

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 briefing highlights these important questions and areas for board consideration in a practical seven-point framework.

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.

Seven areas for board consideration include:

- #1: Ensure that an Effective Emergency Preparedness Plan is in Place
- #2: Ensure Effective Infection Identification, Management and Prevention
- #3: Ensure that an Effective Crisis Communication Plan is in Place
- #4: Ensure a Safe, Healthy and Sufficiently Trained Workforce
- #5: Ensure Ethical Management of Scarce Resources
- #6: Understand the Financial Implications and the Hospital Leadership’s Response
- #7: The “Look Back”: Evaluate the Hospital’s Emergency Response, then Recalibrate

The board, along with senior management, sets the overall organizational tone in addressing this pandemic. Leadership 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 the 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 that 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, while hospital management determines the details and ensures effective execution. Hospital management and staff are responsible for ordering the equipment, supplies, facility design, written agreements (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.

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 online from the CDC's website.

CDC COVID-19 Hospital Preparedness Assessment: Ten Key Elements

- Infection prevention and control policies and training for healthcare personnel;
- Process for rapidly identifying and isolating patients with confirmed or suspected COVID-19;
- Patient placement;
- Transmission-Based Precautions (use Standard, Contact, Airborne Precautions plus eye protection for patients with confirmed or suspected COVID-19 cases);
- Movement of patients with confirmed or suspected COVID-19 within the facility;
- Hand hygiene;
- Environmental cleaning;
- Monitoring and managing healthcare personnel;
- Visitor access and movement within the facility;
- Facility regularly monitors the situation on CDC's coronavirus disease (COVID-19) web page.

[Download the CDC checklist](#)

#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 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.

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.

Rumors in a community can abound and result in unnecessary panic and missteps. In order for the community to have trust in the hospital, its leaders and personnel, 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.

#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. 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. Urgent concerns about the availability of PPE are already being expressed by hospital leaders and health care personnel in communities where the incidence is high and growing.

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.

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.

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 healthcare 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. 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.

#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?

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 healthcare systems — however, these patients will need careful triage and continuous monitoring.

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.

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.

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

#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 the 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 coronavirus emerged.

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.

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.

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?

#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.

Summary

In summary, COVID-19 will undoubtedly be the most serious test of our hospitals in many decades – as well as the preparedness of our overall health system to respond to a crisis of unprecedented proportions effectively. Hospital and health system boards play a critical role in assuring that policies, processes, structures, communications, and resources are in place and ready to meet this great challenge.

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.

The information and insights that are shared will be used to help leadership teams and governing boards stay up to date on the latest COVID-19 governance issues and practices.

Additional Resources:

COVID-19 Websites:

[The Centers for Disease Control and Prevention - COVID-19](#)

[The World Health Organization - COVID-19](#)

[American Hospital Association COVID-19 Web page](#)

[Centers for Medicare and Medicaid Services - CMS COVID-19](#)

[Johns Hopkins University Coronavirus Resource Center](#)

Refer to you state hospital association as well as state and local government for additional resources.

COVID-19 Hospital Resources:

[CMS Adult Elective Surgery and Procedures Recommendations](#) - CMS

[COVID-19 Healthcare Planning Checklist](#) - US Department of Health and Human Services

[Hospital Preparedness Checklist](#) - Centers for Disease Control and Prevention (CDC)

[Pandemic Preparedness for Healthcare Workers](#)— Occupational Safety and Health Administration

[Coronavirus Scenario Planning](#) - Advisory Board

[COVID-19 Related Cybersecurity Information](#) - American Hospital Association

COVID-19 Long-term Care Facilities and Nursing Homes Resource:

[Preparing for COVID-19: Long-term Care and Nursing Homes](#) - CDC

Ethical Preparedness Resources:

[Ethical Preparedness for Pandemic Influenza: A Toolkit](#) - Makkula Center for Applied Ethics, Santa Clara University

Resources used for research and context purposes have been sourced as accurately as possible at the time of publication. If you believe something has been cited incorrectly, please contact governWell™ at contact@governwell.net.

About the Authors

Anne Rooney, RN, MS, MPH, *President, Anne Rooney & Associates, Inc.* Anne Rooney brings 30+ years experience in global accreditation and standards development, health care quality strategy, process improvement, and patient safety consulting, education, and management through The Joint Commission, as well as in several senior consulting roles both in the U.S. and internationally. Anne currently has her own global healthcare consulting practice with special focus and expertise in health system strengthening, health policy, strategic and business planning, accreditation and quality systems development, clinical quality and patient safety, and process improvement. She has experience in serving in the governance of various non-profit organizations in various roles including Board President, Secretary, Chair of Human Resources and Compensation Committee and Chair of the Development Committee. Anne has extensive international experience with Ministries of Health, government agencies, and health care provider organizations in the U.S., Europe, Africa, the Middle East, and Asia. Anne has published numerous articles, given many professional presentations, and is a strong leader with the ability to work effectively with healthcare providers, government officials, Boards of Directors, and health care professionals in diverse cultures and environments around the world.

Mary Rooney Sheahan, RN, MS, RLC, *Executive Coaching and Leadership Development, President, The Sheahan Group* Mary Rooney Sheahan has held management positions at Advocate Healthcare and was President/CEO of Provena Mercy Center, a leading acute care hospital and part of Provena Health. She also served as President/CEO during a financial turnaround of Midwest Medical Center in Galena, Illinois. Mary currently serves as President of the Sheahan group, A healthcare consulting practice specializing in providing senior leadership coaching, team-building, organizational culture change management, interim executive leadership, organizational training and special project management. Mary brings 40 years of leadership experience in a hospital setting with skills in overall operations, strategic planning, performance improvement, team facilitation, organizational culture change, and staff development. Effective in collaborating with medical staff and in setting strategic directions for the organization in conjunction with the Board of Directors. Mary currently serves on three boards: she is the Board Chairperson of Northwest Community Healthcare, Board Chair of Midwest Medical Center and the Board Chair of Friendship Village. Mary serves as a coach for the Community Memorial Foundation, Lagrange, IL and is very involved in DuPage County social services.

*governWell™ also extends appreciation for the review of this advisory to **Ann Scott Blouin, RN, PhD, President & Founder, PSQ Advisory, and Todd Linden, MA, FACHE, President, Linden Consulting, Inc.***

