

The logo for INSPIRIEN features a stylized graphic of three overlapping diagonal bars in shades of yellow, orange, and green, positioned above the word "INSPIRIEN" in a clean, sans-serif font.

INSPIRIEN

Guidance (Toolkit) for
Hospital/Facility Documentation
Relative to COVID-19

Facility: _____

PURPOSE

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- During this unprecedented pandemic, it is imperative that you document the conditions under which you are working due to COVID-19. This template is provided as guidance for you to memorialize your initiatives, actions and responses to COVID-19, specific to your hospital. It is crucial that everyone remember what you were, and still are, dealing with during this time.
- The binder should also serve as a reference point if you need to reactivate emergency measures in the future, or to update a current plan.
- Please review the guidance included and document your response to these areas, as close to 'real-time' as possible. Attach and/or copy all documents related to each section. If there are areas that do not pertain to your facility and/or you didn't address, do not add information for those areas.
- LTC Facilities – please follow this template utilizing guidance specific to LTC

INSPIRIEN DISCLAIMER

- The information contained in this document is for reference use only and does not constitute the rendering of legal, financial or other professional advice.
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- Any suggestions or recommendations that are made to the healthcare facility are to be used by the facility's Quality Assurance Committee and should be held in strict confidence pursuant to Section 22-12-8 of the 1975 Code of Alabama.
- This document and its contents is not intended to provide diagnosis, treatment, or medical advice. Information and other content provided in this document, including information provided directly or by linking to a third-party website, is provided for "informational purpose only."

LOCAL, COMMUNITY, AND FACILITY TIMELINE

TIMELINE

Document information in 'real-time' as you addressed them. Attach pertinent documents to support your actions. Timeline to be completed by a facility representative.

Areas to address include:

- Document when and how you first implemented your Emergency Operations/Preparedness Plan/ Disaster Plan. Include the Alabama Emergency Management Act of 1955 in your documentation
<https://law.justia.com/codes/alabama/2016/title-31/chapter-9/article-1/>
- Document other initiatives/actions you addressed related to the following:
 - Federal and state executive orders
 - Additional guidance from - WHO, CMS, CDC, OSHA,ADPH,TJC,ABN
 - Visitation policies/processes that changed and guidance to support this
 - When off-site testing, telemedicine, off-site clinics, any units/areas were created or rearranged due to patient care, etc., changes/additions to consent for treatment processes r/t C-19

DAILY JOURNAL

COMMUNICATION

- Internal
 - Memo's to staff
 - Staffing changes/issues/communication
 - Staff Education r/t processes, any changes r/t C-19
 - Keep documents to include agenda, resource documents, attendance, sign-in sheets, and follow-up documentation
 - PPE info – Policies and Procedures; availability and supply records
 - Communication coming in from outside sources – CDC, state, etc.
 - Communication related to work processes
 - Staff meeting
 - Document agenda, minutes, attendance, supporting/resource documents, etc.
 - Any other communication to staff
- External – to visitors/public/community
 - Social media posts
 - Interviews from hospital/facility on social media, other outlets – videos, conference calls, etc. used to inform public of your actions, initiatives, changes, any other information r/t C-19
 - Signage – when/where/what was posted
 - Memo's
 - Any other communication to visitors/public/community
- Patients/Family
 - Visitor regulations – what changed/when/who it impacts, etc.
 - Education for patient/families regarding COVID-19, care decisions, any changes/locations of processes, any delay in treatment (outpatient procedures, surgeries delayed, other procedures delayed during the pandemic, etc.) etc.
 - Was this available in other languages except for English, ADA compliant

PROCESSES

- Staffing patterns – daily staffing information, any changes to staffing patterns, relocation of staff, etc.
- Meeting minutes related to new/changed/updated processes
- New staff, out of state staff, staff and/or physicians working out of specialty, or volunteer staff documentation
 - Orientation/training
 - Credentialing
 - Contracts
- Revised P&P's
- Daily census with COVID-19 information – testing, patients screened, inpatients, etc.
- AIMS reporting
- Clinical protocols
 - Questionnaires added to ED, outpatient, inpatient, etc.
 - PPE processes - usage, requirements for staff/patients/visitors, etc. – anything else
 - Ventilator management
 - ICU processes – criteria for admission to ICU, staffing, other processes, etc.
 - OB processes – visitors/support persons, other changes, etc.
 - Surgery processes – what determines emergency- any changes to this process – if so, how/when/what/how communicated – documentation r/t this; when/how did you cease elective procedures
 - Outpatient procedures
 - Triage – any changes to process, timing, location, etc.
 - ED flow – any changes to processes, staffing, time evaluated/seen, external/remote clinics, etc.
 - Other clinical protocols r/t C-19
- Testing protocols
 - Labs used – inhouse, reference lab, POC, etc. – document what/when/how processes implemented/changed
 - Manufacturer[s] of testing kits/equipment
 - Process for determining who/when tested or not tested

PROCESSES

- Turnaround times for testing
- Anything else pertinent to C19 testing
- Miscellaneous – anything else you have that you think should be documented, include as a reference

