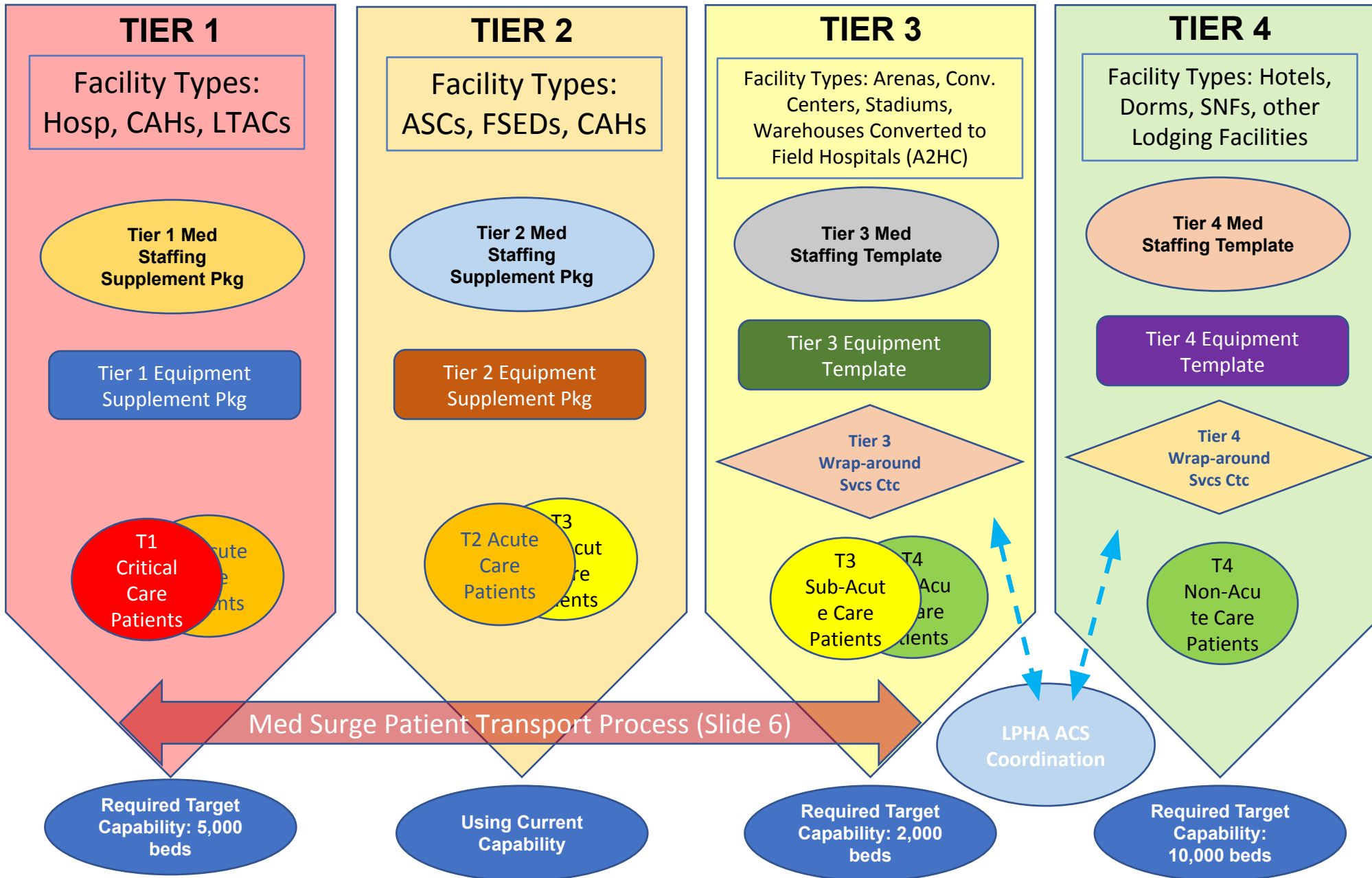


Public Health & Medical Section

COVID-19 Strategic Plan (DRAFT)

