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CPMSM
Medical Staff Coordinator

Leilani Dupre
Credentials Coordinator

Janice Fagafa
CME Coordinator

Charis Wilson
Credentials Assistant

Krystal Lee Macanas
Research Assistant

Kim Sukanuma, RN
Quality Improvement
Coordinator

March 24, 2020

Dear Colleagues,

As you are aware, our community is in a state of crisis with the COVID-19 virus. Over the last 2 weeks, the Hilo Medical Center administration has been working diligently formulating a plan for this pandemic. As of today, we have only one case of COVID-19 positive patient in East Hawaii. HMC has a management plan at different stages of the crisis. Currently, we are at Stage 2 of 6 of the management plan as we have a travel related case without community spread.

Seeing what has been happening in China, Italy and the mainland, it is only a matter of time before we will see community spread of this virus. Hilo Medical Center will need the support of all our providers, hospital-based as well as community providers, to help with this crisis.

Stage 3 is when 2 or more confirmed community acquired COVID-19 cases are present. At this stage, we would like for the community providers to keep their offices/clinics open for non- COVID patients. All potential COVID-19 patients can be screened over the phone and sent to the HMC drive thru testing site or the severe cases can be triaged at the Acute Care Module at HMC porte cochere.

At Stage 4, the hospital will need all hands-on deck to take care of all the patients, which means all hospital-based and community providers will be called upon to help. Community providers will be needed in two capacities. Some may volunteer to take care for inpatients at the hospital while some will keep their offices open to care for the outpatients needing follow up care from the emergency room. Providers who volunteer for inpatient services will be given disaster temporary hospital privileges during this time of crisis (Please see the attached application). There will be an incident command center with a physician resource pool coordinator who will be assigning providers to a certain position, wards, etc. Malpractice insurance and compensation will be provided by the hospital to all volunteer community providers. Fair compensation is currently being determined. If you are not enrolled or wish to participate with Medicare or Medicaid, please let us know.

At this time, Dr. Kathleen Katt will be the HMC COVID 19 Community Healthcare Provider Liaison. You may contact her with questions at 808-640-1122.

As with any disaster plan, change is a constant and the plan will be evolving. HMC administration and I will do our best to keep you all updated. I realize this may be a hardship for us, but we are a community that needs to come together. We shall get through this crisis but everybody's help and support is needed.

Thank you for your continued support and understanding during this trying time.

Dr. Lovina Sabnani
HMC Chief of Staff

LS:jff

Attachment



Medical Staff Services
1190 Waiuanue Avenue
Hilo, Hawaii 96720
Telephone: (808) 932-3176
Facsimile: (808) 933-9901

TEMPORARY DISASTER PRIVILEGES FORM

DATE OF DISASTER: (To be determined)

Practitioner Name:

Specialty:

Address:

Date of Birth: Social Security #:

Hospital Where Practitioner Holds Privileges: (If applicable)

Current Malpractice Coverage (\$1M/\$3M) Yes No

Participate with Medicare/Medicaid Yes No

(To be completed by the Medical Staff Coordinator or Designee)

1. Professional license (verified - Internet/Phone: circle one) Yes No
https://pvl.hawaii.gov/pvlsearch/app/ 808-586-3000

2. Photo I.D. verified (visual) Yes No

3. Hospital Affiliation verified (phone, if possible) Yes No

4. Other verifications completed by Medical Staff Services (NPDB, OIG, GSA, if possible) Yes No

http://www.yeihealthcare.com/epstaffcheck
OR http://exclusions.oig.hhs.gov/ AND https://www.sam.gov/portal/public/SAM/
https://www.npdb-hipdb.hrsa.gov/

5. Identification of membership with Disaster Medical Assistance Team (DMAT), or MRC, OR ESAR-VHP or other recognized State or federal organization (verified - phone, if possible) Yes No

Verifications completed by: _____

APPROVALS:

