

## Re-opening Health Care

### Background

#### White House Proposal

President Trump has unveiled Guidelines for Opening Up America Again, a three-phased approach based on the advice of public health experts. These steps will help state and local officials when reopening their economies, getting people back to work, and continuing to protect American lives.<sup>1</sup>



The guidelines released by the White House outline the proposed phased approach:

- ✓ Based on up-to-date data and readiness.
- ✓ Mitigates risk of resurgence.
- ✓ Protects the most vulnerable.
- ✓ Implementable on statewide or county-by-county basis at governors' discretion.

The guidelines include state or regional gating criteria that must be satisfied before proceeding to the phased comeback:

#### Symptoms

- ✓ Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period, **AND**
- ✓ Downward trajectory of covid-like syndromic cases reported within a 14-day period.

#### Cases

- ✓ Downward trajectory of documented cases within a 14-day period, **OR**
- ✓ Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests).

#### Hospitals

- ✓ Treat all patients without crisis care, **AND**
- ✓ Robust testing program in place for at-risk healthcare workers, including emerging antibody testing.

Once a state or region satisfies the gating criteria and core state responsibilities, each of the proposed phases outlines responsibilities and activities for the state, individuals and employers.

Following are those guidelines that apply to hospitals and medical providers in each phase. The full set of guidelines can be found at <https://www.whitehouse.gov/> as referenced.

PHASE I For States and Regions that satisfy the gating criteria	PHASE II For States and Regions with no evidence of a rebound and that satisfy the gating criteria a second time	PHASE III For States and Regions with no evidence of a rebound and that satisfy the gating criteria a third time
All <b>Vulnerable Individuals*</b> should continue to shelter in place.**	All <b>Vulnerable Individuals</b> should continue to shelter in place.	<b>Vulnerable Individuals</b> can resume public interactions, but should practice physical distancing, minimizing exposure to social settings where distancing may not be practical, unless precautionary measures are observed.
Visits to <b>Senior Living Facilities and Hospitals</b> should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.	Visits to <b>Senior Care Facilities and Hospitals</b> should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.	Visits to <b>Senior Care Facilities and Hospitals</b> can resume. Those who interact with residents and patients must be diligent regarding hygiene.
<b>Elective surgeries</b> can resume, as clinically appropriate, on an outpatient basis at facilities that adhere to CMS guidelines.	<b>Elective surgeries</b> can resume, as clinically appropriate, on an outpatient and inpatient basis at facilities that adhere to CMS guidelines.	
<b>Gyms</b> can open if they adhere to strict physical distancing and sanitation protocols.	<b>Gyms</b> can remain open if they adhere to strict physical distancing and sanitation protocols.	<b>Gyms</b> can remain open if they adhere to standard sanitation protocols.
Continue to <b>encourage telework</b> , whenever possible and feasible with business operations.***	Continue to <b>encourage telework</b> , whenever possible and feasible with business operations.	Resume <b>unrestricted staffing</b> of worksites.
Close <b>common areas</b> where personnel are likely to congregate and interact or enforce strict social distancing protocols.	Close <b>common areas</b> where personnel are likely to congregate and interact or enforce moderate social distancing protocols.	

\* Elderly and individuals with serious underlying health conditions, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, and those whose immune system is compromised such as by chemotherapy for cancer and other conditions requiring such therapy.

\*\* Members of households with vulnerable residents should be aware that by returning to work or other environments where distancing is not practical, they could carry the virus back home. Precautions should be taken to isolate from vulnerable residents.

\*\*\* Strongly consider special accommodations for personnel who are members of a vulnerable population.

## CMS Response

In response to the White House's proposed plan, CMS issued new recommendations specifically targeted to communities that are in Phase I of the guidelines with low incidence or relatively low and stable incidence of COVID-19 Coronavirus cases. The recommendations update earlier guidance that was provided by CMS on limiting non-essential surgeries and medical procedures.

The new CMS guidelines recommend a gradual transition and encourage healthcare providers to coordinate with local and state public health officials and to review the availability of Personal Protective Equipment (PPE) and other supplies, workforce availability, facility readiness, and testing capacity when making the decision to re-start or increase in-person care.<sup>2</sup>

CMS continues to strongly recommend maximum use of all telehealth modalities. However, for care that cannot be accomplished virtually, CMS indicates these recommendations, the first in a series of recommendations, may guide healthcare systems and facilities as they consider resuming in-person care of non-COVID-19 patients in regions with low incidence of COVID-19 disease. All facilities should continually evaluate whether their region remains a low risk of incidence and should be prepared to cease non-essential procedures if there is a surge.<sup>3</sup>

According to the CMS guidelines non-COVID-19 care should be offered to patients as clinically appropriate and within a state, locality or facility that has the resources to provide such care and the ability to quickly respond to a surge in COVID-19 cases, if necessary. Decisions should be consistent with public health information and in collaboration with state public health authorities.

CMS cautions that careful planning is required to resume in-person care of patients requiring non-COVID-19 care, and all aspects of care must be considered, including the following.

