



# COVID-19

## Pathways to Recovery

—

Considerations and Resources to Guide  
Hospitals and Health Systems



*Advancing Health in America*

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# PREFACE

COVID-19 has been an unprecedented challenge for our nation and the hospitals and health care systems that serve communities across the United States.

We've cheered the heroics of nurses, physicians, emergency medical technicians, orderlies, dieticians and other hospital workers who have cared for their patients under extraordinary circumstances. We've applauded the lab techs and scientists working around the clock to test and develop new innovations and cures. And we've begun to flatten the curve and see a path forward of what will be a new normal for all of us.

As we chart that path together, we want to share a new resource, **COVID-19 Pathways to Recovery**. Development of this compendium has been led by a recently formed AHA Board Task Force with input from many members of the association. While it is not intended to be an all-inclusive resource and will evolve over time as we learn more, it provides important questions and checklists to consider moving forward.

The first part of this resource covers critical areas, including workforce considerations, testing and contact tracing, internal and external communications, and the supply chain. It outlines some areas for hospital and health system leaders to consider as they work toward a safe, orderly return to providing comprehensive health care services to their communities, while continuing to care for their workforce and begin longer-range planning. These sections will continue to be updated as new information develops, and additional focus areas will be added to the resource soon.

It is important to note that any plans to resume suspended services (see dashboard in Appendix) should be developed concurrently with a plan to modify services should conditions warrant. Where possible, modification parameters should be pre-established and widely communicated before such actions are required. Several examples are included in the report.

We recognize that COVID-19 has affected each community differently, so please use this resource in combination with – and not as a substitute for – other guidance and requirements from professional and accrediting organizations, as well as the federal government and your state government.

Thank you to all of those who contributed to this resource. We welcome your comments as the resource continues to evolve.

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# WORKFORCE

COVID-19 has had a significant impact on the health care workforce. As most parts of the country have been expected to social distance and stay at home, our health care heroes have been on the front lines of this crisis. Hospitals and health systems, particularly those that were not in “hot spot” areas, experienced greatly reduced patient volumes as they moved to conform to federal authorities’ directives to severely limit non-emergency surgeries and postpone other non-urgent procedures. In addition, community fear of exposure to COVID-19 caused many patients to stay at home, rather than seek needed medical attention. These diminished numbers of patients coming to the hospital for care meant many hospitals had to furlough valued health care providers and administrative staff.

In areas that did experience an influx of COVID-19 patients, and particularly in hot spot areas that had large numbers of COVID-19 patients, there are many workforce challenges, including concerns related to mental health, resiliency, education/training, staffing models and other operational considerations. These challenges also present a unique opportunity for health care organizations to consider how different training, resources and deployment of the workforce might better support our health care workforce meet the health care needs of the future. Below are areas of consideration as hospitals and health care organizations begin to move toward more normal operations.

## STAFFING<sup>1</sup>

- Do we have a comprehensive plan and process to strategically bring back workers who were furloughed, considering which services can and should be reopened first? In addition, consider whether some of the furloughed workers can and should be deployed to allow those who have been on the front lines of treating COVID-19 patients to take time off to rest and recuperate.
  - Does this plan include communications to the furloughed workers so they are clear about how the organization is staging their return to work?
  - Have we considered what training needs are necessary to equip the returning workers with information on the new protocols for safely treating patients, including those whose COVID-19 status is either unknown or is positive?
  - Does the plan describe how we will manage those furloughed workers who are receiving unemployment benefits that pay more than their compensation and do not intend to return to work until those benefits are exhausted?
- How are we prepared for potential staffing challenges related to requests for new federal leaves allowing up to 12 weeks of leave related to child care issues?
- Do we have a plan for vacation coverage for employees who were unable to take leave during the outbreak? If the outbreak continues to create difficulties for staff to use their time away, should we consider additional options like buybacks or offering/increasing carryover into 2021?
- Have we considered how we might comply with Centers for Medicare & Medicaid Services (CMS) guidance suggesting that some staff be assigned exclusively to the care of COVID-19 patients, while others are assigned exclusively to non-COVID-19 patients to reduce the opportunity for accidental transmission?
  - Have we considered how to best staff new responsibilities, such as COVID-19 screening, temperature taking and tracing contacts?

- Have we explored how new or emerging COVID-19 roles might be taken by furloughed or staff redeployed from another role?
- Have we considered whether staff who test positive for COVID-19 but are experiencing no symptoms or only mild symptoms might be redeployed to work-at-home roles or other modified duty, taking into account Occupational Safety and Health Administration (OSHA) or workers compensation rules and regulations?
- Do we fully understand the impact of clinicians, who are currently practicing at the top of their license due to waivers, returning to their previous roles? What needs to be done to ensure the timeline and expectations are formally communicated to not only the affected clinicians but also to physicians and other staff who might have relied on higher level of practice during COVID-19?
- Have we established a timeline or threshold when we will return pay practices to pre-COVID-19 levels? Will it be a gradual or all-or-nothing approach?

## **BEHAVIORAL HEALTH<sup>2</sup>**

- Are we prepared to identify and address potentially increased behavioral health needs of our employees due to issues related to COVID-19?
- When a caregiver, employee or family member feels overwhelmed and seeks help, do we have a seamless process to guide them to appropriate resources based on their preference? Is this process well known by supervisors and easy for staff to access?
- Given that many experts believe there will be a potential surge in demand for behavioral health services following COVID-19, do we have a plan to provide needed services, such as telepsychiatry capabilities for our employees and the community?
- How do we equip leaders at all levels, especially those with point-of-care staff, to identify behavioral health needs in staff before they become critical?
- Can we deploy our internal ethics and root-cause analysis resources to address work environment issues?
- Consider using the process of trauma debriefing, a process that is activated when there is some type of traumatic experience staff have — for example, mass casualties, error that results in death, death of a colleague (maybe someone who took care of them), etc. Those involved are traumatized, and the process is to bring in skilled professionals to help staff work through their emotions and the situation. These could be chaplains, experts in facilitating these interventions or other professionals.

## **RESILIENCY AND BURNOUT**

- Are we placing adequate attention to addressing resiliency and burnout for employees?
- Are there programs in place or planned to provide bedside staff, especially nurses, the opportunity to define lessons learned from their experience or to identify opportunities for improvement?
- Are there new leadership models that emerge from this experience, which should be incorporated into organizational plans going forward, e.g., more prevalent dyad models at the clinical unit?
- How do we appropriately celebrate and recognize the accomplishments of the workforce to support hospital workers?

- Are we communicating effectively with employees ensuring that information is flowing from leadership as we continue to transition back to more normal operations?
- How can we best instill or enhance employee trust and loyalty over potentially perceived issues impacting employee safety, such as adequate personal protective equipment (PPE), or with employees who were furloughed?
- Have we considered the impact to staff/teams who prepared for readiness and were not utilized?
- How do we encourage and support people to take time to recover/take time off so they have renewed energy to be ready for a potential second wave of COVID-19?
- Do we have special provisions in place for those work units that have experienced a loss due to COVID-19, e.g., colleague, family member, etc.?

## **EDUCATION AND TRAINING**

- What training needs to be created or revamped to ensure that our organization is better prepared for future outbreaks?
- Have we reviewed and considered potential flexibility or waivers for annual competency reviews or performance appraisals?
- Have we considered other technology training needed to successfully operate new and increased usage of systems, such as those used for telemedicine?
- Are there protocols in place for shifting clinicians via competency-based training to work in critical care units or other areas where they are most needed?
- Do we have education and training for employees on testing protocols and plans as appropriate?
- Have we curated and shared appropriately all the lessons learned from this pandemic?
- When will we reinstate any suspended clinical rotations, internships or other training program offerings?

## **BACK-TO-WORK TRANSITION<sup>3</sup>**

- Are we prepared to communicate and reinforce organizational policies that have been changed during the COVID-19 surge?
- Are there roles or departments that can transition to permanently remote roles? How are we considering expanding clinical remote work options, such as telehealth?
- What technology needs have been identified during this surge of remote work to ensure future remote work is adequately supported?
- What new productivity monitoring tools are needed to support remote work?
- Are there new variable compensation models that would better match remote work models?
- How long will leave of absence (LOA)/quarantine benefits related to COVID-19 need to be extended? Are we prepared for requests from our staff to retain and expand the pay to other highly communicable diseases?