CEO or Administrator On-Call

Date: _____

Chief of Staff or Medical Director

Date: _____

Credentials Committee Member

Date: _____

HMC COVID 19 Management Plan VER 2.0

March 19, 2020

Stage 1: International and National spread with no local cases			
Acute Hospital	Screening	Yes	Visitor screening at front door with screening questions: Do you have a fever? Do you have a cough? Temperature check.
	Visitor Restriction	Yes	1 visitor per patient. No one under age 12. Follow ED visitor protocol.
	Staff Monitoring	Yes	Each department head/manager to monitor personnel on duty and send sick staff home.
	PPE	Standard	Universal Precautions.
	Probable number and placement of COVID patients		
	Medical Units	0 COVID	Persons under investigation (PUI) in negative pressure – surgical masks only.
	ICU	0 COVID	PUI in any room with closed door.
	Vent usage	0 COVID	
L&D Post-Partum	Screening	At front door	No additional on unit
	Visitor Restriction	Yes	1 visitor per patient. No one under age 12.
	Staff Monitoring	Yes	Each department head/manager to monitor personnel on duty and send sick staff home.
	PPE	Standard	Universal precautions.
Short Stay	Screening	At front door	No additional on unit.
	Visitor Restriction	Yes	1 visitor per patient.
	Staff Monitoring	Yes	Each department head/manager to monitor personnel on duty and send sick staff home.
	PPE	Standard	Universal precautions.
Operating room	Normal operation		
ED	Screening	At front door	No additional on unit.
	COVID-19 Screening	DOH Criteria	Report through DOH for decision making.
	Patient Volume	4 COVID evals/day	Use ED Negative pressure rooms – surgical masks only.
	PPE	Standard	Gown/surgical mask/gloves face shield for suspect patients. Universal precautions for everyone else.
	Neb treatment	Use closed neb units for all suspect patients or use MDI's.	
HIFHC	Screening	At front door	No additional in clinic.
	Patients	Yes	Continue usual patient care.

			Routine f/up via telemedicine.
	PPE	Standard	Universal precautions.
ECD	Staff Screening	Yes	Staff screening at front door with screening questions: Do you have a fever? Do you have a cough? Gel hands before entering.
	Visitor Restriction	Yes	No visitors.
	Staff Monitor	Yes	Department head/manager to monitor personnel on duty and send sick staff home.
	PPE	Standard	Universal Precautions.
	Operation	Normal admission and discharge process.	
Cardiology	Screening	At front door	No additional in clinic.
	Outpatients	Yes	Continue usual patient care.
	Cardiac Cath	Yes	Elective and Acute PCI.
	PPE	Standard	Universal precautions.
Dialysis	Screening	At front door	No additional on unit.
	Bedside	Yes	All dialysis at bedside
	Multi-room	No	
	Rationing/Triage	No	
Ohana Café	No salad bar/sandwich bar and soup pots.		
Waiting Rooms	No change		
Messaging	All messaging through Elena Cabatu and the Emergency Management (EM) Team. Weekly virtual CEO town halls.		
Signage	At doors about screening, visitor policy, hand hygiene and cough etiquette.		

Stage 2: Travel-related Big Island cases without community spread			
Acute Hospital	Screening	Yes	Visitor screening at front door with screening questions: Do you have a fever? Do you have a cough? Temperature check. Gel hands before entering.
	Visitor restriction	Yes	1 visitor per patient. Exclude temperature above 99.6 No visitors under age 12.
	Staff Screening	Yes	Staff screening at front door with screening questions: Do you have a fever? Do you have a cough? Exclusion for fever of 100.4 or greater. Gel hands before entering.
	PPE	Standard	Universal Precautions. Gown/surgical mask, N-95 mask for respiratory procedures/gloves/face shield for COVID PUI.
	Probable number and placement of COVID patients		
	Medical Units	2 COVID 2 PUI	COVID patients in negative pressure – surgical masks only. PUI in private rooms with door closed.
	ICU	0	PUI in private room with door closed.
	Vent usage	0	Designate COVID ventilators (2)
L&D post-partum	Screening	At front door	No additional on unit.
	Visitor Restriction	Yes	1 visitor per patient. No one under age 12.
	Staff Monitoring	Yes	Each department head/manager to monitor personnel on duty and send sick staff home.
	PPE	Standard	Universal precautions. Gown/surgical mask, N-95 mask for respiratory procedures/gloves/face shield for COVID PUI.
Short Stay	Screening	At front door	No additional on unit.
	Visitor restriction	Yes	1 visitor per patient.
	Staff Monitoring	Yes	Each department head/manager to monitor personnel on duty and send sick staff home.
	Patient re-evaluation	Screen fever in SS	*Patients with fever 100.4 or greater will have elective surgery cancelled and re-scheduled.
	PPE	Standard	Universal precautions.
Operating room	Normal operation		

