

Emerging Practices to Combat Coronavirus Disease (COVID-19): Surge capacity

COVID-19 Clinical Knowledge Transfer from Vizient members and industry resources
Updated: May 28, 2020

Vizient is committed to ongoing research of Vizient members’ emerging practices and other related updates to federal and regulatory guidelines in support of efforts to combat the COVID-19 pandemic. The purpose of this document is to assist our members with critical information to supplement this work. As new information surfaces, updates will be provided.

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Practice Trends

As the COVID-19 pandemic continues, new recommendations for re-opening and waivers continue to be issued.

This week, the Office of the Assistant Secretary for Preparedness and Response (ASPR) technical resources assistance center released a [toolkit](#) and [webinar recording](#) on Medical Operations Coordination Cells (MOCCs), along with an Alternate Care Sites (ACS) funding summary [tip sheet](#). The organization also provided a [webinar recording](#).

COVID-19 key strategies roadmap

COVID – 19 Stages	Surge capacity strategies
Prepare	<ul style="list-style-type: none"> Stand-up an incident command center to streamline communications, increase awareness and initiate clinical and operational scenario planning. Understand inventory of digital tools and telehealth capabilities to optimize healthcare delivery through virtual care and alternative sites of care. Develop workforce contingency plans to re-deploy, educate, cross-train and mitigate staffing shortages. Create investments or partnerships in predictive analytics tools to help estimate impact, prepare and allocate resources.
Respond	<ul style="list-style-type: none"> Scale technology tools to screen/triage patients and staff. Repurpose urgent care/lab/ambulatory locations to test patients to help divert from ED and hospitals. Build regional coalitions with state or local public health departments, public/private sectors and community coalitions to collaborate on surge response.
Recover	<ul style="list-style-type: none"> Maintain regional coalitions to build surveillance roadmaps and reactivation plans to prepare and respond to pent-up demand, such as resuming elective surgeries, identifying COVID-designated hospital(s). Build public relations/communications plan in collaboration with legal to re-build trust, safety and resilience with the public and workforce to return to facilities for care. Sustain telemedicine to meet consumer demands and patient engagement. Optimize workforce staffing to ensure all clinicians are working at top of license. Activate relationships with post-acute care providers to designate specialized alternative sites of care (i.e. step-down units, designate COVID-19 only nursing homes, recovery centers) and expand home-based care offerings (i.e. telemedicine nursing visits, oxygen and pulse oximetry monitoring, frequent and rapid communication).

Emergency Department

- CMS guidance allows [Independent Freestanding Emergency Departments](#) to be temporarily certified as a hospital to provide care to Medicare and Medicaid beneficiaries.
- CMS issued [frequently asked questions](#) clarifying requirements and considerations for hospitals and other providers related to the Emergency Medical Treatment and Labor Act (EMTALA) during COVID-19 response.
- CMS [announced](#) the Emergency Triage, Treat, and Transport (ET3) Model's start date would be delayed from May 1, 2020 until fall 2020.
- American College of Emergency Physicians developed a [national strategic for plan](#) for emergency departments responding to COVID-19, outlining key action items and capabilities.

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Telemedicine

New and reduced regulations are allowing providers to quickly stand up and expand telemedicine operations.

- The [Cleveland Clinic COVID-19 Digital Health Playbook](#) emphasizes how practicing empathy can enhance virtual visit experiences with patients.
- To support rural health clinics and federally qualified health centers, Congress and CMS made changes to requirements and payments for telehealth and virtual communications flexibilities and visiting nursing services.
- As payer policies around telehealth change, the American Physician Therapy Association provides a summary of commercial payer telehealth or virtual visits coverage by state as information is released.
- CMS's list of services normally furnished in-person that may be furnished via Medicare telehealth is outlined below. CMS affirms payment parity for telehealth during COVID-19 and continues to add covered services. Review CMS's list of telehealth services payable under the Medicare Physician Fee Schedule.
- CMS allows for use of telecommunications technology that has audio and video capabilities that are used for two-way, real-time interactive communication. View waiver in Section 1135(b) of the Social Security Act under Secretary of HHS.
- HHS will waive remote communications technologies for covered health care providers to communicate with patients (HIPAA-compliant video communication products).

