COVID-19 Surge Planning: Considerations for the Home-based Care Population

Home-based care administrators need preplanned strategies for managing the space, workforce skills, and patient care supplies needed for maximum response to the COVID-19 crisis. COVID-19 surge planning is defined as the simultaneous evaluation of the capacity, or present ability to manage an influx of patients, of an organization and capability, or the higher level of ability that can be achieved with the development and application of strategies to maximize resources, of that organization.

Surge planning for COVID+ patients requires administrators to evaluate capacity and capability in **space**, **skills**, and **supplies**, and then develop and apply **structures** to move current capacity to maximum capability. This document provides guidelines and resources to prepare organizations for an increase in patient volume in the wake of the COVID-19 pandemic.

Surge Planning Guidelines: Walk through each step below for space, skills, and supplies.

1. Evaluate capacity:
   - Inventory current space, skills, and supplies needed for patient care.
2. Evaluate capability:
   - Identify amount of space, skills, and supplies needed for maximum patient care volume
3. Develop and apply structures:
   a. Recognize gaps in space, skills, and supplies
   b. Develop and apply structures that raise capacity to meet capability
      - In home-based care, structures refer to policies, procedures, and protocols.

I. Planning for Space

1. Evaluate capacity

- ❑ Review thresholds and triggers for activating your emergency operation plan and your surge management strategies.
- ❑ Review policies and procedures, including Centers for Medicare and Medicaid Services (CMS) and NC Medicaid, regarding telehealth in the home-based care setting.
- ❑ Review current utilization of telehealth and telephonic contact with patients.
- ❑ Inventory technology and accessories needed for telehealth and telephonic care.

2. Evaluate capability

- ❑ Begin preplanning for use of alternate care strategies (i.e. telemedicine services and capacity of nurse triage lines)
- ❑ Coordinate your plans with partner agencies (local emergency management, local emergency medical service agencies, local public health agencies, public safety answering points, other nearby hospital systems, outpatient clinics not part of the healthcare system, regional healthcare coalitions).
- ❑ Assess current patients to determine their ability to participate in telehealth.
  - Create a running log of patients who have the capability to participate virtually in care.

3. Develop and apply structures

- ❑ Adopt a process for determining if home-based care of a COVID-19+ patient or PUI is appropriate.

- An example policy from the Home Care Alliance of MA outlines guidance for home health and hospice agencies on admissions and discharges to hospitals related to COVID-19.

❏ Adopt a process for determining if home-based care of a COVID-19+ patient or PUI is contraindicated.

❏ Adopt a process for determining if home-based care can be effectively managed via telehealth. Refer to applicable payor requirements for telehealth.

❏ Determine a plan that specifically addresses staff and patient safety and physical protection in the home with guidelines for screening, admitting, visiting, and discharging COVID-19+ patients or PUI.
- The National Association for Home Care and Hospice has provided an example supplemental infection prevention and control policy.

❏ Communicate with partners, agencies, and regulatory authorities when thresholds and triggers within your emergency operations plan have been met and alternate care strategies are being considered.

II. Planning for Skills

** NC AHEC Program website has resources for surging workforce skills in home-based care.*

1. Evaluate capacity

❏ Inventory specialized care skills of internal health care workers.

❏ Perform risk assessment of current workforce for complications related to COVID-19.

❏ Inventory disaster preparedness, public health, telehealth, and leadership skills of internal staff.

2. Evaluate capability

❏ Identify the specialized skills needed for an increased patient census, both for face-to-face care and telemedicine.

❏ Identify the specialized skills needed to lead surge planning and management team if not yet established (Surge Command Center).

❏ Identify gaps in essential patient care skills.

❏ Identify additional external workforce and coordinate with partner agencies.

❏ Evaluate current credentialing and licensure requirements at the facility and state levels.

3. Develop and apply structures

❏ Develop a Surge Command Center to centralize deployment and assignment decisions.
- Refer to an example agency preparedness algorithm for COVID-19 home and hospice care.

❏ Expedite credentialing processes and consult with the state about plans for relaxing of licensure to include providers with licenses in other states.

❏ Determine how to staff and support home-based patient care.
- Assign a team of staff members to provide face-to-face care of COVID-19+ patients and PUI. This staff should not cross-staff to cover patients who are not COVID-19+ or PUI.
- Prepare a contingency staffing plan for team members who must leave the workforce due to illness or exposure. Refer to Guidance for Risk Assessment and Public Health

Management of Healthcare Personnel with Potential COVID-19 exposure and Return to work guidelines.
- Cross-train staff for additional skills that are within their scope of practice to limit face-to-face interactions and increase efficiency of the team.
- Provide face masks to COVID+ patients and PUI in order to prevent spread to family members at home.
- Implement proactive strategies to prevent staff attrition and burnout.