ED	Screening	At front door	No additional on unit.
	COVID-19 Screening	DOH Criteria	Report through DOH for decision making.
	COVID patient volume	4 COVID suspects/day	ED Negative pressure rooms for COVID suspects – surgical masks only.
	PPE	Standard	Gown/surgical mask, N-95 mask for respiratory procedures/gloves face shield for COVID PUI. Universal precautions for everyone else.
	Neb treatment	Use closed neb units for all suspect patients or use MDI's.	
HIFHC	Screening	DOH Criteria	Surgical mask potential patients and escort to ED if evaluation needed.
	Patients	Yes	Number will probably decrease over time.
	PPE	Standard	Universal precautions.
ECD	Staff Screening	Yes	Staff screening at front door with screening questions: Do you have a fever? Do you have a cough? Gel hands before entering.
	Visitor Restriction	Yes	No visitors.
	Patient Monitoring	Yes	Symptoms and fever.
	Staff Monitoring	Yes	Department head/manager to monitor personnel on duty and send sick staff home.
	PPE	Standard	Universal Precautions
	Operation	Normal admission and discharge process. 'Non-COVID' patients only.	
Cardiology	Screening	At front door	No additional in clinic.
	Outpatients	Yes	Continue usual patient care.
	Cardiac Cath	Yes	Elective and Acute PCI.
	PPE	Standard	Universal precautions.
Dialysis	Screening	At front door	No additional on unit.
	Bedside	Yes	All dialysis at bedside
	Multi-room	No	
	Rationing/Triage	No	
Ohana Café	No salad bar/sandwich bar and soup pots.		
Waiting Rooms	No change		

Med Staff Meetings	No change
Messaging	All messaging through Elena Cabatu and the Emergency Management (EM) Team. Weekly CEO messaging during virtual town halls.
Signage	At doors about screening, visitor policy, hand hygiene and cough etiquette.

Stage 3: Two or more confirmed community acquired COVID-19 cases in East Hawaii (not travelers)				
Acute Hospital	Screening	Yes	Visitor screening at physician entrance with screening questions: Do you have a fever? Do you have a cough? Temperature check. Gel hands before entering.	
	Patient Triage	Yes	Acute Care Module (ACM) up in port cochere. COVID Triage Protocol (CTP) active within 48 hours.	
	Visitor Restriction	Yes	Peds and OB only one visitor per patient. Exclusion for cough and/or fever > 99.6 No visitors to COVID patients.	
	Staff Screening	Yes	Staff screening at physician entrance with screening questions: Do you have a fever? Do you have a cough? Exclusion for fever of 100.4 or greater. Gel hands before entering.	
	PPE	Standard	Universal Precautions Gown/surgical mask, N-95 mask for respiratory procedures/gloves/face shield for COVID PUI	
	Probable number and placement of confirmed COVID-19 patients			
	Medical Units	1-15 COVID patients	**COVID patients in Surg/Peds Unit Mauka area open all COVID beds at once	
	ICU	1-4 COVID patients	Use ICU 201 and 202 preferentially, add in sequence ie: 203, then 204 etc. *Move/Overflow non-COVID patients into PACU	
	Waitlist	20-24 patients	Transfer to ECD (North Wing) *Staffing through LTC hospitalists	
	Vent Usage	1-4 COVID	4 Designated COVID vents Remaining vents 8 or more.	
L&D post-partum	Screening	At physician entrance	No additional on unit.	
	Visitor Restriction	Yes	1 visitor per patient.	
	Staff Monitoring	At front	Each department head/manager to monitor personnel on duty and send sick staff home.	
	PPE	Standard	Universal precautions. Gown/surgical mask, N-95 mask for respiratory procedures/gloves/face shield for COVID PUI	
	COVID positive patients	Protocol	Evidence suggests separation for C-section babies	

