Strategies to Limit Spread and Increase Capacity in Healthcare Settings – March 17, 2020

Decision to implement Contingency and Crisis strategies will be made by the Governor and Public Health Director in consultation with the COVID-19 Public Health Director Medical Advisory Group. Priority actions at this time are in **bold.**

Strategy	When to Consider	Objective
All healthcare sectors		
Actively screen for fever, cough, and sore throat at all entry points to healthcare facilities using trained volunteers as needed; exclude visitors with these symptoms.	Now	Limit exposure of staff, other visitors, and patients to COVID-19
Post signage asking people not to visit health facilities when ill, other than when they need to seek care	Now	Limit exposure of staff and patients to COVID-19
Pre-screen patient with scheduled appointments (and any escort) by phone or e-mail for cough, sore throat, and fever; reschedule if these are present.	Now	Limit exposure of staff and patients to COVID-19
At intake, promptly provide a mask to any patient presenting with fever or respiratory symptoms. Masks should be worn throughout the patient stay.	Now	Limit exposure of patients and staff to COVID-19
Screen and implement strict exclusion from patient care of staff with fever, cough, or sore throat until 7 days after a positive test for COVID-19 or 72 hours after resolution of both fever off fever-lowering meds *and* cough. If staffing levels too low for needed care, consider having symptomatic staff wear a mask at all times while at work.	Now	Limit exposure of patients and other staff to COVID-19
Cohort patients with confirmed COVID-19 infection	Now	Limit exposure of staff and other patients to COVID-19
Postpone elective procedures that require use of limited supplies	Now	Preserve and increase resources for acute care
Support for recovery at home		
Just-in-time training & mobilization of home health staff and other potential care givers to support recovery at home and to recognize when higher level of care is needed.	Now	Provide needed care in community setting and decrease surge in hospitals.
Use advice nurse lines, internet sites, and similar tools to share information about COVID-19, when it can be self-managed at home, and need for medical eval for dyspnea or severe illness, & where to go for evaluation, if needed.	Now	Support recovery in community setting and decrease surge in hospitals.

Strategy	When to Consider	Objective
Alternate Care Systems		
Identify alternate care sites (un-used hospital areas, surgi-centers, gymnasiums, etc.) with infrastructure to support acute care of COVID-19 patients who cannot recover at home but don't require hospital admission. Include logistics planning for food, supplies, medical waste management. As needed, consider COVID and non-COVID sites to lessen patient-to-patient spread. Work with agencies responsible for mass care to identify venues.	Now. Implement in Contingent setting.	Expand care capacity. Decrease surge in hospitals.
Develop agreements for staffing alternate care sites. (sub-set of ambulatory care clinicians in community, SERV-OR)	Now. Implement in Contingent setting.	Expand care capacity. Decrease surge in hospitals.
Consider alternate care sites for quarantine of non-COVID patients with expedited hospital discharge who are candidates for long-term care facility admission prior to LTCF transfer.	Now. Implement in Contingent setting.	Expand care capacity. Decrease surge in hospitals.
Implement tele-consultation and medical evaluation; consider staffing by retired clinicians. Provide just-in-time training as needed in use of tele-service technologies.	Now.	Expand care capacity. Decrease surge in hospitals.
Provide just-in-time training to non-clinical support staff so they can fill support roles necessary to the response.	Now.	Expand acute care capacity.
Ambulatory Care		
Within scope of practice, expand acute care services in outpatient setting to reduce pressure on in-patient facilities. (e.g., suturing or care of fractures, staffing of alternate care sites).	Plan now. Implement in Contingent setting.	Expand care capacity. Decrease surge in hospitals.
Consider canceling or using tele-services for non-essential scheduled amb. care visits.	Now. Implement in Contingent setting.	Expand acute care capacity.
If possible, use separate areas for seating and evaluation of patients with and without symptoms consistent with COVID-19	Now.	Limit exposure of patients and staff to COVID-19.
Work with local public health to provide non-COVID acute care services, evaluation of COVID patients, and staffing of any planned alternate care sites.	Now.	Expand acute care capacity.

