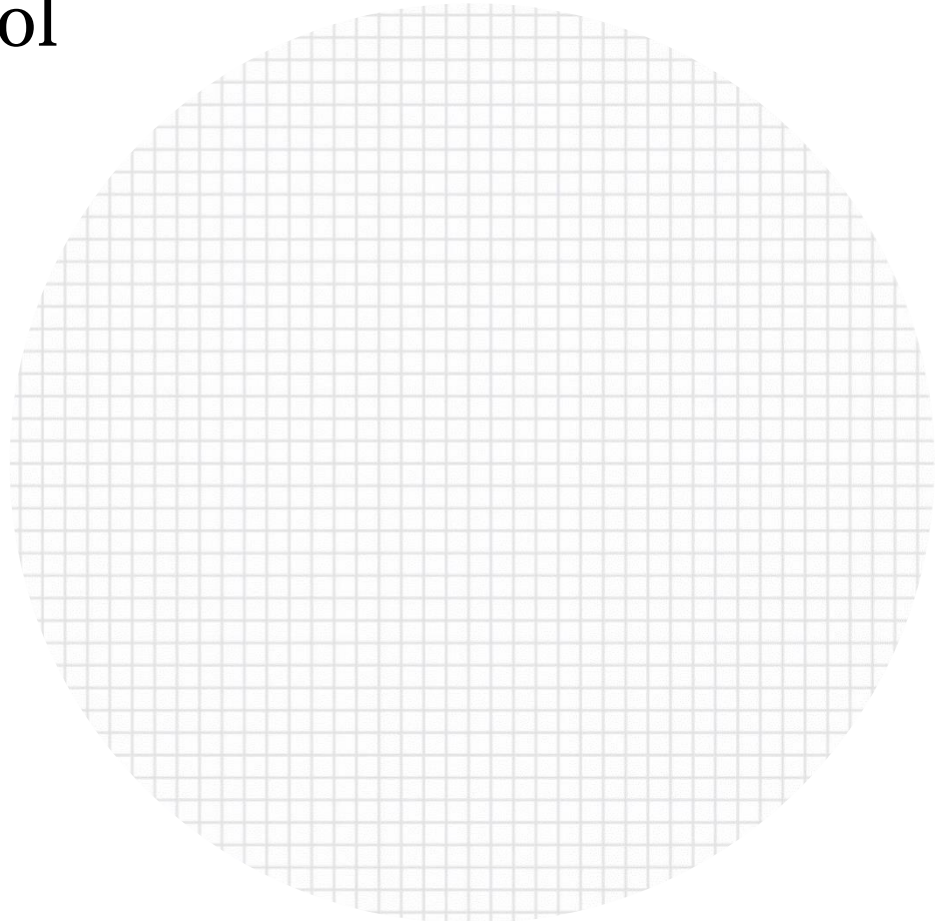# Hospital Preparedness for a COVID-19 Surge

Assessment Tool

Is Your Hospital Prepared for a Surge of COVID-19 Patients?

The ability for hospitals to safely provide care to all patients during the COVID-19 pandemic is critical for the health and well-being of both patients and hospital staff. The purpose of this assessment tool is for hospitals to identify current organizational capabilities and gaps to improve their preparedness and response for another surge of COVID-19 patients.

The key components of the assessment include:

- Structure for Planning, Decision Making, and Communication

- Monitoring and Improvement

- Infection Control Preparedness

- Space and Supplies

- Staffing

- Staff Mental Health and Well-Being

The components are based on a synthesis of guidance from governmental organizations, published literature, and best practices to date gleaned from hospitals across the US.[1]

Organizations should pay special attention to the functioning of their systems and processes for monitoring and improvement to ensure reliable adoption of recommended practices and to ensure practice reflects policy. Key to success is the reliable implementation of best practices described in this tool and a structure for real-time learning and improvement should policies outside of the organization's control affect COVID-19 preparedness plans.