			*SVD babies – to be decided. Isolation room on Post-partum.
Short Stay			
	Screening	At physician entrance	No additional on unit.
	Visitor restriction	Yes	1 visitor per patient.
	Staff Monitoring	At front	Each department head / manager to monitor personnel on duty and send sick staff home.
	Patient re-evaluation	Screen for fever pre-op.	No operation for fever 100.4 or greater. Patient to be surgical masked and sent home.
	PPE	Standard	Universal precautions.
Operating room			
	*Limit electives		
	COVID precautions for acute surgery on COVID positive patients. Designated OR, not one of the three used for non-COVID acute patients.		
ED			
*Two phase implementation of separate COVID-19 patient care space *ED fast track in HIFHC	Screening	Yes	Patient triage.
	COVID-19 Screening 100	Fever and Cough. Exposure 30-50/day	ACM in place. COVID Triage Protocol (CTP).
	Patient volume	8/day Post screening	ED Negative pressure rooms preferred – surgical mask only. Designated treatment areas: Phase 1 - rm 1-8, Phase 2 - rm 1-12
	Waiting Room	Separate	Current ED waiting room for COVID. 'Non-COVID' Waiting area inside hospital lobby for others.
	PPE	Standard	Gown/surgical mask, N-95 mask for respiratory procedures/gloves face shield for COVID PUI. Universal precautions for everyone else.
	Neb treatment	Use closed neb units for all suspect patients or use MDI's	
Imaging			
	Patients		No change in operations.
	Waiting Room	Social Distance	Limit chairs in waiting room – minimum 3 feet between.
	PPE	Standard	Gown/surgical mask, N-95 mask for respiratory procedures/gloves face shield for COVID PUI. Universal precautions for everyone else.
	COVID CT	Simulation and CT biopsy 9 am to 3 pm on 160 CT. COVID booked from 3 pm until finished on the 160 CT scanner.	
HIFHC			
	Operations	Yes	Plan for step down of HIFHC operations, use Pu'uhonu clinic space (includes ENT) Open HIFHC for ED fast track.
	Screening	Yes	Entrance of Pu'uhonu

	Patients	Fast Track	*Faculty and resident staffing for Fast Track and ACM.
	Hospital Service	Transitioned	*Hospitalist Service to provide care for all acute adult patients. Pediatricians to care for inpatient pediatrics.
	PPE	Standard	Universal precautions.
Cardiology			
	Screening	At physician entrance	No additional in clinic.
	Outpatients	Yes	Urgent follow-up.
	Cardiac Cath	Yes	Elective and Acute PCI.
	PPE	Standard	Universal precautions.
Specialty Clinics			
	HPOC	Normal	Business as usual.
	ENT	Reduced	Reschedule routine visits, offer telehealth visits.
	Urology	Reduced	Reschedule routine visits, offer telehealth visits.
	Neurology	Reduced	Reschedule routine visits, offer telehealth visits.
	Orthopedics/HSA	Reduced	Reschedule routine visits, offer telehealth visits.
	Psychiatry	Reduced	Reschedule routine visits, offer telehealth visits.
	Surgery	Reduced	Reschedule routine visits, offer telehealth visits.
	Available staff redeployed to areas of greatest need.		
ECD			
	Staff Screening	Yes	Staff screening at front door with screening questions: Do you have a fever? Do you have a cough? Gel hands before entering.
	Visitor Restriction	Yes	No visitors.
	Patient Monitoring	Yes	Symptoms and fever.
	Staff Monitoring	Yes	Department head/manager to monitor personnel on duty and send sick staff home.
	PPE	Standard	Universal Precautions.
	Operation	Normal admission and discharge process. 'Non-COVID' patients only.	
Dialysis			
	Screening	At physician entrance	No additional on unit.
	Bedside	Yes	Dialysis at bedside for COVID patients.
	Multi-room	Yes	Multi-room for non-COVID patients.
	Rationing/Triage	No	
Ohana Café			
	Social distancing – 2-3 per table. Adequate table spacing. Grab and Go. *Controlled process for tray line.		

Room Service	3 rd Floor only.
Med Staff Meetings	Telephone and Zoom meetings only
Messaging	All messaging through Elena Cabatu and the Emergency Management (EM) Team. Weekly CEO messaging during virtual town halls.
Signage	At doors about screening, visitor policy, hand hygiene and cough etiquette.
OT/PT/SP/CR/Ornish	Enhanced screening and fever checks for outpatient PT, OT and speech. Close Ornish program.
Command Center	Begin limited operations of command center and staffing office.

