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Trustees Resource Center

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BOARDROOM BASICS

What the Board Needs to Know: Navigating the Challenges of COVID-19

Hospital and health system leaders are working diligently to prepare for and respond to COVID-19. What are the critical issues for boards of trustees to consider? What information does the board absolutely need to know? This story highlights these important questions and areas for board consideration in seven key areas.

The coronavirus pandemic (COVID-19) is placing unprecedented demands on the U.S. health system. As a "novel" or new virus, the coronavirus that causes COVID-19 is by its very nature unpredictable. Because it is new, there is no immunity to it yet, nor is a vaccine currently available. Therapies to treat victims are largely untested. Hospitals and their associated continuum of services – such as ambulatory care, long term care, home health care, laboratory and diagnostic services, and telemedicine – are crucial components of community response to the pandemic. The sheer rapidity at which the pandemic has grown requires that every community, hospital, and health system across the country be as prepared as possible to receive and care for patients with COVID-19.

The board, along with senior management, sets the overall organizational tone in addressing this pandemic. Leaders must strike a balance between an optimistic, and yet realistic, message to all the key stakeholders, including the community at large.

Board members can have a profound impact at this critical time by being calm, positive, appreciative, and supportive of the work being carried out by their organizations. A statement from the board chair on behalf of the board, perhaps signed by all the board members, reflecting both confidence in the hospital or health system leadership as well as assurances that the board has taken the necessary steps

outlined in this briefing, will send a strong message to all stakeholders.

Hospital and health system boards have a fiduciary responsibility to ensure that emergency preparedness plans, policies, procedures, processes, resources, agreements, training, and staffing are in place to effectively respond to this extraordinary local, national and global crisis.

#1: Ensure an Effective Emergency Preparedness Plan is in Place

The board's initial role is to ensure that an emergency preparedness plan is in place and fully funded. The board's role is high-level, focused on policy, strategy, and ensuring appropriate resources. At the same time, hospital management determines the details and ensures effective execution.

Emergency Planning. Hospital management and staff are responsible for ordering the equipment, supplies, facility design, written agreements
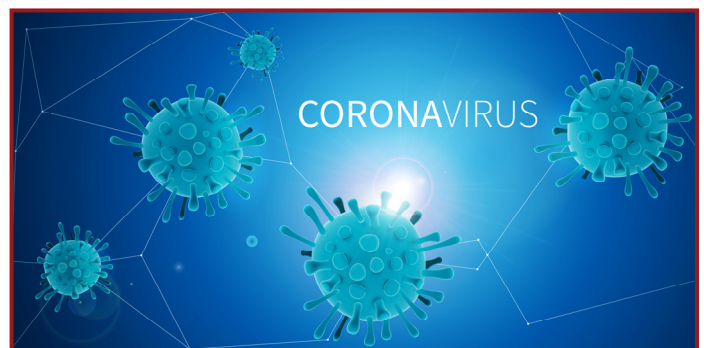
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(such as for transportation or patient transfers), and human resources necessary to carry out the plan. The board ensures sufficient funding. In addition, the board may well be asked to help raise outside funds for specific emergency preparedness projects, leveraging their connections within the community.

Drills and Simulations. Hospital management is responsible for arranging and coordinating drills and community-wide disaster simulations to test the emergency preparedness and response plan. The board is responsible for ensuring all of this happens. Board members may be asked to participate in the drill or simulation, discussing the outcomes, as well as assessing and scoring the hospital's response and that of other participating community organizations.

#2: Ensure Effective Infection Identification, Management and Prevention

What is unique about the health care system's emergency response to the current COVID-19 pandemic – unlike emergency responses to natural disasters or mass casualties − is that it requires all hospitals to ensure their staffs are trained, equipped, and capable of practices needed to promptly:

- Identify, isolate, and provide care for suspected or confirmed COVID-19 patients;

- Monitor and manage any staff and visitors who may be exposed to the coronavirus;

- Prevent the spread of the disease within the facility; and

- Communicate effectively within the hospital, with authorities, and with the public.

