

Responsible RestartOhio for Health Care

April 29, 2020

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Agenda

- Responsible RestartOhio
- Framing Ohio's Responsible Restart for Health Care
 - Zone/Region Hospital Infrastructure and Local Coalitions
 - Personal Protective Equipment
 - Testing: Components, Priorities and Assuring Statewide Access
 - Contact Tracing
- Guiding Principles for Responsibly Restarting Ohio's Health Care Services
- Ohio's Stepwise Approach to Responsibly Restart Health Care Services
- Our Collective Call to Action

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Mike DeWine, Governor of Ohio

Amy Acton, MD, MPH, Director, Ohio Department of Health

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Guiding Principles



Protect the health of employees, customers, and their families.



Support community efforts to control the spread of the virus.



Lead in responsibly getting Ohio back to work.



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Department
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Ohio's Safe Business Practices for Getting Back to Work



1.

Recommend face coverings for employees and clients/customers.



2.

Conduct daily health assessments by employers and employees (self-evaluation) to determine if "fit for duty."



3.

Maintain good hygiene at all times – hand washing and social distancing.



4.

Clean and sanitize workplaces throughout workday and at the close of business or between shifts.



5.

Limit capacity to meet **social distancing** guidelines.

- Establish maximum capacity at 50% of fire code.
- And, use appointment setting where possible to limit congestion.

Framing Ohio's Responsible Restart for Health Care

Zone/Region Hospital Infrastructure and Local Coalitions

Bridget Harrison, Assistant Policy Director, Office of Governor Mike DeWine

Mary Applegate, MD, Medical Director, Ohio Department of Medicaid

Richard Lofgren, MD, President and CEO, UC Health

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Hospital Preparedness Regions