Stage 4: Fifteen or more COVID-19 med/surg patients >48 hrs.				
Acute Hospital	Screening	Yes	Visitor screening at physician entrance with screening questions: Do you have a fever? Do you have a cough? Temperature check. Gel hands before entering.	
	Patient Triage	Yes	Acute Care Module (ACM) up in port cochere. COVID Triage Protocol (CTP) active.	
	Visitor Restriction	Yes	Peds and OB only one visitor per patient. Exclusion for cough and/or fever > 99.6. No visitors to COVID patients.	
	Staff Screening	Yes	Staff screening at physician entrance with screening questions: Do you have a fever? Do you have a cough? Exclusion for fever of 100.4 or greater. Gel hands before entering.	
	PPE	Standard	Universal Precautions. Gown/surgical mask, N-95 mask for respiratory procedures/gloves/face shield for COVID PUI.	
	Probable number and placement of COVID patients			
	Medical Units	15- 34 COVID-19 patients	Surg/Peds Unit expand to entire Surg/Peds unit. *Move Peds/Surg to Med 2 area. *Staffing by hospitalists, specialists and community docs. *Continue to transfer new waitlist patients down to waitlist area.	
	ICU Augmentation of "Intensivist" coverage by Anesthesiologists	8-10 COVID patients	PACU open as 'non-COVID' ICU. ICU open as COVID ICU.	
	Vent Usage	10 COVID	Team RT staffing. *Utilize COVID-19 ARDs protocols.	
	Pharmacy	Restrictions	*Restrictions of essential medications and controlled antibiotic medication usage.	
L&D post - partum	Screening	At physician entrance	No additional on unit.	
	Visitor restriction	Yes	One per patient.	
	Staff Monitoring	Yes	Each department head/manager to monitor personnel on duty and send sick staff home.	
	PPE	Standard	Universal precautions. Gown/surgical mask, N-95 mask for respiratory procedures/gloves/face shield for COVID PUI.	

	COVID positive patients	Protocol	Evidence suggests separation for C-section babies *SVD babies – to be decided. Isolation room on Post-partum
Short Stay	Staff Monitoring	Yes	Each department head/manager to monitor personnel on duty and send sick staff home.
	Function	Surgical Recovery Infusions	Recovery area for all urgent/emergent surgery cases, including 23-hour observation stays. *Infusions transferred to HPOC.
	PPE	Standard	Universal precautions.
Operating room	No electives to keep surgeries to 2 OR's. Designated COVID OR other than 2 used for 'non-COVID' surgery.		
	COVID precautions for acute surgery on COVID positive patients. Designated OR, not one of the two used for non-COVID acute patients.		
ED	Screening	Yes	Patient triage.
	COVID-19 Screening In ACM 100-200	Fever and Cough. Exposure 60-100/day	ACM in place. COVID Triage Protocol (CTP).
	ED COVID Patient volume	12-20/day Post screening	ED Negative pressure rooms preferred – surgical mask only. Designated treatment area Rooms 1-12
	Waiting Room	Separate	Current ED waiting room for COVID patients. 'Non-COVID' Waiting area inside hospital lobby for others.
	PPE	Standard	Gown/surgical mask, N-95 mask for respiratory procedures /gloves face shield for COVID PUI. Universal precautions for everyone else.
	Neb Treatment	Use closed neb units for all suspect patients or use MDI's	
Imaging	Patients	Limit number	Reduce imaging studies and procedures.
	PPE	Standard	Gown/surgical mask, N-95 mask for respiratory procedures /gloves face shield for COVID PUI. Universal precautions for everyone else.
	COVID CT	Simulation and CT biopsy 9 am to 1 pm on 160 CT. COVID booked from 1 pm until finished on the 160 CT scanner 320 CT for 'non-COVID' patients.	
HIFHC *Implemented step down of	Operations		Implemented step down of HIFHC operations, HIFHC operating at Pu'uhonu clinic space (includes ENT). HIFHC used for ED fast track.
	Screening	Yes	Entrance of Pu'uhonu