- Is our employee health and wellness function ready to return to normal operations while still responsible for activities related to COVID-19? What will be our timeline?
- Are our workers compensation programs up to date relative to the experienced and expected work environment?
- Is our human resources team prepared to assist staff who may be or have been furloughed, e.g., unemployment claims, COBRA, etc.
- How will we restart our volunteer program(s)?

## **PHYSICIAN/PROVIDER RELATIONS**

- How will physicians/providers and their teams be part of the decision process and prepped to share with patients the prioritization of backlog cases?
- What impact will the reassignment of physicians/providers redeployed to other areas have on bringing back other services?
- How will physician/provider workload be impacted by advanced practice professionals returning to previous duties?
- Do we have defined communications and decision-making processes to meet the needs of both employed and independent physician/provider groups? Have these been developed in collaboration with our medical staff and our employed medical group(s) governance structures?
- How will we support outpatient physicians/providers in ramping up their practices again in coordination with the hospital, ensuring there are appropriate ancillary services to support their work?
- Are we monitoring the Stark waivers and prepared to respond should those waivers be reversed?

## **INTERNAL AND EXTERNAL PRESSURES**

- Is our organization prepared for questions and possible resistance from staff about the return to pre-COVID-19 practices (policies, pay programs, flexible work options)?
- Is our organization prepared for the potential of labor unions wanting to negotiate over issues such as:
  - Nursing salaries, bonus pay and living wage for support employees
  - Paid LOA and quarantine
  - Staff safety, specifically PPE
  - Patient safety-events and patient ratios
- Is our organization aware and monitoring potential workers compensation claims related to COVID-19?

# TESTING AND CONTACT TRACING<sup>4</sup>

In addition to the considerations outlined below, the previously released [Joint Statement](#) from the American College of Surgeons, the American Society of Anesthesiologists, the Association of periOperative Registered Nurses and the American Hospital Association on restarting non-emergent procedures, as well as the [CMS guidelines](#), can be referenced.

To effectively reopen services in your organization, you will need to be able to plan for and execute effective surveillance, testing and tracking protocols that cover any number of populations, e.g., patients, staff, vendors, high-risk community populations, etc. This must be done in collaboration and coordination with public health services. In addition, you must have robust data collection, trending and analytic capabilities. The quality, sensitivity and specificity of testing continues to evolve. At this time, high percentages of false negatives are being reported. Testing does not supersede clinical judgment.

To identify and be prepared to respond if there is a resurgence of COVID-19 in your service area, you will need to know that there is a public health plan for testing and tracing and your role in that plan.

Below are areas of consideration for testing and contract tracing.

## PLANNING

Testing will require more than just hospital efforts. You will need to coordinate with public health departments, community groups, other providers and relevant government agencies to understand which entity will lead which effort and where resources are best deployed. For hospitals in areas that border multiple state jurisdictions, additional outreach may be needed.

- Define the role of each of the players involved and the resources needed to be effective in ensuring the integrity of the testing plan. Players include public health departments, community providers, community-based groups, clinics, urgent care centers, state and private laboratories, and others.
- Testing sites will need to be identified, supplied and staffed appropriately. When possible, full community resources (including commercial, state and private) should be considered in determining the most efficient and effective plan. The following areas should be considered:
  - Ensuring adequate supplies, including reagents, specimen media, swabs, cartridges and PPE
  - Confirming types of analyzers available and locations
  - Coordinating with regional/state organizations for additional capacity
  - Ensuring all high-risk communities have access to testing
  - Ensuring cultural competency and diverse needs
- Identify the appropriate use of viral versus serology tests, and define in which circumstances each should be used. In each instance, what is the role of the hospital in decision-making and implementation?
- Identify which organization will be responsible for testing to better understand the prevalence of COVID-19 in specific populations, particularly vulnerable population groups (e.g., nursing homes, homeless, minority populations, etc.)

- Discuss the value of centralizing testing to reduce PPE use and staff exposure and ensure appropriate coordination across community sites.
- Identify how testing availability will be communicated, scheduled, and/or prioritized; identify spokespeople and unified messaging across partners; understand and apply nationally recognized testing prioritization algorithms and protocols; consider the need to translate these messages in various languages. See the [Appendix](#) for a sample tool provided by Vanderbilt University Medical Center.
- Assign the responsibility for routine monitoring of state and local testing guidelines.

## **WORKFORCE TESTING PROCEDURES**

Together with your employee health and wellness service team and infectious disease specialists, you should define the special testing needs of the health care workforce. Some considerations in this area include:

- Identifying timing/intervals for staff testing
- Defining a process for maintaining awareness of employee/medical staff/contract staff/volunteer/first responder infection status
- Identifying who will test first responders including emergency medical services entering your facility
- Identifying policies on testing and guidance for refusal of testing
- Educating and training staff on testing protocols and plans as appropriate
- Documenting staff testing

## **DATA COLLECTION AND INFRASTRUCTURE**

To predict, identify, address and track outbreaks, testing data must be collected, analyzed and reported across the community. A data collection and reporting protocol should be developed in conjunction with key community partners.

The protocol should identify key partners, responsibilities and resources in three main areas:

### **1. Data collection and submission**

- a. Coordinating data collection and submission efforts across sites of care, to minimize data collection and submission burden;
- b. Using standard race, ethnicity and language (REAL) definitions in data collection efforts;
- c. Ensuring frequent data collection and updates

### **2. Data analysis and reporting**

- a. Key metrics/performance indicators
- b. Stratification, including by care site, patient characteristics, REAL data elements
- c. Update frequency and data currency

- d. Defining reporting models for individual care planning and comprehensive insight into the prevalence of the virus in various communities

### **3. Data security**

- a. Ensuring data collected are protected according to HIPAA standards, particularly with regards to substratification
- b. Ensuring results reported are protected according to HIPAA standards, particularly at the site or geographic subdivision
- c. Executing data use agreements as appropriate when sharing data across organizations

## **SURVEILLANCE AND CONTACT TRACING**

Hospitals and health systems should coordinate with state, regional and local health departments (including neighboring states as applicable) for surveillance and contact tracing protocols and execution of these protocols. Coordination should include:

- Defining surveillance, including use of serial testing
- Establishing infrastructure and procedure for tracing and documenting hospital-acquired COVID-19 infections/ staff infections
- Considering use of community health workers/community connections to supplement tracing resources needed
- Investigating and identifying appropriate tools for follow-up/monitoring of people quarantined at home, including using technological and telehealth solutions

# COMMUNICATIONS: INTERNAL AND EXTERNAL

As health care workers continue to fight the COVID-19 outbreak, it remains unclear how long the practice of social distancing and isolation will continue. As time moves on, the need for safe medical care not related to COVID-19 becomes more important than ever for the communities that hospitals and health systems serve. Emergency, non-emergent and preventive care is still available and safe to access.

Hospitals and health systems will need to communicate to their internal and external stakeholders how their plans and procedures have changed. Communications professionals will need to create post-COVID-19 strategies to inform the community about expanded or reopened services, continued protective measures and strongly encourage anyone in need of emergency care to go to the hospital.

Hospitals and health systems will need to be attuned to the overall mood of the community and shape the tenor of their communications appropriately, sharing accurate health information and helping the public overcome apprehension of seeking care.

Recognizing that recovery of the health care delivery infrastructure will happen on different timetables in different parts of the country, AHA provides a general messaging framework and communications toolkit that will include resources for hospitals to tailor and adapt for their staff and communities.

Hospitals and health systems need to communicate with many different audiences. But all communication outreach should meet certain core objectives that reinforce hospitals are open and care should not be delayed, hospitals and health systems are safe, and the well-being of caregivers and patients is a key priority. The messages below can be customized for different audiences — for example, internal or external, clinicians or patients — but they should reinforce the same objectives.

