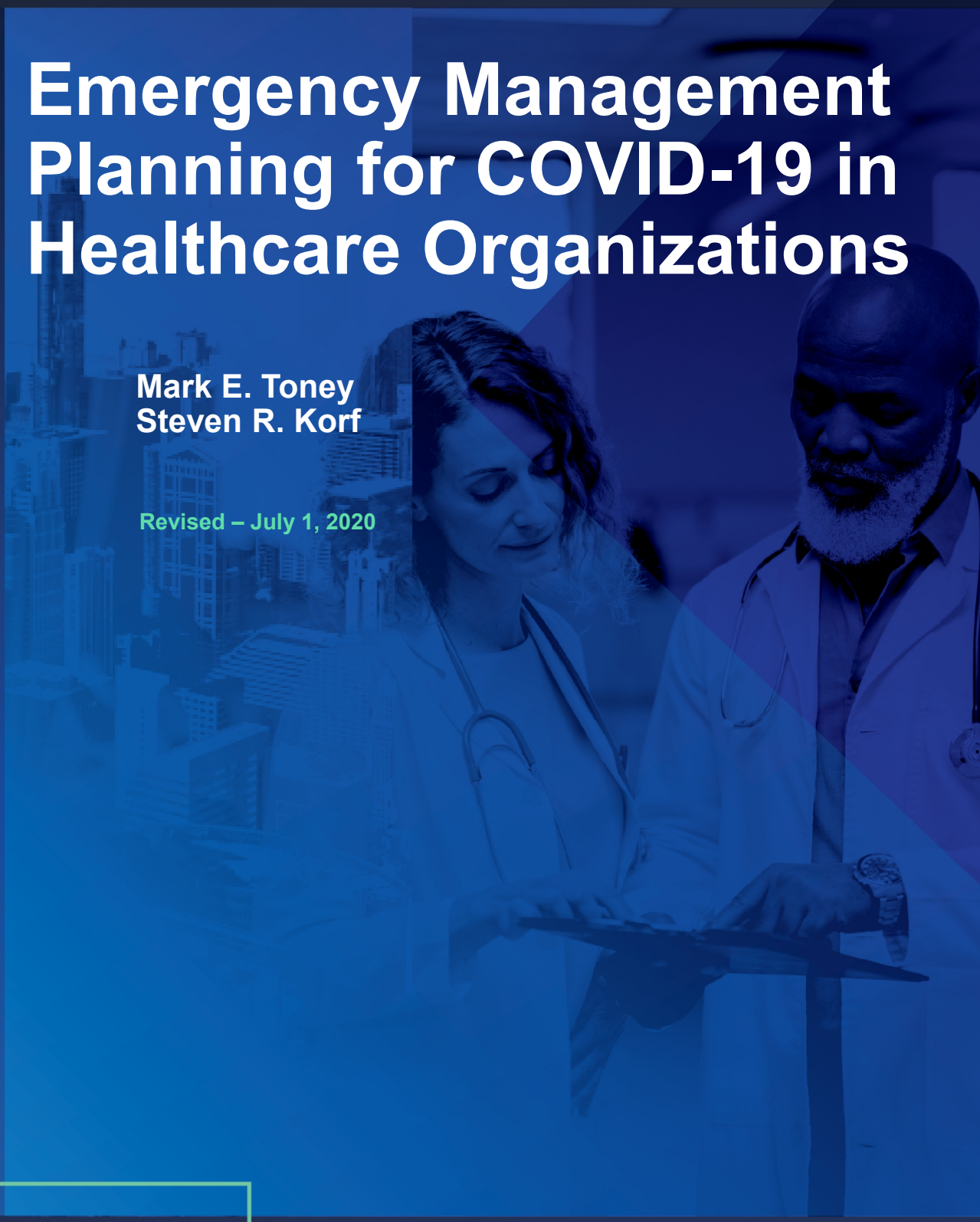
ToneyKorf Partners LLC

Emergency Management Planning for COVID-19 in Healthcare Organizations



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EMERGENCY MANAGEMENT PLANNING FOR COVID-19 IN HEALTHCARE ORGANIZATIONS

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OVERVIEW

The following is a summary of management actions and areas of focus to help your organization address and combat COVID-19. Many of these actions may be in your organization's Emergency Management programs. The following also incorporates guidance from The Joint Commission. However, every organization structure is different, and the effectiveness of each action will vary by the Board, management, medical staff, employees, patients, and community.

OVERSIGHT COMMITTEE

Establish an oversight committee, including the following areas:

- Medical director
- Facilities administration
- Director of Nursing
- Occupational and employee health
- Engineering and maintenance services
- Discharge planning and bed management
- Purchasing/procurement agents
- Human resources/staff recruiting
- Staff training and orientation
- Information Technology
- Legal and risk management
- Pastoral care services
- Liaison with state and local health departments and hospital associations
- Critical care chairperson
- ED chairperson
- Respiratory chairperson
- Infection Control
- Dietary (food) services
- Environmental (housekeeping) services
- Pharmacy supply and services – hospital/patient care and retail
- Transportation services
- Safety and security
- Community and public relations
- Other counseling services
- Other members such as Department Heads
- Union/labor representatives (where applicable)

The above positions are essential jobs that should have input on the implementation of the Emergency Management program. However, in many organizations, one person may wear more than one "hat," and utilization of additional resources to help support the various areas may be required.

