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Dynamic Suggestions and Guidance for Rural Hospitals During COVID-19

In This COVID-19 Update:

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Additional and Alternative Guidance for Rural Hospital Emergency Preparedness

- The Department of Health and Human Services has published a Topic Collection of various resources that provide guidance on emergency preparedness for various healthcare operations. The resources in this Topic Collection highlight select standards, guidance, regulation, accreditation programs, and tools that can help healthcare emergency preparedness professionals create, or bolster the foundation of existing, programs and plans.
- The Chartis Center for Rural Health provides a poignant examination of how COVID-19 is impacting already vulnerable rural hospitals. The article evaluates access to ICU beds, loss of outpatient revenue, and the number of days of cash on hand. It also describes how the CARES Act can provide a safety net for some critical access hospitals.
- The University of North Carolina Health Sciences Library has compiled multitude of healthcare resources to address emergency preparedness across healthcare disciplines – including planning, response, etc. (*e.g.*, how to handle personal protective equipment (PPE) shortages, critical care guidelines for the non-critical care physician, etc.). The topics cover a range of information that would be particularly relevant to critical access hospitals in rural areas.

Traditional and Alternative Guidance on Resource Allocation and Management

There has been a wealth of information released from traditional and alternative sources with respect to Resource Allocation and Management. Here we provide you with easily accessible information:

- The New England Journal of Medicine has provided recommendations for fairly allocating scarce medical resources during this time. It analyzes health issues, ethical issues, and implementation of policies. The article is broken down into six concrete recommendations for how to allocate scarce resources.

- There are a series of articles published by the American Hospital Association regarding supplies and PPE during the COVID-19 crisis. The wide array of topics include safety measures for using certain supplies, addressing shortages, and allocating PPE during the pandemic. This collection of articles addresses many different issues that healthcare providers are discovering and is updated with more articles as the pandemic is ongoing.

- The Federal Emergency Agency ("FEMA") has developed a Supply Chain Task Force for obtaining and securing needed resources for the COVID-19 pandemic. FEMA's four-step approach involves preservation of medical supplies, allocation of those supplies, acceleration of industrial manufacturing and distribution, and expansion of the industry. This article highlights how FEMA is implementing this strategy and how it will impact federal, state, and private sector operations.

- This CDC has provided specific strategies for optimizing limited personal protective equipment ("PPE"). The benefits and necessities of PPE is well-known and the current shortages are very problematic. The CDC suggests all healthcare facilities implement PPE contingency strategies, it provides recommendations on how to prioritize the use of PPE, and it explains how to make the PPE supply go further. Finally, there are also links for strategies to optimize the use of eye protection, gowns, facemasks, N95 respirators, filtering facepiece respirators, and ventilators.

- The Occupational Safety and Health Administration ("OSHA") has published this more general article providing guidance for preparing workplaces during the pandemic. Although it is not specifically focused on resource allocation and management, it offers suggestions for solving workplace problems with insufficient resources or workers.

CMS Issued Guidance on Facility Overcrowding

A wave of patients infected with COVID-19 patients could overcrowd a rural hospital in a matter of hours. Recently, the Center for Medicare Services acknowledged this potential and published the following:

> CMS is waiving certain requirements under the conditions at 42 CFR §482.41 and §485.623 to allow for flexibilities during hospital, psychiatric hospital, and CAH surges. CMS will permit non-hospital buildings/space to be used for patient care and quarantine sites, provided that the location is approved by the State (ensuring safety and comfort for patients and staff are sufficiently addressed). This allows for increased capacity and promotes appropriate cohorting of COVID-19 patients.

CMS appears to be anticipating the need for hospitals, both rural and metropolitan, to reach capacity and require alternate sites to treat COVID-19 patients. Every in-patient facility should be considering locations where COVID-19 patients can be treated should overcrowding start.

Assistance with Relieving Staffing Burdens

The two main suggestions we have found for purposes of relieving staffing burdens in rural facilities is:

- Gear up for Telemedicine Practice for Non-COVID-19 patients and triaging possible COVID-19 patients by putting in place the technological infrastructure and staff schedules to specifically manage patient influx and monitoring. To further assist, Rural Health Information Hub has provided a free Rural Telehealth Toolkit.

- CMS has allowed for relaxed staffing requirements, such that they are waiving the Medical Staff requirements at 42 CFR §482.22(a)(1)-(4) to allow for physicians whose privileges will expire to continue practicing at the hospital and for new physicians to be able to practice in the hospital before full medical staff/governing body review and approval to address workforce concerns related to COVID-19.
    - Additionally, CAH Personnel qualifications have also been relaxed for clinical nurse specialists, nurse practitioners, and physician assistants. CMS is also deferring to staff licensure, certification, or registration to State law by waiving the requirement at 42 CFR 485.608(d) that staff of the CAH be licensed, certified, or registered in accordance with applicable Federal, State, and local laws and regulations.