## OVERARCHING COMMUNICATIONS RESOURCES/TALKING POINTS

Hospitals, health systems and clinics are a safe place to seek care, no matter what your health need. Since well before the arrival of the COVID-19 pandemic, the safety of our patients is and always has been our first priority. Our hospitals safely manage infectious diseases every day. We will continue to provide safe, effective, patient-centered care in our facilities.

First and foremost, we are following the guidance and direction of our public health experts, closely monitoring and adopting new findings and following clinical protocols developed by expert scientists and clinicians in every discipline of care.

## OVERARCHING MESSAGES ON COVID-19 AND MOVING TO RECOVERY

**We are ready, safe and open for you.** In coordination with area health care providers, local and state government leaders are returning to pre-COVID-19 operations by DATE. *\*\*IF RELEVANT\*\* This includes immediately resuming procedures such as heart valve replacement, tumor removals and other so-called elective procedures. As we reinstitute operations, we will follow guidance in the National Coronavirus Response to ensure patient safety and prevent the spread of COVID-19 or a resurgence of the virus throughout the state.*

**Emergencies don't stop, and neither do we.** Do not delay care for heart attacks, strokes, falls and other urgent needs. We will continue fighting COVID-19. We will provide our physicians, nurses, other team members and

patients everything they need to stay safe. And we'll continue caring for you and your family. Thank you for doing your part. We are here to do ours.

**We're here to keep you healthy and safe.** We have taken extra precautions to ensure our employees and patients are safe. First and foremost, we are following the guidance and direction of our public health experts and closely monitoring key issues and following clinical protocols. *[Be specific about what measures you are taking to keep patients safe.]*

**Thanks to our health care heroes.** The doctors, nurses, respiratory therapists and entire health care workforce – cafeteria workers, environmental services, and other support staff – who are in this fight on the front lines are facing pressure unlike ever before. They are heroes, and no amount of thanks is enough.

**The health and safety of our community – including our workforce – remain the top priority.** COVID-19 has enhanced our already intensive patient safety efforts and ensured we are doing everything possible to keep staff safe as well. You will see additional precautions, including intensive cleaning processes, in all areas of the hospital, particularly the emergency department and intensive care units, as well as:

- Increased COVID-19 testing opportunities, including curbside testing
- Social distancing in waiting rooms and mask use in common areas
- Restrictions on visitors
- Limited entry and exit points
- Asking patients to stay in their cars after arrival until called into the office
- Using virtual care when it is available and appropriate

## **COVID-19 COMMUNICATIONS TOOLS AND RESOURCES**

- [COVID-19 Communications Resources](#)
- [COVID-19 Communications Checklist](#)

## **FRAMEWORK THROUGH WHICH ALL MESSAGING AROUND “REOPENING” SHOULD BE CONSIDERED**

As a guiding principle, ALL decisions will be grounded in science and data and will be made in the interest of delivering safe, needed care.

- Prevention and treatment of COVID-19 will continue – prioritizing the safety and well-being of patients, the health care workforce and the community.
- Communicate openly and often during this time of crisis – sharing concrete examples of safety measures, protocols and national guidelines being followed to keep patients safe.
- Ensure that all community members know that their local hospital is open, safe and ready to provide emergency care whenever needed. Care should not be delayed.
- Consider coordination and collaboration with partners for effective and consistent communications – including providers along the continuum of care, as well as other community stakeholders.

## INTERNAL COMMUNICATIONS PLAN AND CHECKLIST

As the cornerstone of the health care community, hospitals and health systems play a crucial role in providing science-backed information and helpful resources to keep the public safe and informed. Communicating early and often with staff will be crucial in efforts to instill confidence in the ability and safety of our organizations. The women and men bravely fighting this virus must feel safe and be supportive of recovery efforts. As many hospitals and health systems have been doing over the past two months, open and transparent communication with staff must be in place before any large public communications effort occurs. It is critical that staff and internal partners, such as trustees, are updated and consulted frequently. Staff play a critical role in creating confidence in the safety and quality of care provided. Providing them with the information necessary to act as ambassadors for this messaging is a high priority. Consider conducting a brief internal communications survey to gauge the effectiveness of internal communications.

### EMPLOYEE BACKGROUNDER

Provide employees a concise reference document or location (intranet) with links to relevant clinical guidelines, resources and documents. As the pandemic continues and our recovery efforts evolve, new information will become available, and it will be helpful to provide staff a single source for updated content and guidance. This single source should be designed with the input of various disciplines throughout the hospital, including but not limited to human resources, risk management, clinical specialties, such as infectious disease and employee health and wellness. This information could include:

- [National guidance on non-emergent procedures](#)
- Internal policy on resuming non-emergent procedures
- Centers for Disease Control and Prevention infection control recommendations
- Safely Caring for COVID-19 Patients: Tools for Your Workforce
- Isolation protocols
- Training needs and offerings
- Testing procedures
- PPE supply status
- Staffing plans
- Wellness services
- Employee assistance programs
- Work from home assistance when appropriate

### INTERNAL COMMUNICATIONS PLAN

During times of crisis and uncertainty, it is more important than ever that hospital and health system leaders provide clear and frequent updates to ALL staff members (clinical and otherwise). Communications should be designed to offer timely day-to-day messages, in addition to information on future planning and what staff can expect to see. Members have reported that a daily huddle for leaders to share updates, to hear a common message

regarding status, and to problem-solve is a powerful way to keep the organization aligned with priorities and next steps. Consider recording these messages and making them available for staff who might not be able to be present. Through coordination of talking points, communication dissonance can be avoided or at least minimized.

Proactive communication with staff is critical; share information about steps being taken to ensure the safety and well-being of staff and patients, outline guidance and protocols for staff, and offer recognition and appreciation. Hospital employees serve as influential messengers with patients and within the community.

Below is a general framework for consideration as part of any internal communications plan. Please tailor this framework to meet the needs of your own organization and community and to align with your internal communication strategy during the COVID-19 crisis and progress toward recovery.

WHO TO COMMUNICATE WITH	
AUDIENCE	EXAMPLES
Clinical staff (communications should go to leaders as well as front-line workers.)	<ul style="list-style-type: none"> <li>Doctors, nurses, techs and all other front-line caregivers</li> </ul>
All hospital staff (all departments)	<ul style="list-style-type: none"> <li>All staff including environmental services, engineers, food services, pharmacy, etc.</li> </ul>
Other clinical partners	<ul style="list-style-type: none"> <li>Community physicians</li> <li>Providers along the continuum of care</li> <li>Key vendor partners</li> </ul>
Human resources	<ul style="list-style-type: none"> <li>HR must have up-to-date information, particularly as it relates to any staffing changes</li> </ul>
Trustees	<ul style="list-style-type: none"> <li>Many boards do not meet frequently; consider more frequent communications throughout the COVID-19 crisis</li> </ul>
Auxiliaries	<ul style="list-style-type: none"> <li>Volunteers must be aware of all new COVID-19-related protocols</li> </ul>
Key community partners	<ul style="list-style-type: none"> <li>Consider keeping community organizations, medical or otherwise, affiliated with the hospital/health system abreast of current practices, including local business leaders (for academic health systems, this will include faculty and staff, residents, fellows, students, etc.)</li> </ul>

HOW OFTEN TO COMMUNICATE	
<i>***This may depend on where states/communities are in the pandemic.</i>	
FREQUENCY	EXAMPLES
<b>Daily:</b> Overcommunication is key during times of uncertainty.	<ul style="list-style-type: none"> <li>Staff emails</li> <li>Text messages</li> </ul>
<b>Weekly:</b> Highlight key dates so staff feel informed and engaged in any new processes.	<ul style="list-style-type: none"> <li>Intranet postings</li> <li>Staff meetings</li> <li>Leadership messages</li> </ul>

<b>Monthly (or bi-monthly):</b> Share data, accomplishments.	<ul style="list-style-type: none"> <li>• Leadership video messages</li> <li>• Success stories, vignettes</li> </ul>
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## HOW TO REACH INTERNAL AUDIENCES