Instructions

The hospital's incident command team completes the assessment with input from leaders from appropriate departments in the organization (e.g., infectious disease, critical care, facilities). If the hospital does not have an incident command team, the senior leaders responsible for emergency preparedness and response complete the assessment. The assessment is an opportunity for learning; respondents should consider completing the assessment independently and then comparing responses to identify opportunities for dialogue, learning, and action. After generating baseline results, the team re-visits the assessment at key decision points such as when COVID-19 cases are increasing in the community.

Please answer yes or no to each statement. "No" responses indicate areas where work is needed. Use the "Notes, Reflections, and Actions" column to gather qualitative information and identify next steps within each area.

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[1] The organizational competencies described in the assessment were derived from the latest published guidance from several sources, including the Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, American Hospital Association, American Society for Health Care Engineering, Doctors Without Borders, and the New York State and Massachusetts Departments of Health. The competencies were also strongly informed by the experiences of US hospitals and health systems that were particularly hard hit by COVID-19 in Spring 2020, including: Atrius Health, M Health Fairview, Massachusetts General Hospital, Northwell Health, NYC Health + Hospitals Corporation, Boston Children's Hospital, Parkview Health, Memorial Hermann, and the University of Texas Southwestern Medical Center.

A. Structure for Planning, Decision Making, and Communication

Our hospital has an incident command/emergency management system in place.	Yes	No	Notes, Reflections, and Actions
If No: Continue to section B. Monitoring and Improvement			
If Yes: Answer the additional statements that follow. Our incident command system:			
1. Has a clear point person for emergency/disaster planning who is in contact with local public health authorities	Yes	No	
2. Is aligned with the organization's overall leadership structure	Yes	No	
3. Integrates communications staff	Yes	No	
4. Integrates equity experts	Yes	No	
5. Integrates quality and infection prevention staff	Yes	No	
6. Communicates daily updates on the status and impact of COVID-19 priorities and key messages about policy and practice across the system to staff, patients, and families	Yes	No	
• If Yes:			
○ Translates communications into languages commonly spoken by patients, families, and staff	Yes	No	
7. Creates opportunities for bi-directional communication with staff (e.g., town halls with opportunities for staff to speak with senior leaders)	Yes	No	
8. Maintains and regularly reviews a dashboard measurement system (segmented by race, ethnicity, language, etc.) for predictive modeling, surveillance, and improvement to ensure equity across all patient groups and employee groups	Yes	No	
• If Yes:			
• Uses this measurement dashboard to proactively identify emerging issues and risks	Yes	No	
9. Has a process to understand the latest science and update and reconcile emerging clinical guidance	Yes	No	
• If Yes:			
○ This process includes access to relevant clinical expertise	Yes	No	
○ There is regular evaluation of the effectiveness of this process	Yes	No	
10. Coordinates across the larger health system to share supplies, coordinate testing, standardize communication and processes, and manage surge capacity (if relevant)	Yes	No	
11. Coordinates with other health care coalitions, public health partners, and hospitals in the community to manage surge capacity, supplies, testing, and share learning	Yes	No	
12. Partners with community providers and other community partners to ensure successful transition of COVID patients back home/into other care settings in the community	Yes	No	

B. Monitoring and Improvement

Our hospital has:			Notes, Reflections, and Actions
1. Infrastructure to continuously harvest learning (e.g., a dedicated team or team huddle practice)	Yes	No	
2. A mechanism to escalate, track, and resolve problems	Yes	No	
3. Process(es) in place to use data to continuously monitor the effectiveness and impact of new interventions for each of the 7 elements listed below:	Yes	No	
• Frequent presence of leaders at the point of care to listen to and learn from staff	Yes	No	
• Continuous linkages between clinical and operational staff to spread frontline learning	Yes	No	
• Basic improvement training for all staff to support continuous testing in the face of uncertainty	Yes	No	
• A mechanism to rapidly test new changes and improve processes using an improvement method (e.g., Model for Improvement, Lean, other approach)	Yes	No	
• Data stratified by race, ethnicity, and language (REAL) that are used to drive improvement efforts	Yes	No	
• Inclusion of patient, family, and/or caregiver feedback for improvement	Yes	No	
• A protocol for rapid updates of clinical COVID management guidelines	Yes	No	

