

System Triggers

Metric	Trigger	Current State	Actions
TESTING			
Outpatient Testing availability/capacity	<200 tests/day	GREEN	If either metric triggered- immediate pause in <u>all</u> phased re-opening plans for system until system can determine reliability of supply chain. If continued issues- relook at reversing reopening plans
In House Testing Availability	< 100 tests	GREEN	
CAPACITY			
PPE days on hand (N95, CAPR, Surgical supplies, Masks, etc.)	< 30 days	GREEN	If less than 30 days, hold phased <u>procedural</u> area plans, re-evaluate supply chain and consider reducing procedural volumes to build PPE supplies to target.
% Staff Unavailable to work (All Cause)	>15%	GREEN	Hold <u>all</u> phased plan advancement- immediately evaluate unit specific deficits.
% Critical Care Physicians Unavailable for work	>30% (4)	GREEN	Hold <u>all</u> phased procedural plan advancement- consider reducing procedural volume or return to baseline reduction in volumes. Immediately evaluate med staff opportunities for replacement
% Negative Pressure ICU beds occupied (COVID+)	>30% (12 beds)	GREEN	Hold <u>all</u> phased procedural plan advancement. Immediately evaluate need to restrict all procedural volumes to maximize staffing and resources for Covid patients
Critical Medication Supply (Propofol, Fentanyl, Cisatracurium, Ketamine)	>14-day supply	GREEN	Hold <u>all</u> phased procedural plan advancement. Hold or reduce all procedural volume requiring identified medications or implement alternative protocol

CASE MONITORING			
Inpatient COVID + Admissions per day	4/24-hour period	GREEN	If any metric triggered- immediate pause in <u>all</u> phased re-opening plans for system. Immediate evaluation of current resources and capacity. Consideration of reversal of <u>all</u> phased-in activity to open capacity and conserve resources.
System Testing % Positive	>10% Positive	GREEN	
Total # of Regional (SHPR) Hospital Admissions	>40 pts in Region	GREEN	
% Increase patients in NHRMC hospital at home	>20% Increase/week	GREEN	
System Hard Stops			
LTC or “Cohort Facility” Covid+ with >5 admissions from facility	YES	GREEN	Consideration of reversal of <u>all</u> phased- in activity to open capacity and conserve resources.

Re-Opening Safety Tenets

1. Daily monitoring of System Triggers by OLT
 - Immediate re-group of Service Line Dyad team if any triggers met for action planning
2. Strict adherence to social distancing measures (6 ft more) and hand hygiene
3. Universal Masking
4. Employee, patient and visitor screening
 - Invasive Procedures, immunocompromised or other “high-risk” populations recommend screening prior to scheduled appt (telephonic etc)
5. Visitor Restrictions/Limitations remain in place
6. Maintain virtual and work from home where appropriate
7. Prioritization of procedures/visits at Outpatient locations off of main campus for preservation for potential COVID ramp-up if needed
8. Service-Line written plans established, documented, and approved included the following:
 - e.g., Diagnostics, ancillary services (infusions & labs), elective procedures, clinic visits
9. Additional Service-Line requirements outlined such as PPE, testing etc. must be incorporated into System-wide triggers for feasibility and necessary run rates
10. Careful selection of patients in initial phases limiting those with extensive surgeries, long length of stays and numerous comorbidities
11. Review risk/benefit analysis of completing surgery during this time and document that justification was reviewed with patient

Phased Timing

Proposal is week by week phased ramp up starting 4/27 for time critical OP clinic visits, non-invasive diagnostics and 5/4 for invasive procedures.