COMMUNICATION VEHICLES	EXAMPLES
Traditional staff email	<ul style="list-style-type: none"> <li>• Communicate often, share relevant information and solicit feedback</li> </ul>
Newsletters/Weekly overview	<ul style="list-style-type: none"> <li>• Compile key information/ reminders of key information</li> </ul>
Intranet	<ul style="list-style-type: none"> <li>• Since the situation may change rapidly, provide staff a single source for updated resources</li> </ul>
Text messages	<ul style="list-style-type: none"> <li>• Offer relevant and timely updates</li> </ul>
Video messages	<ul style="list-style-type: none"> <li>• Leaders can share message of inspiration, pride and thanks</li> </ul>
Interactive video meetings	<ul style="list-style-type: none"> <li>• Interactive meeting platforms offer a good opportunity for Q&amp;A with staff</li> </ul>
Signage	<ul style="list-style-type: none"> <li>• Reinforce key messages, checklists and protocols on visible signage</li> </ul>
Staff meetings	<ul style="list-style-type: none"> <li>• Share information during department meetings</li> </ul>
Website updates	<ul style="list-style-type: none"> <li>• Spotlight staff, highlight successes and reinforce key messages; consider including a way for the community to express gratitude and support</li> </ul>
Social media posts	<ul style="list-style-type: none"> <li>• Spotlight staff, highlight successes and reinforce key messages, including appreciation</li> </ul>
Outdoor signage	<ul style="list-style-type: none"> <li>• Look for opportunities to spotlight your health care heroes – could include banners, outdoor signage, elevator wraps, etc.</li> </ul>

## WHAT TO COMMUNICATE ABOUT

TOPICS	EXAMPLES
Status of PPE supply	<ul style="list-style-type: none"> <li>• Share information about availability of PPE; if relevant, share efforts underway to secure additional PPE</li> <li>• Offer instructions on PPE usage</li> </ul>
Availability of tests	<ul style="list-style-type: none"> <li>• Share information about testing capability/options</li> <li>• Criteria for testing</li> </ul>
Plans to reopen/resume services	<ul style="list-style-type: none"> <li>• Offer clear guidance on the plans to resume non-emergent surgeries</li> <li>• Guidelines for determining readiness to reopen</li> <li>• Process under which surgeries will be scheduled</li> </ul>
Infection control processes/guidelines	<ul style="list-style-type: none"> <li>• Review infection control checklists, highlight any new practices</li> </ul>
Clinical processes/protocols	<ul style="list-style-type: none"> <li>• Share guidelines for resuming non-emergent surgeries; highlight any new practices, workflow patterns, etc.</li> </ul>

Safety steps/checklists	<ul style="list-style-type: none"> <li>• Highlight measures being taken to ensure both staff and patient safety during the continued COVID-19 crisis</li> </ul>
Workforce/staffing considerations	<ul style="list-style-type: none"> <li>• Proactively share information about staffing changes, furloughs and reductions in pay</li> </ul>
Solicit feedback	<ul style="list-style-type: none"> <li>• Encourage employees to share their feelings, what they need or are concerned about</li> </ul>
Recognition, wellness and resiliency	<ul style="list-style-type: none"> <li>• It is important to show signs of thanks, from leaders and also patients and community members</li> <li>• Recognize the dedication of staff members</li> <li>• Provide resiliency and well-being resources for team members</li> <li>• Routinely spotlight wellness resources, mental health hotlines, etc. at the bottom of internal messages</li> </ul>
Share success stories	<ul style="list-style-type: none"> <li>• Keep morale up by sharing success stories, examples of things going well, progress being made</li> <li>• Engage staff to help identify success stories/moments of pride</li> </ul>

## WHAT TOOLS ARE AVAILABLE FOR EMPLOYEES

RESOURCES	EXAMPLES
Online forum	<ul style="list-style-type: none"> <li>• Consider an online community or forum with a Q&amp;A function for staff to ask questions, get advice from leaders and also peers</li> </ul>
Resource center	<ul style="list-style-type: none"> <li>• Develop a place to house all relevant documents, tools and resources related to COVID-19</li> </ul>
Talking points/Messages for patients	<ul style="list-style-type: none"> <li>• Consistency of message is important; share topline messages and guidance to patients so clinicians are able to share information about the hospital/health system practices</li> </ul>
Printable signage for clinician offices	<ul style="list-style-type: none"> <li>• Provide collateral materials with consistent messaging to be shared with patients and used in clinician offices</li> </ul>
Discounts/Specials	<ul style="list-style-type: none"> <li>• Share information about current discounts and specials available for health care workers</li> </ul>

## COMMUNICATIONS ASSESSMENT FOR LEADERS

As key members of the health care community, hospitals and health systems play a crucial role in providing accurate information based in science that will keep the public safe and informed. Caregivers, staff members and internal partners will be turned to as credible sources of information. It is essential that they have the information needed to do their jobs well, keeping patients and themselves safe and healthy.

This self-assessment is designed to help hospital and health system leaders evaluate how they are communicating internally, what mechanisms are in place and working well, along with potential opportunities to enhance communication efforts.

## **PROTECTING YOUR HEALTH CARE WORKERS**

- Communicate often; frequency should increase during a crisis.
- Be transparent with staff as it relates to what measures are being taken to ensure their safety and well-being.
- Share updates on any new guidance or clinical protocols that should be followed.
- Outline and remind staff what ongoing processes are in place to keep them safe.
- Share patient- and public-facing communications internally to ensure staff are aware and can be consistent in their own responses to patient questions.

## **HOSPITALS ARE OPEN AND SAFE, AND NEEDED CARE SHOULD NOT BE DELAYED**

- Clinicians and hospital employees are valued sources of information within a community; make sure they know current operational status and are able to share key messages.
- Provide employees with easy-to-relay messages about what safety precautions are in place and status of full operations.

## **NON-EMERGENCY PROCEDURES ARE RESUMING**

- Share guidelines for how the restart of non-emergent procedures will be determined, following state guidelines as well as internal hospital policies.
- Share guidelines on types of surgeries considered non-emergent procedures.
- Provide employees with easy-to-relay messages about what measures have been taken and what they can expect when they come to the hospital.

## **ESTABLISH TWO-WAY COMMUNICATION WITH HEALTH CARE WORKERS**

- Create mechanisms to solicit feedback from employees; understand how they are feeling during these uncertain times.
- Establish a clear path for employees to share concerns and for organizational follow-up to those individuals.
- Ensure you communicate timely and proactively about any new changes or policies so staff are able to ask questions and raise concerns.
- Consider hosting in-person or virtual staff meetings that allow questions from staff.

## **PROVIDE COMMUNICATIONS RESOURCES FOR STAFF**

- Develop and share basic messages, tips and to-dos that health care workers can easily relay to patients and to community members.
- Ensure that staff know how and where they can access all relevant materials, from clinical guidelines and safety protocols to talking points and posters.

## **RECOGNIZE AND ACKNOWLEDGE STAFF**

- In addition to sharing information, people need encouragement and inspiration.
- Don't hesitate to send thank-you messages to your team.
- Acknowledge the battle health care workers are fighting and the toll on them and their families, and let them know they are appreciated.
- Be certain to compile and share messages of gratitude and pride sent by others, in addition to resiliency and well-being resources and support services.

## **ENGAGE A FULL SPECTRUM OF CONSTITUENTS**

- Providing high-quality care takes a full team; when appropriate, consider tailoring communications resources for the variety of work units within the hospital.
- Provide communications resources to employed and independent clinicians so patients receive consistent messages.
- Share communication resources and updates with your governing board and other important stakeholders within your community.

## **CONSIDER NEW MECHANISMS TO COMMUNICATE WITH STAFF**

- This is a stressful time. Consider new mechanisms to conveniently communicate with staff and then do it again. It is worth sending a message more than once or in different ways.
- Explore different platforms to communicate with staff, including digital platforms, webinars and virtual town halls, among others.
- Embrace video as an engaging way to deliver messages from leaders, staff, patients and the community.

