



# COVID-19 Recovery Playbook Series for Hospitals: Planning for Resuming Elective, Non-Emergent & Other Services

May 2020



**Disclaimer:** This document is intended to serve as a reference to inform hospital planning around reopening and is not intended to supplant Federal or State guidance, or clinical judgement of hospital leadership. This document includes information available as of May 14, 2020. Given the fluid nature of the COVID-19 response, please consult the latest Federal, State and City guidance as needed for the most up-to-date information.

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# About the COVID-19 Recovery Playbook Series

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NYC's COVID-19 Recovery Playbook Series is intended to provide guidance and resources to hospitals as they navigate the COVID crisis and plan for the future.

Each entry in the Playbook series will focus on high-priority issues for hospitals, with initial entries focusing on:

- **Planning for reopening** for elective, non-emergent and other services, while still managing and planning for continued COVID-19 related services
- **Navigating compliance rules** for obtaining and managing Federal funding for COVID-19 related expenses

*Focus of this document*

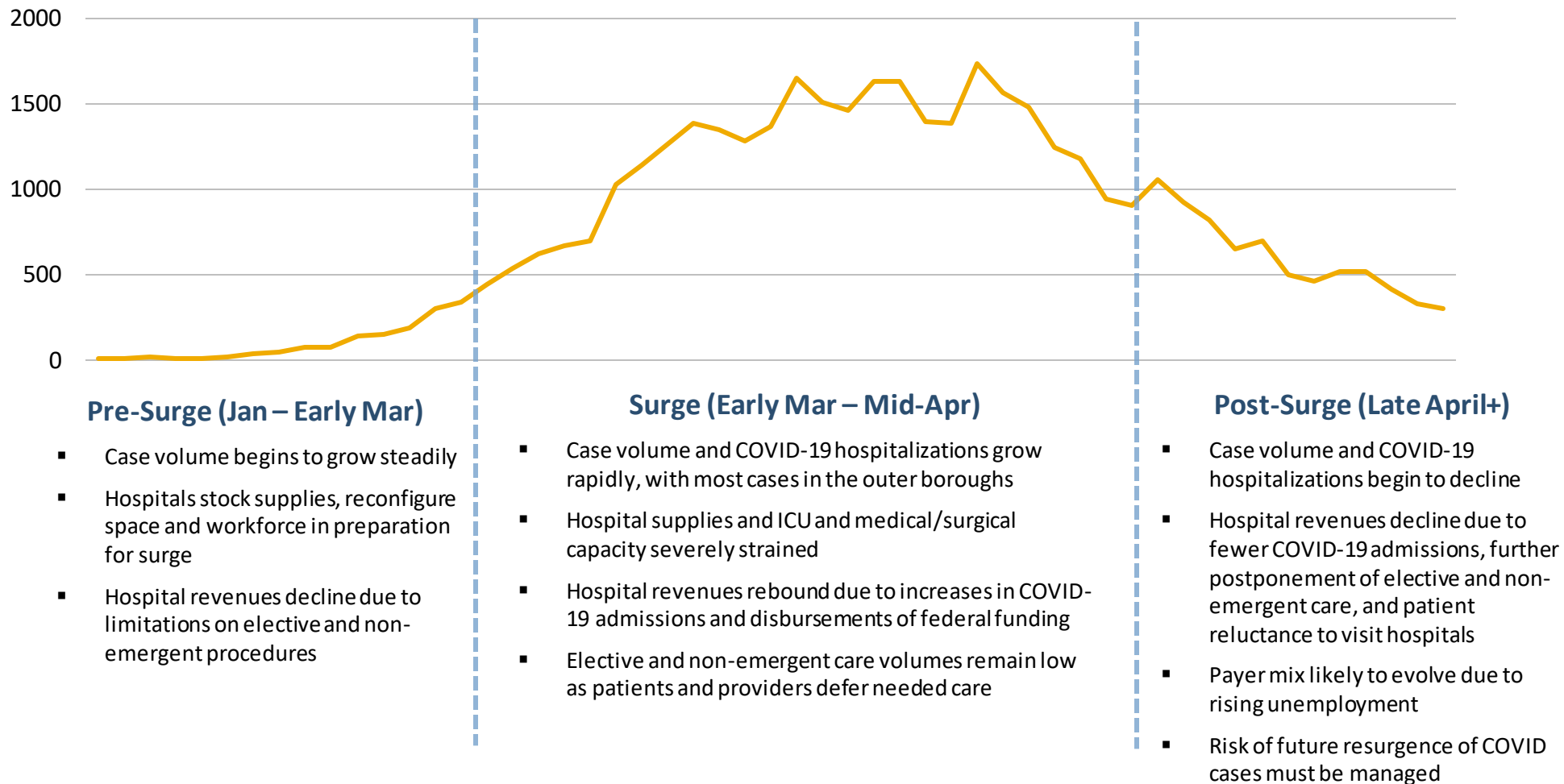
The Playbook series will be updated with new entries focused on emerging and critical issues facing hospitals. Playbook entries will be posted on the City's COVID-19 website [here](#).

