

# Checklist for Local Hospital, Nursing Facility, Health Department Coalition Readiness

Region / Zone:\_\_\_\_\_

Date:\_\_\_\_\_

Elements	Evaluation Criteria			
Part I: Clinical Coalition Infrastructure				
A. Coalition Team Composition	Does Not Meet	Partially Meets	Meets/Exceeds	Notes
1. The local coalition team has the following members at a minimum:				
a. Dedicated hospital clinical problem solver				
b. Facility and other congregate care sites’ leadership				
c. Health commissioner/delegate				
d. Lead coordinator				
2. The local coalition includes other team members from the community: a. Local Emergency Medical Services/Emergency Management; or b. Other – e.g., any practicing clinicians, Directors of Nursing or Case Management, Home Health/Hospice representative, Mental Health, Not-for-Profit Entities				
3. The steering committee is comprised of six or less team members who are connected to entities that participate in local coalition work.				
4. The team has conducted a ‘tabletop exercise’ before the first COVID+ case to clarify roles and responsibilities and identify mitigation and preparedness needs.				
B. Communication Strategies	Does Not Meet	Partially Meets	Meets/Exceeds	Notes
1. A streamlined communication process for the coalition team exists that includes:				

Elements	Evaluation Criteria			
<ul style="list-style-type: none"> <li>a. Daily real-time information sharing to inform testing, treatment and management strategies – e.g., daily situation report and problem-solving; and</li> <li>b. Designation of a single point of contact for data and reporting.</li> </ul>				
2. There is a centralized process for the entire community to access testing and care.				
3. There is an incident command center that includes congregate care settings and the overall community and is intended to achieve prompt coordination and mobilization of necessary resources – PPE, testing, etc.				
4. There is direct communication between the local coalition and the regional zone.				
<b>C. Testing</b>	<b>Does Not Meet</b>	<b>Partially Meets</b>	<b>Meets/Exceeds</b>	<b>Notes</b>
1. There is a process to support efforts to “test in place” for all facility residents.				
2. Testing processes are established to assure prioritization for the following symptomatic individuals: <ul style="list-style-type: none"> <li>a. Hospitalized;</li> <li>b. All Health Care Personnel including nursing facility and staff first responders;</li> <li>c. Residents of all congregate living sites; and</li> <li>d. Patients over 65 years old or those with underlying conditions (referred from a hospital or emergency department?).</li> </ul>				
3. Reporting procedures are in place to ensure testing adheres to prioritization established by state guidelines.				

Elements	Evaluation Criteria			
4. The facility or community has a number of testing options. Indicate which testing modalities are used and to what degree by noting the percentage.	Testing Mode Used			Percentage Used
	Mode	Yes	No	
	Swab team			
	Drive through testing			
	Hospital or Health District site			
	On-site trained specimen collectors			
5. There are a number of methods to process the specimens.	Lab Method Used			Percentage Used
	Method	Yes	No	
	Hospital labs			
	State labs			
	Private labs			
	Point of care machines			
D. Data Collection and Reporting	Does Not Meet	Partially Meets	Meets/Exceeds	Notes
1. There is an established process for centralized data collection and reporting of the following core data elements: a. Total # of individuals tested b. Total # of individuals tested positive c. Total # of individuals exposed d. Total # of asymptomatic individuals who underwent surveillance testing				
2. There is a reporting structure for congregate care settings analogous to hospital reporting.				
3. There is a process to incorporate additional community reporting e.g., planned community events – festivals, sporting events.				
E. Shared Resources	Does Not Meet	Partially Meets	Meets/Exceeds	Notes

Elements	Evaluation Criteria			
1. There is a process for mobilizing and coordinating the following shared resources across sites: a. PPE b. Personnel c. Transportation d. Other				
F. Treatment Protocols	Does Not Meet	Partially Meets	Meets/Exceeds	Notes
1. Streamlined treatment protocols exist that align with hospital best practices in congregate and community settings.				
2. Telemedicine has been emphasized as the preferred modality for initial clinical assessments that may include appropriateness for further evaluation and testing for both COVID-19 and non-COVID-19 conditions.				
G. Care Transitions	Does Not Meet	Partially Meets	Meets/Exceeds	Notes
1. There is a plan to support streamlined transfers and discharge processes between hospitals and congregate care sites.				
2. There are arrangements with the home health service industry (agency and independents) to provide care in the post-acute setting to minimize patient volume in congregate care settings.				
Part II: Hands-On Facility Preparedness to Reduce COVID Transmission				
A. Education	Does Not Meet	Partially Meets	Meets/Exceeds	Notes
1. Education for staff address the following topics:				
a. COVID infection				
b. PPE				

Elements		Evaluation Criteria		
B. Physical plant changes	Does Not Meet	Partially Meets	Meets/Exceeds	Notes
1. There are three separate spaces for cohorted residents – well, exposed, and COVID + (confirmed or probable).				
2. There are dedicated staff assignments to the three spaces.				
3. There is a dedicated space for donning and doffing PPE.				
4. The facility adapted nutrition services.				
5. The facility adapted linen and laundry management services.				
6. The facility simplified pharmacy management tasks.				
C. Administrative controls	Does Not Meet	Partially Meets	Meets/Exceeds	Notes
1. The facility implemented policies to maximize social distancing and limited movement.				
2. Visitation policies have been revised to support social distancing and limited movement.				
3. All personnel wear face masks.				
4. Standardized return to work policies have been established.				
5. There is a routine process to review advanced directives of residents.				
6. There is a process to support residents and their families for residents who wish to be cared for at home including an ability to utilize the home health service industry.				
D. PPE	Does Not Meet	Partially Meets	Meets/Exceeds	Notes
1. The facility has a process to calculate the need for PPE including: <ul style="list-style-type: none"> <li>c. The daily burn rate</li> <li>d. A mechanism to include the PPE needs on the daily situation report</li> </ul>				

Elements	Evaluation Criteria			
e. Assessments of which facilities are completing re-sanitization procedures				
2. There is a process to assure the facility is following PPE infection control measures.				