❑ Develop policies to protect high risk patients and staff.
- High risk staff: Consider limiting exposure of pregnant clinicians from face-to-face care of patients with COVID-19, particularly during high risk procedures that increase exposure. Evaluate other high-risk staff (those who are immunocompromised, have pulmonary disease, cardiovascular disease, or hypertension) to determine their risk of exposure and ability to wear the required personal protective equipment.
- High risk patients: Assign high-risk patient cases to different care teams than care teams who will manage the care of COVID+ patients or PUI.

❑ Determine what types of patients will be served via telehealth.
- Assign team members who may be at high risk for complications of COVID-19 to the telemedicine center or to non-COVID+ patients.
- Cross-train staff with technological skills needed for telehealth.
- Develop a telemedicine appropriateness assessment protocol to determine if the patient's condition can be effectively managed via telehealth.
- Develop a telemedicine capability assessment protocol to determine if patients and families are capable of real time, 2-way, audiovisual, interactive virtual communication.
- Develop a telemedicine technological team that can train patients and families in the use of telemedicine either virtually or face-to-face.
- Refer to telemedicine scope of practice and position statements from relevant regulatory and licensing boards. See the NC BON position statement on telenursing.

❑ Provide just-in-time training for reassigned, external, returning, and newly graduated workers to fulfill skills gaps.

❑ Identify evidenced-based resources for ongoing training and assure accessibility to staff.

❑ Create team-based care with a broad range of skills and assign to relevant patient care teams.

❑ Provide workforce support with virtual consultation hotlines.

❑ Assure workforce has necessary equipment to execute skills.
- Train additional personnel in PPE use, proper donning and doffing techniques, and in PPE conservation. These personnel can monitor the PPE donning and doffing of staff who have to enter COVID+ or PUI homes via an audiovisual connection.

❑ Develop a plan for housing/sheltering staff working with COVID-19+ patients and PUI who need to quarantine from household members who are at high risk.
- Consider working with local hotels to get wings to provide temporary housing.
- Frontline workers who are members of the American Nurses Association can reserve up to 7 free consecutive nights at Hilton hotels across the US.

III. Planning for Supplies

1. Evaluate capacity

❑ Inventory supplies most likely to be needed with the COVID+ and PUI population.

- PPE: masks, hoods, booties, surgical caps, gloves, face shields.
- Work with local pharmacists to inventory medications: Respiratory medications, sedatives, analgesics, antibiotics, antivirals, antipsychotics, vasopressors, etc.
- Other patient care supplies: IV tubing, central line supplies, skin protectants, elimination supplies, durable medical equipment (DME), etc.
- Assure/provide availability of at-home blood pressure cuffs and thermometers that can be used by the infected or suspected patients only, as well as cleaning supplies for hand-washing, equipment, and surfaces within the home.

❏ Inventory technology and accessories needed for remote EHR documentation.

2. Evaluate capability

❏ Determine if adequate equipment and supplies can be located/re-located from other spaces.
- Request PPE from NC DHHS if needed.
- Check with payors for availability and coverage of at-home vital sign monitoring equipment (glucometers, BP cuff, oximeters, peak flow meters, etc).

❏ Work with local pharmacies to surge medications most likely to be needed in the home (e.g. pulmonary and cardiovascular).

3. Develop and apply structures

❏ Determine how to manage clean supplies and soiled supplies for staff doing face-to-face COVID+ or PUI visits.

❏ Prepare supplies and technology for distribution.

❏ Assure all team members have a process for obtaining supplies.

❏ Develop back-up plans for supply shortages.
- Work with pharmacists to formulate plans for alternative and second choice medications in the event of critical drug shortages.
- Prepare for shortages of cleaning supplies both in the home and used by staff by identifying alternate cleaning solutions.
- Reference agency ethics committee and published guidelines to prepare for triage and rationing of resources.
- Deploy or re-purpose additional technology for staff to access the electronic medical record and references in anticipation of computer shortages.

❏ Create protocols for efficiently repairing or replacing technologies.

❏ Adapt policies that limit home visits to essential personnel only.

❏ Consider preparing staff to access references on mobile devices.

❏ Print physical, laminated copies of one-page guidelines and tip sheets for rapid references in the home.
- Stock multiples of each document for staff easy access.
- One-page resources/pocket references are available in the NC AHEC Program website.

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