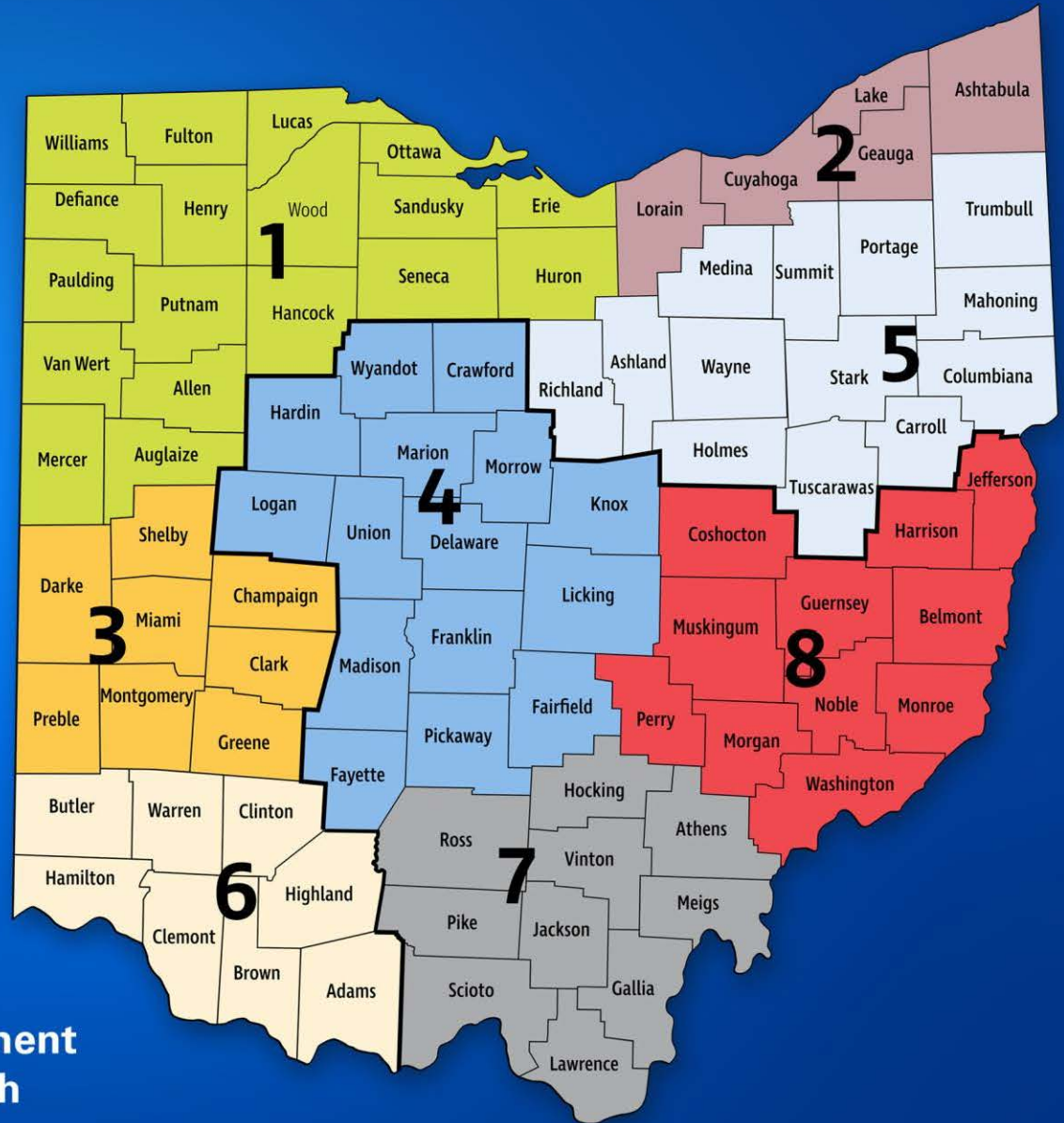
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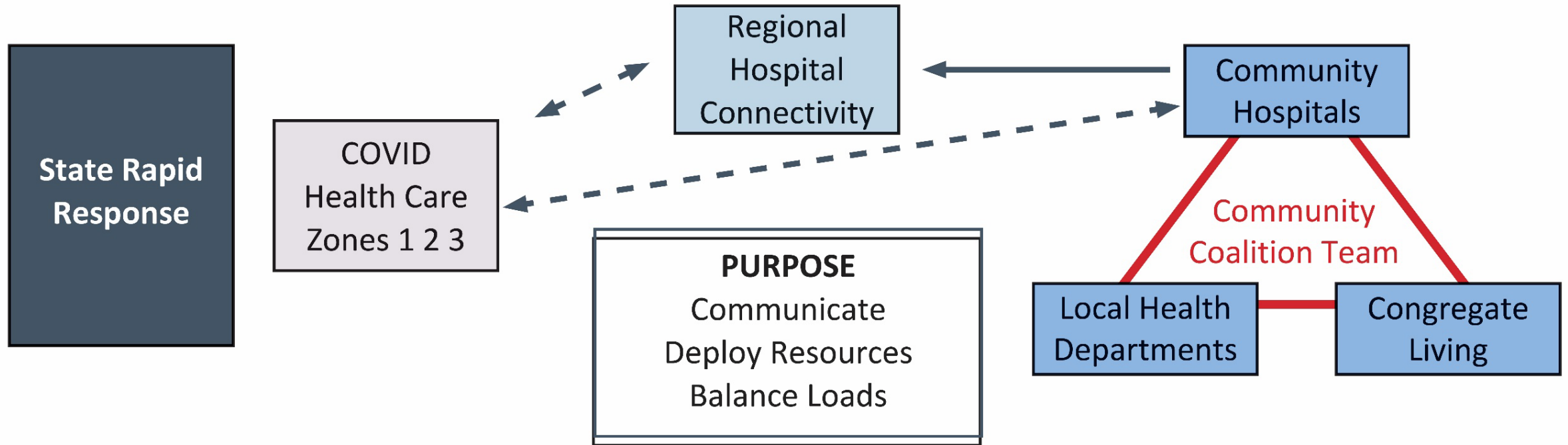


Local Coalitions

Developing locally coordinated clinical support that builds upon, complements, and extends existing efforts to ensure better care for the entire community.

- **Streamlining real-time sharing of information and communication** to alert coalition partners to early signs of surges or supply shortages.
- **Standardizing processes to improve clinical efficiency and effectiveness** while also meeting the unique characteristics of each community. Consistent and ongoing collaboration with local public health, and other infectious disease experts is critical.
- **Maximizing allocation and use of resources** based on broader areas of needs, with an emphasis on PPE, testing, personnel, and transportation.
- **Swiftly conveying information about local situations**, including resource allocation, to the region and zone levels.
- **Organizing for local or community surges**, enabling the coalition to systemically and predictably coordinate responses.
- **Integrating efforts with state-level monitoring and rapid response for COVID-19** to coordinate equitable and transparent access to in-demand PPE and testing supplies across Ohio's many communities.

Local-Regional-Zone-State Connectivity



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#IN THIS
TOGETHER
Ohio

Ohio | Department
of Health
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GOVERNOR OF OHIO

Personal Protective Equipment

Matthew Damschroder, Director, Ohio Department of Administrative Services

Maureen Corcoran, Director, Ohio Department of Medicaid

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Personal Protective Equipment (PPE)

- In recent weeks, the state's focus on PPE procurement, innovative production, newly adopted re-sterilization techniques, and supply conservation efforts have stabilized PPE supplies in some settings.
- The availability of PPE continues to vary by zone/region and type of setting.
- While the supply chain remains uncertain, tracking systems have been deployed to monitor inventory levels, condition and availability across hospitals and many congregate care facilities.

