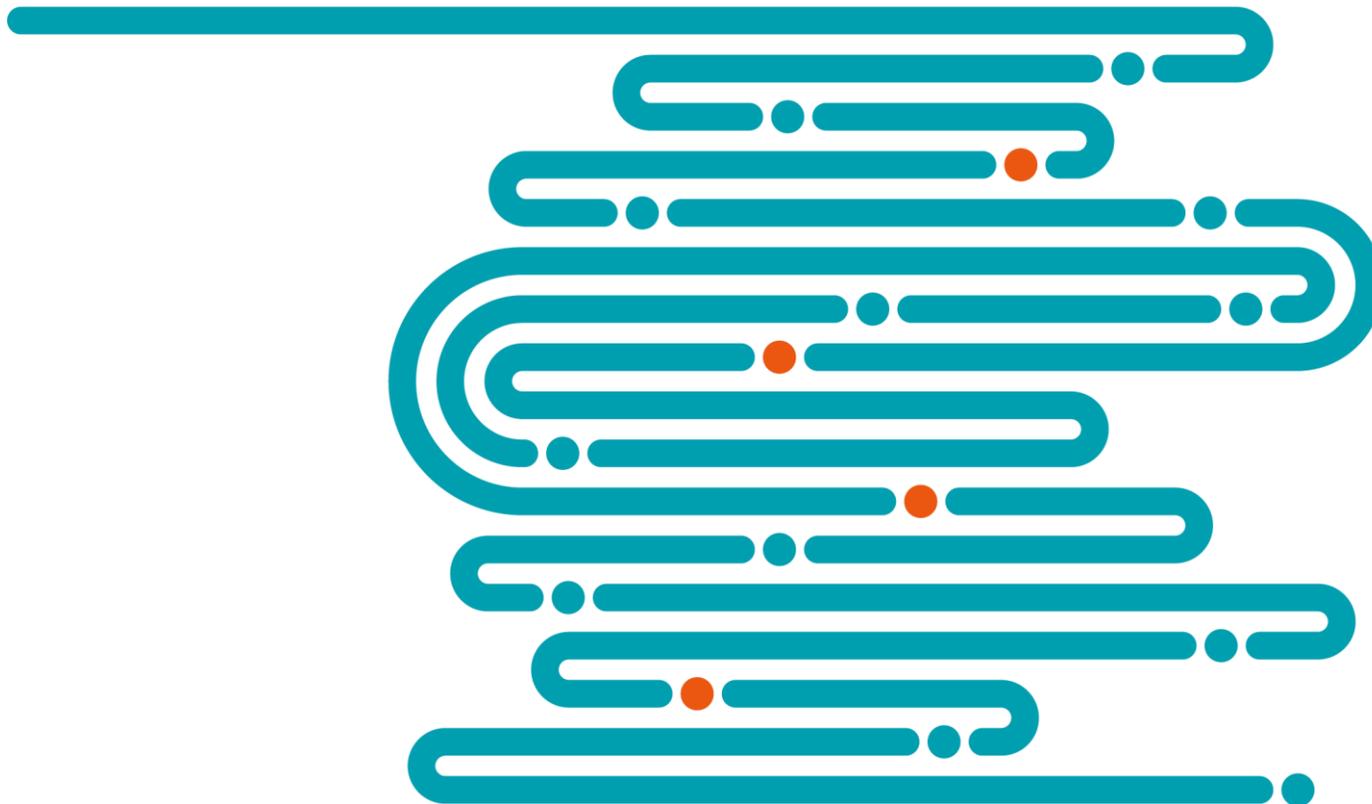


Continuous Patient
Readiness Plan-
Disaster
Preparedness
COVID-19

April 2020-Information current as of 4/17/20



The Continuous Patient Readiness Plan captures the most current information coming out from regulatory and accreditation bodies as well as organizations like CDC, FDA, OSHA and others.

Live links to the source of information are provided for your reference along with suggested operational partners that should have access to this information. Use this tool as a gap analysis to identify your current compliance status, actions you need to take as applicable, follow up that may be necessary.

This tool will be updated monthly adding additional pertinent COVID-19 information.

Highlighted information is new since the new edition.