## **CELEBRATE THE POSITIVE**

- We have a long road ahead of us; share the success stories and positive outcomes.
- Consider engaging staff to share messages of hope, lessons learned and if appropriate patient vignettes.

## **EXTERNAL MESSAGING**

Communication efforts should first demonstrate how hospitals and health systems are continuing to fight the COVID-19 pandemic while stressing that taking measured steps enables the field to move safely toward providing care to those with health care needs beyond COVID-19. This is an opportune time for hospitals and health systems to emphasize their roles as the trusted resource for their community, to seize the conversation and control the narrative. Consider naming a small number of spokespersons to assure consistent messaging, regardless of the communication channel. Through coordination of talking points, a consistent message can be sent.

The field is able to protect the healthy and at the same time care for the sick and injured. While we know that has always been the case, both the public narrative and the public health precautions we have been taking may result in public anxiety about returning to hospitals for needed medical care. With enhanced safety protocols in place and appropriate supply of PPE and by following national and local guidelines, hospitals and health systems can ensure that it is appropriate and safe to resume all levels of care.

There is a need and an opportunity to show strength as a field, uniting with consistent themes of safety and readiness, grounding all action in science and guidance by public health and clinical experts, and demonstrating the clear and concrete examples of what hospitals do (always and specific to this pandemic) to keep patients safe.

Recovery is going to happen on different timetables across the country, but the general messaging framework and elements of communications should be consistent.

## **CONSISTENT TOP-LEVEL MESSAGES**

- Hospitals and health systems are able to protect the healthy, while at the same time care for the sick and injured.
- Hospitals are open to ALL patients, and delaying diagnosis and treatment can put patients at great risk. If you are experiencing a medical emergency, do not be afraid to come to the hospital for immediate care.
- Long before this current health crisis, hospitals and health systems have had both workflow and infection control processes in place to ensure the safety of patients and health care workers. Facing challenges is not new for health care workers; in many ways, it is what they train for.
- In response to this specific health crisis, safety protocols have been enhanced and adapted to best meet the needs of the staff and patients. [Be specific about what measures you are taking to keep patients safe.]
- Your community hospital is carefully following national, state and local guidelines, and taking measured steps to ensure it is appropriate and safe to resume non-emergent elective procedures.

## **SUGGESTIONS FOR MASS COMMUNICATIONS**

While we know the COVID-19 pandemic is far from over, hospitals and communities will begin to move through different phases of “recovery,” and it will be crucial that you maintain frequent communications with your community. A sample of ad content, social messaging, print media approaches, press releases and public service announcements is included in the Appendix. Consider the following as tactics to update the community with reliable health information.

- Video messages from hospital leaders and physicians
- Virtual town hall meetings
- Radio interviews/PSAs
- Open letter in newspaper
- Media briefings with different experts

## **COMMUNICATIONS ASSESSMENT FOR LEADERS**

As a key member of the health care community, hospitals and health systems play a crucial role in providing accurate information based in science that keeps the public safe and informed. Hospital leaders, health care workers and community partners will be turned to as credible sources of information. Be sure your team has the information needed to assure patients and communities about the preparedness of hospitals to provide needed care – whether that be emergency care, COVID-19 care or diagnostic and preventive care.

This self-assessment is designed to offer a basic framework that hospital and health system leaders can use to evaluate how they are communicating with the public, what mechanisms are in place and working well, and where there are potential opportunities to enhance communication efforts.

### **ALL DECISIONS ARE BASED ON SCIENCE AND GUIDED BY PUBLIC HEALTH**

- Provide frequent reminders that the hospital field follows federal and state guidance to effectively prepare and respond to anticipated COVID-19 challenges.
- Be transparent in sharing the guidance you are currently following.
- Share updates on any new guidance being followed or practices being put in place.

### **A DELIBERATE AND TIERED APPROACH IS BEING TAKEN TO RESUME NON-EMERGENT PROCEDURES**

- Be transparent in sharing the framework for when and how your hospital will shift to “recovery.”
- Share guidelines for how the restart of non-emergent procedures will be determined.
- Outline the steps, milestones and timeframe that will dictate these changes.
- Share guidelines on what type of surgeries are considered non-emergent.

### **HOSPITALS ARE OPEN AND SAFE, AND NEEDED CARE SHOULD NOT BE DELAYED**

- Communicate clearly that hospitals are prepared for COVID-19-related needs, while also ready to care for other health care needs.
- Emergency care should NOT be delayed.
- Provide employees with easy-to-relay messages about the importance of not delaying emergency care and the protocols in place at the emergency department to ensure patient and visitor safety.
- Continue to share stories that demonstrate patients are getting safe, needed care.

### **HOSPITALS HAVE TAKEN STEPS TO MITIGATE RISK AND MAKE CARE SAFER**

- Hospital and health systems have long been ready to care for illness and prevent the spread of infection. Remind patients of existing safety practices.
- Clearly communicate what additional steps hospitals have taken to make care safer and what patients can expect to see:
  - Limited points of entry
  - Screening for all patients before entering the facility
  - Restrictions on visitors
  - Separate triage and treatment for COVID-19 patients
- Telehealth visits may still be appropriate and preferred for some patients.

## **PROTECTING HEALTH CARE WORKERS**

- Be transparent about what measures are being taken to ensure the safety and well-being of caregivers.
- Share updates on any new guidance or clinical protocols that should be followed.
- Emphasize hand hygiene, new guidelines for PPE and other infection prevention protocols.

## **MANY NEW SERVICES ARE NOW AVAILABLE**

- Remind patients about new screening tools or hotlines for questions related to COVID-19.
- Remind patients that telehealth options remain for those who feel more comfortable with it or find it is more convenient.
- Remind the community about any new hotlines that have been created – mental health and others.

## **HOSPITALS HAVE MANY POSSIBLE MESSENGERS, IN STAFF AND OTHER COMMUNITY STAKEHOLDERS**

- Clinicians and hospital employees are valued sources of information within a community. Make sure they are able to share key messages.
- Coordinate or consider aligning communications related to “reopening” with state or local health departments.
- Consider partnering with other community providers (even other hospitals) to offer consistent messaging about safety and the importance of not delaying emergency care.
- Share key messages and tools with local clinicians to be used in offices and with patients.
- Share key messages with trustees.
- Consider partnering with other community organizations or specialty groups, as there may be alignment in messaging, specifically as it relates to not delaying certain medical needs (heart attack, stroke, maternity care, immunization, etc.).
- Share communication updates with key vendors and other partners.

## **STRENGTH IN CONSISTENCY OF MESSAGE AND COORDINATION WITHIN THE FIELD**

- Consider working collaboratively with other providers to share messages of safety and encouraging patients to not delay care.
- Share consistent messages reinforcing and encouraging patients and communities to follow public health guidelines.
- Coordinate with local and state legislators.

# SUPPLY CHAIN

The following are a number of key considerations when evaluating the supply chain resources necessary for hospitals to provide non-COVID-19 services:

- Provide routine communication with the state health department and officials to keep them informed and comfortable with the availability of supplies; comply with any state orders regarding par levels and capacity requirements. Some municipalities have defined reporting requirements. See the Appendix for an example of the Kansas City report.
- Develop comprehensive essential product category lists, build and maintain alternative products lists, and document how changes in use of one supply, e.g., ventilators, increase the need for other supplies, e.g., consumables, such as HEPA filters and O2.
- Establish “surge demand” service level agreements with key suppliers and key products.
- Establish protocols and controls to minimize waste in routine practice, as well as crisis contingency plans to conserve resources. Provide clinicians with evidence to inform guidelines for use of scarce resources and provide training in advance to minimize front-line health care worker distress when standard protocols are changed during a crisis.
- Define reuse/reprocessing protocols for key supply categories, e.g., PPE.
- Consider centrally storing and managing PPE levels in anticipation of hot-spot surges and/or a COVID-19 reoccurrence with the oncoming flu season.
- Evaluate supply chain dependencies, i.e., how many of each type of procedure can be performed based upon the availability of not only PPE (if these are not available, are there reusable products that can be utilized?), but also other critical items including linens, medical-surgical supplies, implants, instruments, equipment, pharmaceuticals and infection control resources.
- In addition to supplies on hand, consult with vendors to ensure they have adequate capacity and inventory to meet expanding demand, given the continuing restrictions that COVID-19 has had on both manufacturing and transportation capacity.
- Assure the logistics capabilities required to stock all locations of care delivery, considering that ambulatory and clinic locations may be used differently than pre-COVID-19. What textiles are needed for reopening clinics; can laundries provide reusable products for the disposable items that are not available?
- Determine equipment availability in the operating room, particularly if it was repurposed, e.g., anesthesia machines to ventilator use.
- As patient census increases, due to restart of non-emergent surgeries, where are the linens for patient beds, patient gowns, and terry for the bath? [Laundries](#) have reported a substantial decrease in laundry production since mid-March, and many are concerned that this may mean that some hospitals destroyed linen from COVID-19 patients. It is essential to determine where the linens are and what is fit/ready for use. This is best achieved through a linen inventory. Who has access to the textiles to complete an inventory? Can laundry personnel access the hospital, and if so, what are PPE requirements for them?