March 30, 2020

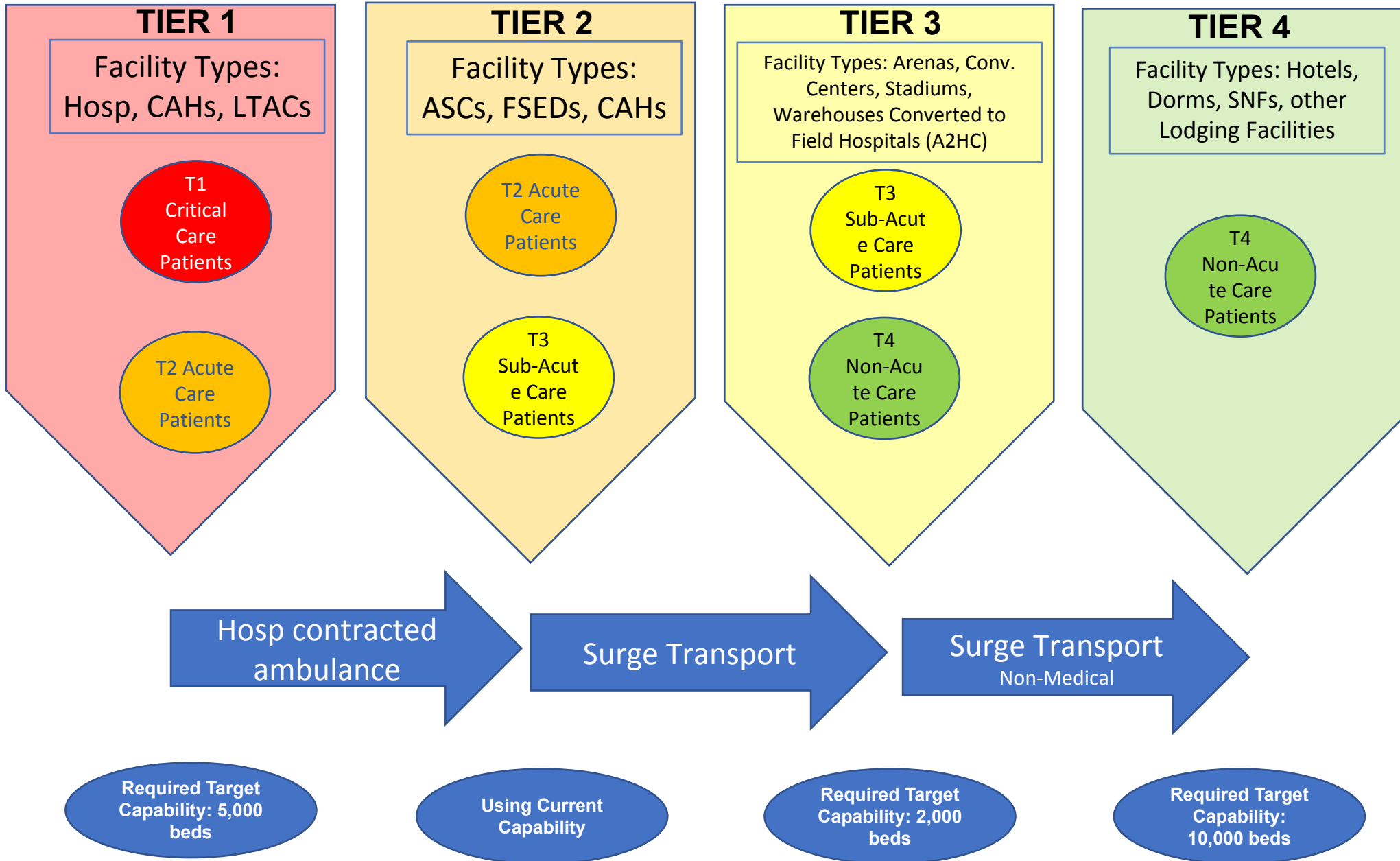
Medical Surge Concept of Operations



4 Patient Types:

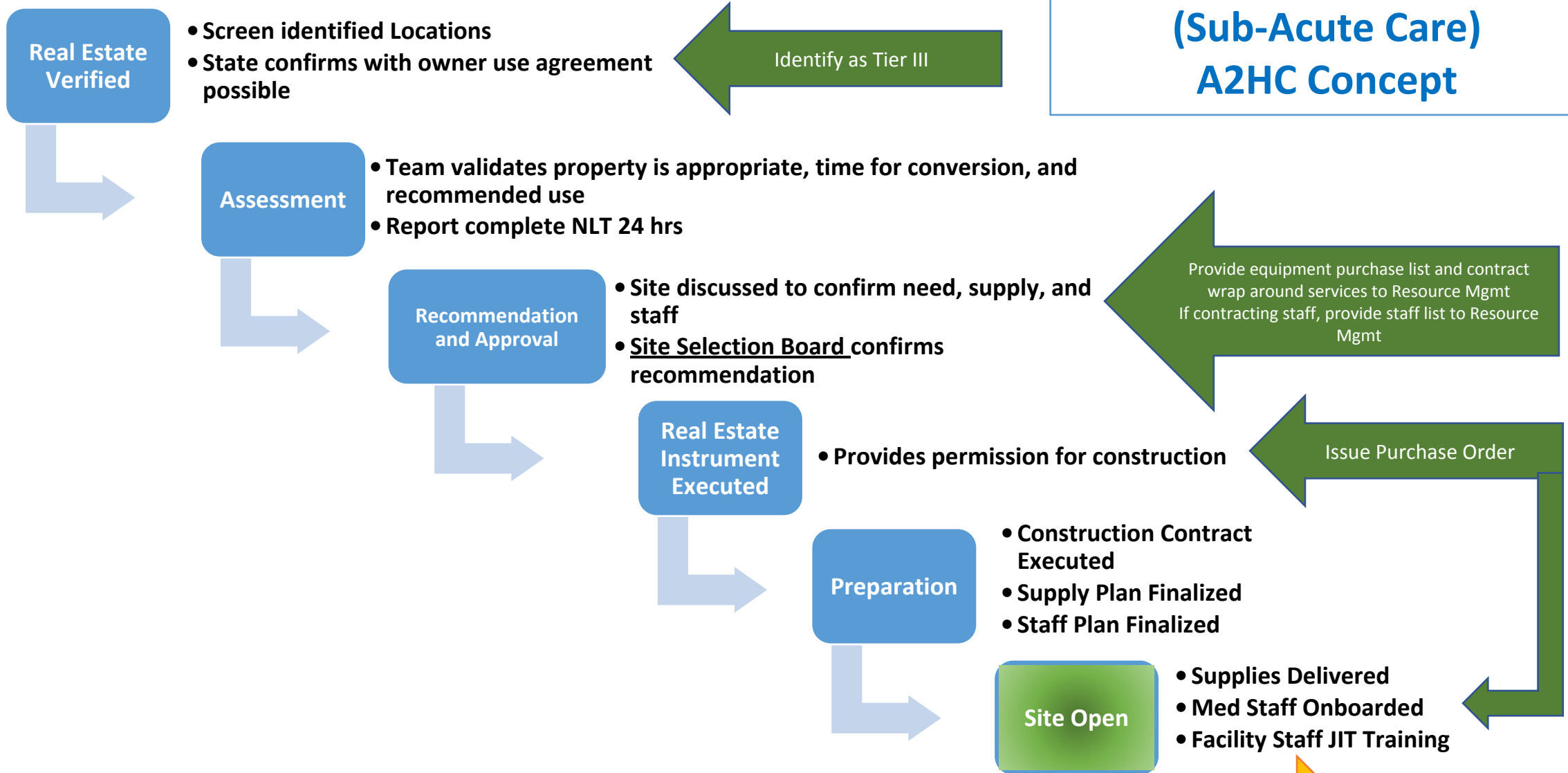
- 1) **Type 1: Critical Care Patient** (ex. Ventilator, dialysis, ICU needs)
- 2) **Type 2: Acute Care Patient** (ex. IV meds/fluids, hourly monitoring, RN, RT needs)
- 3) **Type 3: Sub-Acute Care Patient** (ex. Daily MD monitoring, 2x Daily RN, RT needs)
- 4) **Type 4: Non-acute care patient** (ex. asymptomatic persons needing quarantine and/or basic supervision; may include homeless)