Strategy	When to Consider	Objective
911 Dispatch		
Identify potentially infectious patients a dispatch level and notify EMS units.	Now.	Limit exposure of staff to COVID-19.
Consider modified criteria to dispatch EMS units; conduct phone triage evaluation; coordinate efforts regionally.	Now. Implement in Contingent setting.	Expand acute care transport capacity.
Emergency Medical Services		
Adopt consistent definitions of illness severity to guide transport decisions.	Now.	Expand acute care transport capacity.
Consider decreasing number of personnel on transport runs and sharing transport resources across Service Area boundaries.	Plan now. Implement in Contingent setting.	Expand acute care transport capacity.
For low-acuity calls, consider altered response time goals and use of alternate vehicles to respond, and curtailing responses on certain call types and severity levels.	Plan now. Implement in Contingent setting.	Expand acute care transport capacity.
Accommodate transport to alternate care sites.	Plan now. Implement in Contingent setting.	Expand acute care transport capacity.
Adjust triage, using objective criteria, to ensure critically ill or injured patients with highest likelihood of survival are transported.	Plan now. Implement in Crisis setting.	Maximize numbers of lives saved.
Hospitals		
Defer surgeries unless situation is emergent or, in the judgment of the surgeon, the operation is medically required in the next 14 days to preserve life or limb.	Now. Implement in Contingent setting.	Expand surge capacity. Preserve resources.
In ED aggressive triage/discharge of patients with non-life or limb threatening conditions to an appropriate, less-stressed ambulatory setting. Coordinate expectations with these clinics.	Plan now. Implement in Contingent setting.	Expand care capacity. Decrease surge in hospitals.
Consider "drive-through" triage area or related strategies to reduce emergency department patient load.	Plan now. Implement in Contingent setting.	Expand care capacity. Decrease surge in hospitals. Limit exposure of staff to COVID-19.
Consider deferring health promotion/chronic disease management activities, including screening procedures (mammography, colonoscopy, etc.), physical and occupational therapy, and re-deploying staff to support COVID response.	Plan now. Implement in Contingent setting.	Expand surge capacity. Preserve resources for acute care.

Strategy	When to Consider	Objective
	Hospitals, continued	
Consider relocating chemotherapy and other essential out-patient services off-site through visiting nurses or trained SERV-OR staff.	Plan now. Implement in Contingent setting.	Expand surge capacity. Limit exposure to COVID-19 for high-risk patients.
Carry out expedited discharge of in-patients not requiring acute in-patient care,	Plan now. Implement in Contingent setting.	Expand surge capacity.
Cancel all job duties considered non-essential; reassign personnel as appropriate. Determine assignments early and provide just-in-time training.	Plan now. Implement in Contingent setting.	Expand surge capacity. Preserve resources for acute care.
If possible, move stable patients who can't be discharged to alternate care settings.	Plan now. Implement in Contingent setting.	Expand surge capacity.
Ensure availability of high-quality palliative care and symptom management services to all patients, if possible through a palliative care team consisting of physicians, nurses, clergy, and lay volunteers.	Now.	Ensure non-medical needs of patients and families are met.
Decrease nurse to patient ratios; assign experienced nurses to supervision of expanded teams of care providers; consider early staffing committee meeting to define and implement this strategy.	Plan now. Implement in Contingent setting.	Expand surge capacity.
Use freed ventilators and surgical staff to meet acute care needs.	Now. Implement in Contingent setting.	Expand capacity. Preserve resources for acute care.
Set up 24/7 call schedule for emergency life-saving surgery, with back-up staff identified to address staff illness.	Now. Implement in Contingent setting.	Expand capacity. Preserve resources for acute care.

Strategy	When to Consider	Objective
Critical Care		
Train a cadre of triage officers in use of the Oregon Triage Model, Appendix E of the Oregon Crisis Care Guidance	Now.	Maximize number of lives saved. Conduct critical care resource allocation ethically and consistently.
Consider increasing numbers of available critical care beds and use of non-ICU settings for care of ventilated patients	Plan now. Implement in Contingent setting.	Expand surge capacity.
Consider expanding services provided by nurses and other staff	Plan now. Implement in Contingent setting.	Expand surge capacity.
Consider developing and using guidelines for early discharge from ICU to free bed capacity.	Plan now. Implement in Contingent setting.	Expand surge capacity.
Within capacity to do so, allocate critical care resources using objective criteria as described in the Oregon Triage Model.	Plan now. Implement in Crisis setting.	Maximize number of lives saved. Conduct critical care resource allocation ethically and consistently.
Within capacity to do so, conduct periodic reassessments, using objective criteria, of patients receiving critical care to determine if critical care should continue.	Plan now. Implement in Crisis setting.	Maximize number of lives saved. Conduct critical care resource allocation ethically and consistently.
Where possible, critical care resource allocation decisions should be made by a triage officer not directly involved in patient care.	Plan now. Implement in Crisis setting.	Conduct critical care resource allocation ethically and consistently. Decrease emotional strain on healthcare personnel.
Where possible, implement "family support teams" to provide information and comfort to families of patients not receiving on-going critical care services.	Plan now. Implement in Crisis setting.	Ensure non-medical needs of patients and families are met.

Recommendations based on Oregon Crisis Care Guidance www.theoma.org/CrisisCare

Potentially useful training and implementation materials are also available from the Oregon Crisis Care Implementation Toolkit.