PPE Needed for Healthcare Workers

Based on Exposure and Patient Symptoms



[NO EXPOSURE NO SYMPTOMS

- **Mask:** medical facemask: extended use and reuse all shift*
- **Eye protection:** only for routine precautions
- **Gown:** only for routine precautions
- **Gloves:** only for routine precautions



[EXPOSED NO SYMPTOMS

- **Mask:** surgical facemask: extended use and reuse all shift*
 - N95 only with aerosolization
- **Eye protection:** extended use and re-use goggles / face shield
- **Gown:** expired disposable or cloth isolation
- **Gloves:** medical grade, nonsterile
 - Change between patients



[COVID-19 CONFIRMED OR SUSPECTED

- **Mask:** N95 extended wear within cohort/isolation, limited reuse*
- **Eye protection:** extended use and re-use goggles / face shield
- **Gown:** expired or cloth isolation*
 - Change between patients
- **Gloves:** medical grade, nonsterile
 - Change between patients

PPE & Other Supplies for Restarting Health Care Services

Provider best practices that will guide their restart of non-urgent surgeries, procedures, and other health care services will emphasize patient safety, staff wellbeing, and community protection. Optimal preparation means they must have the following available:

- Adequate inventories of PPE, supplies, equipment, and medicine in their facility.
- A supply conservation and monitoring plan that includes decontamination and reuse protocols to preserve PPE, supplies, equipment, and medicine.
- Access to a reliable supply chain to support continued operations for non-COVID-19 cases, and to respond to an unexpected surge in COVID-19 cases in a timely manner.
- Frequent PPE inventory counts for all providers. For hospitals, this information will continue to be reported to the state's COVID-19 resource management system on a daily basis.

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Statewide PPE Stockpile

- ODH, in partnership with Ohio's hospitals and other providers, will establish a virtual stockpile of PPE for use with COVID-19 patients and health care workers
- Will ensure a reliable PPE supply in the event of a surge of COVID-19 patients.
- The virtual stockpile is not intended to replace each provider's responsibility to procure PPE and other supplies for their organizations for non-urgent diagnostic services or procedures.
- All providers are urged to take all reasonable efforts to both conserve and responsibly procure and manage their PPE supplies for all (COVID and non-COVID) patients.
- Providers in specialties or practice settings that may not experience COVID-19 patient surges will must be situationally aware of statewide PPE, supplies, equipment, and medicine needs and be prepared to contribute as necessary.

Testing: Components, Priorities and Assuring Statewide Access

Mark Hurst, MD, Medical Director, Ohio Department of Health

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Testing Capacity Plan

Help prevent the spread of COVID-19

	April 29 Start Expansion	May 6 Week 2 Expansion	May 13 Week 3 Expansion	May 20 Week 4 Expansion	May 27 Week 5 Final Expansion
Daily Testing Totals	7,228	14,275	18,200	20,275	22,275
Est. Weekly Testing Totals	43,368	85,650	109,200	121,650	133,650

COVID-19 Testing in Ohio

Help prevent the spread of COVID-19



Priority 1	Individuals with symptoms who are: <ul style="list-style-type: none">• Hospitalized.• Healthcare workers.
Priority 2	Individuals with symptoms who are: <ul style="list-style-type: none">• In long-term care/congregate living facilities.• First responders/critical infrastructure workers.• 65 and older.• Living with underlying conditions.
Priority 2a	Individuals and staff without symptoms who are: <ul style="list-style-type: none">• In long-term care/congregate living facilities, including homeless shelters, with an outbreak.
Priority 3	<ul style="list-style-type: none">• Other individuals with symptoms.• Individuals with mild symptoms in areas with high COVID-19 hospitalizations.

Contact Tracing

Melissa Sever, Chief of Public Health Systems and Innovation, Ohio Department of Health

Terry Allen, Health Commissioner, Cuyahoga County Board of Health

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Contact Tracing – Ohio's Path Forward



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CONTACT TRACING WORKFORCE

About **685** local
public health
workers

TIER 1
Intermittent
volunteers

TIER 2
Funding to
support
locally
hired
workers

TIER 3
Deployable
state pool
of trained
workers to
support
surge

**Estimated
1,750
workers
needed**

TODAY

MAY

JUNE 1

Guiding Principles for Responsibly Restarting Ohio's Health Care Services

Mary Applegate, MD, Medical Director, Ohio Department of Medicaid

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Guiding Principles for Providers

- Follow infection control and other environmental practices.
- Follow earlier PPE considerations.
- Define processes for timely COVID-19 testing of patients and staff in accordance with the ODH guidelines.
- Continue to use telehealth modalities whenever possible.
- Develop an actionable plan for communication, outreach, and equitable delivery of services that:
 - Recognizes the underlying social determinants of health and the disproportionate impact of COVID-19 on minority populations.
 - Engages patients in discussion regarding the risk of contracting COVID-19.
 - Engages patients in shared decision making regarding the need for and timing of health care services. Surgeries and other procedures could still be delayed based upon mutual decisions made by patients and their clinicians.