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Inpatient

Resuming elective surgery

For organizations developing reactivation plans, including resuming elective surgeries, guidance to consider is below:

- [Informed Consent](#) from American Society of Plastic Surgery summarized examples of verbal and non-written consent for COVID-19 related risks.
- AHA, Association of Perioperative Registered Nurses and AdvaMed released [clinically based guidance](#), building upon their joint statement, to support the safe reentry of medical device representatives into hospitals and other surgical facilities as elective surgeries resume.

- [ACS/ASA/AORN/AHA](#) provided a joint statement on developing a roadmap for resuming elective surgery after COVID-19 Pandemic.
- CMS issued [recommendations for resuming elective surgery, non-emergent healthcare](#), aligning to Trump administration guidelines for re-opening America.
- Ambulatory Surgery Center Association: [State Guidance on Elective Surgeries](#).

Suggested frameworks below:

- [AHA Roadmap](#) for resuming elective surgeries.
- CMS Non-Emergent, Elective Medical Services and Treatment Recommendations [Tiered Framework](#) to prioritize services and care.
- Association of State and Territorial Health Officials ([ASTHO](#)) resource map reviews social distancing mandates, state of emergency declarations, elective medical procedure guidance and testing prioritization guidance.

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As organizations respond to surges, bed capacity is expanded to meet patient demand. **Regional coalitions** and collaborations between public health organizations, local stakeholders, private and public health systems are forming to discuss **alternative sites of care opportunities**, **expanding physical capacity** to create intensive care units and **optimizing in-house capacity** by reducing cases/procedures, shifting care and cohorting COVID-19+ and COVID-19 PUI patients.

- Refer to guidelines from March 30 [Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge](#).
- Refer to [CMS Flexibilities and Waivers](#), 1135 waivers certain Medicare, Medicaid, CHIP or HIPAA requirements waived and [CMS Emergency Declaration Blanket Waivers for Health Care Providers](#) exercising regulatory flexibilities for hospital implications, discharging patients from the hospital to post-acute care.
 - CMS gives states additional flexibility in Medicaid and CHIP programs: [Section 1135 Waivers](#); [Section 1115\(a\) Waivers](#) ; [1915\(c\) Waiver Appendix K Amendments](#); [Medicaid State Plan Amendments](#); [CHIP State Plan Amendments](#).
 - Vizient guide for hospitals applying [federal guidelines](#) for “Opening up America Again.”
 - Vizient evaluation of [interim final rules, other waivers and policy changes](#) that offer hospitals and providers a wide range of new flexibilities.
 - Vizient evaluation of [CMS Emergency Blanket Waivers for healthcare providers](#).
 - Vizient evaluation of CMS [Minimum required nursing documentation](#).
- CMS ambulatory surgery center [process flow map and guidance document](#) on processing attestations from ambulatory surgical centers temporarily enroll as hospitals (QSO-20-24-ASC).
- CMS inpatient surge capacity algorithm [process flow map outlining hospital alternative care sites](#).

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Workforce

- [Vizient Clinical Workforce Well-Being Playbook](#) addresses relevant needs of clinicians during a crisis and includes recommendations to support clinicians in surge areas.

- CMS and ASPR released a [new toolkit](#) to help state and local healthcare decision makers maximize workforce flexibilities. This addresses state and local needs on funding flexibilities, liability protections and workforce training.
- The Trump Administration and CMS suspended a number of rules, so hospitals, clinics and other healthcare facilities can [maximize frontline workforce](#).
- [CDC new interim guidance](#) for implementing safety practices for critical infrastructure workers who may have had exposure to a person with suspected or confirmed COVID-19.
- Several organizations have adopted the [SCCM Model for Tiered Staffing Strategy](#) to adjust staffing models during a pandemic.