DISCLAIMER: VIZIENT IS COMPILING INFORMATION AND EMERGING PRACTICES FROM MEMBERS TO AID IN KNOWLEDGE TRANSFER DURING THE COVID-19 RESPONSE. DECISIONS REGARDING WHETHER AND HOW TO UTILIZE ANY OF THESE PRACTICES SHOULD BE MADE BY HEALTH CARE PROVIDERS, AT THEIR OWN RISK, WITH CONSIDERATION OF INDIVIDUAL CIRCUMSTANCES. AS INFORMATION IS CHANGING RAPIDLY, VIZIENT ENCOURAGES YOU TO ALWAYS REFER

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
<p>Vizient COVID-19 resources</p> <p>NEW</p>	<p>Vizient has developed a resource and updates page on their website for members covering the most recent information on surgery and pharmacy supplies, disaster preparedness, regulatory guidance and the industry. There are also weekly webinars to provide information on trending topics.</p> <p>COVID-19 resource center</p> <p>Weekly clinical webinars</p> <p>Disaster preparedness</p> <p>Sg2 Surge Demand Calculator-Scenario planning tool that calculates market specific, age adjusted projections of non-intensive care unit (ICU) beds, ICU and ventilator demand.</p> <p>Recommendations: Share resource site to leaders for information and education.</p>	<p>Accreditation professionals/ supply chain leaders/ pharmacy leaders/ emergency management leaders</p>			
Regulatory Body Updates					
	<p>QSO-20-14 Nursing Home Revised (March 13, 2020)- Infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation.</p>	<p>Infection preventionists/ discharge planners/ home health and hospice leaders/</p>			

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
	<p>QSO-20-19 End Stage Renal Disease (ESRD) (March 10, 2020)-Additional guidance to dialysis facilities to help them focus their infection control and prevention practices to prevent the transmission of COVID-19.</p> <p>QSO-20-18-Home Health (March 10, 2020)-Appropriate actions to address potential and confirmed COVID cases and mitigating transmission</p> <p>QSO-20-17-All-(March 10, 2020)-Guidance on expanding the types of facemasks healthcare workers may use in situations involving COVID-19 and other respiratory infections.</p> <p>QSO-20-16-Hospice (March 9, 2020)-Regulations and guidance that support hospice agencies taking appropriate action to address potential and confirmed COVID cases and mitigating transmission.</p> <p>QSO-20-15 (Updated March 30, 2020) Hospital/Critical Access- Emergency Medical Treatment & Labor Act (EMTALA)-The memo conveys information in response to inquiries from hospitals and critical access hospitals (CAHs) concerning implications of COVID-19 for their compliance with EMTALA.</p> <p>QSO-20-12-All (March 4, 2020) CMS suspension of non-emergency inspections across the country and will allow</p>	outpatient clinic leaders/ laboratory leaders			March 30, 2020

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
	<p>inspectors to focus on addressing the spread of the coronavirus disease 2019 (COVID-19).</p> <p>QSO-20-13-Hospitals-CAHs (Updated March 30, 2020) The memo provides frequently asked questions (FAQs) related to optimizing patient placement, with the goal of addressing the needs of the individual patient while protecting other patients and healthcare workers.</p> <p>QSO-20-22 (March 30, 2020) Guidance for infection control and prevention of COVID-19 in outpatient settings: Frequently asked questions (FAQs) and considerations.</p> <p>QSO-20-23 (March 30, 2020) Guidance for infection control and prevention of COVID-19 in intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs) and psychiatric residential treatment facilities (PRTFs)</p> <p>QSO-20-25 NH (April 13,2020) Supplemental information for transferring or discharging residents between facilities for the purpose of cohorting residents based on COVID-19 status (i.e., positive, negative, unknown/under observation)</p> <p>QSO-20-21-CLIA-(March 27, 2020)-Clinical Laboratory Improvement Amendments (CLIA) laboratory guidance during COVID-19 public health emergency of laboratories located at temporary testing sites and providing important</p>				<p>March 30, 2020</p>