C. Infection Control Preparedness

Our hospital has:			Notes, Reflections, and Actions
Workforce and Patient Safety			
1. A system for screening, testing, and reporting COVID-19 symptoms among staff, patients, and visitors	Yes	No	
• If Yes: This system includes:			
o Standardized process to screen patients and staff *prior to arriving at the facility* for symptoms compatible with COVID-19 *and* exposure to individuals with COVID-19 up to 14 days prior to coming to the facility	Yes	No	
o Standardized process to screen patients, visitors, and staff *upon arrival at the facility* for symptoms compatible with COVID-19 *and* exposure to individuals with COVID-19 up to 14 days prior to coming to the facility	Yes	No	
o Attestation that they are asymptomatic	Yes	No	
o Temperature check	Yes	No	
o SARS-CoV-2 test (RT-PCR, antigen, or other test), if indicated	Yes	No	
o Standardized process for all staff to self-screen for COVID-19 symptoms and exposures prior to every shift (e.g., attestation, temperature screenings)	Yes	No	
o Standardized protocol to refer patients who screen positive for symptoms	Yes	No	
o Immediate notification to facility leadership and local or state health department	Yes	No	
o System to track admissions and discharges	Yes	No	
2. A system for screening, testing, and reporting COVID-19 symptoms among community members across all local neighborhoods, equitably (e.g., focusing on communities disproportionately impacted by COVID-19)	Yes	No	
3. Clear entry pathways for access into respiratory support	Yes	No	
4. A documented protocol for isolation of exposed or infected health care personnel and patients	Yes	No	
• If Yes: This protocol includes:			
o Updated guidelines for reporting for work and returning to work for healthy and suspected infected health care personnel	Yes	No	
o Standard pathways for all COVID-19 persons under investigation (PUI) and for all COVID-19 positive cases	Yes	No	
o Equitable process for triage	Yes	No	
• This protocol has been communicated to all staff	Yes	No	
• Staff have been trained in how to act in accordance with the protocol	Yes	No	
• There is a system for verifying that staff are competent in the actions/skills for which they are being trained	Yes	No	

Workforce and Patient Safety (continued)			Notes, Reflections, and Actions
5. A documented policy for transporting patients	Yes	No	
• If Yes: This policy includes:			
o Standardized process to communicate with receiving department and staff that patient is COVID-19 positive	Yes	No	
o Personal protective equipment (PPE) requirements for patients and health care workers during transport and handoffs	Yes	No	
• This policy has been communicated to all staff	Yes	No	
• Staff have been trained in how to act in accordance with the policy	Yes	No	
• There is a system for verifying that staff are competent in the actions/skills for which they are being trained	Yes	No	
6. A documented policy for visitor access and movement	Yes	No	
• If Yes: This policy includes:			
o Guidelines for social distancing (e.g., ensuring minimum of six feet separation between all individuals; limiting the number of people in an elevator; restrictions on congregating in waiting areas; restricting entry/exit points)	Yes	No	
o Criteria and protocol of limitations and restrictions into the rooms of patients with suspected or confirmed COVID-19	Yes	No	
o Criteria when entering the room of a patient (e.g., required PPE, hand hygiene, logging in and out, limiting movement within facility)	Yes	No	
o A process and necessary technology to allow for remote communication between patient and visitor (if there are in-person visiting restrictions)	Yes	No	
• This policy has been communicated to all staff, patients, and visitors verbally and through appropriate, and translated, signage near entrances, in waiting and examination rooms, and restrooms	Yes	No	
• Staff have been trained in how to act in accordance with the policy	Yes	No	
• There is a system for verifying that staff are competent in the actions/skills for which they are being trained	Yes	No	
7. A documented procedure for management of postmortem care and disposition of deceased COVID patients	Yes	No	
• If Yes: This procedure includes:			
o PPE requirements	Yes	No	
o Storage procedures	Yes	No	
o Cleaning and waste disposal	Yes	No	
o Plans for expanding morgue capacity (e.g., space for a temporary morgue)	Yes	No	
• This procedure has been communicated to appropriate staff	Yes	No	
• Staff have been trained in how to act in accordance with the procedure	Yes	No	
• There is a system for verifying that staff are competent in the actions/skills for which they are being trained	Yes	No	
8. Standardization of processes across the larger health system (if relevant)	Yes	No	

