Checklist for Local Hospital, Nursing Facility, Health Department Coalition Readiness

Region / Zone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Elements | Evaluation Criteria |
| --- | --- |
| Part I: Clinical Coalition Infrastructure |
| 1. Coalition Team Composition
 | Does Not Meet | Partially Meets | Meets/Exceeds | Notes |
| 1. The local coalition team has the following members at a minimum:
 |  |  |  |  |
| 1. Dedicated hospital clinical problem solver
 |  |  |  |  |
| 1. Facility and other congregate care sites’ leadership
 |  |  |  |  |
| 1. Health commissioner/delegate
 |  |  |  |  |
| 1. Lead coordinator
 |  |  |  |  |
| 1. The local coalition includes other team members from the community:
2. Local Emergency Medical Services/Emergency Management; or
3. Other – e.g., any practicing clinicians, Directors of Nursing or Case Management, Home Health/Hospice representative, Mental Health, Not-for-Profit Entities
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| 1. The steering committee is comprised of six or less team members who are connected to entities that participate in local coalition work.
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| 1. The team has conducted a ‘tabletop exercise’ before the first COVID+ case to clarify roles and responsibilities and identify mitigation and preparedness needs.
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| 1. Communication Strategies
 | Does Not Meet | Partially Meets | Meets/Exceeds | Notes |
| 1. A streamlined communication process for the coalition team exists that includes:
2. Daily real-time information sharing to inform testing, treatment and management strategies – e.g., daily situation report and problem-solving; and
3. Designation of a single point of contact for data and reporting.
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| 1. There is a centralized process for the entire community to access testing and care.
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| 1. There is an incident command center that includes congregate care settings and the overall community and is intended to achieve prompt coordination and mobilization of necessary resources – PPE, testing, etc.
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| 1. There is direct communication between the local coalition and the regional zone.
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| 1. Testing
 | Does Not Meet | Partially Meets | Meets/Exceeds | Notes |
| 1. There is a process to support efforts to “test in place” for all facility residents.
 |  |  |  |  |
| 1. Testing processes are established to assure prioritization for the following symptomatic individuals:
	1. Hospitalized;
	2. All Health Care Personnel including nursing facility and staff first responders;
	3. Residents of all congregate living sites; and
	4. Patients over 65 years old or those with underlying conditions (referred from a hospital or emergency department?).
 |  |  |  |  |
| 1. Reporting procedures are in place to ensure testing adheres to prioritization established by state guidelines.
 |  |  |  |  |

| Elements | Evaluation Criteria |
| --- | --- |
| 1. The facility or community has a number of testing options. Indicate which testing modalities are used and to what degree by noting the percentage.
 | Testing Mode Used | Percentage Used |
| Mode | Yes | No |
| Swab team |  |  |  |
| Drive through testing |  |  |  |
| Hospital or Health District site |  |  |  |
| On-site trained specimen collectors |  |  |  |
| 1. There are a number of methods to process the specimens.
 | Lab Method Used | Percentage Used |
| Method | Yes | No |
| Hospital labs |  |  |  |
| State labs |  |  |  |
| Private labs |  |  |  |
| Point of care machines |  |  |  |
| 1. Data Collection and Reporting
 | Does Not Meet | Partially Meets | Meets/Exceeds | Notes |
| 1. There is an established process for centralized data collection and reporting of the following core data elements:
	1. Total # of individuals tested
	2. Total # of individuals tested positive
	3. Total # of individuals exposed
	4. Total # of asymptomatic individuals who underwent surveillance testing
 |  |  |  |  |
| 1. There is a reporting structure for congregate care settings analogous to hospital reporting.
 |  |  |  |  |
| 1. There is a process to incorporate additional community reporting e.g., planned community events – festivals, sporting events.
 |  |  |  |  |
| 1. Shared Resources
 | Does Not Meet | Partially Meets | Meets/Exceeds | Notes |
| 1. There is a process for mobilizing and coordinating the following shared resources across sites:
2. PPE
3. Personnel
4. Transportation
5. Other
 |  |  |  |  |
| 1. Treatment Protocols
 | Does Not Meet | Partially Meets | Meets/Exceeds | Notes |
| 1. Streamlined treatment protocols exist that align with hospital best practices in congregate and community settings.
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| 1. Telemedicine has been emphasized as the preferred modality for initial clinical assessments that may include appropriateness for further evaluation and testing for both COVID-19 and non-COVID-19 conditions.
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| 1. Care Transitions
 | Does Not Meet | Partially Meets | Meets/Exceeds | Notes |
| 1. There is a plan to support streamlined transfers and discharge processes between hospitals and congregate care sites.
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| 1. There are arrangements with the home health service industry (agency and independents) to provide care in the post-acute setting to minimize patient volume in congregate care settings.
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| Part II: Hands-On Facility Preparedness to Reduce COVID Transmission |
| 1. Education
 | Does Not Meet | Partially Meets | Meets/Exceeds | Notes |
| 1. Education for staff address the following topics:
 |  |  |  |  |
| * 1. COVID infection
 |  |  |  |  |
| * 1. PPE
 |  |  |  |  |
| 1. Physical plant changes
 | Does Not Meet | Partially Meets | Meets/Exceeds | Notes |
| 1. There are three separate spaces for cohorted residents – well, exposed, and COVID + (confirmed or probable).
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| 1. There are dedicated staff assignments to the three spaces.
 |  |  |  |  |
| 1. There is a dedicated space for donning and doffing PPE.
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| 1. The facility adapted nutrition services.
 |  |  |  |  |
| 1. The facility adapted linen and laundry management services.
 |  |  |  |  |
| 1. The facility simplified pharmacy management tasks.
 |  |  |  |  |
| 1. Administrative controls
 | Does Not Meet | Partially Meets | Meets/Exceeds | Notes |
| 1. The facility implemented policies to maximize social distancing and limited movement.
 |  |  |  |  |
| 1. Visitation policies have been revised to support social distancing and limited movement.
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| 1. All personnel wear face masks.
 |  |  |  |  |
| 1. Standardized return to work policies have been established.
 |  |  |  |  |
| 1. There is a routine process to review advanced directives of residents.
 |  |  |  |  |
| 1. There is a process to support residents and their families for residents who wish to be cared for at home including an ability to utilize the home health service industry.
 |  |  |  |  |
| 1. PPE
 | Does Not Meet | Partially Meets | Meets/Exceeds | Notes |
| 1. The facility has a process to calculate the need for PPE including:
	1. The daily burn rate
	2. A mechanism to include the PPE needs on the daily situation report
	3. Assessments of which facilities are completing re-sanitization procedures
 |  |  |  |  |
| 1. There is a process to assure the facility is following PPE infection control measures.
 |  |  |  |  |