Medical Surge Concept of Patient Transport

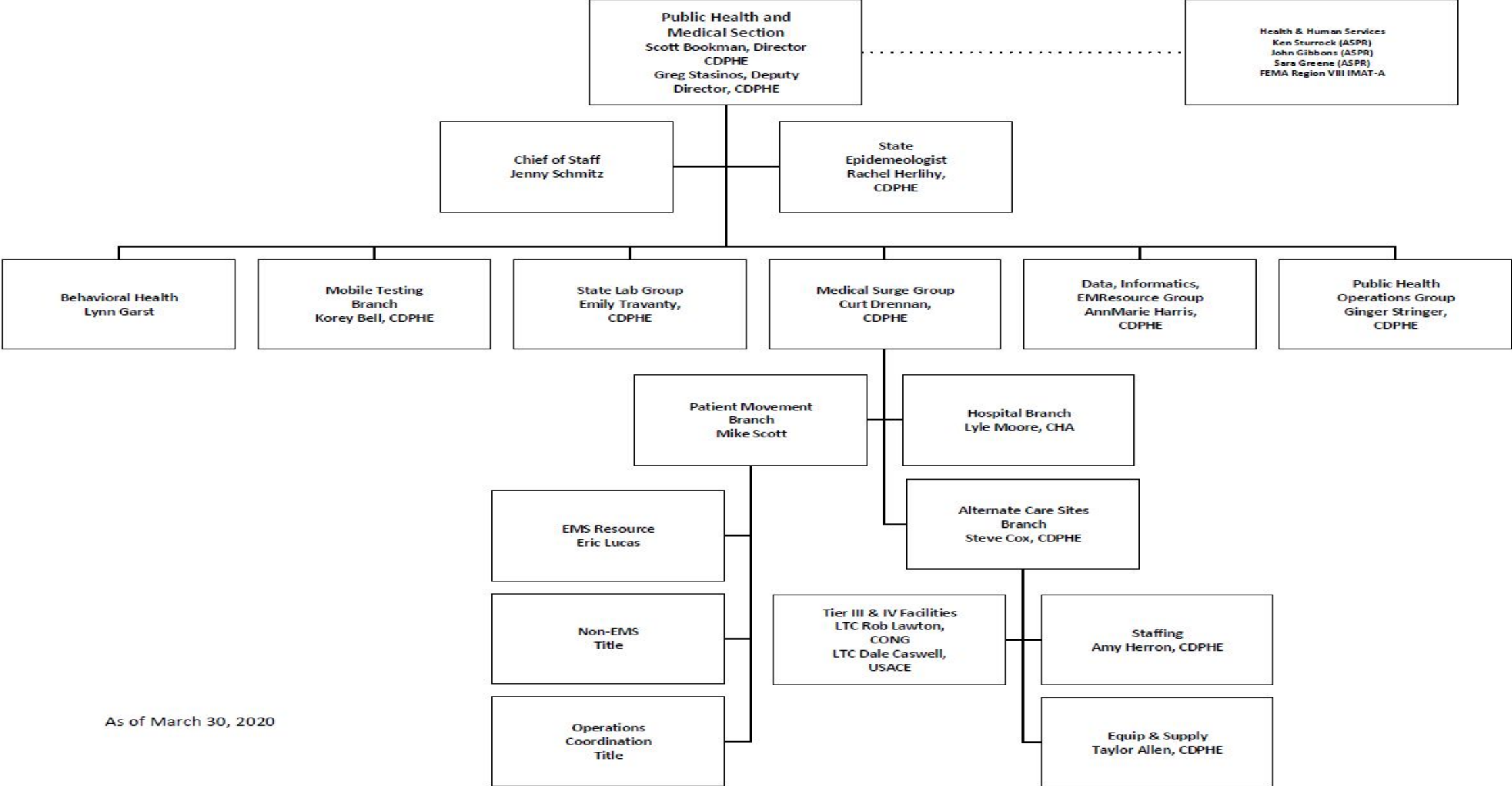


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Med Surge Tier 3 ACF – (Sub-Acute Care) A2HC Concept



PHMS Updated Org Chart Slide



As of March 30, 2020

Our Mission

The mission of the Public Health and Medical Section in the COVID-19 response is to save lives by ensuring the stability of Colorado's healthcare system and to increase capacity within that system

Key Operating Assumptions

1. Healthcare institutions across the state have been preparing for COVID-19 for many months and have taken steps to increase internal capacity
2. Healthcare systems will work within their normal patterns until they are overwhelmed
3. The role of the state is to:
 - a. Support healthcare systems with coordinated access to private sector resources to acquire PPE, ventilators, and other equipment
 - b. Coordinate the recruitment and utilization of volunteer medical professionals to provide surge capacity within the healthcare system
 - c. Provide information on the status of the healthcare system
 - d. Create systems that overlay the normal healthcare system to provide coordination and response when the healthcare system becomes overwhelmed

Our Operating Challenge

Based on epidemiological models, and depending on the effectiveness of social distancing, Colorado can expect to see a surge of patients that will overwhelm hospitals between April and July 2020. Based on clinical evidence from areas previously hit with the COVID-19 outbreaks, patients who are severely ill will require intensive care and will be ventilator dependent for an average of 11 to 20 days