Hygiene			Notes, Reflections, and Actions
1. A documented policy to make necessary hand hygiene supplies available and accessible at the point of care	Yes	No	
• If Yes: This policy includes:			
o Protocols for hand hygiene after proper removal of gloves	Yes	No	
o Instructional signage on proper hand hygiene and sanitizing methods before and after contact with high-touch areas	Yes	No	
• This policy has been communicated to all staff	Yes	No	
• Staff have been trained in how to act in accordance with the policy	Yes	No	
• There is a system for monitoring and feedback adherence to the hand hygiene policy	Yes	No	
2. A documented policy for universal face mask use	Yes	No	
• If Yes: This policy includes:			
o Protocols for three types of masks: cloth, procedure, and N-95 respirators	Yes	No	
o Instructions for who should use which type of mask, when, how to use, and when it may be reused	Yes	No	
• This policy has been communicated to all staff	Yes	No	
• Staff have been trained in how to act in accordance with the policy	Yes	No	
• There is a system for monitoring adherence to the universal face mask use policy	Yes	No	
3. A documented policy for proper cleaning, sanitizing, disinfecting, and sterilization procedures and disposal of waste	Yes	No	
• If Yes: This policy includes:			
o Necessary supplies	Yes	No	
o Frequency	Yes	No	
o Surface areas and spaces	Yes	No	
• This policy has been communicated to all staff	Yes	No	
• Staff have been trained in how to act in accordance with the policy	Yes	No	
• There is a system to monitor adherence to cleaning and disinfection policies	Yes	No	
4. A documented policy for food supply and management	Yes	No	
• If Yes: This policy includes:			
o Personal hygiene requirements	Yes	No	
o Supplies needed	Yes	No	
o Instructions for cleaning, including frequency	Yes	No	
o Procedures for accepting deliveries	Yes	No	
o Procedures for food storage and production	Yes	No	
o Details on how long the hospital can operate and feed essential workers (where necessary)	Yes	No	
• This policy has been communicated to all staff	Yes	No	
• Staff have been trained in how to act in accordance with the policy	Yes	No	

Hygiene (continued)			Notes, Reflections, and Actions
5. A protocol for donning and doffing PPE	Yes	No	
• If Yes:			
○　This protocol has been communicated to all staff	Yes	No	
○　Staff have been trained in how to act in accordance with the protocol	Yes	No	
○　There is a system to monitor adherence to PPE donning and doffing protocols	Yes	No	
Continuing Other, Necessary Non-COVID-19 Care			
1. Tiered surge criteria, including metrics (e.g., to determine when to cancel elective admissions and surgeries)	Yes	No	
2. A plan for prioritizing and allocation of health care services (crisis standards of care)	Yes	No	
3. A plan for reducing or eliminating face-to-face encounters (e.g., assessment of what is suitable for temporary/remote work)	Yes	No	
4. A plan for maximizing the use of telemedicine for patients, family members, and virtual meetings for staff	Yes	No	
5. A plan to prioritize higher risk populations, including those at risk for complications from delayed care and those without access to telehealth	Yes	No	

