PLANT OPERATIONS/ENVIRONMENT OF CARE

The following represents a number of considerations when evaluating the condition of the facility to provide non-COVID-19 services:

RESTORE FACILITY TO NON-SURGE USE CONDITION

- Remove temporary airborne infection isolation partitions and all extensions of utilities into COVID-cohorted units, including medical gas and vacuum, electrical power, distribution water fixtures, and nurse call and communication systems.

- Ensure contaminant removal per CDC airborne contamination table. Remove all negative pressure devices and ensure room pressure and air changes per hour are returned to normal for that unit. Reverse all temporary security measures, such as access control to unit or room, video surveillance cameras, elopement and abduction alarm systems. Purge digital temporary access privileges for temporary/surge health care workers into sensitive areas, refresh access control codes and badge access. Reopen all closed or rerouted emergency egress pathways.

- Perform terminal cleaning of all surgical suite and procedure rooms. Clean and disinfect all COVID-cohorted units including ICU, CCU, ED, waiting/triage areas, and fixed and portable equipment including patient transport devices and lifts. Consider usage of UV disinfection or H2O2 fogger and equipment.

- Implement social distancing requirements in public areas such as waiting/triage areas throughout the facility through signage, flow and furniture arrangement. Consider any and all procedures and/or policy updates to minimize the use of waiting areas and to separate various at-risk populations; establish capacity notices.

- Evaluate public areas, including food services spaces, and establish flow patterns that enhance social distancing.

- Conduct an inspection tour of the areas serving COVID-19 patients and support areas by Environment of Care team, including the chief operating officer and section leaders from risk management, infection prevention, facilities management, safety, security, nursing and medical staff.

- Conduct physical inspection and engineering assessment of any leased buildings; ensure these have been terminally cleaned prior to reoccupying.

- Evaluate any work spaces which have used cubicles or open seating to identify infection control and prevention enhancements. Refer to the Workforce section of this document for considerations of work-at-home as well as other work practices and procedures.

- Evaluate patient flow through the facility (e.g., from ED to inpatient unit, from inpatient unit to diagnostics, etc.) for both COVID-19-positive patients and non-COVID-19-positive patients to identify infection control and prevention enhancements. Expedite COVID-19 positive and suspected positive patients through public spaces.

- Make necessary changes to wayfinding, including print materials and signage.
• Recognize that public perception will be influenced by the physical facility as well as by messaging. Work to minimize dissonance between continuing certain infection control and prevention practices, e.g., social distancing, testing “tents,” and the assurance that it is safe to come to hospitals and clinics for care.

**CRITICAL INFRASTRUCTURE RESTORATION AND REPAIR**

• Inspect and verify operational capabilities of all key utility systems including medical gas, clinical air and vacuum, potable water, HVAC, normal and essential electrical power supplies, communication systems (wired and wireless networks), smoke detection, fire alarm and suppression, and vertical transportation systems.

• Inspect filters on all air-handling units that supplied areas serving COVID-19 patients, and replace filters that were negatively impacted from the mitigation efforts. Consider deep cleaning coils if necessary. Return the building automation system to normal seasonal settings by clearing any lockouts or system programing work-around. Flush any water systems that may have been left dormant during the surge. Assess any stress or accelerated wear on vacuum pumps, medical air compressors, and bulk oxygen systems due to heavy usage during the surge.

**REESTABLISH NORMALIZED OPERATIONAL STANDARDS ON:**

• Temperature and humidity control, patient comfort and patient transport.

• Environmental hygiene, supplies, waste streams and linen.

• Security procedures for visitor screening.

**FACILITY COMPLIANCE ASSESSMENT**

• Evaluate suspended inspection, testing and maintenance to establish priority, timeline and resource requirements needed to restore equipment and systems to TJC/DNV standards, CMS Conditions of Participation, and state and local codes.

• Contact authorities having jurisdiction to proactively review these plans and timelines for achieving compliance and document those contacts.