HEALTHCARE ORGANIZATIONS EMERGENCY MANAGEMENT PLANNING FOR COVID-19

EMPLOYEE MATTERS

1) The Health And Safety Of Staff Is Job One! Staff must wear appropriate Personal Protective Equipment (PPE)
2) Plan for staff illnesses and call-outs. Source agency staff and locums for back-up. STAFF WILL REQUIRE REST
3) Screen all employees – check temperature upon arrival and departure
4) Limit and screen all visitors
5) Establish flexible work policies – If non-essential, allow working from home. However, there is and will be staff shortages, so some employees will be reassigned to other tasks for the organization (e.g., registration, dietary, etc.) - If applicable, collaborate with Unions to allow change of jobs
6) Track potential exposures of staff – track and report by the number of exposures and monitor patients and staff closely
7) Review facility openings/closings – look at all ambulatory sites and determine benefit vs. resource allocations – staff, equipment, etc.
8) Establish Emergency Succession Plan for all key roles – essential department chairs, nursing, key administrators, environmental services, dietary, etc.
9) Repurpose and leverage psychiatry, psychology and pastoral care resources for counseling/support for staff, patients, and families
10) Explore ways to support staff families – childcare, meals from food services, overnight accommodations, community restaurants, etc.

INTERNAL COMMUNICATIONS

1) Give concise facts and update frequently
    a. Acknowledge the role of the organization – “We Are Here To Serve”
    b. Communicate any organizational support (e.g., childcare, overnight/sleep break accommodations, etc.)
    c. Repeat and enforce health and safety recommendations and guidelines
    d. Outline meeting/visitor policy – repeat and ensure all staff help to enforce
    e. Adjust and share remote work/paid leave policy
    f. Utilize internal channels/spokespeople to speak up if staff need help
2) Establish “Daily Huddle” to discuss updates/issues from past 24 hours and what is ahead in the next 24 hours – keep to critical issues (beds, staffing or supply shortages, etc.) and target 15 minutes – all Oversight Committee members and leadership are mandatory and may call-in, if not in-person; others should be welcome to participate
3) Set up a hotline or designate a resource for employees to call with any concerns
4) While regulations relating to HIPAA may be temporarily reduced, staff should be reminded that organizations must continue to practice patient privacy in all communications

HEALTHCARE ORGANIZATIONS EMERGENCY MANAGEMENT PLANNING FOR COVID-19

GOVERNANCE

1) Respect the complete Board, but realize most communications with full Board will be shared outside the organization, which may not be appropriate
2) Establish a sub-committee, if not in place, for the CEO to talk with and update – generally; Executive Committee of the Board is an acceptable structure
3) Prepare the Board for questions from the community! The Board has the responsibility of governance, but most Board members are in the community, and people will ask what the organization "is doing"
4) Remember, any negative publicity will also impact the Board

CLINICAL CARE AND PATIENTS

1) Assign a person responsible for reviewing daily COVID-19 updates from federal, state, and local agencies and inform Oversight Committee
2) PLAN FOR SURGE –
    a. Continuously monitor LOS and discharge non-critical patients
    b. Supplement Case Management and aggressively manage patient discharge according to protocols
    c. Evaluate beds and availability to increase bed capacity – 2 - 4 per room
    d. Cancel non-elective surgeries and non-emergent visits, incorporate telehealth where possible
3) Maintain critical services for continuity of care – leverage telecommunication for primary care and specialty care office visits deemed non-emergent
4) Limit or eliminate visitors and execute a communication plan
    a. Post signage at all entrances of the facilities regarding symptoms and current policies
    b. Communicate with incoming patients/families – alert them of limited or no visitor rules but allow the use of telecommunications
    c. If patients do not have cell phones, create a mechanism to utilize hospital resources to enable them to facetime or video chat with family
    d. Implement and staff a "call-in" line for authorized family members to receive an update on patients (specifically in ICU)
5) Appoint an "education/training" person to communicate with staff, patients and family members to help them understand the implications, essential prevention, and control measures of COVID-19
6) Repurpose the education team to the train staff on COVID-19 issues and continuous observation and enforcement of protocols and policies
7) Plan for patient's transportation needs – ambulance and relationship with larger health centers – will you be able to move patients to hub centers
8) If your organization does not have proper staffing, divert and transfer to centers that have adequate resources – staff, PPE, and equipment

