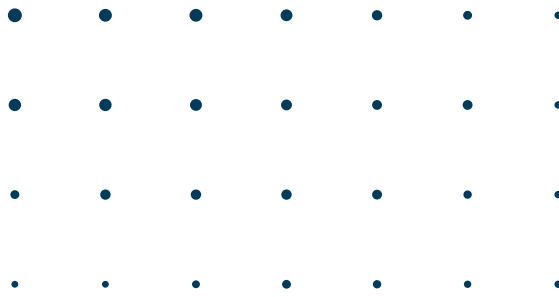# A Checklist to Prepare Healthcare Organizations for Another COVID-19 Outbreak

For most healthcare organizations, the initial wave of COVID-19 patients has retreated. Providers and staff are collectively catching their breath from the frenetic pace the pandemic required in spring and early summer. Unfortunately, the time for reflection is nearly up, as preparations for responding to a potential fall resurgence begin. Lessons learned—especially those concerning the use of, or lack of, personal protective equipment (PPE)—must be applied in order to better control outbreaks caused by the public's return to stores, offices, and schools.

What did the initial reflection on COVID-19 teach us?

Healthcare providers and staff faced countless challenges since the start of the pandemic. Arguably, however, three issues caused them the most anxiety and concern:

- Bans of patients' families and other visitors to healthcare sites

- Working with PPE (lack of equipment, difficulty using equipment, etc.)

- Fear of infecting others and worry about contracting the virus themselves

Aid your healthcare organization in being more prepared to address these top concerns, and others. Here are 10 important discussion points to put atop your agenda today.
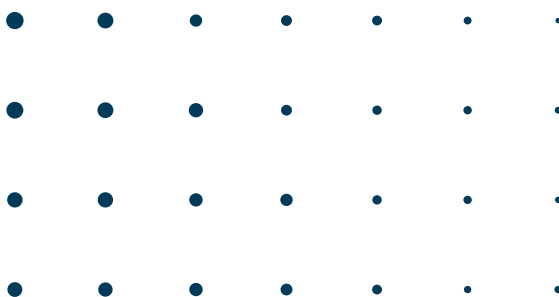
1. Provide mental support for healthcare professionals

Coronavirus has affected healthcare professionals in all sectors, regardless of facility type, department, medical specialty, and patient population served. It's well documented that providers lacking sufficient care during and after disasters show short- and long-term symptoms ranging from anxiety to post-traumatic stress disorder (PTSD). Ensure that your organization is taking steps to safeguard staff's mental and physical wellbeing under the enormous emotional pressure of the coronavirus crisis. Considerations include:

○ Ensure the physical presence of a social worker or a psychologist.

○ After a staff member's shift, give them space to vent and share their experiences with someone who can provide emotional and mental support.

○ Consider the difficult conversations that healthcare professionals have had with patients in the final stage of life, because spiritual caregivers or psychologists were not allowed to enter the ward. Often, they did not know how to comfort patients' families and friends.

○ Patients can be frightened by caregivers and staff who approach them wearing PPE suits and masks. Provide support for healthcare professionals in how to approach patients and to deal with the anxiety involved in physical barriers to touch.

2. Create clarity in guidelines

It's not unusual for coronavirus guidelines to differ from facility to facility, or within a site's own departments, especially when the experts disagree on a standard approach. The problem is exacerbated when employees of different departments and institutions discuss the discrepancies, and the result is confusion or unrest. To avoid such situations, healthcare leadership must:

○ Create clarity in the guidelines and educate staff on why the method or process in place has been chosen.

○ Adhere to national guidelines. For example, the guidelines state that the use of mouth masks can help prevent spread, but not contamination. Thus, educate staff that mask requirements are in place to protect them but must be used according to and in combination with other guidelines (i.e., do not reuse masks, wash hands frequently, etc.) to combat infections.

3. Consider major modifications to improve COVID care

With the spring peak of COVID-19 behind us, and the potential of a resurgence ahead this fall, healthcare institutions have a window of time to consider modifying the way they treat COVID patients. Examples of changes healthcare organizations are making include:

○ Reassigning which physical location(s) or department(s) will receive coronavirus patients.

○ Determining whether they are staffed with the appropriate type and number of healthcare professionals they will need in the instance of a second (or third) wave of the pandemic.

○ Re-configuring the flow of foot traffic throughout the entire organization to help prevent the spread of infection.

4. Ensure that there is a policy to address privacy

Many healthcare institutions have struggled with applying privacy laws amid the pandemic. Internal policies for reporting cases of COVID-19 must consider the rights of patients, staff, and the community at large. Violations invite legal action, monetary penalties, and reputational damage. Worse, failure to create a sound policy about whether and when to report suspected or confirmed cases leaves everyone unprotected. As a result, ensure that internal policy adheres to privacy laws and covers the following sample points:

○ How and when to gather a list of individuals with whom the infected patient has been in contact. Document contact information, and inquire about the best way to reach them.

○ Beyond the patient-facing providers and staff, identify which cleaners, pharmacists, food delivery professionals, or others in support positions may have been in contact with the patient and inform them about the risk of infection. Provide clear instructions for testing.

