

Midwest Practice COVID-19 Planning Checklist

Work from Home Planning (complete template)

- Complete for individuals who could work from home but currently do not have VPN access
- Indicate if they have a work laptop or personal computer at home to use (limited laptops are available)
- For each individual, determine:
 - Priority level to quarantine at home:
 - High (essential for clinical operations)
 - Medium (key business support area)
 - Low (nice to have to continue productivity)
 - Type of access needed
 - Basic (web-based email, calendar, OneDrive, Sharepoint, view but not download files)
 - Enhanced (Epic, require access to files located on drives, intranet access or remote desktop)
- Educate supervisors on work from home guidelines, continued business agility/capacity

Business Continuity Planning

- Identify critical functions at high level (job functions that must continue without interruption or resume quickly following a disruption including, but not limited to: appointments, procedures, surgery; functions completed in a typical day to fulfill department mission)
 - Desired level of categorization: Charting, patient monitoring, administering medications
 - Too broad level of categorization: Patient care
 - Too specific level of categorization: Unwrapping syringe to administer medication
- Prioritize functions in order to identify non-critical functions that can be delayed or where resources can be freed up to complete higher priority functions
- Identify numbers and types of staff needed to maintain critical functions if personnel resources are limited
- Ensure area call lists are up-to-date, and distributed electronically to all members of department/division
- Assess flexible leave options that would allow employees to address family needs while continuing to support the work area through a flexible work plan where feasible

Planning Phase

- Plan for an empowered Doc of the Day/ Admin of the day to make decisions based upon what's happening (shifting staff, reviewing leading indicators, adjusting for absences)
- Ensure triage guidelines and escalation triggers are in place
- Be prepared for reassignment of operating/procedural rooms
- Consider changes to dept/division meetings, including resident conferences
- Identify staff (physicians and APPs) who can be redistributed during outbreak (assign a role to collect and maintain the list and tracks who is available, trained and ready)
- Identify and refresh orders training for staff who could be shifted to the hospital as needed
- Consider approach and plan for leveraging video and phone consultation
- Red light at hospital
- Prepare for triage of elective inpatient procedures that likely don't require SNF discharge

During Outbreak

- Assess demand daily
- Assess staffing daily and redistribute staff as needed
 - Consider zone leaders and call in times where resources can be requested and offered
- Escalate unique challenges to Associate Administrators
- Establish wait list to capture reschedules
- Triage reschedules to video and call visits