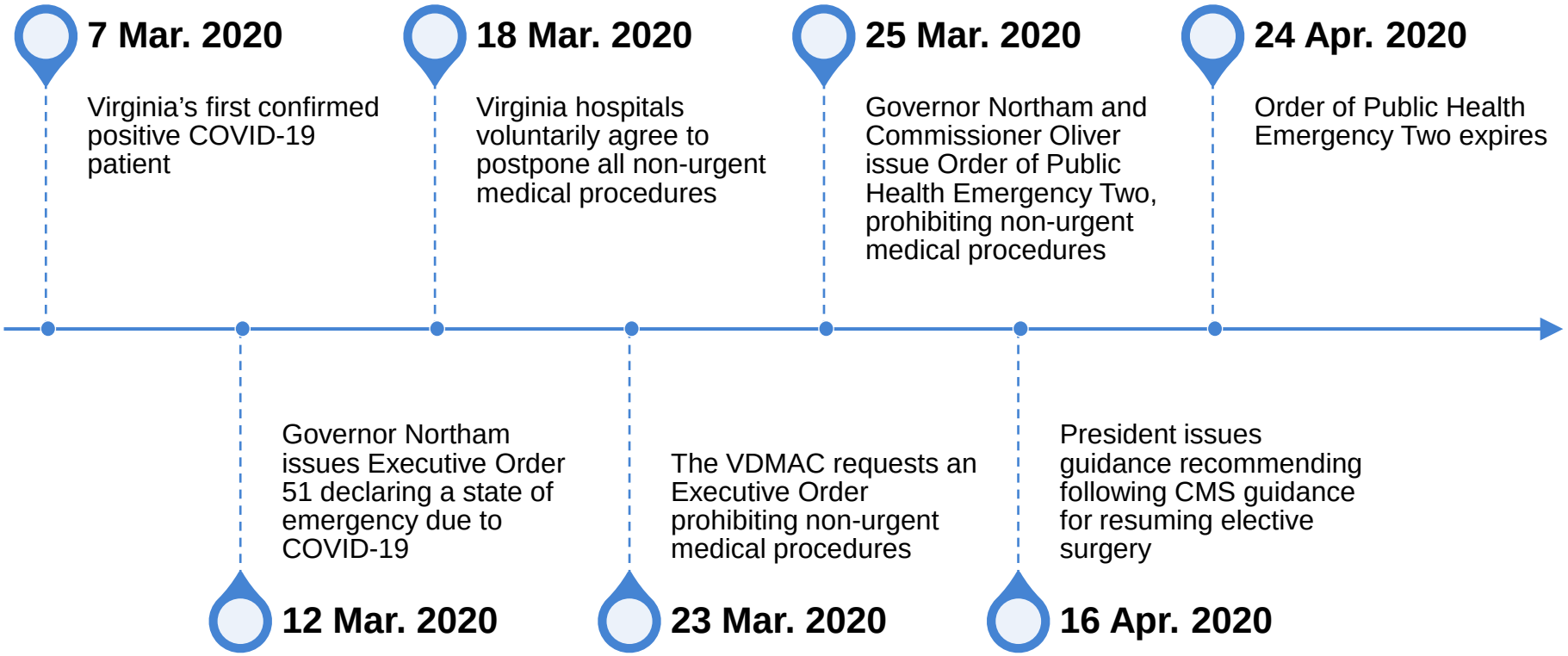
Framework for Reopening Virginia's Health Care System

April 18, 2020

Overview


7 Mar. 2020
Virginia's first confirmed positive COVID-19 patient
12 Mar. 2020
Governor Northam issues Executive Order 51 declaring a state of emergency due to COVID-19
18 Mar. 2020
Virginia hospitals voluntarily agree to postpone all non-urgent medical procedures
23 Mar. 2020
The VDMAC requests an Executive Order prohibiting non-urgent medical procedures
25 Mar. 2020
Governor Northam and Commissioner Oliver issue Order of Public Health Emergency Two, prohibiting non-urgent medical procedures
16 Apr. 2020
President issues guidance recommending following CMS guidance for resuming elective surgery
24 Apr. 2020
Order of Public Health Emergency Two expires

Order of Public Health Emergency Two

Prohibits all inpatient and outpatient surgical hospitals licensed under 12 VAC 5-410, freestanding endoscopy centers, physicians' offices, and dental, orthodontic, and endodontic offices in the Commonwealth from providing procedures and surgeries that require PPE, **which if delayed, are not anticipated to cause harm to the patient by negatively affecting the patient's health outcomes, or leading to disability or death.**

The order does not include outpatient visits delivered in hospital-based clinics.