○ State in a general sense, without violating privacy, that there are infections at a location once it's discovered that a patient or caregiver has contracted the virus.

the patient safety® company

a symplr® company

5. Share the positive experiences to boost healthcare professionals' resilience

Each day, the media has covered the staggering number of coronavirus patients who have died. For some healthcare professionals and others in society, such nonstop attention increases anxiety, depression, and feelings of helplessness. We know from positive feedback that it contributes to hope, confidence, and optimism—which ultimately can boost people's resilience. As a result, it's essential to tend to individuals' mental health to promote resilience and reduce stress. Emphasize the positive by:

○ Communicating about the number of patients who have recovered from COVID-19 within the healthcare institution or department.

○ Highlighting instances of collegiality and support among healthcare professionals and facility staff.

○ Encourage managers and staff to give compliments.

○ Sharing feedback about positive experiences and gratitude from patients, their families, and clients.

6. Provide sufficient PPE and solidify policies about its use

There has been much concern surrounding access to, and use of, protective gear. Healthcare professionals working with frail or older patients who were not allowed to receive visits have felt that humanity was lacking. Others, lacking PPE, cited being unable to sufficiently observe safety regulations and precautions for themselves and for patients. Ensure the organization can secure sufficient PPE by:

○ Keeping an adequate supply of masks, gloves, and protective clothing.

○ Communicating the reasons why and how the use of PPE protects the vulnerable and all patients in the terminal phase, because "being human" is so important in the delivery of care during the final phase of life.

○ Ensure that PPE communication, policies, and supplies extends to paramedics and support professionals (e.g., spiritual counselors).

7. Allow for questions of conscience from healthcare professionals

Eight in ten healthcare professionals cited feeling overburdened during the peak of COVID-19. A quarter of them described the period as traumatic. Consider that many spiritual counselors and healthcare professionals had little choice between caring for patients and potentially infecting loved ones and others, causing feelings of guilt. Now that most organizations are post-peak, healthcare professionals have room to reflect.

○ Pay attention to healthcare workers' questions of conscience about the care provided or the choices made (e.g., a spiritual caregiver who chose not to enter a patient's room for fear of infection).

○ Schedule meetings for staff to discuss and share experiences. Sharing often promotes the self-examination and confirmation they need about actions they took and struggle with post-event. The outcome of the discussions may be that healthcare professionals can say that they acted properly, could not do otherwise, or at least acted in good conscience. It can help them to avoid moral harm longer term.
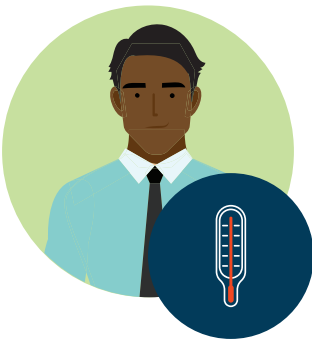
8. Test healthcare professionals

Many healthcare professionals had to continue working through the first wave of the pandemic, despite feeling exhausted or ill (except in cases of fever). Not knowing whether they had contracted the virus created anxiety, fear, and frustration. On top of those feelings, many worried about the potential of infecting others. In case of concerns about contamination, have the healthcare professionals tested so that fear and unrest can be removed immediately

○ Make clear agreements about what to do in cases of health complaints and describe the symptoms clearly, so that there is no ambiguity.

9. Be clear about family and visitors

In the initial months of the pandemic, healthcare professionals have had difficulty keeping family and other visitors out of restricted areas. To support staff:

○ Evaluate the existing agreements and determine together where any bottlenecks exist in restricting access.

○ Provide family and other visitors with multiple forms of communication (e.g., written, email, text) about the visiting arrangements

○ Map and provide signage showing the areas in the institution that visitors may or may access. Indicate the hours any restrictions are in place.

○ Communicate clearly about the underlying reasons for the visiting arrangement, so that there is no ambiguity.

○ Communicate that visitors with a temperature or those experiencing cold or flu symptoms may not enter.

○ Give healthcare professionals clear instructions about how to approach visitors, so that they can relay the policies and avoid any ambiguity.

10. Make agreements with suppliers

For suppliers of meals, pharmaceuticals, or other items and services, it is important to make and keep agreements clear by:

○ Evaluating together what went well during the first outbreak, and what could be improved upon before the next wave of patients.

○ Walking or otherwise mapping which routes or areas suppliers may or may not access.

○ Check whether new agreements need to be made with current or new suppliers, so that there is clarity about the policy within the healthcare institution.

About symplr Patient Safety

This may come as no surprise, but we like things to be easy.

Our mission here at symplr is to lead the healthcare industry in simple, easy-to-implement software and services for compliance, medical credentialing, incident management and quality improvement.

symplr Patient Safety provides a flexible, scalable and easy to implement solution for capturing patient safety related incidents, managing their workflow, gathering feedback, implementing improvement actions, and tracking their efficacy.

Our goal is to make governance, risk management, and compliance the simplest part of your business. It's right in the name, spelling aside.

Contact us for more information:

info@patientsafety.com   +31 72 – 8200 400   www.patientsafety.com

the
patient safety®
company

a symplr® company