Guiding Principles for Responsibly Resuming Health Care Services

Background

On March 16, the NHHA issued guidance to its members in response to calls from the US Surgeon General, the American College of Surgeons (ACS) and other state and national public health experts to consider cancellation of elective and non-urgent procedures for New Hampshire hospitals. While many New Hampshire hospitals followed the March 16th NHHA guidance, some had already begun to suspend those services in advance of that guidance following the ACS recommendations on March 13. As hospitals in the Granite State were preparing for an anticipated significant surge in COVID-19 cases, this was important advice for several reasons, including: 1) to preserve personal protective equipment (PPE); 2) to preserve inpatient hospital capacity; and 3) to promote social distancing in order to reduce the spread of the virus. Decisions to delay care were made carefully between clinicians and patients, but further delay for some could have serious implications for their health and outcomes.

Due to the significant steps the state has taken to ensure social distancing, including a number of Emergency Orders issued by Governor Sununu to encourage residents to stay at home whenever possible, close non-essential businesses, limiting the size of gatherings and many more, as well as citizens responsibly adhering to those directives, New Hampshire has thus far avoided a large surge that would stress and potentially overwhelm hospital capacity.

Although we anticipate a prolonged period of COVID-19 infection, we believe current patient volumes can be accommodated by the existing healthcare infrastructure. We also, however, must remain prepared for periodic and unpredictable “hot spots” occurring throughout the state and region for several months.

The NHHA, in consultation with its members, state and national public health officials, national specialty and accrediting organizations, and others, offers the following guidance to begin a responsible, phased-in approach to resuming healthcare services that ensures the health and safety of our patients, health care workforce and our communities.

PREFACE: These guiding principles can be operationalized only if adequate Personal Protective Equipment (PPE) and sufficient testing supplies and testing capacity exist for hospitals and health systems.

1. **Timing for Resuming Services**
   There should be a capacity to provide safe care for the current patient population, including both COVID-19 positive and non-COVID-19 patients, who require hospitalizations. The facility shall continuously monitor and have appropriate number of intensive care unit (ICU) and non-ICU beds, PPE, ventilators, medications and trained staff to treat all patients. Crisis standards of care should not be active. Based on local assessments of the conditions in the communities they serve regarding levels of hospitalization and overall capacity, health system leaders would make the determination of when to begin the phasing in of time sensitive health care services, which could be as soon as May 4, 2020.

Given the known evidence supporting health care worker fatigue and the impact of stress, the facility should be able to perform routine services without compromising patient safety or staff safety and well-being.

2. **COVID-19 Screening and Testing**
   Facilities must have a defined process for screening all employees and patients for symptoms of COVID-19. Screening and enhanced use of PPE must be considered depending on the services or treatments performed. They should also have a clear process for timely testing, whether in-house or referral to another testing provider, to protect staff and patient safety whenever possible. A facility policy should address requirements and frequency for testing surgical and procedural patients and include routine staff screening and testing as indicated.

3. **Personal Protective Equipment**
   Facilities will be unable to resume time sensitive services, including elective surgical procedures, unless they have adequate PPE and medical surgical supplies appropriate to the number and type of procedures to be performed, and are confident that the future requests for PPE can be provided as additional services are phased in. Policies for the conservation of PPE should be continued as well as policies for any extended use or reuse of PPE per CDC and FDA guidance. Non-emergent services requiring utilization of PPE should be avoided if the facility is experiencing shortages of relevant PPE.

4. **Determining Services to be Resumed**
   Facilities should create a plan to gradually reintroduce health care services, emphasizing those that are time sensitive, prioritizing patients with urgent needs and avoiding further delays that may have an impact on patient outcomes, especially those that had been previously canceled or deferred. Decisions to add services also need to include strategies to access clinical and support services that may be required to enable the resumption of services such as diagnostic imaging, laboratory services, pharmacy support, therapeutic and diagnostic procedures and others. The use of telehealth and its potential expansion should be maximized wherever appropriate.

5. **COVID-related Safety and Risk Mitigation**
   Facilities should continue social distancing policies for staff, patients and patient visitors in non-restricted areas in the facility which meet current local and national recommendations for community isolation practices.

   Current limitations on visitors should be continued.

   Creating non-COVID-19 care zones within the facility, such as dedicated wings for hospitalized patients, should be done if possible, such as segregating patients, clarifying safe patient flow coming into the building and circulation within the building. Hospitals should have transfer

agreements in place with other hospitals in their region to treat both COVID and non-COVID patients that have that capability, when necessary and appropriate.

Universal masking should be employed for all persons entering the facility according to state and national guidelines.

6. **Patient Messaging and Communication**
   It is critical to ensure patients and community members understand that the prioritization of the safety of patients and health care workers is paramount as services are reintroduced. Clear communication of the plans to reintroduce services, and considerations for ensuring their safety, need to be reinforced in all messaging to the public.

   As always, individual decisions about care and treatment must be driven by the clinical judgement of caregivers in partnership with their patients.

7. **Governance**
   Each hospital shall maintain an internal governance structure to ensure the criteria and principles outlined above are followed. Providers should consult as appropriate with any guidance issued by relevant professional specialty societies regarding appropriate prioritization of procedures.

   In order to proceed with any phase-in of additional services, the facility must ensure there are enough resources available including PPE, a healthy workforce, supplies, and medications so as not to jeopardize current care or surge capacity.
   COVID-19 metrics should be continuously monitored on a daily basis to identify triggers that would signal imminent exponential growth requiring an immediate cessation of further service expansion or possible reduction in services.