Current Situation

51,931 Virginians tested for COVID-19

8,053 confirmed positive test results

1,307 hospitalized patients confirmed to have COVID-19 or awaiting test results

398 hospitalized ICU patients confirmed to have COVID-19 or awaiting test results

230 hospitalized ICU patients on a vent confirmed to have COVID-19 or awaiting test results

1,228 COVID-19 patients discharged from Virginia hospitals

6,097 available hospital beds across the Commonwealth

2,865 ventilators, with 608 or **21%** in use

Current Issues for Reopening the Health Care System

- Since Order Two was issued, approximately 60,000 inpatient and outpatient elective or non-urgent medical procedures have been canceled or postponed. It is estimated that another ~ 15,000 procedures per week are being canceled or postponed.
- For the past 3 weeks, the number of inpatient COVID-19 patients has remained 1200 -1300.
- Delay of an elective or non-urgent procedure may not immediately cause patient harm, but can exacerbate chronic conditions and negatively impact future health outcomes and costs.
- On April 16, 2020, the President issued new guidance stating elective surgeries can resume, as clinically appropriate, on an outpatient (Phase I) and inpatient basis (Phase II) at facilities that adhere to CMS guidelines.
- To re-open the health care system and provide care for these patients, we must confront issues including:
  - Bed availability
  - The PPE and medical supply chains, including blood and pharmaceuticals
  - Staff availability and workforce safety
  - Testing
  - The need to provide mutual aid to other hospitals and non-acute facilities with a high number of COVID-19 patients