HIFHC operations.	Patients	Fast Track	*Faculty and resident staffing for Fast Track and ACM.	
	Hospital service	Transitioned	*Hospitalist Service to provide care for all acute adult patients. Pediatricians to care for inpatient pediatrics.	
ECD	Staff Screening	Yes	Staff screening at front door with screening questions: Do you have a fever? Do you have a cough? Gel hands before entering.	
	Visitor Restriction	Yes	No visitors.	
	Patient Monitoring	Yes	Symptoms and fever.	
	Staff Monitoring	Yes	Department head/manager to monitor personnel on duty and send sick staff home.	
	PPE	Standard	Universal Precautions.	
	Operation	Normal admission and discharge process. 'Non-COVID' patients only.		
		*ECD to keep in-house COVID patients. (no transfer to acute – have a plan)		
		ECD wing to open to place acute waitlist patients		
LTC transfers	No acceptance in acute hospital of DNR long term care residents.			
Cardiology	Screening	At physician entrance	No additional in clinic.	
	Outpatients	Yes	Urgent patients only.	
	Cardiac Cath	Yes	Acute PCI.	
	PPE	Standard	Universal precautions.	
Specialty Clinics	HPOC	Reduced	Review schedule and reduce as appropriate	
	ENT	Reduced	One provider, triage appointments, offer telehealth visits.	
	Urology	Reduced	One provider, triage appointments, offer telehealth visits.	
	Neurology	Reduced	One provider, triage appointments, offer telehealth visits.	
	Orthopedics	Reduced	Move off campus to HSA Two providers, triage appointments, offer telehealth visits.	
	Psychiatry	Reduced	One provider, triage appointments, offer telehealth visits.	
	Surgery	Reduced	Two providers, triage appointments, offer telehealth visits.	
	Available staff redeployed to areas of greatest need.			

Dialysis	Screening	At physician entrance	No additional on unit.
	Bedside	Yes	Dialysis at bedside for selected patients.
	Multi-room	Yes	* Second Multi-room for COVID patients Multi-room for non-COVID patients
	Rationing/Triage	Consider Rationing	
Ohana Café	Social distancing – 2-3 per table. Adequate table spacing. Grab and Go. *Controlled process for tray line.		
Room Service	Closed in all areas.		
Med Staff Meetings	Telephone and Zoom meetings only.		
Med Staff Department	Maintain database, ongoing contact and emergency credentialing.		
Messaging	All messaging through Elena Cabatu and the Emergency Management (EM) Team. Weekly CEO messaging during virtual town halls.		
Signage	At doors about screening, visitor policy, hand hygiene and cough etiquette.		
Community LTC	Acute hospital not accepting any LTC transfers of DNR patients		
PT/OT/SP/CR/Ornish/RT	Close outpatient PT, OT, Speech and cardiac rehab. (keep inpatient PT/OT/Speech) Close outpatient EKG and PFT		
Command Center	Begin full operations of command center and staffing office (clinical and physician).		

Stage 5: Thirty-Two Hospitalized Med-Surg Patients > 48 hours				
Acute Hospital	Screening	Yes	Visitor screening at physician entrance with screening questions: Do you have a fever? Do you have a cough? Temperature check. Gel hands before entering.	
	Patient Triage	Yes	Acute Care Module (ACM) up in port cochere. COVID Triage Protocol (CTP) active.	
	Visitor restriction	Yes	OB and Peds (1).	
	Staff Screening	Yes	Staff screening at physician entrance with screening questions: Do you have a fever? Do you have a cough? Exclusion for fever of 100.4 or greater. Gel hands before entering.	
	PPE	Standard	Universal Precautions. Gown/surgical mask, N-95 mask for respiratory procedures/gloves/face shield for COVID PUI.	
	Probable number and placement of COVID patients			
	Medical Units	35-64 COVID patients	Med/Surg entire unit *HIFHC (additional 30 beds)	
			MD Staffing by hospitalists, community docs and specialists	
	Waitlist	20	Relocated to ECD. Staffing by LTC hospitalist/community docs.	
	ICU	11-20 COVID patients 25-27 ICU pts	PACU open as 'non-COVID' ICU. ICU open as COVID ICU. Additional COVID ventilators placed in Surg/Peds.	
			Staffing by hospitalists and anesthesiologists	
	Vent usage	11- 20 COVID 30 total	Use all vents, travel ventilators and anesthesia machines, follow ARDs protocols.	
			*Institute Vent Triage.	
Pharmacy	Restrictions	*Restrictions of essential medications and controlled antibiotic medication usage.		
L&D post-partum	Screening	At physician entrance	No additional on unit.	
	Visitor restriction	Yes	OB and Peds (1)	
	Staff Monitoring	Yes	Each department head/manager to monitor personnel on duty and send sick staff home.	
	PPE	Standard	Universal precautions.	