HEALTHCARE ORGANIZATIONS EMERGENCY MANAGEMENT PLANNING FOR COVID-19

FINANCE / OPERATIONS / PROCUREMENT

1) Maintain billings and revenue cycle processes – cash flows from elective procedures and ambulatory care will drop, minimize the pain
2) Model out scenario analysis for short-term and long-term impacts
3) Develop a Cash Flow model with peaks/valley and covenant analysis
4) Establish a daily / morning meeting of operations, procurement, cash, and A/P to review the NEEDS, place orders, and decide on disbursements
5) Open communications with lenders, vendors, and suppliers – ensure continuity of shipments, request longer terms, and expedited shipping
    a. Consider local suppliers – Geographical considerations/alternate sourcing due to transportation challenges
    b. Evaluate critical path stabilization and sourcing (e.g., laundry stockpiles, food, PPE, pharmaceuticals, etc.)
    c. Stock up on consignment inventory from key suppliers vs. crisis orders
    d. Investigate alternate or redundant sources for supplies – communicate with other local hospitals excess inventory, repurpose or share/trade with other institutions
6) Review and calculate the necessary levels of high demand/inventory need
7) Ensure all receiving/deliveries are centralized and control access from staff and patients
8) Prepare appropriate signage for entrances to facilities
9) Post police/security at all entrances for protection of personnel and enforcement of policies (e.g., Limited or No Visitors)
10) Ensure workers' compensation is updated to cover employees working from home
11) Review timekeeping, payroll practices, and tax withholdings for work at home employees
12) Establish and track ALL COVID-19 related expenses – emergency funding or business interruption insurance may come later (Do not let this distract the CEO and Operations team during the crisis – Have your finance team manage and track)
    a. Follow all government directives relating to financial requirements
    b. Keep financial records of all spending to comply with those government directives for COVID-19, including such items as the costs for additional supplies (cleaning, masks, etc.), employee notices, overtime, etc.
    c. Finally, as was demonstrated after 9/11, the federal government could step in and mandate that insurance coverage be provided. This coverage would likely have some form of government indemnification, which was and is the case now with the Federal Terrorism Insurance Act, which is a part of all property and liability policies

HEALTHCARE ORGANIZATIONS EMERGENCY MANAGEMENT PLANNING FOR COVID-19

INFORMATION TECHNOLOGY

1) Ensure necessary systems (EHRs) are functioning at peak – providers and staff do not need outage during the crisis
2) Prepare for “down-time” operations and other scenario planning – loss of system, etc.
3) Review and ensure the redundancy plan is operable
4) Communicate with third-party and outsourced operations; monitor coverage by the provider – meeting the organization’s needs
5) Assume increased risks of external threats due to perceived vulnerability and work-from-home risks
6) Develop and implement work-from-home requirements for non-essential employees (i.e., revenue cycle) – laptops, access, scanners, printers, wi-fi, etc.
7) Review all IT projects - cancel all non-essential projects and repurpose resources to maintenance and repairs

EXTERNAL COMMUNICATIONS

1) Stay in contact with the state regulatory/government agency (i.e., CDC, NIH, Department of Health)
2) Stay in contact with local and state industry organizations (e.g., Hospital Associations)
3) Designate one media spokesperson (“Press Information Officer” or “PIO”) for the facility and direct all media inquiries to such person
4) Plan and draft a few public statements for PR crisis management (to be completed by the PIO)
5) Maintain the organization’s social media and website with current data and guidance
6) Remember, all internal and external communications should be assumed to reach the public domain – plan accordingly and ensure messaging is appropriate and consistent:
    a. Medical staff
    b. Employees
    c. Community
    d. Suppliers/creditors
    e. Patients
    f. Lenders/financial sponsors

HEALTHCARE ORGANIZATIONS EMERGENCY MANAGEMENT PLANNING FOR COVID-19

EMERGENCY MANAGEMENT

1) Set up an Emergency Management or Incident Command Center – (i.e., War Room) for calls and solutions
   a. Appoint in-charge person – don't have too many "cooks in the kitchen" and assign a "point person" for each critical area
   b. Clarify roles: decision-making responsibility and process for raising new or significant challenges to appropriate parties/leaders
2) Monitoring: Stay-tuned to virus progression and changing protocols, other hospitals' best practices, and social media
3) Maintain a single source of truth – have clinical and physician teams speaking with same voice – use evidence-based medicine, enlist and utilize Infectious Disease specialists in communications, follow CDC and NIH guidance
4) Consider key business risks in decision making (Clinical, Financial, Operational, Reputational, and Legal) – this will eventually pass; the organization must continue into the future
5) Communicate with and prepare a list of contact information for key persons (Emergency Management, CMO, and CEO) at local and regional healthcare facilities
6) Re-assess facilities post-mortem capacity and practices. Communicate with state and health officials on likely capacity constraints and develop contingency plans for temporary morgue capacity

OTHER

Special situations and services of your institution may require different and specific attention and management

ToneyKorf Partners LLC

A **MANAGEMENT** and **ADVISORY** firm specializing in complex and volatile situations

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