Common Operating Language

Patient Acuity Designation	Healthcare Facility Designation
Critical Care	Hospital ICU Bed
Medical Surgical Acute Care	Hospital or other healthcare facility bed
Medical Surgical Sub Acute Care	Field Hospital/Alternate Care Site
Non Acute Care	Hotels/Dorms to Hospitals

Public Health and Medical Section WIGs

WIG #1: Increase the total number of critical care beds in Colorado from 1,849 to 5,000 by April 18, 2020

WIG #2: Increase the total number of subacute Tier 3 surge beds in Colorado from 0 to 2,000 by April 18, 2020

WIG #3: Increase the total number of non-acute Tier 4 surge beds from 0 to 10,000 by May 15, 2020

WIG #4: Create and implement a patient transport unit within the Public Health and Medical Division by April 10, 2020

WIG #5: Increase the completeness of EMResource data from 62% to 90% by April 18, 2020

WIG #1: Increase the total number of critical care beds in Colorado from 1,849 to 5,000 by April 18, 2020

Strategy 1.1: Conduct daily telecon to communicate and coordinate with hospitals across the state to share best practices for increasing ICU capacity by April 18, 2020

Strategy 1.2: Execute Operation Safe Haven with CHA to develop tactics to **decompress** hospitals by transferring sub acute patients from Tier 1 facilities to Tier 2 facilities or interim treatment facilities (Tier 3 & 4) to increase available med-surg and critical care beds by April 18, 2020

Strategy 1.3: Support hospitals to repurpose **med-surg beds to critical care beds** to achieve 3151 additional critical care beds by April 18, 2020