Please send questions or ideas for future resources to [COVIDProviderSupport@cityhall.nyc.gov](mailto:COVIDProviderSupport@cityhall.nyc.gov)

# Reopening Context

In a post-surge environment, hospitals must now begin planning for a phased reopening of select services to address delayed care and declining revenues, while also continuing to manage existing COVID patients and preparing for potential resurgence of cases.

Daily NYC COVID-19 Hospitalizations, March – April 2020



Source: NYC.gov, May 1, 2020. Note that due to delays in reporting, recent data are incomplete.

# Near-Term Reopening Considerations for Hospitals



### Develop a Reopening Plan for Phased Roll-Out and Expansion of Services

- ☐ Assess latent patient demand to understand volume of delayed elective and non-emergent care
- ☐ Develop approach for phased expansion of elective and non-emergent services, with a near-term focus on outpatient services
- ☐ Ensure provider capacity and supply of PPE across hospitals and primary care and specialty services
- ☐ Maximize use of telehealth to support service delivery, where appropriate
- ☐ Refine discharge protocols, as needed, to determine when and where to discharge COVID-positive patients



### Build Capacity for Ongoing COVID Management and Mitigation

- ☐ Build capacity for temperature screening for patients presenting themselves at facilities and COVID-19 testing for staff and patients receiving inpatient and outpatient procedures, including absorbing additional cases from private practices that do not have the ability to screen
- ☐ Refine and scale patient safety and isolation protocols for higher volumes of COVID-19 positive patients
- ☐ Assess opportunities to establish dedicated facilities and/or units to service COVID-19 positive patients
- ☐ Establish data and IT processes to surveil COVID-19 cases and inform ongoing planning
- ☐ Maintain flex capacity (e.g., staffing, eICU, ventilators) to address potential for future surges in COVID-19 cases



### Anticipate Sustainability Issues

- ☐ Assess and monitor financial impact of COVID-19, including lost revenue, new funding streams and shifts in payer mix
- ☐ Track and maximize use of federal and other sources of funding
- ☐ Streamline revenue cycle functions to align with permitted coding and maximize revenue capture
- ☐ Conduct deep-dive assessments of post-COVID cash flow, resources and priorities (e.g., service lines and service distribution)

## **Considerations for Resuming Elective, Non-Emergent and Other Services**

# Assessing Latent Demand and Prioritizing Services for Reopening

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**Prioritizing services for reopening will require a careful examination of patient demand, clinical need, hospital capacity, safety and other factors.**

## Assess latent demand for elective and non-emergent care.

- Consider leveraging data on prior year volumes and canceled appointments to assess potential demand, recognizing that many patients may remain reluctant to seek care due to safety concerns.
- Consider whether there is sufficient demand and clinical need to justify reopening the specific service, taking into account waves of backlogged and lost cases.

