

## MEMORANDUM

**TO:** Essential Services Planning (ESP) Workgroup  
**FROM:** Essential Services Planning Executive Steering Committee  
**DATE:** May 4, 2020  
**RE:** Essential Services Planning Workgroup—Approval of Phase 1 Plan by Hospital Incident Command (HICS)

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Dear Colleagues,

Thank you for submitting your SBAR proposals through the Essential Services Planning process. The ESP Steering Committee has reviewed all SBAR proposals and they were included in the Phase 1 Essential Services Planning proposal to Hospital Incident Command.

We received approval through June 30<sup>th</sup> for the Phase 1 expansion of essential services. Please review the detail that follows, as there is important information included that is needed to ensure optimal implementation. Please also ensure that you are working with other key stakeholders (facilities, security, IS, EVS, imaging, lab, etc.) to ensure that these plans are operationalized with the insight of a cross-functional team.

Thank you for helping us to continue providing Remarkable Healthcare to our patients during this challenging time.

### Important Guidelines for Expansion of Care

#### **1) Social distancing**

- a. All areas are expected to take the necessary actions to ensure that patients and employees remain safe through the practice of appropriate social distancing measures.
- b. It is strongly recommended that clinics take all feasible measures to minimize time spent by patients in waiting rooms. This may be accomplished by:
  - i. Patient self-rooming
  - ii. Immediate patient rooming upon clinic arrival
  - iii. Utilization of an external queuing strategy—patients wait outside of the facility and are contacted via telephone when it is time to be roomed
- c. It is expected that all ambulatory clinic environments arrange seating in ways that promote social distancing through the following measures:
  - i. Spacing of chairs/seating at least six feet apart
  - ii. Use of tape or other means to prevent seating within six feet of others

#### **2) Asymptomatic pre-procedure screening**

- a. All aerosol generating procedures and planned hospital admissions will require patients to be screened to ensure COVID-19 negative status before a procedure will be done. This is being done in accordance with current [HICS recommendations regarding asymptomatic screening](#).
- b. Patients should receive pre-admission screening at the AOB collection site (e.g. planned video EEG admissions). The standard [process for placing COVID lab testing orders](#) can be found on Uconnect.

### 3) PPE

- a. Ensuring appropriate PPE use and conservation are vital to our continued ability to keep our patients and employees safe. Please remember to review the [information regarding appropriate PPE use](#) published by HICS. A listing of aerosol generating procedures is found in the asymptomatic screening link above.

### 4) Staffing

- a. We will closely monitor volume changes and any associated staffing needs. As we are in a critical financial period, we will staff to actual volumes, not anticipated volumes. Requests for additional staffing beyond current consolidated staffing levels will require approval by operational leaders.

### 5) Working from Home

- a. Some submitted plans make specific references to the percentage of provider time that is spent working from home. Phase 1 plans are approved for their volume estimates, general approach to social distancing, PPE use, etc. These approvals do not include specific percentages of provider time spent working from home. Key elements related to this topic will continue to be worked out between provider teams and operational leaders to ensure the organization can best meet patient needs.