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
	<p>guidance for CLIA laboratories regarding the review of pathology slides, proficiency testing, alternate collection devices and requirements for a CLIA certificate</p> <p>Recommendations: Share and analyze these memos with your infection prevention and discharge planning teams as they provides information about what to do relative to accepting a discharged patient who had been infected with COVID-19.</p>				
<p>CMS COVID-19 emergency declaration blanket waivers for health care providers</p>	<p>CMS is empowered to take proactive steps through 1135 waivers where applicable and rapidly expand the aggressive efforts against COVID-19. As a result, the blanket waivers are in effect through the end of the emergency declaration.</p> <p>Recommendations: Review for consideration of revising policies and procedures per the waivers.</p>	<p>Accreditation professionals/ emergency management leaders and teams</p>			<p>Retroactive effective March 1, 2020</p>
<p>CMS long-term care nursing homes telehealth and telemedicine tool kit</p>	<p>CMS issued an electronic toolkit regarding telehealth and telemedicine for long term care nursing home facilities. It provides broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. Most of the information is directed towards providers who may want to establish a permanent telemedicine program but there is information here that will help in the temporary deployment of a telemedicine program as well.</p>	<p>Information technology leaders/ medical staff leaders</p>			

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
	<p>Recommendations: Provide toolkit to providers as alternate method to see patients. Information management can evaluate technology and availability for use by providers for telehealth visits.</p>				
<p><i>CMS and elective surgeries</i></p>	<p>CMS announced that all elective surgeries, non-essential medical, surgical and dental procedures be delayed during the COVID-19 outbreak. The document provides a tiered approach to curtail elective surgeries. The decisions should be made in consultation with the hospital, surgeon, patient and other public health professionals.</p> <p>Recommendations: Provide surgery leaders and practitioners with recommendations in order to review and make decisions on surgery and procedure schedules.</p>	<p>Surgery leaders/ all surgeons and procedure practitioners/ senior leaders</p>			
<p><i>American College of Surgeons (ACS) papers on elective surgeries</i></p>	<p>The ACS has published papers for surgeons on developing a review committee for surgical triage decision making, elective case triage, triage of non-emergent surgical procedures and recommendations for management of elective surgical procedures.</p> <p>Create a Surgical Review Committee for COVID-19-Related Surgical Triage Decision Making</p>	<p>Surgeons and procedural physicians/ surgery leaders</p>			

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
<p>HHS-Assistant secretary for emergency response (ASPR) COVID 19 resources</p>	<p>COVID-19: Elective Case Triage Guidelines for Surgical Care</p> <p>COVID-19: Guidance for Triage of Non-Emergent Surgical Procedures</p> <p>COVID-19: Recommendations for Management of Elective Surgical Procedures</p> <p>Recommendations: Consider developing a committee and policies and procedures for elective surgeries.</p> <p>The ASPR Technical Resources, Assistance Center and Information Exchange (TRACIE) provides resources identified or developed to address current response and recovery operations to COVID-19. Resources include:</p> <ul style="list-style-type: none"> • Planning resources (e.g. alternate care sites, crisis standards of care) • Federal COVID-19 websites • Select technical assistance requests (e.g. drive-through testing, fatality management, staff absenteeism, and telehealth) • Infectious disease resources (e.g. self-care modules for healthcare providers, the hospital pharmacy disaster calculator, and a personal protective equipment planning tool) • Select comprehensive topic collections related to pandemic planning and response. 	<p>Emergency management leaders and teams</p>			

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
	<p>Recommendations: Provide resources to emergency management leaders for consideration to updating emergency operations plans.</p>				
<p><i>03-17-20 Health and Human Services (HHS) memo on care for the elderly organizations</i></p>	<p>The memo provides information for Programs of All-inclusive Care for the Elderly (PACE) on policies and standard procedures for infection control and implementing strategies to mitigate the spread of the COVID-19 virus.</p> <p>Recommendations: Assess policy and procedures and updated as needed. Provide education to staff and patients on strategies for controlling and mitigating the spread of the COVID-19 virus.</p>	<p>Infection preventionists/</p>			
<p><i>HHS bulletin on COVID-19 & limited waiver of Health Insurance Portability and Accountability Act (HIPAA) sanctions and penalties during nationwide public health emergency</i></p>	<p>The HIPAA privacy rule allows patient information to be shared to assist in nationwide public health emergencies and to assist patients in receiving the care they need. In addition, while the HIPAA privacy rule is not suspended during a public health or other emergency, the secretary of HHS may waive certain provisions of the privacy rule.</p> <p>Recommendations: Provide guidance of waiver to privacy officer and human resource leaders. Educate staff and providers.</p>	<p>Privacy officer/ compliance officer/ human resource leaders</p>			
<p>HHS letter on optimizing ventilator use during the COVID-19 pandemic</p>	<p>The HHS assistant secretary for health and U.S. surgeon general issued an open letter to the healthcare community stressing the need to aggressively implement the following four measures:</p>	<p>Infection preventionists/ critical care leaders</p>			<p>March 31, 2020</p>