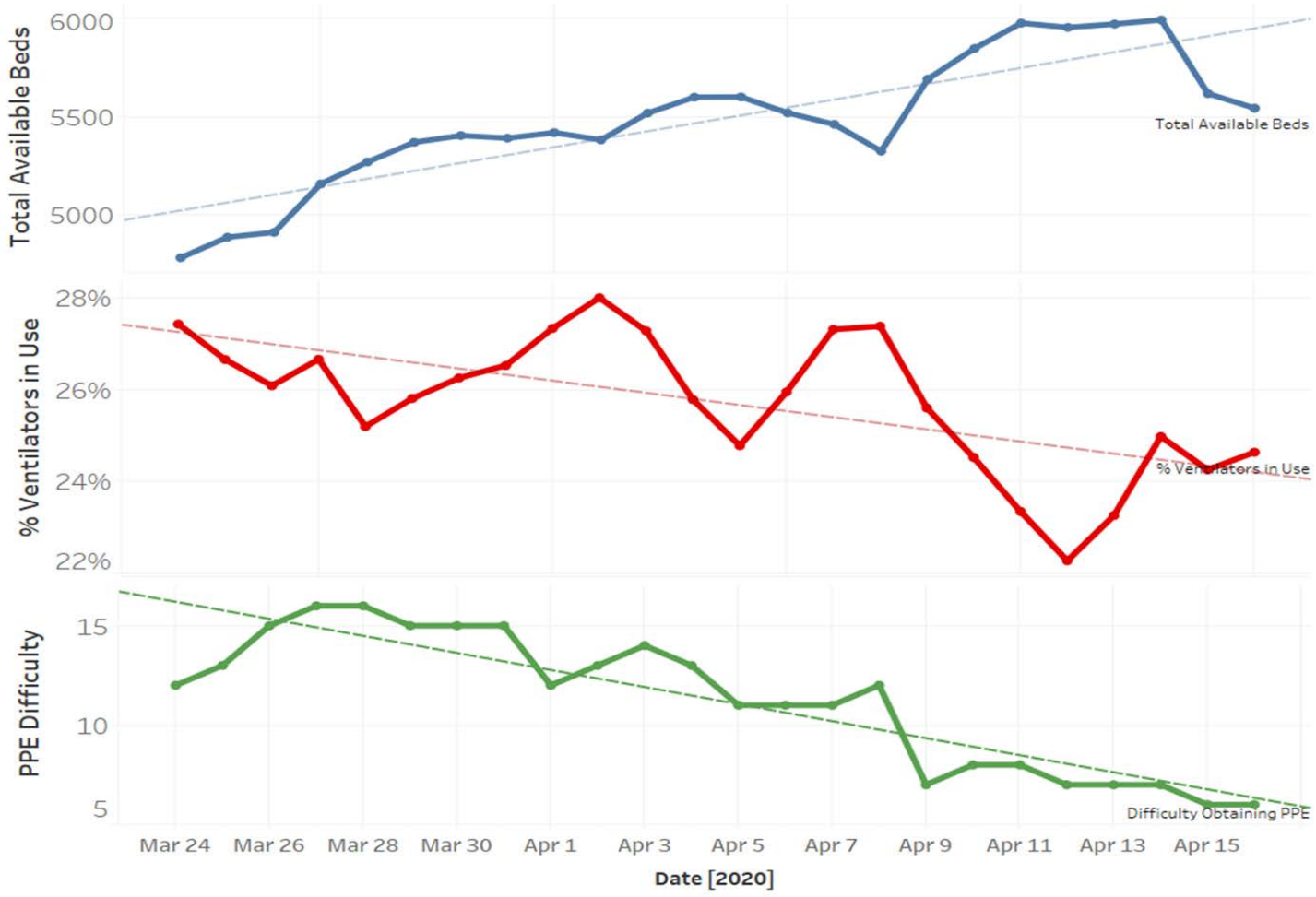
Current Issues – Bed Availability

- The Commonwealth currently has more than 6,000 available hospital beds, many of which are medical/surgical beds.
- These bed numbers do not take into consideration additional medical surge beds that can be added at hospitals if needed to address the COVID-19 emergency.
- Available beds range from 300 in far southwest Virginia to more than 1,500 in the eastern region of the state.
- Most hospitals' census is currently between 20-30%.
- Given the large number of available beds and the ability to track them, we believe hospital bed usage can be managed both regionally and statewide.

Current Issues – PPE/Medical Supply Chain

- The supply of PPE necessary for treating COVID-19 patients remains a challenge impacting the safety of clinicians treating those patients.
- Several health systems report the ban on non-urgent procedures has had a nominal impact (≤ 5% increase) on their supply for COVID-19 patients.
- This is in large part due to the different PPE requirements for infectious disease patients compared to requirements for surgery and other medical procedures.
- The supply chain for most standard PPE for surgery has not been impacted to a significant degree due to COVID-19. Health care professionals performing surgeries have supplies to safely care for patients.
- The number of facilities reporting shortages of PPE for COVID-19 patients and other supplies has decreased over the past two weeks.
- There is concern regarding shortages of blood, pharmaceuticals, and other medical supplies. Hospitals track and manage these shortages regularly during normal operations.

Current Issues – Beds, PPE, and Ventilators



Current Issues – Staff Availability

- Because hospitals are providing care to a limited number of COVID-19 and non-COVID-19 patients, availability of staff is not a widespread issue.

- Only one of 115 hospitals reporting data through VHASS indicate potential challenges staffing their facilities over the next 96 hours.

- Given the prohibition on non-urgent procedures, many hospitals have furloughed staff not engaged in urgent care and treating COVID-19 patients.

Current Issues – Testing

- The number of potentially exposed health care workers and patients tested for COVID-19 has increased significantly in recent weeks, but widespread testing remains unavailable.

- Health systems and private labs have increased their capacity to test.

- Hospitals report that processing times are declining from 7-10 days to 24 to 48 hours.

- This is in part attributable to greater on-site testing capability and new methods that provide more rapid results.

Plan For Reopening the Health Care System

- Ongoing blanket directives regarding the provision of care are unwarranted based on the current COVID-19 situation in the Commonwealth.

- Health care professionals should use their medical judgement and logical, scientifically-based guidelines to determine what is in the best interests of a patient.