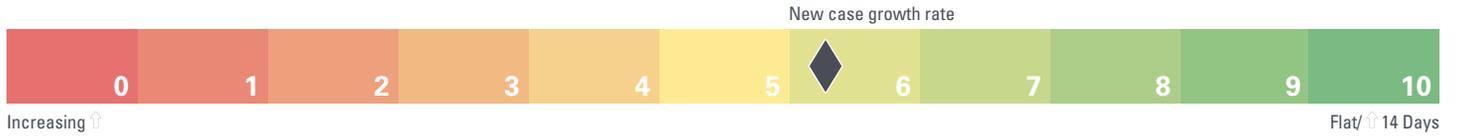
# END NOTES

1. AHA will work with federal agencies and others in an effort to extend the waivers to enable an efficient and effective workforce.
2. Additional resources are listed in the Appendix.
3. Issues regarding the work environment, e.g., work station design, social distancing, etc. will be addressed in the upcoming section on plant operations/environment of care section.
4. <https://www.whitehouse.gov/wp-content/uploads/2020/04/Testing-Blueprint.pdf>.

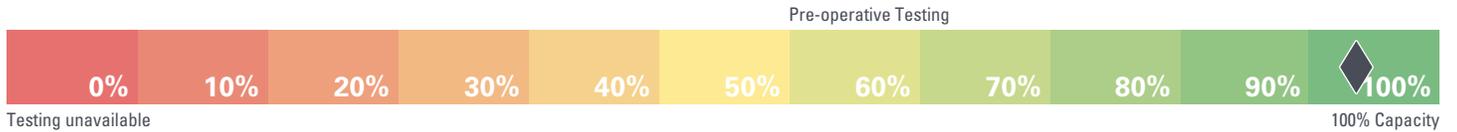
# APPENDIX PREFACE

## ELECTIVE PROCEDURE DECISION MAKING DASHBOARD

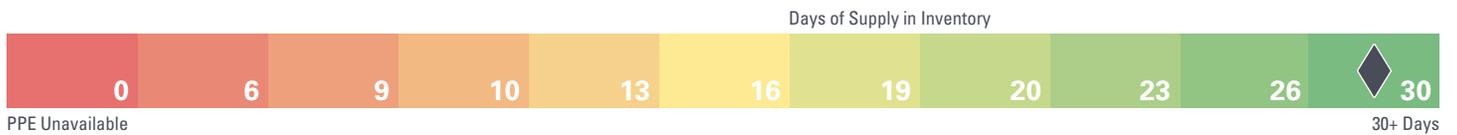
### COMMUNITY / REGIONAL ENVIRONMENT



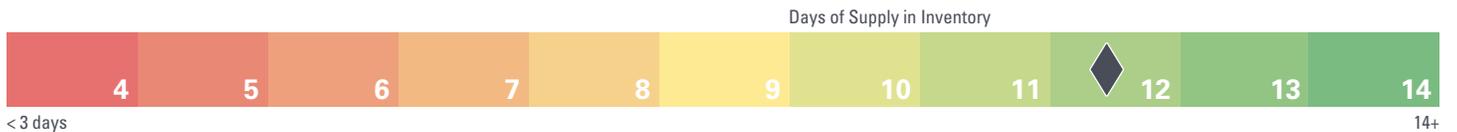
### TESTING AVAILABILITY



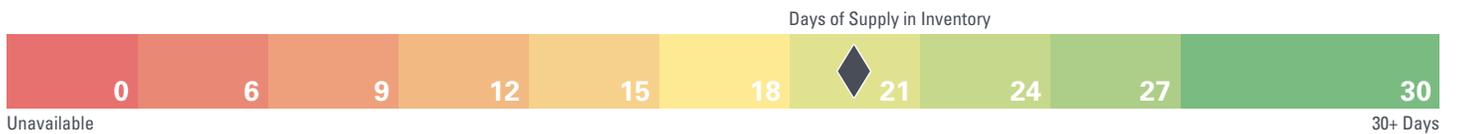
### PPE AVAILABILITY



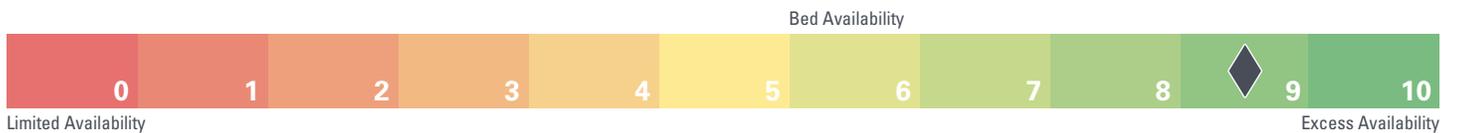
### SURGICAL RELATED MEDICATION SUPPLY



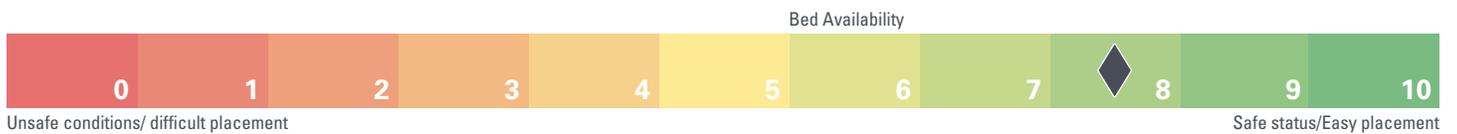
### THERAPEUTICS AVAILABILITY



### ACUTE HOSPITAL CAPACITY



### POST-ACUTE CARE CAPACITY



# APPENDIX 1: WORKFORCE

## BEHAVIORAL HEALTH RESOURCES

- [COVID-19 Stress and Coping Resources](#)
- [APA Center for Workplace Mental Health](#)
- [Talkspace Donates Free Therapy to Medical Workers Fighting COVID-19](#)
- [AONL Resilience Expert Has Tips for Employees' Mental Health](#)
- [Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery: Behavioral Health](#)
- [Neurosequential Network: NN COVID-19 Stress, Distress & Trauma Series](#)
- [Resources to Support Mental Health and Coping With the Coronavirus \(COVID-19\)](#)

# APPENDIX 2: GUIDELINES FOR COVID-19 TESTING FOR PATIENTS

## I. WHO GETS TESTED FOR COVID-19?

1. All symptomatic patients will be tested for COVID-19.
2. Testing of asymptomatic patients may be limited by our testing capacity.
3. Asymptomatic patients will be prioritized according to the table below.