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
	<ul style="list-style-type: none"> • Rigorous adherence to all social distancing measures, including limitations on gatherings and travel. This is the best way to reduce infections and thus demand for ventilators. • Following guidelines to optimize the use of mechanical ventilators. This includes canceling elective surgeries, using equipment from state regions not experiencing outbreaks, as well as transition of anesthesia machines and other respiratory devices for use as mechanical support for those in respiratory failure from COVID-19 and other diseases. • Judicious, data driven requests and usage of the Strategic National Stockpile (SNS) of ventilators and equipment. To be able to allocate ventilators where they are most needed, all states must be data-driven in their requests based on the actual capacity for mechanical ventilation, including anesthesia machine conversions. • Increasing the capacity of the SNS through federal procurement. The SNS will receive at least an additional 20,000 mechanical ventilators by mid-May 2020. <p>Recommendations: Risk assess policies and procedures for ventilator use and reduction of use.</p>				
<p><i>CMS has released a COVID-19 virtual toolkit</i></p>	<p>In an effort to consolidate information being put out regarding coronavirus, CMS developed a website</p>	<p>Senior leaders/</p>			

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
<i>website as a single-source page for agency guidance</i>	<p>resource page. The website page also contains links to other HHS agency pages being updated with COVID-19 guidance.</p> <p>Recommendations: Add website to favorites and provide link to leaders to be reviewed as per desired schedule.</p>	infection preventionists			
<i>CMS telehealth services expanded</i>	<p>Various services through telehealth including common office visits, mental health counseling and preventive health screenings. This will help ensure those who are at a higher risk for COVID-19 are able to visit with their doctor from their home, without having to go to a doctor's office or hospital which puts themselves or others at risk. There is also an expanded range of communication tools that can be used for telehealth services.</p> <p>Telehealth toolkit for general providers</p> <p>End-Stage Renal Disease providers telehealth toolkit</p> <p>A fact sheet on the expanded telehealth services Recommendations: Risk assess ability to provide telehealth services for physicians and practitioners to patients.</p>	Physicians and practitioners/ Information technology leaders			March 6, 2020
<i>Occupational Safety and Health Administration (OSHA) guidance on</i>	The guidance is advisory and intended for planning purposes. Employers and workers should use this planning guidance to help identify risk levels in workplace	Employee health/ human resources			

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
<i>preparing workplaces for COVID-19</i>	<p>settings and to determine any appropriate control measures to implement.</p> <p>Recommendations: Risk assess policies and procedures and risk levels in the workplace setting to determine control measures.</p>				
<p>OSHA lays out road map for probing COVID-19 cases</p> <p><i>FDA policy for temporary compounding of certain alcohol-based hand sanitizer products during the public health emergency</i></p>	<p>The roadmap provides instructions and guidance to area offices and compliance safety and health officers (CSHOs) for handling COVID-19-related complaints, referrals, and severe illness reports.</p> <p>Recommendations: Provide education on COVID-19 complaint handling by OSHA.</p> <p>FDA does not intend to take action against compounders that prepare alcohol-based hand sanitizers for consumer use and for use as health care personnel hand rubs for the duration of the public health emergency provided the following circumstances are present:</p> <ul style="list-style-type: none"> The hand sanitizer is compounded using only the United States Pharmacopoeia (USP) grade ingredients listed in document in the preparation of the product consistent with World Health Organization (WHO) recommendations <p>The compounder does not add other active or inactive ingredients.</p>	<p>Human resource leaders/ employee health leaders</p> <p>Pharmacy leaders/ Infection preventionists</p>			