PPE

- Supplies – Who was the manufacturer, keep copies of invoices
- Shortages – how did you address this
- Mask/PPE use – when processes changed, how you communicated this to staff, patients and visitors; any issues with this
- Employee education r/t PPE– donning and removing PPE, when/where to use what PPE, any other education r/t PPE
- Did you allow ‘alternative’ PPE’ – homemade masks, shields, etc. – how did you address this/communicate this/educate r/t this, etc.
- Miscellaneous – anything else you have that you think should be documented, include as a reference

EMPLOYEE – WORKERS’ COMPENSATION (WC)

- Exposures
- Confirmed cases
- Lost time
- Furloughed employee information – who/when/timeframe/etc.
- Employee issues, questions, communication from and to employees
- Communication r/t COVID-19 – what/when/how communicated and references r/t this
- Communication r/t PPE supply and usage
- Employee Assistance Plan/Program communication
- Overtime – alternative staffing plans, surge plans -number of consecutive hours worked, hours worked in week, etc.
- Triage and initial screening set up – as it relates to staffing/employees/location[s]
- Quarantine processes for staff – how did you test, what parameters had to be met to return to work, was staff paid/furloughed/required to use vacation time during this timeframe?
- OSHA log – check for accuracy and keep for a minimum of five [5] years

INFECTION CONTROL/PREVENTION

- Guidance followed from CDC – when implemented/changed/etc.
- Negative pressure rooms – any rooms changed to negative pressure rooms that were not previously used as negative pressure rooms
- Isolation processes
- Environmental processes- r/t routine cleaning, additional cleaning processes, potential exposures, etc.
- Sterilization procedures – any changes
- SDS sheets for all pertinent supplies
- Units changed to house infectious patients – where/when/how were these used/process changes, including staffing processes
- Staff education – both formal and informal
 - Keep documentation of who/when/how educated, agenda, information covered, resource documents, attendance, sign-in sheets, and any follow-up documentation
- Patient/visitor education – what/when/how/why – documents tools, signage, etc.
- P&P's – changes, additions to, etc. r/t COVID-19
- Any other documentation r/t IFC/IFP processes

COVID-19 DOCUMENTATION

Language from Inspirien

- Processes related to admissions – what/when/how communicated, etc.
- EHR processes – what/when/how you used/documented this information
- Other pertinent information

PROCESSES RELATED TO STOPPING THEN REINSTITUTING ELECTIVE PROCEDURES, SURGERIES, ETC.

- Telehealth
- Elective procedures, surgeries, etc.
- Changing units use --- did you change/move any units/patient care areas to meet your volume/care for C19/isolated patients, etc. and then change the unit back when elective procedures re-opened – if so, explain process steps – how/when/what changed/environmental cleaning, etc.

WITNESSES/PERSONNEL RELATED TO COVID-19 ACTIONS

- Pertinent staff/witnesses who can authenticate this documentation of your facility's timeline and actions taken by hospital - include name/title. These persons can demonstrate the positive steps you have taken in your healthcare facility to meet a crisis standard of care.
- Any pertinent committees/teams who had responsibility for decisions made during the COVID-19 crisis – to include, but not limited to: Leadership team, COVID-19 taskforce, Disaster/Safety team, etc. – document members and titles
- Medical Staff Leadership and others involved in care decisions to determine medical/clinical protocols, medication protocols, respiratory and/or ventilator protocols, PPE use/protocols, other process protocols defined and/or altered due to COVID-19 to demonstrate steps taken to establish crisis standard of care protocols during this pandemic
- Organizational chart with names/titles
- Any other documentation that would support decisions made during this crisis that you might need to refer to at a later date

PROCESSES RELATED TO FINANCIALS/REIMBURSEMENT

- Grants applied for – SHIP, SBA Payment Protection Program, CARES Act, etc.
- Any discounts given to patients, etc.
- Receipts for PPE, other supplies related to COVID-19
- Monies received
- Loss of revenue – stopping elective procedures, expenses due to COVID-19 testing

POST PANDEMIC LESSONS

- After the pandemic – evaluation of your Emergency Operations/Preparedness Plan and ‘lessons learned’ (EOP/EPP)
 - RCA info/processes
 - CMS template <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index>
 - Post COVID-19 disaster ‘learning’ and process improvement, including any updates/revisions to hospital’s EOP/Disaster process
 - Document any other pertinent information related to your response to this pandemic

RESOURCES UTILIZED

- CDC, CMS, OSHA, ABN, ADPH, WHO, TJC, etc.
- Other credible resources – ECRI, NAHQ, ASHRM, etc.

INDEX FOR ABBREVIATIONS

Definitions

- EOP/EPP/Disaster Plan – Emergency Operations Plan, Emergency Preparedness Plan
- PPE – Personal Protective Equipment
- PUA – Pandemic Unemployment Assistance program
- CARES Act – Coronavirus Aid, Relief, and Economic Security Act
- SBA Paycheck Protection Program – Small Business Administration
- SHIP Grant – Small Rural Hospital Improvement Program grant