## Develop approach for phased expansion of elective and non-emergent services.

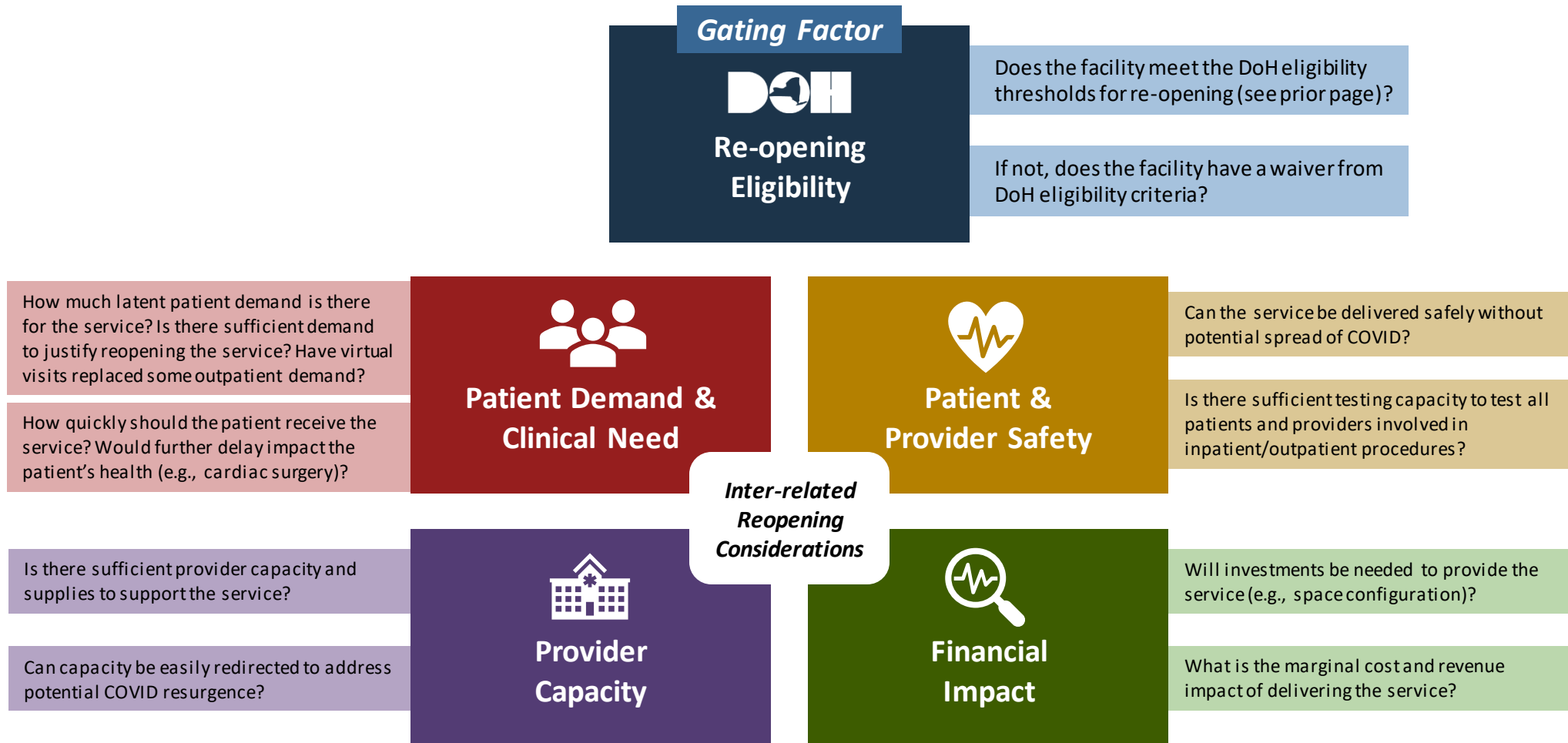
- Hospitals seeking to reopen elective and non-emergent services must meet NYS Department of Health reopening criteria.
  - Criteria include documenting that hospital inpatient and ICU capacity are over 30% in the county, and that the total change in COVID-19 positive hospitalized patients between 4/17/20 and 4/27/20 is fewer than 10.
  - NYC hospitals are unlikely to meet these criteria in the near-term, but may seek a waiver for the eligibility criteria from the State.
- Hospitals should develop a process for prioritizing services for phased reopening, informed by clinical need, demand, hospital capacity and other factors.
  - Phased approach should taking into account how quickly patients can be tested and how quickly provider capacity can be made available, as well as related supporting services (e.g., lab, imaging).
- Timing and local processes for restarting procedural and surgical care will need to be highly coordinated, but will continue to be hampered by limited testing and PPE availability.

