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 |  |  |  |  |
| 1. The steering committee is comprised of six or less team members who are connected to entities that participate in local coalition work. |  |  |  |  |
| 1. The team has conducted a ‘tabletop exercise’ before the first COVID+ case to clarify roles and responsibilities and identify mitigation and preparedness needs. |  |  |  |  |
| 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. |  |  |  |  |
| 1. There is a centralized process for the entire community to access testing and care. |  |  |  |  |
| 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. |  |  |  |  |
| 1. There is direct communication between the local coalition and the regional zone. |  |  |  |  |
| 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. |  |  |  |  |
| 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. |  |  |  |  |
| 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. |  |  |  |  |
| 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. |  |  |  |  |
| 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). |  |  |  |  |
| 1. There are dedicated staff assignments to the three spaces. |  |  |  |  |
| 1. There is a dedicated space for donning and doffing PPE. |  |  |  |  |
| 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. |  |  |  |  |
| 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. |  |  |  |  |