• Arrange a facility walk-through by local authority and/or state authority and property insurance underwriter to objectively assess the facility’s environmental safety; include your risk management, workers compensation and infection control professionals in these walk-throughs.

**FACILITY MODIFICATIONS MADE FOR COVID-19 CARE**

• Document all facility modifications made in planning for and during the care of COVID-19 patients; conduct an assessment of those changes as to effectiveness.

• Prepare a staged plan for returning the facility to surge status should that be necessary.

• If licensure requirements were modified in any way, such as additional beds added, consider post-COVID-19 licensure states and coordinate with the state and/or CMS appropriately.

The American Society for Healthcare Engineering also has released a resource to aid in recovery planning and execution.
FINANCIAL MANAGEMENT

ISSUES TO CONSIDER DURING REOPENING PHASES

COVID-19 VOLUME RAMP-DOWN

- **Debt servicing**: Are we at risk of failing to meet debt service payments and/or triggering debt covenants?

- **Alternative financing**: Do new sources of funding need to be explored to cover shortfalls or anticipated gaps, considering any federal or state requirements or limitations on the use and repayment of such funds?

- **Cost of financing in a crisis**: Revolver debt demand for gap planning may be needed to fund immediate medical and working capital, which may increase cost of financing.

POST-COVID-19 RECOVERY

- **Recovery planning**: How do we prioritize and ramp up non-emergent surgeries, outpatient procedures and clinic visits? Refer to the clinical guide issued by the AHA, in partnership with the ACoS, ASA and AORN. Complement with a financial analysis of revenue/margin models under various case-mix scenarios.

- **Post-COVID-19 marketplace**: Assess organizations and community needs to determine whether there are opportunities for short- or long-term collaboration or other arrangements to provide or bolster financial stability and organizational integrity, with due consideration for state and federal antitrust laws and policies.

- **Capex deployment**: Prioritize strategic initiatives and maintenance projects in light of cash pressures.

TOOLS TO MINIMIZE SHORT-TERM DOWNTURNS

- **Scenario Planning and Financial Modeling**: Undertake scenario planning to better understand how the COVID-19 crisis will affect financials in the short term and how operations may rebound with proper management intervention. Model future state scenarios to understand potential funding gaps.

- **Cash Forecasting and Liquidity Management**: Employ rolling receipt and disbursement forecasting to help manage liquidity in the short term – cash forecasting and modeling provides decision-makers with a tactical tool to manage short-term liquidity, and provides insight into the sources and uses of cash including working capital movements.

- **Performance Improvement and Operating Model Transformation**: Activate high priority and other levers to adjust the operating model to a new norm and to carve the path back to financial stability. Adopt a phased approach to maximize the degree and the pace of impact.

- **Financing and Capital Structure Alternatives**: Actively engage with your financing partners to ensure your lines of credit remain available, and to explore new or additional options, should you require them.

- **Use of Philanthropy**: Actively engage with your development office to determine:
  - Can existing endowed funds be utilized to supplement other sources of cash? This may require initiating discussions with individual donors for repurposing original conditions of the gift.
− Can a community capital campaign be initiated or, if there is a campaign currently underway, can it be modified, to address COVID-19 impact on the hospital or health system?

• Tax Planning: Implement tax planning to identify tax refunds, credits and grants that can provide cash flow benefits as well as identify tax processes that can be outsourced to reduce costs by utilizing technology.

FINANCIAL IMPACT CALCULATORS AND MODELING

Advisory Board, Covid-19 Elective Surgery Cancelation Impact Estimator: Consider using this estimator to model the revenue your organization may lose from postponing or canceling non-emergent surgeries during COVID-19. Incorporating several customizable inputs, the tool provides a way to assess potential non-emergent surgery revenue loss across varying timeframes, crisis acuity levels, and hospital capacity scenarios based on past facility volumes and capacity.

OTHER RELEVANT RESOURCES

• AHA Fact Sheet: Financial Challenges Facing Hospitals and Health Systems as a Result of COVID-19