Strategy 1.4: Confirm and track the total number of critical care beds required, on-hand and in-use by April 18, 2020

Strategy 1.5: Provide additional ventilators and other durable medical equipment necessary to expand critical care bed capacity by April 18, 2020

Strategy 1.6 : Augment existing hospital workforce as requested to expand critical care bed capacity by April 18, 2020

WIG #2: Increase the total number of sub-acute Tier 3 surge beds in Colorado from 0 to 2,000 by April 18, 2020

Strategy 2.1: Deconflict LPHA ACS planning from UCC ACS planning by 3 April 2020

Strategy 2.2: Identify Phase 1, 2 and 3 ACS Field Hospital sites by 3 April 2020

Strategy 2.3: Finalize site selection by 6 April 2020

Strategy 2.4: Coordinate with local authorities for what resources they have and what they need by 10 April 2020

Strategy 2.5: Coordinate with USACorpE to buildout ACS Field Hospital sites by 15 April 2020

Strategy 2.6: Identify and hire staffing requirements per site by 15 April 2020

Strategy 2.7: Identify and acquire equipment requirements per site by 15 April 2020

Strategy 2.8: Establish System and Site Command Operating structure with wrap around service implementation by 15 April 2020

WIG #3: Increase the total number of non-acute Tier 4 surge beds from 0 to 10,000 by May 15, 2020

Strategy 3.1: US Army Corp of Engineers identify hotels for conversion by 3 April 2020

Strategy 3.2: Identify phase 1, 2 and 3 Medical Shelter Sites

Strategy 3.3: Identify decision-making criteria for site selection by 1 April 2020

Strategy 3.4: Coordinate with USACorpE to build ACS Field Hospital sites by 15 April 200

Strategy 3.5: Identify and hire staffing requirements per site by 1 May 2020

Strategy 3.6: Identify and acquire equipment requirements per site 1 May 2020

Strategy 3.7: Establish System and Site Command Operating structure with wrap around service implementation by 1 May 2020

WIG #4: Create and implement a patient transport unit within the Public Health and Medical Section by April 10, 2020

Strategy 4.1: Station and resource a 24/7 Communications Center by 8 April 2020

Strategy 4.2: Coordinate with the Regional Emergency Trauma Advisory Councils (RETAC) to determine their organic resources and systems available and appropriate interface by 3 April 2020

Strategy 4.3: Staff with 20-30 personnel by 8 April 2020

Strategy 4.4: Develop communications system and/or integrate with existing communications infrastructure by 8 April 2020

Strategy 4.5: Establish dispatch capacity and protocol to receive calls, identify transport and dispatch by 10 April, 2020

Strategy 4.6: Contract non-EMS transport for acute patients from Tiers 1 & 2 to Tier 3 by 10 April 2020

Strategy 4.7: Contract transportation for non-acute patients from Tier 3 to Tier 4 by 10 April 2020

Strategy 4.8: Establish link into EMResource by 10 April 2020

Strategy 4.9: Establish coordination methodology to ensure patient tracking by 10 April 2020

WIG #5: Increase the completeness of EMResource data from 62% to 90% by April 18, 2020

Strategy 5.1: Utilize Joint *Recruitment Task Force* (CHA & CDPHE) to recruit hospital participation in daily / weekly reporting schedule by March 30, 2020