FEMA's Trending Best Practices Guidance on Requesting Federal Assistance

Before submitting requests to the Federal Government for medical assistance FEMA recommends that state, local, tribal and territorial governments should first consider taking these key actions:

- Suspending elective medical procedures and dental procedures – A Webinar on this issue is being held on April 14, 2020.
- Invoking alternate care plans
- Decompressing hospitals – use of alternative locations for medical treatment
- Repurposing ventilators
- Activating National Guard medical resources
- Maximizing the use of medical assistance contracts within the jurisdiction
- Use of the Emergency Management Assistance Compact (EMAC)
- Developing a triage plan, to include crisis-based decision matrices for resources and care

COVID-19 Pandemic: Eligible Emergency Protective Measures – FEMA Public Assistance Program.

Communication Planning Suggestions and Resources for Rural Hospitals

Creating and utilizing a communication plan for reaching the community at large and managing the community's fear in a crisis is critical.

The National Rural Health Association (NRHA) worked with Legato Communication to develop a free downloadable toolkit for rural providers regarding COVID-19 in rural communities. The toolkit includes Social media assets- graphics and sample posts, News release formats, Radio script, CDC FAQs, and customizable Infographics and print ads.

The CDC's Crisis and Emergency Communication division (CERC) provides resources for community government and healthcare providers in managing a crisis and engaging the community with credibility. Key takeaways from CERC recommendations for community engagement are available as a wallet card in English, Spanish, and French to give individual providers. As with any infectious disease outbreak, the CERC recommends key steps for communication in an infectious disease outbreak:

- Be First
- Be Right
- Be Credible
- Express Sympathy
- Promote Action
- Show Respect

Information regarding reporting of COVID-19 data is directed by State public health guidance. Providers are encouraged to work with the local media in discussing the facts behind the numbers.

Finally, information is key. Keeping updated with the most current information will be rural providers greatest asset. Resources such as the Rural Health Daily Digest can offer a quick snapshot of information to make your community communications accurate and timely.

Infection Control Strategies from the CDC and CMS

CDC and CMS recommendations for transmission in OUT PATIENT setting:

•Reschedule non-urgent outpatient visits as necessary.

• Consider reaching out to patients who may be at a higher risk of COVID-19-related complications such as the elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill.

• Consider accelerating the timing of high priority screening and intervention needs for the short-term, in anticipation of the possible need to manage an influx of COVID-19 patients in the weeks to come.

• Symptomatic patients who need to be seen in a clinical setting should be asked to call before they leave home, so staff are ready to receive them using appropriate infection control practices, including providing a mask for the potentially infectious patient before or immediately upon entry into the healthcare facility, and personal protective equipment for the healthcare personnel.

CDC and CMS recommendations for transmission in IN-PATIENT setting:

• Reschedule elective surgeries, procedures, and other visits as necessary.

• Shift elective urgent inpatient diagnostic and surgical procedures to outpatient settings, when feasible.

• Maintain social distancing of at least six feet during group therapy interactions.

• Limit visitors to COVID-19 positive patients and persons under investigation (PUI).

• Plan for a surge of critically ill patients and identify additional space to care for these patients. Include options for:

- o Using alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients.
- o Separating known or suspected COVID-19 patients from other patients (“cohorting”).
- o Identifying dedicated staff to care for COVID-19 patients.

For additional information relative to Outpatient and Inpatient recommendations from the CDC and CMS click here https://www.cms.gov/files/document/qso-20-13-hospitals-cahs-revised.pdf

Federal Declaration for COVID-19 Immunity Under the Public Readiness and Emergency Preparedness (PREP) Act for specific medical countermeasures.

The Federal Declaration provides Healthcare Workers and Program Managers liability immunity. Here is a snapshot of the Declaration as it relates to rural hospitals:

- "Covered Persons" include: manufacturers, distributers, program planners (those who supervise or administer a program dealing with covered countermeasures), and qualified persons (e.g. state licensed health professional).

- A "Covered Countermeasure" must be a "qualified pandemic or epidemic product", a "security countermeasure", or a drug, biological product or device authorized for emergency use. "a qualified pandemic or epidemic product" includes any drug or device specifically manufactured, used or designed to treat or cure a pandemic/epidemic or to limit the harm the same would otherwise cause. This would also include any drug or device used to treat a serious or life-threatening disease or condition caused by or one intended to enhance the efficacy of a drug, biological product, or device. Note, that a Covered Countermeasure must be approved or cleared by the Food, Drug and Cosmetics (FD&C) Act, licensed under the Public Health Services Act or authorized for emergency use under the FD&C. (Here is the most recent FDA Roundup.)

Many states have already followed suit in signing Executive Orders to this effect or are presently in the process of crafting legislation to this effect.

For more information regarding the Federal Declaration, please do not hesitate to contact us or follow the HBS Coronavirus Litigation Blog.