- Provided the data shows a sustained number and/or reduction of inpatient COVID-19 patients in an area over 14 days, we believe that use of a common framework, coupled with ongoing monitoring of the status of patients, hospitals and health care facilities, and the regional and statewide COVID-19 situation, can allow hospitals and health care providers to meet the needs of all patients.

The Plan for Reopening the Health Care System

- Create a regional approach based on the Regional Healthcare Coalition (RHC) boundaries.
- Develop metric-based patient safety and resource dashboard utilizing VHASS data.
- Commit to a circuit breaker philosophy should any of the metrics be exceeded.
- Set up a regional coordinating and monitoring committee.

The Plan – Data Monitoring and Reporting

- Healthcare facilities will continue to report all data through the VHASS system so the real-time COVID-19 situation can be monitored.
- That data will be shared with the state.
- Data will be reviewed each day by each facility prior to scheduling procedures and performing already scheduled procedures.
- If metrics (e.g., bed availability, PPE, etc.) indicate shortages or require using beds or supplies held in reserve to provide care, non-urgent procedures will be postponed until the indicators stabilize.

The Plan - Patients

- Hospitals and health care providers will follow existing protocols established by the CDC and CMS regarding elective medical procedures and use their clinical judgment to determine which patients should proceed with a non-urgent medical procedure.

- Clinicians will use these protocols, combined with daily assessments of the current situation, to determine for each patient whether it is appropriate to move forward with a procedure or delay until a later date.

- Symptomatic patients will be tested prior to performance of a non-urgent medical procedure.

The Plan – Facilities

- PPE and medical supplies -
  - Senior leaders will review PPE inventory daily to ensure adequate supply to manage local trends in disease prevalence, patient care needs, acute surgery, planned elective surgery and to confirm adequate quantities are available to staff and providers.
  - Hospitals will conserve PPE and ensure appropriate use by continuing to recycle and reuse PPE where appropriate, using alternatives (e.g., P100s) and seeking new supply sources for PPE used to treat COVID-19 patients.
  - Hospitals will hold appropriate PPE in reserve to manage future surge of COVID-19 patients.
  - Hospitals will also monitor the availability of blood, pharmaceuticals, and other supplies.

- Beds – facilities monitor bed availability daily to ensure they are available to treat COVID-19 and other patients.

- Staff – Hospitals will monitor staff levels and incorporate staff availability into the framework for performing procedures. Hospitals will continue to test potentially exposed staff.

- Facility Access – Hospitals will continue to use existing procedures for screening patients and staff, masking patients displaying symptoms, prohibiting visitors to mitigate nosocomial spread, and practice social distancing within facilities.

- These factors will be incorporated into a common framework for proactively reviewing surgical cases and making go/no-go decisions on elective/non-urgent procedures.