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
	<ul style="list-style-type: none"> The compounder pays particular attention to ensure active ingredients are correct and the correct amount of the active ingredients are used. The hand sanitizer is prepared under conditions routinely used by the compounder to compound similar nonsterile drugs. The hand sanitizer is labeled consistent with the product ingredients per FDA guidelines. <p>Recommendations: Develop policies and procedures if this type of compounding is to be permitted. Educate pharmacy staff as appropriate.</p>				
<p>FDA temporary policy on compounding of certain drugs by outsourcing facilities during the COVID-19 public health emergency</p>	<p>The FDA has announced new flexibilities for 503B outsourcing facilities that are compounding medications for hospital in order to increase the supply of critical medications for hospitalized COVID-19 patients.</p> <p>Recommendations: Assess use of medications compounded from outsourcing facilities and accepting of drugs not gone through the usual FDA process for approval.</p>	Pharmacy leaders/ senior leaders			
<p>United States Pharmacopeia (USP) operational considerations for sterile compounding during COVID-19 pandemic</p>	<p>The document contains information on assignment of beyond use date, considerations for certification/recertification, cleansing and disinfecting.</p> <p>Recommendations: Assess policies and procedures and revise as needed.</p>	Pharmacy leaders/ infection preventionists			April 11, 2020

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
<p>FDA guidance database during COVID-19 public health emergency</p>	<ul style="list-style-type: none"> • Policy for gowns, other apparel and gloves (March 30, 2020): • Policy for sterilizers, disinfectant devices and air purifiers (March 29, 2020): • Policy for face masks and respirators (March 25, 2020): • Policy for ventilators, accessories and other respiratory devices (March 22, 2020): <p>Recommendations: Consider using the policies and guidance as outlined and educate staff as applicable.</p>	<p>Infection preventionists/ supply chain leaders</p>			
<p>FDA issues emergency use authorization to decontamination N95 respirators</p> <p>ECRI resource center</p>	<p>The FDA issued an emergency use authorization (EUA) for decontaminating N95 or N95-equivalent respirators per day for reuse by health care workers in hospital settings.</p> <p>Recommendations: Consider updating procedures and policies for process and educate staff.</p> <p>ECRI has developed a resource center to help hospitals, ambulatory care and aging care facilities protect healthcare workers, residents, and patients.</p> <ul style="list-style-type: none"> • Recording on recommendations from ECRI experts on how to use N95 respirators safely when normal procedures are challenging due to shortages. • Evidence review indicates infrared temperature screening is ineffective for detecting infected persons. 	<p>Infection preventionists/ sterile processing</p> <p>Biomedical engineer leaders/ Infection preventionists</p>			<p>April 9 & 11, 2020</p>

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
	<ul style="list-style-type: none"> Single ventilator use to support multiple patients clinical assessment <p>Recommendation: Consider recommendations and review current practice.</p>				
<p>CDC interim guidance for implementing safety practices for critical infrastructure workers who may have had exposure to a person with suspected or c</p>	<p>CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.</p> <p>Recommendations: Assess policies and procedures and consider updating as needed. Educate staff as to guidance.</p>	<p>Human resource leaders/ employee health leaders/ infection preventionists</p>			
<p>CDC interim Infection prevention and control recommendations for patients with suspected or confirmed COVID-19</p>	<p>The CDC recommendations address:</p> <ul style="list-style-type: none"> Asymptomatic and pre-symptomatic transmission implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. Actively screening everyone for fever and symptoms of COVID-19 before they enter the healthcare facility. As community transmission intensifies within a region, healthcare facilities could consider foregoing contact tracing for exposures in a healthcare setting in favor of universal source control for healthcare personnel and screening for fever and symptoms before every shift. 	<p>Infection preventionists/ nursing leaders</p>			<p>Updated April 13,2020</p>