Updated 5/14/2020

Licensure and credentialing

- [The National Conference of State Legislatures](#)
- [American Academy of Nursing](#): Responding to COVID-19
- [American Association of Colleges of Nursing](#) COVID-19 resources for nurse educators
- [State Medical Board resources](#) from the Federation of State Medical Boards

Updated 4/24/2020

Resource and supply utilization

Ventilator utilization

- The [Dynamic Ventilator Reserve Plan](#) is a public-private partnership aimed at providing an online inventory of ventilators and associated supplies that hospitals and health systems can lend to others in the country. This initiative involves the [Federal Emergency Management Agency](#), American Hospital Association and other stakeholders.
- Implement a triage committee to make decisions about allocation of scare resources and to help communicate difficult decision to families (should not involve frontline clinicians). Refer to [NEJM: The Toughest Triage—Allocating Ventilators in a Pandemic](#)

Updated 4/30/2020

ECMO utilization

- NIH released guidelines for treating COVID-19 patients, acknowledging ECMO as a treatment option in the critical care section. [ELSO](#) has prepared an in-depth set of guidelines for ECMO to include: patient selection criteria, cannulation and decannulation strategies, transport on ECMO, PPE and staff protection strategies with ECMO, to ethical dilemmas and quality.

Updated 4/22/2020

PPE preservation efforts

- Purchasing and donations: Utilize social media as a crowdsourcing solution.
- Cluster care, place controls in halls, reduce cross utilization.

- Regional alliances/purchasing consortiums (public/private partnerships).

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Post-acute care

Nursing homes, inpatient rehab facilities and home care guidelines

- CMS [nursing home](#) reopening recommendations for state and local officials.
- CMS [nursing home COVID-19 toolkit](#)
- CDC [reporting requirement](#) for nursing homes and long-term care facilities to report COVID-19 facility data.
- CMS announced an [independent commission](#) to address safety and quality in nursing homes. This builds upon the [five-part plan](#) to ensure safety and quality in nursing homes.
- [CMS updates requirements for notification of confirmed COVID-19 or COVID-19 PUI](#) among residents and staff in nursing homes.
- [CMS Responds to AMRPA's Questions on Select COVID-19 Waivers for IRFs.](#)
- CMS [Home Health Agencies Flexibilities.](#)
- CMS and CDC COVID-19 [Long-term Care Facility Guidance.](#)
 - CMS [nursing home five star quality rating system updates, nursing home staff counts and FAQs.](#)
 - CMS announces [new nursing home transparency efforts](#) on April 19, requiring information on communicable diseases, healthcare-associated infections and potential outbreaks to state and local health departments.
 - Updates to supplemental information for transferring or discharging residents between facilities for the purpose of cohorting residents based on COVID-19 status made on [April 13](#). The [April 19 CMS guidance memo](#) discusses new requirement for facilities to report on-site conditions.
 - CMS [Guidance for Infection Control and Prevention of COVID-19 in Hospitals, Psychiatric Hospitals, and Critical Access Hospitals \(CAHs\): FAQs, Considerations for Patient Triage, Placement, Limits to Visitation and Availability of 1135 waivers.](#)

Updated 5/21/2020

Assessing inpatients for discharge or movement to a step-down facility

- [Sg2 COVID-19 Action Steps: Optimizing Post-Acute Care Assets](#)
- CMS released three, normally scheduled proposed rules related to the Medicare payment policy for [hospices](#), [skilled nursing facilities](#) and [inpatient psychiatric facilities](#).

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Analytic Tools

Digital tools for case management and contact tracing

- CDC launched the [National Healthcare Safety Network COVID-19 Module Data Dashboard](#), which tracks hospital bed occupancy, county-level COVID-19 cases.
- CDC [data tracker](#) and [webpage](#) evaluates county-level cases and deaths

Digital tools for screening, triaging, testing, treating

- [CDC symptom-checker chatbot for COVID-19](#) (click self-checker).
- Providence Health [chatbot](#).