Model Framework for Facilities

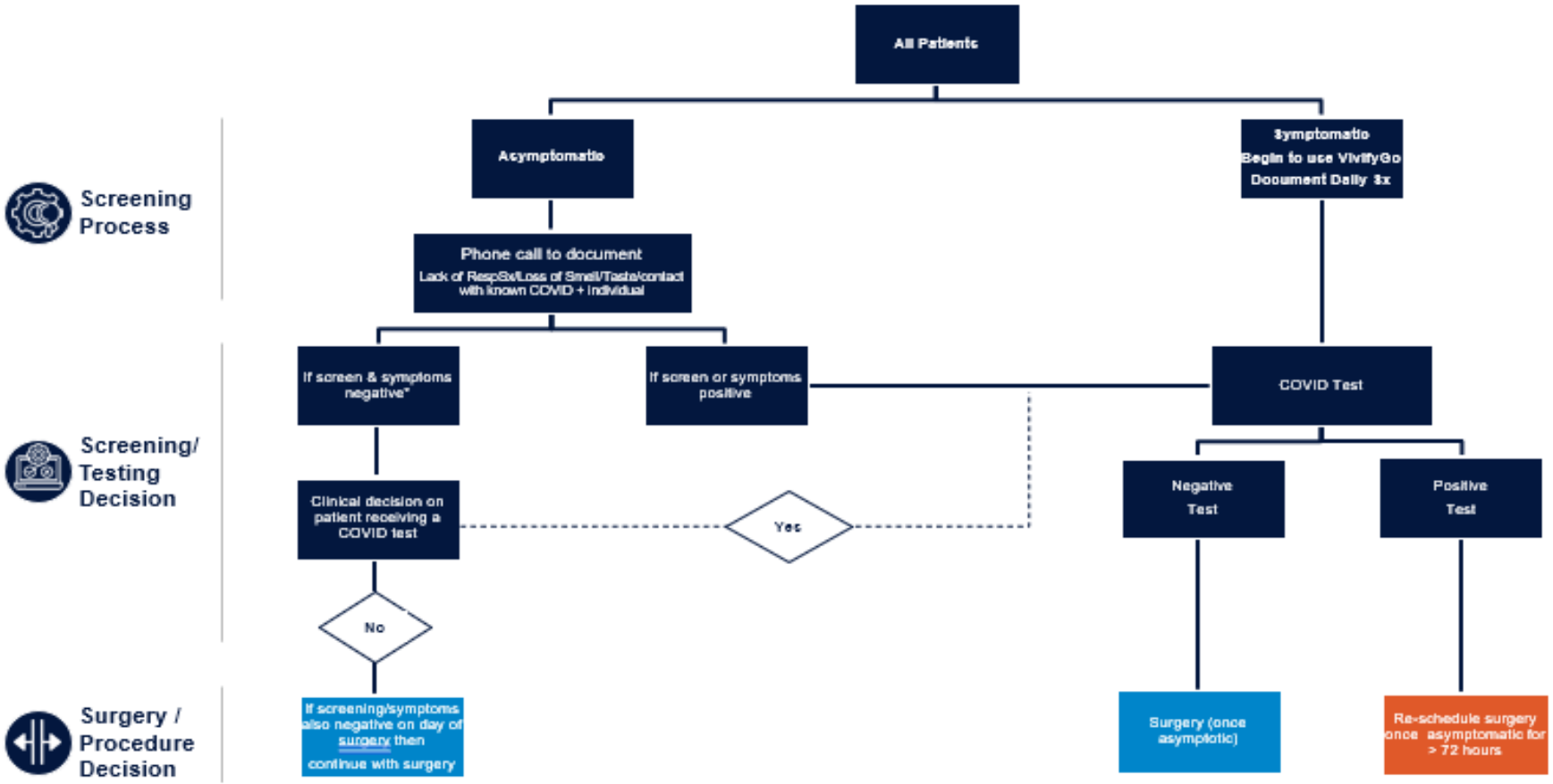
Elective Non-Urgent

PRELIMINARY

	PAT	Registration	Same Day / Pre-Op Holding	Intra-Op	PACU (Phase I & II)	Discharge
Testing/ Screening *(See details on next page)*	• Screening/symptoms • If COVID screening/symptoms negative, proceed with next step • If COVID screening/symptoms positive then COVID testing • **Physicians can make clinical decision to test patients** with no screening/symptom indicators for COVID on an individual basis		• Screening/symptoms • If patient not tested and screening/symptoms negative = **GO** • If patient tested COVID negative AND screening/symptoms negative = **GO** • If screening/symptoms positive and/or patient tested COVID positive = **CLINICAL DECISION**			
PPE		• 100% masking	• 100% masking	• 100% masking	• 100% masking (anesthesia techniques)	• 100% masking
Workflow		• Limit 1 family member per patient	• Cohorting COVID positive patients	• 100% intubation team • Cohorting COVID positive patients • For COVID positive patients, continue to follow current guidance • Review and limit foot traffic in ORs and procedural areas to clinically essential personnel	• Cohorting COVID positive patients • Limit 1 family member per patient, if cohorting allows	• Self-isolation and symptom check recommendations

Model Framework for Facilities

Elective Non-Urgent



Model Framework for Facilities

Surgical Services Status Report

At each entity a Surgery Response Team would evaluate surgery operations based on the situation at each entity and report out surgical services status.