			Gown/surgical mask, N-95 mask for respiratory procedures/gloves/face shield for COVID PUI.
	COVID positive patients	Protocol	Evidence suggests separation for C-section babies *SVD babies – to be decided. Isolation room on Post-partum
Short Stay			
	Staff Screening	At physician entrance	Each department head/manager to monitor personnel on duty and send sick staff home.
	Function	Surgical Recovery Infusions	Recovery area for all urgent/emergent surgery cases, including 23-hour observation stays. *transferred to HPOC
	PPE	Standard	Universal precautions.
Operating Rooms			
	No elective surgery done to keep surgeries to 2 OR's. Designated COVID OR other than 2 used for 'non-COVID' surgery		
	COVID precautions for acute surgery on COVID positive patients Designated OR, not one of the two used for non-COVID acute patients.		
ED / ACM *Relocate fast track to hospital lobby			
	Triage volume 400/day	Fever and Cough. 200/day	Triage and initial screening in front through the ACM. COVID testing will be done in ACM before patient sent home or into ED. Staffing FM faculty and residents, Community resource pool, and Specialists
	ED Patient volume	40/day Post triage	Designated treatment area Rooms 1-12
	Waiting Room	Separate	Current ED waiting room for COVID. 'Non-COVID' Waiting area inside hospital lobby for others.
	PPE	Standard	Gown/surgical mask, N-95 mask for respiratory procedures /gloves face shield for COVID PUI. Universal precautions for everyone else.
	Neb Treatment	Use closed neb units for all suspect patients or use MDI's	
Imaging			
	Patients	Limit number	*Outpatient studies to be done at Ponohawai IR/NM to be done at HMC.
	Waiting Room	Social Distance	Limit chairs in waiting room – minimum 6 feet between.
	PPE	Standard	Gown/surgical mask, N-95 mask for respiratory procedures/gloves face shield for COVID PUI. Universal precautions for everyone else.
	CT Utilization	160 CT dedicated to COVID Patients. *Limited simulations or biopsies or simulations at HRA. 320 CT for 'non-COVID' patients.	

HIFHC	Utilization	Inpatient COVID Unit	*Ward for 30 COVID-19 patient beds. Staffing by Community Doctors, specialists and other providers.
	Waiting room	Closed	
ECD	Staff Screening	Yes	Staff screening at front door with screening questions: Do you have a fever? Do you have a cough? Gel hands before entering.
	Visitor Restriction	Yes	No visitors.
	Patient Monitoring	Yes	Symptoms and fever.
	Staff Monitoring	Yes	Department head/manager to monitor personnel on duty and send sick staff home.
	PPE	standard	Universal Precautions
	Operation	Normal admission and discharge process. 'Non-COVID' patients only. ECD to keep patients who develop COVID in ECD. ECD wing to open to place acute waitlist patients. LTC Closed for all transfers to acute.	
	Specialty Clinics	HPOC	Reduced
ENT		Reduced	One provider, triage appointments, offer telehealth visits.
Urology		Reduced	One provider, triage appointments, offer telehealth visits.
Neurology		Reduced	One provider, triage appointments, offer telehealth visits.
Orthopedics		Reduced	Move off campus to HSA Two providers, triage appointments, offer telehealth visits.
Psychiatry		Reduced	One provider, triage appointments, offer telehealth visits.
Surgery		Reduced	Two providers, triage appointments, offer telehealth visits.
Available staff redeployed to areas of greatest need.			

Cardiology	Outpatients	No	No scheduled patients
	Cardiac Cath	Yes	Acute PCI
	PPE	Standard	Universal precautions.
Dialysis	Screening	At physician entrance	No additional on unit.
	Bedside	Yes	Dialysis at bedside for selected patients.
	Multi-room	No	Multi-room for COVID patients. Multi-room for non-COVID patients.
	Rationing/Triage	Yes	Protocol.
Ohana Café	Social distancing – 2-3 per table. Adequate table spacing. Grab and Go. *Controlled process for tray line.		
Med Staff Meetings	Telephone and Zoom meetings only		
Messaging	All messaging through Elena Cabatu and the Emergency Management (EM) Team. Weekly CEO messaging during virtual town halls.		
Signage	At doors about screening, visitor policy, hand hygiene and cough etiquette.		

Stage 6. Need for assistance from National Guard, Military, Red Cross.