The U.S. Centers for Disease Control and Prevention's *Coronavirus Disease 2019 (COVID-19) Hospital Preparedness Assessment Tool* identifies the ten most important areas for hospitals to carefully assess in preparation for potential arrivals of COVID-19 patients. A detailed self-assessment checklist is available on the CDC's website at www.cdc.gov/coronavirus.

#3: Ensure that an Effective Crisis Communication Plan is in Place

In addition to including a communications component in the hospital's emergency preparedness plan, the hospital should be part of a

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CDC COVID-19 Hospital Preparedness Assessment

The U.S. Centers for Disease Control and Prevention (CDC) has published a Hospital Preparedness Assessment Tool with a checklist that highlights important areas for hospitals to review in preparation for potential arrivals of COVID-19 patients. The key elements to be assessed include:

1. **Structure for planning and decision making**, including incorporating COVID-19 into disaster planning and exercises, establishing a multidisciplinary planning committee or team and assigning staff to preparedness planning.

2. **Development of a written COVID-19 plan,** including responsibilities of key personnel and departments, personnel back-ups (e.g., B team) for key personnel roles, and ensuring a copy of the preparedness plan is available at the facility and accessible by staff.

3. **Elements of a COVID-19 plan**, including a detailed list of plans following CDC guidelines in the following areas:

    – General (a plan for protecting patients, healthcare personnel, and visitors from COVID-10)

    – Facility communications (internal and external)

    – Consumables and durable medical equipment and supplies

    – Identification and management of ill patients

    – Visitor access and movement within the facility

    – Occupational health

    – Education and training

    – Healthcare services/surge capacity

The full checklist is available at www.cdc.gov/coronavirus/2019-ncov/downloads/HCW_Checklist_508.pdf.

The Expanding Role of Telehealth

Demand for telemedicine is exploding like never before during a time when people across the word are being told to stay home. For some, telehealth is an opportunity to keep an already scheduled appointment or to talk with a provider about symptoms unrelated to the coronavirus (COVID-19). For others, it serves as a safe way to be screened for COVID-19 symptoms without potentially exposing other patients or putting providers unnecessarily at risk. While some organizations have a plan and process already in place for telehealth, others are working to ramp up their capabilities as quickly as possible.

Telehealth allows health care organizations to leverage the knowledge and experience of providers that are no longer performing elective surgeries or provide non-essential care that has been temporarily put on hold due to the pandemic. Telehealth is also an opportunity to virtually utilize providers from one area of the country to help with a surge in patients in another area of the country.

According to the American Hospital Association, before the COVID-19 pandemic 76 percent of community hospitals and 89 percent of health

systems were using a telehealth system, although the extent the technology was used varied.[1]

It is important for board members to understand their organization's current capacity and future plans for telehealth, and to ask critical questions about how it can best be leveraged both during the pandemic and moving forward in the years to come.

Dramatic Increase During the Pandemic

The ability to talk to a doctor or health care provider via phone, email, or video conference has been around for years. It's part of the broader digital transformation taking place in health care, but the current pandemic is rapidly pushing the system forward.

According to Kaiser Health, as a result of the COVID-19 pandemic many Americans are seeking virtual care from their providers for the first time.[2] While it's too early to have comprehensive data on the increase

in telehealth utilization, reporting from individual health systems and private technology companies helps define what most Americans are anecdotally noticing and experiencing.

The Cleveland Clinic reported an average of 3,400 virtual visits a month prior to the COVID-19 pandemic. In March 2020, the organization is expected to have provided more than 60,000 telehealth visits.[2]

Similarly, before March 2020, New York's NYU Langone Health reported about 50 telehealth visits a day. During the week of March 23, the system reported averaging about 900 telehealth visits a day.[2]

There are a variety of private technology companies that offer services to connect patients with providers, including Teladoc, Doctor on Demand, and Amwell. Between February and March 2020, Teladoc reported a 50 percent increase in telehealth visits.[2]

Telehealth Benefits

In addition to other benefits, during a crisis like an epidemic or pandemic, telehealth can:

- ✓ Prevent the spread of infection
- ✓ Treat the sick
- ✓ Calm the "worried well"
- ✓ Keep clinicians safe
- ✓ Leverage clinicians from limited-need areas to temporarily serve in high-demand areas
- ✓ Continue with scheduled appointments as appropriate

CMS: Removing Barriers to Telehealth

Telehealth barriers have been increasingly removed in stimulus packages passed by Congress in March 2020. CMS first announced waivers and policy changes to broaden access to telehealth for Medicare beneficiaries during the COVID-19 pandemic.[3] In late March, the Coronavirus Aid, Relief, and Economic Security (CARES) Act removed additional barriers to telehealth, including support for health care providers and increased access to telehealth for veterans, rural care, hospice care, and home health services.[4]

In its newly released Telehealth and Telemedicine Tool Kit, CMS noted that "with the emergence of the virus causing the disease COVID-19, there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need."[5]

Critical Questions for Board Members

As boards consider how they can best respond to community needs during the COVID-19 pandemic and beyond, consider the following:

- Before the COVID-19 pandemic, do you know how widely telehealth was used at your organization?

- Has your organization been able to respond to the recent pandemic with the establishment or expansion of telehealth? If not, what will it take for quick expansion?

- Do you know what the major barriers are to telehealth at your hospital or health system?

- Does your board consider telehealth essential to your organization's success? Why or why not?

- How would growth in telehealth change the way your organization meets community needs? How would it impact reimbursement?

- Has your organization committed resources to invest in appropriate electronic health records and information technology to ensure the successful implementation of telehealth?

AVIA: 6 Digital Tactics to Implement Now

An advisory from AVIA Health provides six tactics that hospitals and health systems can implement in days, not weeks, during the crisis. Cynthia Perazzo, Executive Vice President, Center for Consumerism at AVIA outlined the following suggestions as organizations attempt to leverage technology to prevent spread, treat the sick, and keep clinicians safe:

1. **Text patients** and tell them to keep calm, offering updates and information as necessary.

2. **Use a website chatbot** to answer questions, navigate resources, divert call center traffic, and automatically update with the latest CDC information.

3. **Place an AI-driven symptom checker** on your website for anyone who wants to be screened, and direct them to virtual visits as necessary.

4. **Offer e-visit and video visit capabilities** using provider capacity across the system, allowing staff to reach more patients without fear of exposure. Light duty, quarantined providers, and even retired providers can conduct virtual visits from home.

5. **Leverage remote monitoring** "bring your own device" apps for appropriate quarantined patients and known high-risk populations, such as providing patients with a home pulse oximeter and thermometer to self-report.

6. **Turn off online scheduling** to prevent the "worried well" from taking up precious appointment slots with clinicians in short supply. These patients can be screened and redirected to virtual visits.

Source: Perazzo, Cynthia. 6 Digital Tactics Health Systems can Implement This Week to Battle COVID-19. AVIA Health. www.aviahealthinnovation.com/6-digital-tactics.

Sources and More Information

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5. General Provider Telehealth and Telemedicine Toolkit. Centers for Medicare and Medicaid Services. www.cms.gov/files/document/general-telemedicine-toolkit.pdf.

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shared community-wide crisis communication plan. Having a plan in place that links all the key players together ensures that critical minutes aren't wasted, or worse, that inaccurate information is shared with board members, patients, families, staff, the public, community partners, and authorities.

Communication with the Board. Hospital management should have in place a clear process for regular communications updates to the board. The hospital should consider using its website, as well as social media vehicles and local news media, to communicate important updates to the public. The updates should include how to access services such as ambulatory care and outpatient pharmacy services, or cancellations of elective surgeries during the pandemic.

Preventing Rumors. Rumors in a community can abound and result in unnecessary panic and missteps. In order for the community to have trust in the hospital, it's critical that the hospital communicate accurately, calmly, and with transparency, while still respecting patient privacy concerns. Board members will be asked questions by the public or by local news media; however, there should be one designated hospital communications spokesperson or small team in place to consistently communicate the hospital's message. Board members should refer any questions to the identified process or person – and not improvise responses to inquiries they receive.