Entity Surgical Response Team Members:

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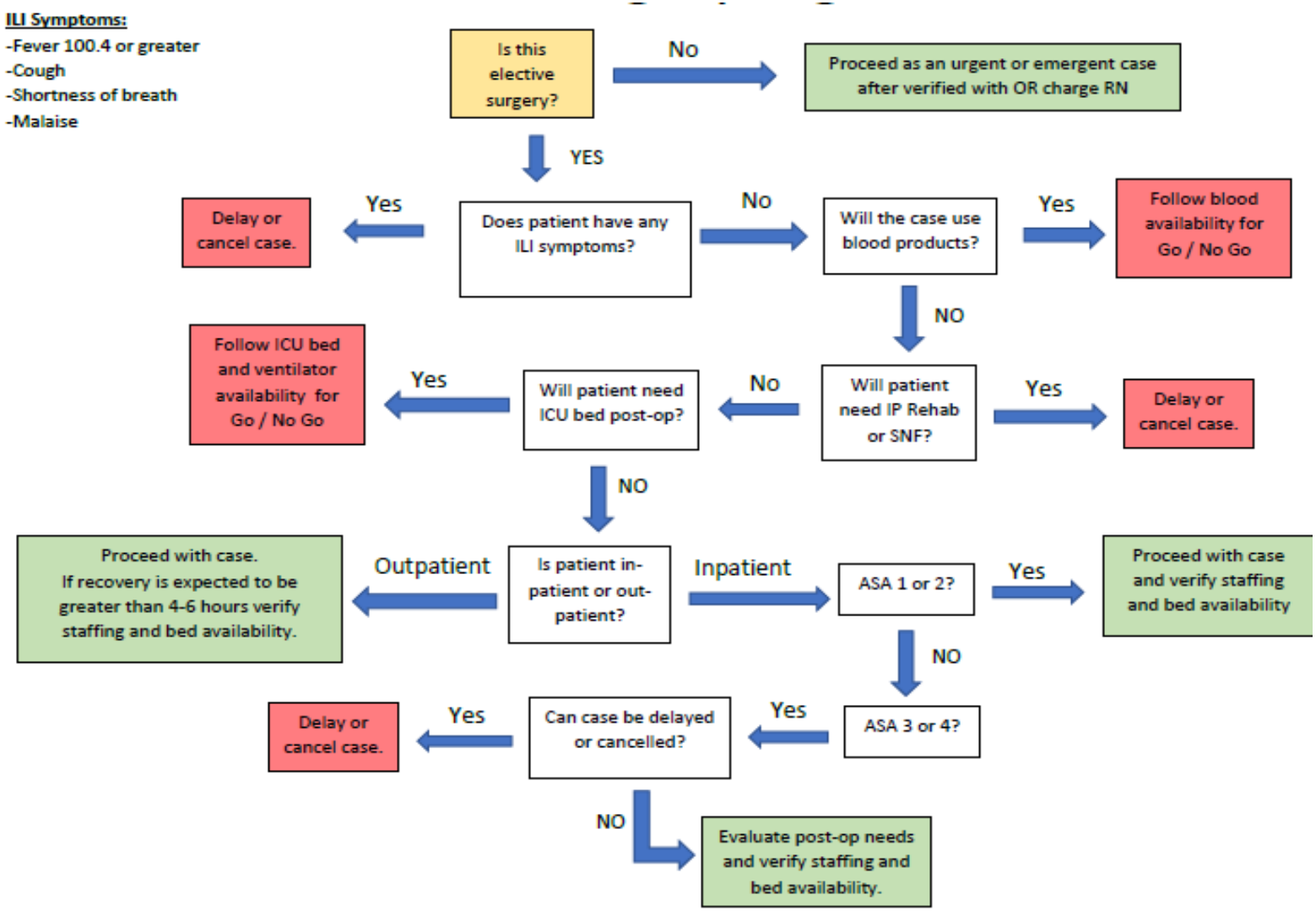
Staffing	Blood Availability	Supplies (masks, gowns, etc)	Surgery Operations to Consider
Stage I	Available	Available	Continue Normal Operations
Hospital is able to maintain staffing levels with existing staff and routine support from system float pool.		Low Supply	Use Elective Surgery Algorithm
		Critical Supply	No Elective Surgery
	Low Supply	Available	Use Elective Surgery Algorithm
		Low Supply	Use Elective Surgery Algorithm
		Critical Supply	No Elective Surgery
	Critical Supply	Available	Use Elective Surgery Algorithm
		Low Supply	No Elective Surgery
		Critical Supply	No Elective Surgery
Stage II	Available	Available	Continue Normal Operations
Hospital is able to maintain appropriate staffing levels with additional resources assigned by the Central Staffing Office		Low Supply	Use Elective Surgery Algorithm
		Critical Supply	No Elective Surgery
	Low Supply	Available	Use Elective Surgery Algorithm
		Low Supply	No Elective Surgery
		Critical Supply	No Elective Surgery
	Critical Supply	Available	Use Elective Surgery Algorithm
		Low Supply	No Elective Surgery
		Critical Supply	No Elective Surgery
Stage III	Available	Available	No Elective Surgery
Hospital consolidates similar patient populations, closes beds and cohorts staff as required to maintain appropriate staffing using all available hospital-based staff and resources assigned by the Central Staffing Office.		Low Supply	No Elective Surgery
		Critical Supply	No Elective Surgery
	Low Supply	Available	No Elective Surgery
		Low Supply	No Elective Surgery
		Critical Supply	No Elective Surgery
	Critical Supply	Available	No Elective Surgery
		Low Supply	No Elective Surgery
		Critical Supply	No Elective Surgery