Predictive tools to predict demand surge

- [AHA MetricVu Visualization Tool](#): Understand capacity across the nation. Request a demo.
- CDC [National Healthcare Safety Network \(NHSN\) COVID-19 module](#) assesses patient impact and hospital pathway, healthcare worker staffing pathway, healthcare supply pathway.
- Johns Hopkins University of Medicine: [Coronavirus Resource Center](#)
- NYC Health: [Bed Surge Capacity Expansion Tool](#)
- Penn Medicine: [COVID-19 Hospital Impact Model for Epidemics](#)
- Providence Clinical Analytics: CoVERED Tool; for more information on disease tracking (case volume, COVID-tested and PUI) and data modeling (products, people, places) email: COVIDresponse@providence.org
- Sg2 [Surge Calculator](#)
- The University of Washington population health research center: [The Institute for Health Metrics and Evaluation COVID-19 projections](#).
- Vizient COVID-19 ventilator medication demand projections to estimate needs over a four-week period by drug and drug class. To learn more, submit your request [online](#).

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Important guidance and resources

Overall

- AHRQ [COVID: 19 resources](#)
- American Medical Rehabilitation Providers Association: [COVID-19 resources](#)
- [ASPR: Medical Operations Coordination Cells \(MOCCs\) toolkit](#)
- [ASPR: Alternate Care Sites \(ACS\) Funding Summary: Establishment and Operationalization Tip Sheet](#)
- CDC: [COVID-19 resources](#)
- CMS: [COVID-19 Partner Toolkit](#)
- CMS: [Current Emergencies](#)
- CMS: [Newsroom](#)
- Coronavirus Preparedness and Response Supplemental Appropriations Act, [HR 6074](#)
- Coronavirus [Taskforce](#)
- EMS: [COVID-19 Resources](#)
- FEMA: [COVID-19 Response](#)
- FEMA: [COVID-19 Hospital Resource Package](#)
- The Joint Commission: [General COVID-19 Tools and Resources](#)
- The Society for Post-Acute and Long-term Care [Medicine resources](#)
- OIG: [Policy, statements and guidance](#)

- Indiana State Department of Health [COVID-19 Toolkit for Long-term Care](#)
- Kaiser Permanente [Coronavirus Mitigation Playbook](#)
- National Center for Assisted Living: [COVID-19 Playbook Template](#)
- Nebraska Medicine [resources for providers](#)
- Michigan Department of Health and Human Services [Post-Acute Care Transition Form](#)
- The Ohio State University: [Evidence Based Practice](#)
- University of Washington (UW Medicine) [COVID-19 Resource site](#)
- University of Chicago [ED Shared Pathway](#) to evaluate critically-ill patients only in the ED
- Vizient [pharmacy practice considerations](#) in the setting of COVID-19
- Vizient [pharmacy field hospital toolkit](#)

Telemedicine

- [AMA quick guide to telemedicine in practice](#)
- [The Center for Connected Health Policy: COVID-19 Related State Actions](#)
- [The Center for Connected Health Policy: COVID-19 Telehealth policy changes](#)
- [CMS General Provider Telehealth and Telemedicine Tool Kit](#)
- [CMS Nursing home virtual health toolkit](#)
- [Medicaid Telemedicine Resources](#)
- The Ohio State University: [Resources for Providing Care by Telehealth](#)

Command Centers

- [FEMA Incident Command System resources](#)
- [HHS Public Health Emergency Planning Handbook](#)
- [Rush University Medical Center Command Center Structure](#)

Goals of care conversations with patients and families

- [COVID-19 goals of care](#)
- [Prepare For Your Care](#)
- [Respecting choices: person-centered care COVID-19 resources](#)
- [Vital talk : COVID ready communication playbook](#)

End-of-life care

- [National Hospice and Palliative Care Organization Covid19 resources](#)
- [Hospital Mass Fatality Plan \(Checklist\)](#) provides instructions and procedures for a mass fatality incident.
- [In-Hospital Fatality Surge Body Collection Point \(BCP\) Operation Guide](#) outlines steps to operationalize a BCP to manage morgue surge during COVID-19
- [Mass Fatality Plan Management Template](#) : serves as a guide for planners to build or refine a mass fatality plan for their healthcare facility.
- [NSW Government Health COVID-19- Handling of bodies by funeral directors](#)
- [NYC Mass Fatality Management Guidance](#) : Office of Chief Medical Examiner and New York City Emergency Management

Additional emerging practices

Access resource documents on other topics.

- [Managing critical supplies](#)
- [Emerging clinical practices and evidence](#)
- [Staff impact](#)
- [Testing](#)
- [Visitation](#)