> **In order for the community to have trust in the hospital, it's critical that the hospital communicate accurately, calmly, and with transparency, while still respecting patient privacy concerns.**

#4: Ensure a Safe, Healthy and Sufficiently Trained Workforce

In order to effectively respond to the extraordinary demands created by COVID-19, a top priority of hospitals is to maintain a trained and healthy workforce in sufficient numbers to respond to the needs of suspected or confirmed patients that the hospital receives.

Personal Protective Equipment. Ensuring that the hospital is able to provide adequate Personal Protective Equipment (PPE) such as masks, gloves, and gowns is absolutely essential for the protection of all staff who come in contact with COVID-19 patients. Communities with a high or growing incidence are expressing urgent concerns about the availability of PPE.

Ensuring Sick Personnel Stay Home. Hospital personnel who develop respiratory symptoms such as cough or shortness of breath should be instructed not to report to work. The board should ensure that the hospital's sick leave policies are flexible and consistent with public health guidance – and that hospital employees have been made aware of these policies. Hospital management should ensure that the hospital's personnel policies, including for those reporting as sick and for sick leave, are implemented and are strictly adhered to across all departments.

Preparing for an Increase in Staff. Hospitals should be prepared to bring in additional health care personnel as needed to manage COVID-19 "surges." Physician credentialing is a board responsibility, so having an emergency credentialing plan makes sense. For example, there should be a policy for bringing in physicians who practice at other local hospitals. While these additional resources may be necessary and crucial as part of the pandemic response, board members and hospital leaders must also ensure that the quality of care provided by the additional caregivers meets the organization's quality standards.

Preventing Burn Out. The far-reaching implications of the pandemic response – including community "shelter in place" orders, closures of schools and businesses, and in some cases, loss of employment, has added to the stress that health care personnel now face. In order to support its workforce, the hospital may need to institute new personnel practices for the duration of the pandemic response. These practices may include helping employees with basic needs so that they can report for work.

#5: Ensure Ethical Management of Scarce Resources

While it is the role of hospital management to determine the day-to-day allocation of resources that may become scarce, the board has the important responsibility to ensure that management has carefully considered and made plans for this potential. For example, in managing its workforce and availability of emergency resources, have hospital leaders considered the feasibility of instituting more telehealth approaches?

Remote Care and Telemedicine.

Shifting practices to triaging and assessing ill patients remotely using nurse advice lines, provider "visits" by telephone, text monitoring system, video conference, or other telehealth and telemedicine methods can reduce exposure of ill persons to staff and minimize surge on facilities. Many clinics and medical offices already use these methods to triage and manage patients after hours as part of usual practices. Managing persons at home who are ill with mild disease can reduce the strain on health care systems – however, these patients will need careful triage and continuous monitoring.

Prioritizing Essential Services.

Accepting an influx of patients with COVID-19 will likely require the hospital to prioritize the care to other patients – such as those previously scheduled for procedures or elective surgeries – including which services and types of procedures can be deferred, for how long, and with what consequences. The hospital will need to create an alternative plan for patients who will be deferred, one that should be monitored and refined based on lived experience.

Changes in Policies and Procedures.

In a severe pandemic, not all patients in need of intensive care will be able to be accommodated in the ICU. Normal staffing ratios and standard operating procedures will not be able to be maintained. The hospital may need to plan for alternative sites to provide ICU-like care within the hospital, such as the catheterization lab, catheterization recovery, operating rooms, the post-anesthesia care unit, or the endoscopy unit. Changes in hospital policy and procedures should be implemented by an active decision of the hospital leadership in consultation with the medical staff and civil authorities.

Guidelines for Triage and Care Decisions When There Are Limited Resources.

One of the most challenging demands that many hospitals will inevitably face is determining objective criteria and clinical guidelines for making decisions regarding the triage and management of COVID-19 patients who may be competing for scarce resources, such as hospital admission, ventilators, equipment, medications, and intensive care resources. These critical, ethical, and legal decisions should not be made by one person or even just a few people.

