, passion, and dedication of staff both internally and with the support of your community?
- Have you reassessed your recruitment and retention policies in light of your facility's experience with COVID-19?
- Do you have a plan to continue or keep on standby any volunteers used during patient surge periods? Do you have a plan to demobilize those volunteers?
- How does your system plan to deploy those who have recovered from COVID-19 in the post-surge workflows and the recurrent surge?
- Do you have guidance or policies/procedures addressing business and personal travel for employees?
- What adjustments have you made to your policies and procedures to improve infection prevention and enable physical distancing and how do you plan to adapt them to current and future COVID-19 transmission dynamics in your community? For example, are you able to maintain physical distancing through telework, alternate work schedules, and remote meetings?
- What is your transition plan (including considerations for counseling and isolation or quarantine) for those whose duties have been reassigned for the COVID-19 response back to their normal roles? Is there a plan for staff who do not have duties to return to?
- Do you have a training plan to maintain the skills of those who were reassigned to other roles, so they have the confidence and competence to take on those non-routine roles again during future waves?
- Based on lessons learned, are any modifications needed to return to work policies for personnel who contracted COVID-19?
- How will your employee monitoring and testing capacity influence changes in operations during subsequent waves of the pandemic? If and when evidence supports that a positive antibody represents immunity, how will you adjust staffing?

- Are any changes needed to your personnel risk assessment? Are you able to assign staff at higher risk of severe COVID-19 disease to roles with less exposure risk? Are staff who have recovered available to care for COVID-19 patients?
- If you established staffing supports such as alternate housing to minimize risk to household members of staff, emergency childcare, eldercare and pet care, or food purchasing, are you able to continue them for the course of the pandemic? If not, can you restart them during another wave, and how will you determine when/how to do this? Have you confirmed regulatory flexibilities available during the public health emergency would continue to allow such staffing support?
- What is the status of personnel you may have reassigned to support COVID-19 response? Will they be available for subsequent waves and can they transition back to COVID-19 response quickly?
- What support is available to staff under increased financial stress due to decreased incomes or increased expenses in their own households or others they support financially?
- What is your process for bringing back workers who may have been furloughed?
- What is your process to adjust scheduling for employees who are able to work, but have childcare or family care obligations that are a direct result of the pandemic?
- Have you assessed your staffing needs relative to revenue forecasts?
- How has your planning – related to both workloads and finances – accounted for the future availability of volunteer and contractor staff?
- Do you have paid family and medical leave policies in place for all staff?

### 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 available 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 to remain aware of and apply 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. Questions to consider include:

- Is your financial management mechanism sufficient for tracking COVID-19-related expenditures to enable potential cost recovery and reimbursement?
- Are you aware of and do you have the resources to pursue [emergency funding](#) made available by federal, state, or local governments or private sources? What is your process for monitoring potential funding opportunities, assessing your eligibility, tracking your application status, managing with sufficient internal controls, and completing required reporting on use of awarded funds?

- Have you structured your alternate care sites to be able to bill health insurers for furnished services, including Medicare and Medicaid, during the length of the public health emergency?
- Are you able to realize cost savings in other areas of your operations or are there additional services you can provide to compensate for losses?
- Are you able to negotiate new contracts to address anticipated supply chain needs?
- What is the status of personnel you may have added through hiring, contracting, or volunteer recruitment efforts for the initial wave of the pandemic? Will they be available for subsequent waves? Do you have a reduction in force plan?
- For physician practices, have you developed plans to coordinate preparedness, response, and recovery efforts with healthcare coalitions and local and state health departments?
- What is the status of personnel you may have had to furlough?
- Can you temporarily increase capacity (longer hours, more rooms, or more staff) to handle a backlog of cases/appointments and resulting increase in billing if necessary?
- What is your process for [managing financial and material donations](#) to your facility, staff, and patients? Do you have a plan for communicating what donations will and will not be accepted? Do you have a community partner that can manage donations and required documentation, accounting, and reporting for you?
- Do you have plans in place to increase surge staffing, if necessary, or redirect staff to avoid future furloughs?
- Have you documented lessons learned in your policies and standard operating procedures, communicated these changes to your staff, and updated your plans and policies?
- How are you collecting, tracking, and filing insurance and federal claims?
- How are you planning for funds to restock depleted emergency stockpiles?
- Do you have a business continuity plan that includes identified back up staff for key positions, including back up signatories and financial and administrative account access? Do all back up personnel have physical keys, pin codes, passwords, network or system access, and other access permissions needed to fulfill their roles? Have they been trained on the job actions or been provided an orientation to those positions?
- Do you have a process in place to continuously review state and federal government guidance and insurance company directives for billing and reimbursement of costs for caring for COVID-19 patients?
- Do you have a process in place to work with payors and accreditation organizations to discuss how surveys, quality measures, etc. may be altered or may resume, as a result of the pandemic?
- Do you have a plan to work with unions and clinical staff to plan for potential workforce redeployment, both within your health system or office and to other settings and systems in your region or healthcare coalition?
- Have you reviewed value-based payment streams to ensure finances continue to flow during a resurgence of COVID-19 and to prepare for continuity of financial support in future pandemic waves?

