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|  Mountain View Child Care, Inc. 1720 Mountain View Ave. Loma Linda, CA 92354 | <input checked="" type="checkbox"/> Totally Kids Rehabilitation Hospital <input type="checkbox"/> Circlebrook (CB) <input type="checkbox"/> Corporate |
| SUBJECT: COVID-19 Crisis Care Continuum Plan | PLAN: 11.021 - AC |
| SECTION: XI-COVID-19 | PAGE: 1 OF: 5 |
| SUBSECTION: GENERAL | EFFECTIVE: 01/06/2021 |
| Prepared by: Racquel Arden, MA,RRT, HACP,CPHRM, VP of Regulatory Compliance | ORIGINATION: 01/06/2021 |
| REVIEW/REVISION: | |

PURPOSE:

To provide a Crisis Care Continuum plan that guides Totally Kids Rehabilitation Hospital (TKRH) response to the COVID-19 pandemic and mitigate the effects of this pandemic within our organization.

PLAN:

This plan describes the COVID-19 Crisis Care Continuum for TKRH acute care unit in response to California Department of Public Health (CDPH) All Facilities Letter (AFL) 20-91 issued on December 28, 2020.


TKRH supports and follows the [California Crisis Care Continuum Guidelines](#)

TKRH approach to our COVID-19 Crisis Care Continuum Guideline will include the following objectives:

- Maintain a safe environment and decrease the risk of infection for patients, staff, and visitors
- Maintain our organization’s functional integrity, including the provision of essential services, business functions, and continuity of all operations.
- Continue to coordinate our pandemic response activities with those of the community’s emergency response system.
- Provide testing for patients and staff within a clinically valuable timeframe in a way that respects their right to choose whether or not to be tested.
- Communicate to our staff, patients, and families with updates to COVID positive cases within the organization.
- Consistent procurement of PPE in sufficient supply to meet the daily need with a goal to maintain an ongoing 14-day supply
- Designation of space that can safely be used to isolate COVID+ patients without posing a risk to the life and safety of other patients or staff

Assumptions

- TKRH structural capacity limits admissions to direct transfers from other general acute care hospitals or other long-term care facilities.
- TKRH does not have an emergency department, 24-hour onsite physician coverage, ICU or surgical services.

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Leadership Structure

- Maintains current senior executive structure with enhanced clarity of assignments and tasks.
- Incident Command task force meetings. Key elements: Staffing, space, PPE, testing, vaccinations, supplies, regulatory/licensing updates, policies, human resources updates, education, and other communication.
- Engages key leaders in the decision making process including ethical issues

Acute Rehabilitation Unit

- We are currently licensed for 25 Pediatric acute rehabilitation beds and 4 of the 25 beds can accommodate med/surg patients.
- We have one negative-pressure isolation bed to place covid positive patient.
- During crisis mode, we will open up and staff up to 10 additional bed spaces in designated recreational space.
- During crisis mode, We will convert and staff our 25 pediatric rehabilitation bed capacity to med/surge beds.
- During crisis mode, we will convert and staff our rehabilitation gym to accommodate 4 additional med/surge beds.


Staffing Strategies

The Hospital’s plan includes expediting training of new health care professional (HCP) hires and/or staff brought in from other locations to provide patient care in the event that the hospital reaches a staffing crisis. The Chief Nursing Officer is assigned responsibility for conducting a daily assessment of staffing needs and implementation or initiation of backup plans as appropriate.

In the event of crisis mode, a staffing plan is in place (11.008(H)-PLAN- COVID19 Staffing Management Plan).

Existing Staff

- Select staff will be available and assigned to care for COVID19 positive and/or surge patients.
- Incorporate on-call process to allow for staff readiness in case of a shortage
- Increasing shift hours as needed
- Incorporating mandatory overtime
- Calling in additional staff and casual staff when needs fluctuate
- Utilize needs-lists to allow for voluntary coverage of anticipated staffing shortages
- Use of staff with dual licensure in those capacities (Ex: RCP with LVN license)
- Reassign duties to care staff as appropriate

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- Simplify non-critical cares and treatments (Medications, ADLs, documentation, etc.) in the event staffing needs affect ratios
- Increasing staff to patient ratios depending on acuity and need (as regulatory waivers allow)
- Reassign licensed administrative staff to patient care roles as appropriate, such as Case management nurses, nurse managers, etc.
- Offer incentives for understaffed assignments based on a defined protocol

External Staffing

The following are plans for potential use of external staff:


- Use of registry staff
- Continue to actively recruit additional clinical staff
- Use of nursing, respiratory, and certified nursing schools for clinical support.
- Request additional staffing resources from Standardized Emergency Management System (SEMS). ICEMA Duty Officer: phone (909) 388-5823, fax (909) 388-5825, and email icemadutyofficer@cao.sbcounty.gov
- Call in retired or recently separated licensed staff. The HR team has developed a list with contact information and has called each person to assure accurate contact information and availability.
- Arrange and agreement with local hospitals for staffing support if needed.
- Realign certain functions to allow use of community organizations, volunteers, family members, private contractors. (outline/protocol pending)
- Contact the Medical Health Operational Area Coordination (MHOAC) call-in line for immediate staffing needs and will report directly to them before implementing evacuation of the facility.
- Report to CDPH immediately (define as soon as practical) within 24 hours if there is a sudden spike in staff absenteeism or urgent staffing shortage.

Physician Coverage Plan

- Allowing temporary privileges for new members of medical staff including but not limited to allied health professionals (i.e. nurse practitioners) to staff acute care areas of the hospital.
- Use of tele-health process to assist with physician evaluation and treatment as needed.
- Extend pharmacist to 24/7 availability to help staff with medications.

Clinical Decisions

- Team working to define and minimize futile care/CPR limitations and develop treatment and end of life plans of care.
- Initiate discharge to home for clinically stable patients.
- Temporarily suspend non-urgent out of facility appointments

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Supplies

- Obtained several hundred point of care rapid antigen testing kits to have a rapid test (turnaround time 15 minutes) for all employees and symptomatic patients.
- Contact the Medical Health Operational Area Coordination (MHOAC) call-in line for immediate supply needs.
- Secured additional beds and cots
- The hospital has agreements with the following supply networks for ongoing procurement of PPE, as supplies are available, and works with these companies to procure acceptable but alternate equipment when necessary.
- Re-use and extended use of PPE
- Acquire donations from local communities for general supplies (i.e. cleaning supplies, linen, and PPE).
- Purchased additional supply of equipment (i.e. IV pumps, monitors).

Challenges

- Small pediatric acute rehabilitation hospital with limited physical space making it difficult to expand capacity.
- Small pool of clinical staff makes it challenging to adequately staff when even a few staff members do not report for duty, which can have a huge impact on our hospital.
- Absence of tertiary care services, including in-house comprehensive laboratory and radiology services, and intensive care.

Morale and Communication

- Provided an employee assistance program for individual counseling and support
- Daily dashboard and information line
- Provided lunch three times a week for all employees to help minimize stress
- Utilizing the county SOS team as needed
- Provided pay increase and staffing bonuses throughout the pandemic
- Incident Command COVID Task Force-meets daily during crisis to support communication
- Implemented virtual meetings to support staff involvement.
- Communication to families, patients, and staff about the facilities activities as it relates to its COVID-19 Crisis Care Continuum Plan
 - TKRH website: <https://totallykids.com/>
 - Employee communication: Paycom, daily huddles/whiteboard, education, TK incident command google group for leadership.

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