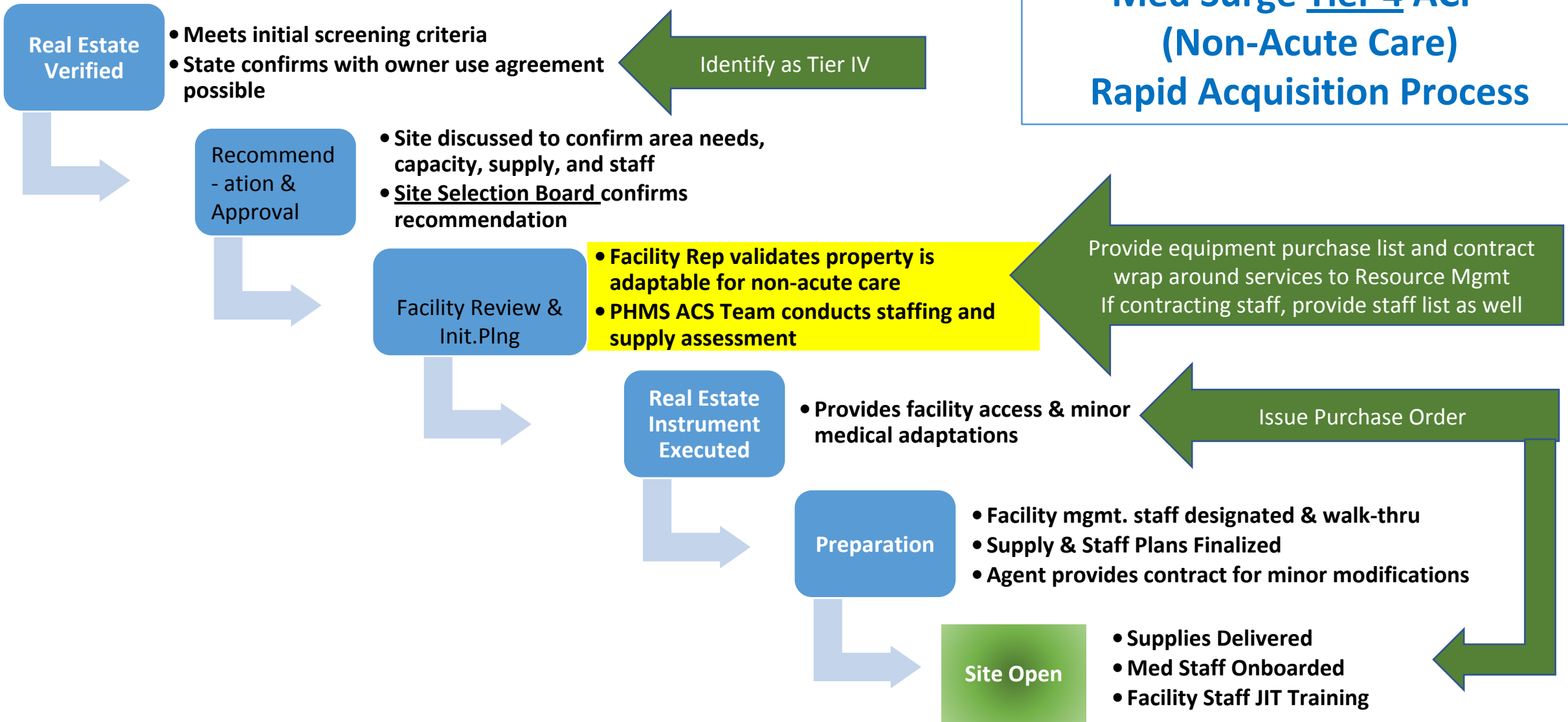
Strategy 5.2: Develop additional EMResource training webinar and “Just in Time” training material to facilitate ease and use of reporting April 1, 2020

Strategy 5.3: Conduct weekly (at a min.) Statewide & Readiness and Response Coordinator calls to discuss challenges, barriers, and successes for problem solving on hospital reporting from a regional perspective by April 6, 2020

Strategy 5.4: Craft joint CHA & CDPHE Executive Leadership letter to promote hospital engagement and reporting by April 3, 2020

Strategy 5.5: Craft Public Health Order and / or Executive Director Order to enforce hospital reporting requirements in EMResource by April 6, 2020

Med Surge Tier 4 ACF – (Non-Acute Care) Rapid Acquisition Process



15-20 Days MAX

0.5days

2days

1 day

2 days

10days

2 days