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
	<p>Recommendations: Consider developing policies and procedures for those suspected or confirmed COVID-19 patients. Educate staff as applicable.</p>				
<p>CDC outpatient and ambulatory care settings responding to community transmission of COVID-19</p>	<p>This interim guidance outlines goals and strategies suggested for ambulatory care settings in response to community spread of coronavirus disease. This information complements, but does not replace, the general infection prevention and control recommendations for COVID-19.</p> <p>Recommendations: Consider developing policies and procedures to implement on preventing transmission and possible alternate use of facility.</p>	<p>Infection preventionists/ ambulatory leaders</p>			
<p>CDC considerations for pharmacies during the COVID-19</p>	<p>This guidance applies to all pharmacy staff to minimize their risk of exposure to the virus and reduce the risk for customers during the COVID-19 pandemic. The CDC changes include:</p> <ul style="list-style-type: none"> • Everyone entering the pharmacy should wear a face covering, regardless of symptoms. Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance. • Pharmacists and pharmacy technicians should always wear a facemask while they are in the pharmacy for source control. • Postpone and reschedule delivery of some routine clinical preventive services, such as adult immunizations, which require face to face encounters. 	<p>Pharmacy leaders/ ambulatory leaders</p>			<p>Updated April 14, 2020</p>

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
<p>Decontamination and reuse of filtering face piece respirators</p>	<ul style="list-style-type: none"> Special considerations for clinics that are co-located in pharmacies. <p>Recommendations: Assess policies and procedures in outpatient pharmacies and update as applicable.</p> <p>Disposable filtering face piece respirators (FFRs) are not approved for routine decontamination and reuse as standard of care. FFR decontamination and reuse may need to be considered as a crisis capacity strategy to ensure continued availability. Based on the limited research available, ultraviolet germicidal irradiation, vaporous hydrogen peroxide, and moist heat showed the most promise as potential methods to decontaminate FFRs.</p> <p>Recommendations: Consider developing policies and procedures for decontamination as needed. Educate staff.</p>	<p>Infection preventionists/ central sterile leaders/ respiratory leaders</p>			
<p>CDC considerations for inpatient obstetric healthcare settings</p>	<p>The CDC obstetric care infection prevention and control considerations for healthcare facilities with confirmed patients with coronavirus disease (COVID-19) or pregnant persons under investigation in inpatient obstetric healthcare settings including obstetrical triage, labor and delivery, recovery and inpatient postpartum settings.</p> <p>Recommendations: Assess policies and procedures and educate staff and physicians that have obstetrical privileges.</p>	<p>Maternal child leaders/ Obstetricians/ pediatricians/ family practice physicians/ infection preventionists</p>			

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
<p>CDC information for pediatric healthcare providers</p>	<p>The information provided is for managing pediatric patients with confirmed or suspected COVID-19 and maintaining will baby and childhood immunizations care.</p> <p>Recommendations: Educate pediatricians and other physicians that care for pediatric patients. Assess practices on separating well versus sick patients.</p>	<p>Pediatricians/ Infection preventionists</p>			
<p>Accreditation Bodies</p>					
<p>Joint Commission surveying suspended-Updated</p>	<p>The Joint Commission is suspending all regular surveying. It is being done to assure that The Joint Commission does not interfere with the crucial work health care organizations are doing to prepare and care for their patients during this pandemic. Currently, The Joint Commission does not have an anticipated restart date.</p> <p>Recommendations: Alert leadership of suspension, accreditation readiness committee and other department leaders</p>	<p>Senior leaders/ accreditation leaders and committees</p>			<p>March 16, 2020</p> <p>Surveys suspended through end of May</p>
<p>Joint Commission issues statement on use of face masks brought from home</p>	<p>TJC announced that it supports allowing health care staff to bring their own standard face masks or respirators to wear at work when their health care organizations cannot routinely provide access to protective equipment that is commensurate with the risk to which they are exposed. Homemade masks are an extreme measure and should be used only when standard PPE of proven protective value is unavailable</p>	<p>Infection preventionists/ supply chain leaders</p>			

Topic/source		Operational partner	Current state (gap analysis)	Action/target dates	Effective date
	<p>Recommendations: Organization should determine is will permit and then develop policies and procedures. Educate staff as applicable.</p>				

Vizient, Inc.
 290 E. John Carpenter Freeway
 Irving, TX 75062-5146
 (800) 842-5146