ASYMPTOMATIC COVID-19 TESTING COHORTS AT VUMC		
COHORT	DESCRIPTION	PROPOSED START DATE
0	Transplant donors/recipients, selected post-acute care discharges, and heme-onc pts prior to admin of severely immunosuppressive anti-neoplastic chemotherapy	Ongoing
1	Procedures using N95 for all patients (Bronchoscopies, upper endoscopy and related procedures#, dental surgery, craniotomies via sinus access, ENT surgery, thoracic surgery in upper airways), L&D admissions, Trauma Unit admissions, pre-cardiopulmonary bypass patients	Ongoing
2	All patients who require general anesthesia for surgery or procedure.	4/29/20
3	Psychiatric currently hospitalized patients and new admissions	TBD
4	Adult and children's hospital new admissions not in Cohorts 0-2 above	TBD
5	All ambulatory procedures involving the head and neck, and any remaining procedures not noted in prior cohorts but that require anesthesia or deep sedation techniques that may require airway support	TBD

Cohorts 0 and 1 comprise scheduled and unscheduled patient encounters as described above and are currently being tested routinely.

Cohort 2 comprises scheduled elective procedures with obligate aerosol generating potential, and patients who cannot practically mask or effectively physically distance in the treatment environment.

Cohorts 3 and 4 are any remaining elective and unplanned hospital admissions in populations at no elevated risk of asymptomatic COVID carriage.

Cohort 5 comprises patients deemed to have lower risk of AGP & transmission from asymptomatic patients than Cohort 2.

## II. COVID-19 TEST ORDERING PRIOR TO PROCEDURES

### • Inpatients:

- Emergent procedures- Proceed using PPE/precautions as defined in VUMC policies.
- Procedures scheduled for >12 hours in the future- Proceduralist/surgeon or designee orders "SARS-CoV-2 PCR" in eStar. Reason for testing: "Screening of asymptomatic patient" and "Approved pre-procedure screening". Ideally, testing should occur no more than 48 hours prior to the planned procedure (unless the patient was screened for COVID-19 prior in the admission.)

- **Outpatients:**

- COVID-19 testing must be obtained within 48 hours of scheduled procedure for patients who are screened at VUMC and within 72 hours of scheduled procedure for patients who are screened outside VUMC due to distance.
- Proceduralist/surgeon or designee orders “SARS-CoV-2 PCR” in eStar. Select “Future” status; Expected date 48 hours prior to the procedure; Expires “1 year”; “Clinic Collect”; Reason for testing: “Screening of asymptomatic patient” and “Approved pre-procedure screening”. Consider diagnosis code: Z11.59 (“encounter for screening of other viral diseases”). Order must be placed prior to sending outpatients to test location.
  - » Nursing staff working under the direction of the proceduralist/surgeon may enter this order using the “standing order” mode with co-signature by the provider.
- Outpatients will also be asked to wear a mask and screened at time of procedure by symptom and temperature checks.

### **III. COVID-19 TESTING LOCATIONS FOR PRE-PROCEDURE OUTPATIENTS**

- For VUMC testing locations, see table at end of document.
- For patients too far from VUMC to access our screening sites:
  - Scheduler reviews options for VUMC sites and counsels that VUMC testing is preferred as 3rd party testing can be less reliable. (See information about 3rd party testing options at end of document.)
  - Patients requesting 3rd party testing must provide documentation of negative PCR result time stamped within 72 hours of procedure. Verbal test results, SARS-CoV-2 serologies, or antibody results are NOT acceptable.
- All patients expected to self-isolate after sample collection and before the procedure.
- VUMC test results will be automatically placed into the EMR. Third party testing will need to be scanned into eStar.

### **IV. COVID-19 TEST RESULT REPORTING**

- Clinical staff associated with the proceduralist/surgeon will follow up outpatient results as per other pre-op testing.
- Positive COVID-19 results will be alerted to the ordering provider via the lab FYI Alert Notification (mimics lab critical alert process).
  - COVID-19 negative: Results will be available to outpatients via MH@V.
  - COVID-19 positive: The proceduralist/surgeon will decide whether to proceed with the procedure based on the urgency of the procedure.

## V. CONSEQUENCES OF COVID-19 TEST RESULTS (PPE, CANCELLATION POLICY, LOCATION)

- COVID-19 negative: Providers should not wear N95 respirators (unless indicated for another infection)
- COVID-19 positive:
  - Cases should be cancelled unless medically necessary
  - If procedure is cancelled, proceduralist/surgeon or their designee will notify OR and patient and educate patient around self-isolation and to notify primary provider if they develop symptoms.
  - After 14 days, patient may be retested for COVID-19, and if repeat test is negative, patient may be scheduled for the procedure.
  - If procedure is to proceed immediately after a positive COVID-19 test, proceduralist/surgeon will communicate with procedure site and manage patient as COVID-19 positive.
  - Procedure can proceed only at a main campus location with COVID-19 PPE use guided by VUMC policies.
  - Patients will not be operated on at ASCs or free-standing facilities.
- COVID-19 pending or unavailable:
  - Procedure team will decide to postpone (most likely) or proceed based on medical criteria. If postponed, decision will be made when test results available.
  - A limited number of rapid COVID-19 tests are available on campus for testing of patients who arrive for their procedure without an available COVID-19 test result. Contact the holding room charge nurse and case anestesiologist to discuss need for rapid testing.
- COVID-19 refused by patient:
  - Patients who decline testing will be considered a person under investigation and not operated upon at ASCs or other free-standing facilities. If medically necessary, procedure may proceed with proper PPE at a suitable main campus location.

# APPENDIX 3: COMMUNICATIONS: INTERNAL AND EXTERNAL

## CONTENT FOR USE ON WEB AND SOCIAL PLATFORMS

Widespread use in printed materials, website content as well as social and digital media outreach.

### ADS AND SOCIAL/CONTENT 1:

**We're prepared** to protect the healthy and care for the sick.

**We're here** to take care of emergencies and other non-COVID-19 health needs you have.

**We're ready**, safe and open.



### ADS AND SOCIAL/CONTENT 2:

We are ready, safe and open.



### POSTER AND SOCIAL/CONTENT 3:

Thank You for Doing Your Part; We Are Here to Do Ours

#### Steps that hospitals are taking to keep patients and staff safe:

- Following national and local guidelines
- Monitoring local COVID-19 cases
- Enhancing cleaning and infection prevention protocols
- Providing curbside COVID-19 testing
- Creating dedicated entrance and waiting space for non-COVID-19 patients
- Restricting visitors
- Employing social distancing in common areas
- Keeping food safe with additional preparations



### SOCIAL GIFS/CONTENT 4:

Emergencies don't stop. Neither do we.

Don't delay care for heart attacks, strokes, falls and other urgent needs.

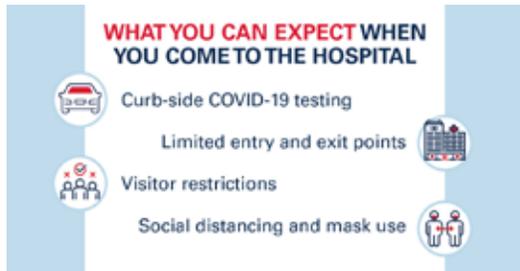
We are ready, safe and open.



## POSTER AND SOCIAL GIFS/CONTENT 5:

### What you can expect when you come to the hospital:

- Curbside COVID-19 testing
- Limited entry and exit points
- Visitor restrictions
- Social distancing and mask use



## POSTER AND SOCIAL GIFS/CONTENT 6:

### Tips for Patients:

- Continue to follow public health guidelines
- Do NOT delay emergency or needed treatment
- Schedule appointments in advance when possible
- Limit the number of people you bring with you to the hospital
- Consider telehealth options if appropriate and available

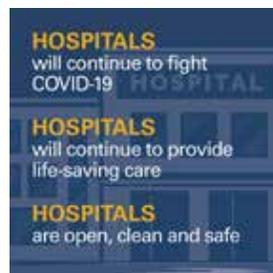
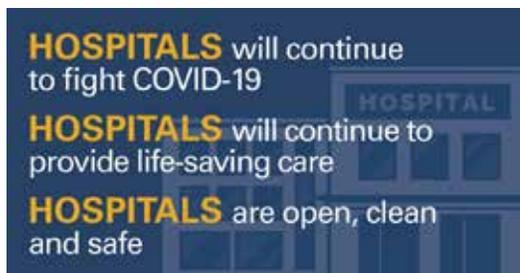


## DIGITAL OR PRINT ADS AND SOCIAL/CONTENT 7:

**Hospitals** will continue to fight COVID-19.

**Hospitals** will continue to provide lifesaving care.

**Hospitals** are open, clean and safe.



## **SAMPLE MATERIALS**

### **SAMPLE OPED**

#### **More than COVID-19 Care**

Let me first thank you. As the COVID-19 pandemic forced us all to change our daily routines, our community did the job they were asked to do – stay home and stay safe. I know how hard that can be, but I'm confident your efforts made a tremendous, positive difference in the health of our state. But I want to remind you that emergencies don't follow the same rules. Heart attacks, strokes and falls still demand urgent care. Important immunizations, cancer treatments and screenings can't be delayed. We are ready, safe and open for these non-COVID-19 health needs. In fact, [X] babies have been born in the last month, bringing some much-needed smiles to many.