**See example  
service  
prioritization  
framework  
on next page**

# Illustrative Service Reopening Prioritization Framework

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Hospitals that meet the DoH reopening criteria or receive a waiver, should develop a phased approach for reopening by service and setting.



[Click here](#) for additional guidance from CMS on re-opening facilities for elective and non-emergent services

## Ensuring Sufficient Provider Capacity and Aligning Supporting Resources

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**Full alignment of hospital capacity, supplies, protocols and other resources will be needed to re-open and scale services.**

### Ensure provider capacity and supply across hospitals and other settings.

- Survey medical staff and providers to assess current provider capacity across inpatient and outpatient settings. Ensure adequate staffing capacity to resume routine care and maintain surge capacity. Be able to quickly decompress hospitals when surge capacity is needed.
  - Identify opportunities to address near-term capacity issues (e.g., extra session rates for providers, locum tenens) and provide flex capacity for potential resurgence of COVID cases.
- Consider opportunities to rotate shifts and staffing to mitigate exacerbating burnout among frontline clinicians and staff recovering from the COVID surge as efforts to increase non-COVID volumes ramp up.
  - Back logs of postponed and newly urgent diagnostics and labs may initially further tax the system.
- Assess supplies (e.g., PPE, ventilators) and develop plan to maintain adequate reserves.

### Refine discharge protocols, as needed, to determine when and where to discharge COVID-positive patients.

- Develop discharge protocols, segmented by patient type (e.g., acuity, pre-existing conditions), that direct COVID-positive patients to the most appropriate setting.

### Maximize use of telehealth to support service delivery, where appropriate.

- Develop a strategy to fully leverage and expand telehealth capabilities, such as: eICU to reduce exposure risk in inpatient settings; hospital at home to deliver lower acuity inpatient and ED services remotely; telehealth visits to deliver routine, non-urgent visits remotely; and, remote patient monitoring to monitor vital signs.
- Clearly communicate with patients about their telehealth care delivery options.
- Adjust clinical and administrative workflows to accommodate new care delivery models.

[Click here](#) for additional telehealth resources available on the NYC COVID portal



## Building Capacity for Ongoing COVID Management and Mitigation

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**Over the next 12-18 months aggressive COVID-19 testing, screening and mitigation will be needed to minimize spread and risk of resurgence.**

### **Build capacity for temperature screening and testing.**

- Implement temperature screening for all patients presenting themselves at facilities.
- Implement COVID-19 testing for all staff and patients receiving inpatient and outpatient procedures.

### **Mitigate the potential for spread of COVID-19 across patients, providers, staff and others.**

- Ensure adequate supplies of PPE at all sites of care.
- Establish extended prevention policies (e.g., no visitors for non-maternity cases) and isolation protocols for symptomatic and COVID-19 positive patients.
- Assess opportunities to establish dedicated facilities and/or units to service COVID-19 positive patients.

### **Proactively monitor COVID cases and hospitalizations on an ongoing basis.**

- Establish tracking processes to surveil COVID-19 cases and support contact tracing efforts, leveraging EMR, claims and other data sources.
- Create dashboards and real-time reports to inform ongoing planning efforts.

### **Maintain flex capacity to ensure rapid response during potential resurgences of COVID.**

- Ensure adequate reserves of needed capacity and supplies (e.g., ICU beds, PPE, ventilators).
- Maintain clear lines of communication with providers and staff on COVID case rates, facility protocols and guidance.

## Anticipating Sustainability Issues

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**As COVID-related funding and revenues decline, revenue capture and attention to long-term sustainability will be critical.**

### Assess and monitor financial impact of COVID-19.

- Assessments should include a focus on lost revenue (e.g., declining non-COVID volumes), new expenses (e.g., COVID-related costs), new revenues (e.g., federal funding), changes in payer mix and increases in reimbursement lags.
- Financial impact assessments can be used to inform decisions on which services to prioritize during re-opening and deep-dive assessments of post-COVID priorities (e.g., service lines, service distribution).

### Track and maximize use of federal and other funding sources.

- Establish processes to track federal funding opportunities and estimate potential new revenue for your facility.
- Review terms and conditions of federal funds accepted by your facility and align bookkeeping and documentation processes to ensure compliance.
- Plan for sufficient cash flow to ensure repayment of any received funding that requires repayment (e.g., Medicare Advance Payment Program).