- ✓ Adequate facilities, workforce, testing and supplies.
- ✓ Adequate workforce across phases of care such as availability of clinicians, nurses, anesthesia, pharmacy, imaging, pathology support and post-acute care.

Within this context, healthcare systems or clinicians have flexibility to re-start clinically necessary care for patients with non-COVID-19 needs or complex chronic disease management requirements in accordance with the following guidelines. CMS places a heavy emphasis on creating **Non-COVID Care (NCC) zones**.

## General considerations:

- ✓ In coordination with State and local public health officials, evaluate the incidence and trends for COVID-19 in the area where re-starting in-person care is being considered.
- ✓ Evaluate the necessity of the care based on clinical needs. Providers should prioritize surgical/procedural care and high-complexity chronic disease management; however, select preventive services may also be highly necessary.
- ✓ Consider establishing **Non-COVID Care (NCC) zones** that would screen all patients for symptoms of COVID-19, including temperature checks. Staff would be routinely screened as would others who will work in the facility (physicians, nurses, housekeeping, delivery and all people who would enter the area).
- ✓ Sufficient resources should be available to the facility across phases of care, including PPE, healthy workforce, facilities, supplies, testing capacity, and post-acute care, without jeopardizing surge capacity.

## Personal Protective Equipment:

- ✓ Consistent with CDC's recommendations for universal source control, CMS recommends that healthcare providers and staff wear surgical facemasks at all times.
- ✓ Procedures on the mucous membranes including the respiratory tract, with a higher risk of aerosol transmission, should be done with great caution, and staff should utilize appropriate respiratory protection such as N95 masks and face shields.
- ✓ Patients should wear a cloth face covering that can be bought or made at home if they do not already possess surgical masks.
- ✓ Every effort should be made to conserve personal protective equipment.

## Workforce Availability:

- ✓ Staff should be routinely screened for symptoms of COVID-19 and if symptomatic, they should be tested and quarantined.
- ✓ Staff who will be working in these **NCC zones** should be limited to working in these areas and not rotate into "COVID-19 Care zones" (e.g., they should not have rounds in the hospital and then come to an NCC facility).
- ✓ Staffing levels in the community must remain adequate to cover a potential surge in COVID-19 cases.

### Facility Considerations:

- ✓ In a region with a currently low incidence rate, when a facility makes the determination to provide in-person, non-emergent care, the facility should create areas of **NCC** which have steps in place to reduce risk of COVID-19 exposure and transmission; these areas should be separate from other facilities to the degrees possible (i.e., separate building, or designated rooms or floor with a separate entrance and minimal crossover with COVID-19 areas).
- ✓ Within the facility, administrative and engineering controls should be established to facilitate social distancing, such as minimizing time in waiting areas, spacing chairs at least 6 feet apart, and maintaining low patient volumes.
- ✓ Visitors should be prohibited, but if they are necessary for an aspect of patient care, they should be pre-screened in the same way as patients.

### Sanitation Protocols:

- ✓ Ensure that there is an established plan for thorough cleaning and disinfection prior to using spaces or facilities for patients with non-COVID-19 care needs.
- ✓ Ensure that equipment, such as anesthesia machines, used for COVID-19 (+) patients are thoroughly decontaminated, following CDC guidelines.

### Supplies:

- ✓ Adequate supplies of equipment, medication and supplies must be ensured, and not detract from the community's ability to respond to a potential surge.

### Testing Capacity:

- ✓ All patients must be screened for potential symptoms of COVID-19 prior to entering the **NCC facility**, and staff must be routinely screened for potential symptoms as noted above.
- ✓ When adequate testing capability is established, patients should be screened by laboratory testing before care, and staff working in these facilities should be regularly screened by laboratory test as well.

### Guidance

- ✓ Review all guidelines with hospital team tasked with planning re-opening of hospital services.
- ✓ Monitor daily all state and regional guidelines for re-opening.
- ✓ Ensure core guidelines have been met prior to re-opening.
- ✓ As both a care giver and as an employer ensure the hospital meets all requirements for safe operation.
- ✓ Maintain telework where possible until Phase III.
- ✓ Maintain adequate supply of PPE.
- ✓ Determine if a **Non-COVID Care zone** will be created and if the hospital can meet the screening and staffing requirements.
- ✓ Prior to reopening, ensure equipment used with COVID-19 positive patients has been sanitized according to CDC guidelines, including anesthesia and surgical equipment.
- ✓ Implement strategies with surgeons to manage and prioritize elective outpatient procedures that were put on hold. Note that elective inpatient procedures will continue to be on hold until Phase II.
- ✓ Prior to re-opening therapy gyms, ensure that distancing and sanitation requirements are met.
- ✓ Implement strategies with therapy departments to manage and prioritize the return of patients including the continued exclusion of Vulnerable Patients until Phase III.
- ✓ Review visitor policies and strategies.
- ✓ Determine common areas that will remain closed to prevent gathering of staff or visitors.
- ✓ Create procedures for re-closing non-essential outpatient services if a resurgence occurs.



### Sources

1. <https://www.whitehouse.gov/openingamerica/#criteria>
2. CMS MLN Connects, Special Edition, Monday, April 20, 2020.
3. <https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf> ■