Environmental Considerations

- Pre-restart considerations
- Prioritizing patient outreach and scheduling
- Patient Communication
- Patient Screening for COVID-19
- Facility Considerations
- Workforce/Staffing
- Sanitation Procedures
- Personnel Protective Equipment
- Supplies
- Patient and Staff Testing
- Consultation of Additional Resources



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Ohio's Stepwise Approach to Responsibly Restart Health Care Services

Andy Thomas, MD, Chief Clinical Officer, Ohio State Wexner Medical Center

Robert Wyllie, MD, Chief Medical Operations Officer, Cleveland Clinic

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Step 1: Reassessment of Delayed Surgeries and Procedures – Action Underway

Previously delayed surgeries and procedures are being reassessed, prioritized, and performed if there is a:

- Threat to the patient's life if the surgery or procedure is delayed;
- Threat of permanent dysfunction of an extremity or organ system if delayed;
- Risk of metastasis or progression of staging if delayed;
- Risk of rapidly worsening to severe symptoms if delayed, or
- Presence of severe symptoms causing an inability to perform activities of daily living.

Step 2: Restart All Medically Necessary Procedures That Do Not Require an Overnight Stay or an Inpatient Hospital Admission

- Beginning May 1, all medically necessary procedures that do not require an overnight stay in a healthcare facility or do not require inpatient hospital admission and minimize use of personal protective equipment may move forward.
- This includes regular doctor visits, well-care checks, well-baby visits, outpatient surgeries, imaging procedures, and diagnostic tests. Dental services and veterinary services may also proceed if a safe environment can be established.
- This care will be provided at ambulatory surgery centers, outpatient departments of hospitals, clinics, and the offices of many other health professionals, including but not limited to dentists and orthodontists, optometrists, and chiropractors.

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Step 3: Restart Remaining Non-Urgent Inpatient Hospital and Other Services

- As the environment changes and our response the pandemic progresses, zone/region leadership and other health care leaders will work with the state to determine an appropriate time to restart all other non-urgent services, including those that require an overnight stay in a hospital or an inpatient hospitalization.
- The timing for this step will depend on analysis of the health care system and its capacity and monitoring flare ups across the state, as well as monitoring of the broader impact of COVID-19 across the state.
- Once this step has started, providers will work directly with patients to determine when such services can be performed safely from clinical and environmental perspectives.

Type of Service		Step 1 Through April 30, 2020	Step 2 Beginning May 1, 2020	Step 3 Date TBD
Essential	Surgeries and procedures	✓	✓	✓
	Office-based health care services	✓	✓	✓
Medically Necessary Non-Urgent Outpatient	Office-based health care services		✓	✓
	Outpatient surgeries, procedures		✓	✓
	Outpatient diagnostic tests		✓	✓
	Outpatient imaging tests		✓	✓
All Non-Urgent Inpatient & Other Services	All other inpatient surgeries & health care services that may be necessary or beneficial to the patient, but are not time-sensitive			✓

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Our Collective Call to Action

Lori Criss, Director, Ohio Department of Mental Health and Addiction Services

Ursel McElroy, Director, Ohio Department of Aging

Annette Chambers-Smith, Director, Ohio Department of Rehabilitation and Corrections

Kara Wente, Assistant Director, Ohio Department of Job and Family Services

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Resources

- [Responsible RestartOhio](#)
- [Ohio Department of Aging Coronavirus Information](#)
- [Ohio Department of Developmental Disabilities COVID-19 Resources and Support](#)
- [Ohio Department of Mental Health and Addiction Services Coronavirus Information](#)
- [Ohio Department of Rehabilitation and Correction COVID-19 Updates](#)
- [Ohio Department of Medicaid Telehealth Updates and Resource](#)
- [COVID-19 LTSS Pre-Surge Planning Toolkit](#)
 - [Nursing Facility-Focused LTSS Toolkit Walk-Through](#)
 - [Community-Focused LTSS Toolkit Walk-Through](#)

Thank You!



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