[Click here for additional resources on navigating federal funding opportunities](#)

### Streamline revenue cycle functions to maximize revenue capture.

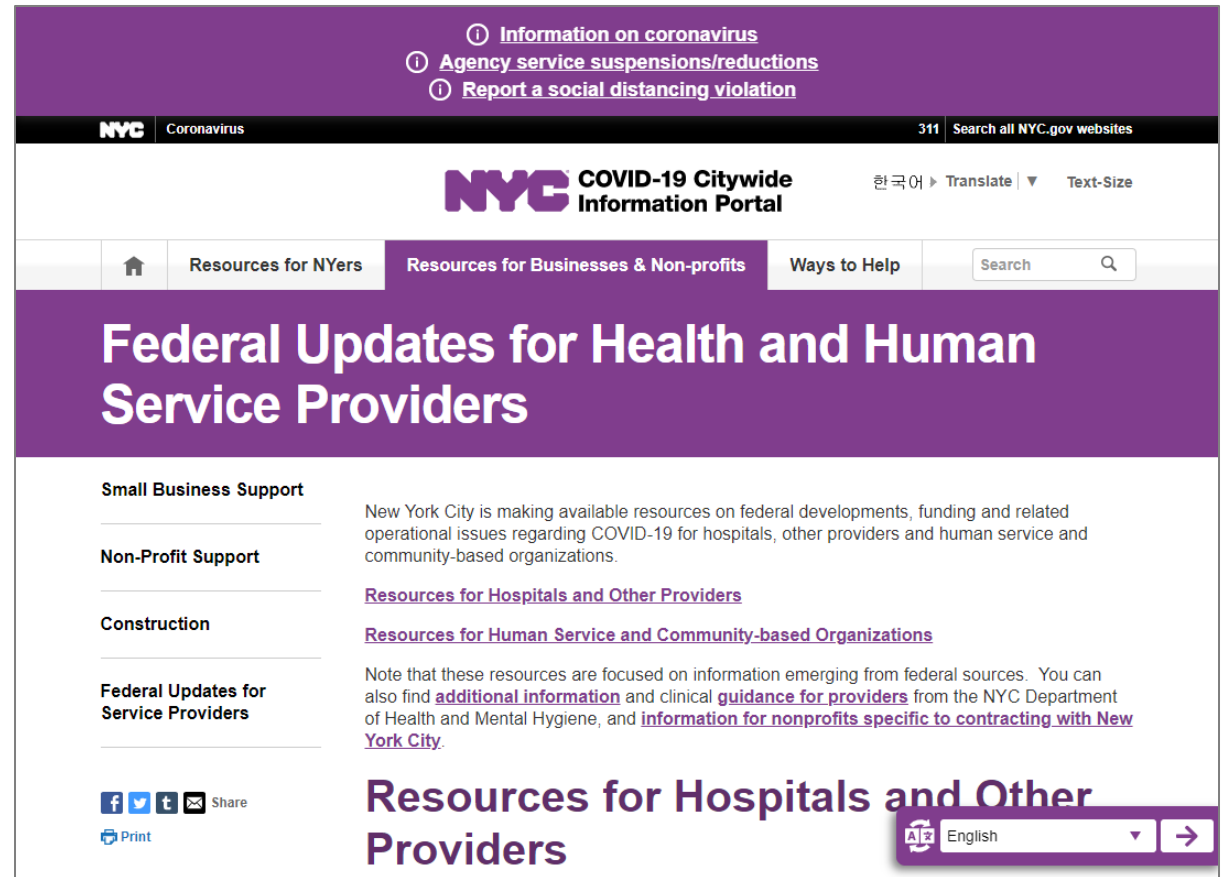
- Ensure accurate Medicare coding to realize 20% increase in Medicare DRG weights.
- Maximize patient insurance information capture.

# Additional Resources

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Visit [NYC's COVID-19 portal](#) for additional resources for hospitals and other providers, such as guidance on:

- Federal and state regulatory guidance
- Funding and financial sustainability
- Operational issues (e.g., telehealth)



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