COVID-19 hasn't changed the fact that [HOSPITAL OR HEALTH SYSTEM NAME] is here to help you and your family. You should know that COVID-19 has enhanced our already intensive patient safety efforts. We're doing everything in our power to keep our staff, patients and community as safe as possible. We're closely coordinating with the CDC, national public health experts, other hospitals, urgent care centers, physician offices and others both locally and statewide to prevent the spread of COVID-19 or a resurgence of the virus throughout the state. We are in this together and will get through this together.

If you come to the emergency department (ED) or hospital, you'll see additional precautions including intensive cleaning processes in all areas, particularly the ED and intensive care units as well as:

- Increased COVID-19 testing opportunity including curbside testing
- Social distancing in waiting rooms and mask use in common areas
- Dedicated non-COVID emergency department care areas
- Restrictions on visitors
- Limited entry and exit points

Over the past month, I've seen our doctors, nurses and entire health care workforce – cafeteria team, environmental services, administrative and support staff – bravely and skillfully do the jobs they are trained to do. It's inspiring, but it also serves as a reminder: We are here to care for you.

So, thank you again for doing your part. Know that we are here to do ours.

### **SAMPLE PRESS RELEASE**

#### **FOR IMMEDIATE RELEASE**

*[ORGANIZATION] Announces Recovery Plan and Return of Certain Non-Emergency Procedures*

DATE – [ORGANIZATION] will begin taking steps to resume some scheduled surgeries by [DATE] in coordination with area health care providers and under the guidance and consultation of local public health experts. We have carefully implemented a plan that ensures the safety of our patients and caregivers is preserved, closely monitors personal protective equipment and other critical supplies and prevents the spread of COVID-19. This gradual return to pre-COVID-19 operations will include a phased plan to allow diagnostic procedures and other scheduled surgeries to resume. [can list specific examples]

“The health and safety of our community is always top priority,” said [CEO NAME]. “COVID-19 has enhanced our already intensive patient safety efforts and ensured we’re doing everything possible to keep staff safe as well. I want to assure everyone that we are here to care for you and it is safe for you to come to the hospital. If you have an emergency, don’t delay. Call 911 or come to the emergency room.”

**\*\*IF RELEVANT\*\*** On [DATE], [STATE] hospitals stopped performing so-called elective procedures in response to a request by Governor [NAME] to conserve critical resources such as personal protective equipment and assure hospitals were able to respond to COVID-19 emergencies. On [DATE], Governor [NAME] authorized the state’s medical facilities to resume these so-called elective procedures.

[ORGANIZATION’S] plan to begin certain procedures is based on recommendations from the National Coronavirus Response and incorporates coordinated monitoring of new COVID-19 cases with local and state officials along with additional staff and patient safety protocols, including intensive cleaning processes in all areas of the hospital, particularly the emergency department and intensive care units. Individuals can expect:

- Increased COVID-19 testing opportunity including curbside testing
- Social distancing in waiting rooms and mask use in common areas
- Restrictions on visitors
- Limited entry and exit points
- [INCLUDE ADDITIONAL PROTOCOLS YOUR ORGANIZATION HAS INCORPORATED]

For more information, visit [ORGANIZATION COVID SITE].

###

## **SAMPLE PSAs**

**30-Second PSA 1:** Hi, I’m [NAME/TITLE at ORGANIZATION]. Emergencies don’t stop and neither do we. Don’t delay care for heart attacks, strokes, falls and other urgent needs. We will continue fighting COVID-19. We’ll provide our physicians, nurses, other team members and patients everything they need to stay safe. And we’ll continue caring for you and your family. We are ready, safe and open for you.

**30-Second PSA 2:** Don’t delay care for heart attacks, strokes, falls and other urgent needs. Hi, I’m [NAME/TITLE at ORGANIZATION]. We will continue fighting COVID-19. We’ll provide our physicians, nurses, other team members and patients everything they need to stay safe. And we’ll continue caring for you and your family. We are ready, safe and open for you.

**45-Second PSA 3:** Hi, I’m [NAME/TITLE at ORGANIZATION]. I want to assure you that we are doing everything possible to keep you safe and healthy in these unprecedented times. From additional intense cleaning of our hospital to limited entry points and visitor restrictions, our priority is your health. We’re also making sure the doctors, nurses and other essential staff have the supplies and support they need to care for you and go home to their families. And if you have an emergency, don’t delay. We’re here for that too. We are ready, safe and open for you.

# APPENDIX 4: SUPPLY CHAIN

## COVID-19 CASE SUMMARY

Positive COVID-19 Cases Identified (DHSS)		
CATEGORY	COUNT	24-HOUR INCREASE
Total Statewide COVID-19 Cases	7,562	137
Total Statewide COVID-19 Deaths	329	11

Source: <https://health.mo.gov/hcr/covid19/covid19-cases/covid19-cases.html>  
For county specific information please access the above source link.

## Current COVID-19 Hospital Admissions

CATEGORY	COUNT	24-HOUR INCREASE
Hospitalized COVID Patients*	853	(34)
Hospitalized and Ventilated COVID Patients*	141	4

# Hospitals Reporting 103 of 120

Source: CDC National Health Safety Network (hospitals with data > 3 days old is not included)  
\*COVID Patients include suspected or confirmed cases  
Note: Hospitalized patient numbers may differ from MO DHSS due to several factors such as timing of admission or out-of-state residents.

- NOTES:**
- EMR resource sourced at 10 a.m and includes all inpatient, brick and mortar facilities to include psychiatric hospitals.
  - NHSN data is sourced daily at 1 p.m.
  - DHSS publishes daily COVID case counts around 2 p.m.
  - Every effort has been made to ensure the accuracy of this data. The number of available beds is based on hospital reports and will increase or decrease based on current utilization.
  - The 24-hour increase of hospitalized COVID patients, and hospitalized and ventilated COVID patients represents the difference published day-to-day, and is not normalized based on the number of reporting hospitals.

## SUPPLY SUMMARY

CATEGORIES	# HOSPITALS REPORTING		
	4-14 DAYS ON HAND	1-3 DAYS ON HAND	0 DAYS ON HAND
N95 Particulate Respirators	21	3	0
Surgical Masks	31	5	0
Face Shields (Face Shields & Goggles)	32	1	0
Gloves	17	1	0
Single-use Gown	29	13	0
PAPRs	10	11	0

# Hospitals Reporting 80 of 120

Source: CDC National Health Safety Network (hospitals with data > 3 days old is not included)

## BED AVAILABILITY SUMMARY

Bed Availability by Type		
BED TYPE	AVAILABLE	TOTAL***
Medical Surgical	2,933	10,795
Intensive Care Units	617	2,129
Emergency Department (ED)	1,308	*

# Hospitals Reporting 113 of 154

Source: EMGlenoxone (hospitals with data > 3 days old is not included)  
\* ED beds are being collected for baseline.  
Additional statewide utilization data will be available as a baseline is established.  
\*\*\*totals based on the annual licensing survey

## VENTILATOR AVAILABILITY SUMMARY

Available Ventilators		
CATEGORY	AVAILABLE	TOTAL
Mechanical Ventilators	1,720	2,329

# Hospitals Reporting 87 of 120

Source: CDC National Health Safety Network (hospitals with data > 3 days old is not included)