OR Status I	Normal Operations for Surgical Services
OR Status II	Use Elective Surgery Algorithm to limit surgical cases
OR Status III	No elective surgery will be performed due to limited/no resources

Daily the Surgery response team will factor in:

- Staffing
- Blood Availability
- Supplies
- ICU beds
- Ventilators
- Isolation Needs
- Assess surgery cancellations for room in the schedule

Model Framework for Facilities



The Plan – Regions/Statewide

- COVID-19 is impacting each region of the state differently.
- Hospitals, through VHEMP, will continue to monitor the regional and statewide situation using VHASS data.
- Hospitals with lower/no COVID-19 census will provide mutual aid to those hospitals and non-acute facilities with a higher number of COVID-19 patients to the extent possible.
- If certain metrics (e.g., bed availability, PPE, etc.) demonstrate a shortage or require utilizing beds and supplies held in reserve, elective or non-urgent procedures will be postponed until those indicators demonstrate capacity to provide them.

Meeting Non-Acute Care Needs

- The VHEMP Regional Healthcare Coalitions (RHCs) monitor long-term care and other facilities' operational issues and provide expertise or resources when necessary and available.
- The RHCs have been distributing PPE from the Strategic National Stockpile to LTC facilities in need.
- The RHCs will coordinate at the local level with LTC and other facilities, hospitals, and public partners.
- Hospitals provide (and already are providing) expertise and support to LTC and other facilities for infection prevention and isolation, augment staffing needs through response teams, and PPE if available.
- The RHCs can bridge the gap between LTC and other facilities in need and a health system available to provide assistance.

Overarching Considerations for Plan Implementation

Re-opening our health care system, while ensuring continued capacity for and focus on COVID-19, requires hospitals and health care providers to consider the following:

1. The current and projected COVID-19 cases within the facility, regionally, and on a statewide basis;
2. Maintaining an adequate supply of PPE to manage COVID-19 patients and surgical and procedural cases;
3. Maintaining an adequate ICU and ventilator capacity;
4. Ensuring adequate staffing for COVID-19 and other patients;
5. Continued use of universal precautionary measures regarding access to facilities to protect clinicians and patients;
6. Utilization of a framework to evaluate all patients and test all symptomatic patients prior to performance of a non-urgent procedure;
7. Daily attestation by facilities of their capacity to treat both COVID-19 and other patients;
8. On-going, daily monitoring of key indicators of the health systems' capacity to treat COVID-19, other urgent, and non-urgent patients; and
9. That the clinical judgment of health care professionals as to what will achieve the best long-term health outcomes for patients should be critical factor in decision-making.

Request to Governor

1. That the Governor not extend Order of Public Health Emergency Two.

2. That the Governor authorize re-opening the healthcare system using the framework outlined herein.

3. That the Governor issue a statement explicitly acknowledging that it is safe for patients in need of care to visit their health care facilities/professionals.

References

- VHHA Position Statement 3.18.20
- Order of Public Health Emergency Two
- CMS Guidelines Elective Services and Surgeries
- Trump Administration Guidance
- AHA Joint Statement
- American College of Surgeons Guidance