D. Space and Supplies

Our hospital has:			Notes, Reflections, and Actions
Space			
1. Identified space in the ED, ICU, and other patient care areas for separation of known/suspected COVID patients (in the absence of space, create a system that allows patients to wait in a personal vehicle or outside the facility and be contacted by phone)	Yes	No	
2. Identified spaces with surge capacity capabilities	Yes	No	
3. A plan for allocating negative pressure rooms	Yes	No	
• If Yes: This plan includes:			
○ High-efficiency particulate air (HEPA) filters to convert regular rooms into ones with negative air pressure	Yes	No	
○ A plan to create more secure areas using other means (e.g., UV barriers) if all negative pressure rooms are in use	Yes	No	
Supplies and Personal Protective Equipment (PPE)			
1. A stable source of supplies	Yes	No	
2. At least eight weeks of essential patient care equipment (e.g., pumps, ventilators) and PPE (e.g., face and surgical masks, face shields, respirators, gowns, gloves, eye protection, hand sanitizer, disinfectant, body bags)	Yes	No	
3. Estimates of supplies to be shared with local, regional, and tribal planning groups to coordinate and plan	Yes	No	
4. A process to regularly calculate and transparently communicate the organization's daily PPE usage rate	Yes	No	
5. A contingency plan for decontamination, substitution, or reuse/extended use in case of supply shortages	Yes	No	
6. Equitable access to PPE across all employee groups	Yes	No	
7. A documented policy on use of supplies/PPE that staff purchase themselves	Yes	No	
• If Yes: This policy includes:			
○ Instructions on when it is appropriate for staff to use self-purchased PPE (e.g., during a shortage, when staff do not feel adequately protected by supplies provided by the hospital)	Yes	No	
• This policy has been communicated to all staff	Yes	No	
• There is a system to monitor adherence to the policy on staff-purchased PPE	Yes	No	

E. Staffing

Our hospital has:			Notes, Reflections, and Actions
1. A sufficient daily number of medical and non-medical staff	Yes	No	
2. A daily assessment of staffing status and needs	Yes	No	
3. A back-up staffing plan to determine minimum staffing needs to provide a safe work environment and safe patient care	Yes	No	
4. Dedicated staff to care for COVID patients	Yes	No	
5. A plan for providing end-of-life care for COVID patients, including having a conversation about goals of care and a completed health care proxy form	Yes	No	
6. Crisis capacity strategies for staff shortages (e.g., a plan for asymptomatic staff who were exposed to COVID-19, but have no evidence of infection, to work)	Yes	No	
7. A process to redeploy quality and non-clinical staff to support frontline teams' rapid redesign of care delivery and/or non-clinical activities	Yes	No	
8. A process to redeploy physicians and nurses to care for COVID-19 patients, including a plan for training, mentorship, and oversight	Yes	No	
9. A process to deploy medical and nursing trainees for appropriate clinical and non-clinical activities	Yes	No	

F. Staff Mental Health and Well-Being

Our hospital has:			Notes, Reflections, and Actions
1. A system to proactively manage fear and anxiety in daily work for all staff (e.g., regular communication about safety measures and training for redeployed staff)	Yes	No	
• If Yes:			
o This policy has been communicated to all staff	Yes	No	
o There is a process for gathering information on staff comfort and experience with available services	Yes	No	
o Staff feel comfortable using available services	Yes	No	
2. A sick leave policy that is non-punitive, flexible, and consistent with public health policies	Yes	No	
• If Yes:			
o This policy has been communicated to all staff	Yes	No	
o There is a process for gathering information on staff comfort and experience with the sick leave policy	Yes	No	
o Staff feel comfortable using sick leave as needed	Yes	No	
3. Equitable financial and other support (e.g., child care, elder care, housing) for staff and families should they need to be quarantined	Yes	No	
• If Yes:			
o This policy has been communicated to all staff	Yes	No	
o There is a process for gathering information on staff comfort and experience with financial and other support	Yes	No	
o Staff feel comfortable using available services	Yes	No	
4. Equitable transportation for medical and non-medical staff as needed to protect staff safety	Yes	No	
5. Equitable access to staff "psychological PPE" to prevent, mitigate, and manage emotional and psychological distress	Yes	No	
• If Yes:			
o This policy has been communicated to all staff	Yes	No	
o There is a process for gathering information on staff comfort and experience with available services	Yes	No	
o Staff feel comfortable using available services	Yes	No	