## 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 should review existing emergency response plans and modify them to address COVID-19 considerations. Questions to consider include:

- Have you re-evaluated your current risk assessments for disaster impacts during COVID-19? Have you planned or communicated with your healthcare coalition and local and state health departments?
- Does your facility have a plan in place to safely shelter patients and staff should a shelter-in-place order be issued? Have you communicated with your local emergency management team and are there facilities available to shelter patients after a shelter order has been lifted if there are ongoing infrastructure issues? How have your shelter-in-place plans been adapted to include COVID-19 considerations?
- How have your plans and contracts for evacuations changed? How have these changes been synchronized with community partners?
- How have your community, healthcare coalition, and system partners’ plans changed, and how have the changes been incorporated into your plans?
- Does your facility have plans in place to augment staffing or surge to respond to patients from a secondary disaster?
- What infection control procedures would need to be put in place to handle a secondary disaster surge in patients?
- Can modifications to your internal and external infrastructure withstand the effects of a natural disaster? For example, if you have been using a tent for temporary surge, do you have a back-up option if you are in a hurricane or tornado prone area?
- How would you plan to triage influenza and COVID-19 patients and plan for a larger surge?
- Do you have plans for a disaster drill or exercise in this new environment?
- How might utility, communications, transportation, and other outages impact operational considerations? How have you re-tested planned backup procedures and systems?
- Have you talked to your supply chain, laboratory, and other providers and vendors about their continuity plans and how they will continue to provide services in the event of a disruption from a secondary disaster? How might a disruption from these providers impact operations? How are you regularly communicating with them?
- How might your facility plan to support staff personal preparedness be adapted?
- What mitigation measures have been put in place to stop potential cyber incidents?
- How have your plans for a mass casualty incident changed in a COVID-19 environment? Do you have access to a sufficient blood supply? Have you planned to incorporate the use of infection control procedures into a trauma-based mass casualty triage operation in the field?

- How might you rapidly return any converted specialty beds as needed? Can you rapidly convert burn, pediatric, trauma, or other specialty beds used for COVID-19 surge back to their specialty beds?
- How might secondary disasters impact changes to operations including use of telehealth?

### 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. Questions to consider include:

- How are you completing interim after-action reviews and improvement planning throughout the course of the pandemic?
- What is your process for incorporating lessons learned into practice and updating your plan?
- What elements of your plans, policies, and procedures have been updated?
- How are you training all staff on new or modified plans, policies, and procedures relevant to their roles?
- How are you using data collected during the initial COVID-19 wave to inform operational triggers during subsequent waves of the pandemic?
- How are you enabling information sharing across community partners? How are you working across partners to synchronize resources and other needs? How are community partners across the healthcare system, including ambulatory services, long term care providers, mortuary affairs, supply chain, public health, and other partners planning together?
- Do you have plans to rapidly switch from “routine or new normal” pandemic operations and infrastructure to strict community mitigation and then back again?
- Do you have plans to provide staff to assist with community mitigation efforts, such as telehealth call centers for COVID-19 inquiries, contact tracing, or community- or facility-based testing centers?
- Is there a plan for regional coordination of COVID-19 response efforts? How are you preparing across your city/state/region? How will this coordination impact resource management?

### Related Resources

- Ambulatory Surgery Center Association: [ASCA Statement on Resuming Elective Surgery as the COVID-19 Pandemic Recedes](#)
- Ambulatory Surgery Center Association: [State Guidance on Elective Surgeries](#)
- American Academy of Family Practitioners: [Respond to Coronavirus](#)
- American Academy of Pediatrics: [Guidance on Providing Pediatric Well-Care During COVID-19](#)
- American Academy of Pediatrics: [Guidance on Newborn Screening During COVID-19](#)

- [American Academy of Pediatrics: FAQs: Management of Infants Born to Mothers with Suspected or Confirmed COVID-19](#)
- [American Academy of Pediatrics: Critical Updates on COVID-19](#)
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