The criteria used to make these decisions should be created in advance, formally adopted by the medical staff and hospital leadership, and approved by the board. Many hospitals will want to call upon existing structures,

Preventing Burnout

To support employees through the pandemic, hospitals may need to bolster employee support activities to help them focus on patient care. Examples may include:

- ✓ Provision of temporary living accommodations for some staff, and possibly their families and even pets;

- ✓ Designated "time out" or sleep rooms for staff who are working long hours or extra shifts;

- ✓ Advance or cash payments on paychecks if banks are closed;

- ✓ On-site (on the hospital campus) or in-home well child care for the children of essential employees by using screened and trained volunteers;

- ✓ Possible in-home care or support for elderly or disabled family members of staff who are considered essential;

- ✓ Medical daycare or in-home care for sick family members;

- ✓ Augmenting clinical staff with nontraditional hospital personnel to assist with non-clinical activities; and

- ✓ Additional psychological, emotional, and spiritual support for staff involved with caring for COVID-19 patients.

processes, or committees that typically address ethical considerations and policies to help determine and propose these decision-making criteria.

Financial and Strategic Questions to Consider

Financial and strategic planning questions to consider include:

- What is the strategy for navigating financial changes due to COVID-19 and an economic downturn?

- What measures are being taken to stabilize revenue shortfalls and expense growth?

- Will the hospital need to secure additional short-term funding in order to sustain operations?

- Is the board confident in the hospital's business continuity plan?

- What are the longer-term financial risks?

- What are the implications and opportunities for philanthropy?

- How should the board gauge the hospital's financial performance over the next 12 – 18 months?

- What additional strategic planning needs to be undertaken to address the financial implications of COVID-19?

- Does the board have an adequate financial understanding to review financial impacts, trends, and the potential need for changes in the hospital's strategic course?

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#6: Understand the Financial Implications and the Hospital Leadership's Response

Hospitals are experiencing an immediate threat to their financial resources as a result of the coronavirus pandemic. Additionally, financial experts are increasingly predicting a prolonged recession as a result of COVID-19's impact on economies worldwide. Even with regulatory action, the crisis is likely to threaten the short, medium, and long-term financial sustainability of hospitals, many of which already faced near-record-low operating margins before the coronavirus emerged.

Understanding the Changing Fiscal Environment. Boards need to understand the financial implications and how hospital leadership is addressing the challenges. Whether related to the short-term impact of canceling procedures and elective surgeries, the increased costs associated with obtaining crucial supplies, or longer-term economic issues, hospitals will likely face fiscal impacts. Anticipated hospital revenues may be considerably less, necessitating a review of both strategic and operational plans as well as the annual budget. Board members may be asked to get involved in identifying and making connections with funding sources such as foundations, grants, individual and corporate donors.

Maintaining Community Trust. During times of crisis and economic insecurity, it is particularly important for hospital governing boards to keep the public trust. In the oversight of hospital finances, governing boards can and must be held accountable to the people of the communities they serve. Especially during a crisis, trust is an asset no board can do without.

#7: The "Look Back": Evaluate the Hospital's Emergency Response, then Recalibrate

The governing board's role in a pandemic or any disaster does not end once the immediate event has ended. When life is returning to normal, the board should be involved in thoroughly assessing the hospital's response to the COVID-19 pandemic. As with any crisis, some things will have gone according to plan. Some will not.

The board needs to know the "lessons learned" as well as potential opportunities for improvement as part of the hospital's future emergency preparedness planning. The board should work with hospital leadership to weigh what, if any, additional resources are needed to aid the hospital as it updates and upgrades its future emergency preparedness plan. The board may then identify and implement mechanisms to adequately fund these necessities.

As hospitals and health system leaders respond to the challenges of COVID-19, sharing with colleagues, the lessons learned and effective board practices is important. Please send your thoughts, insights and questions directly to Barbara Lorsbach, President, governWell™, blorsbach@governwell.net.

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