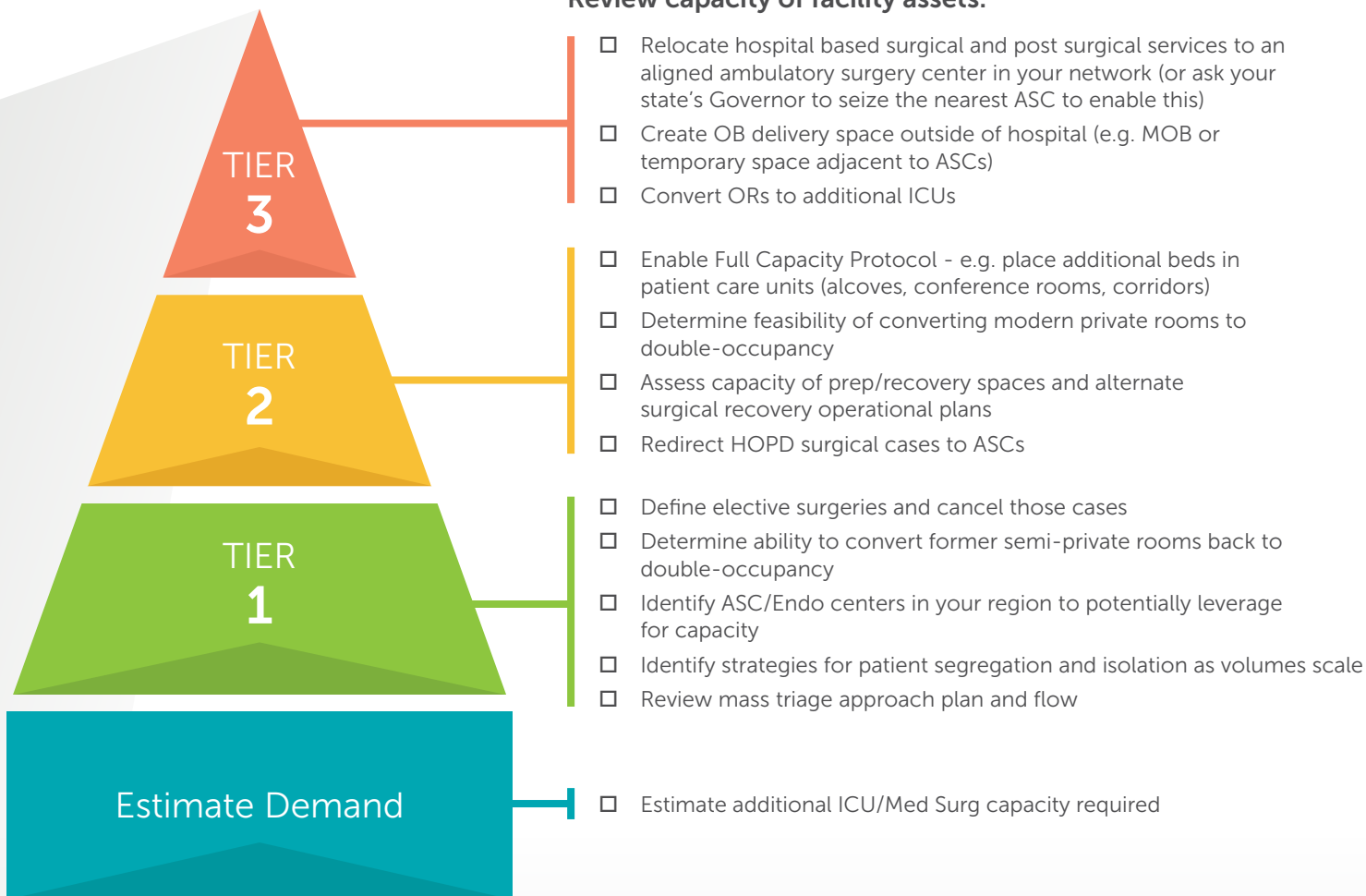


COVID-19: 72-Hour Bed Demand Assessment and Capacity Expansion Plan



Review capacity of facility assets:

- Relocate hospital based surgical and post surgical services to an aligned ambulatory surgery center in your network (or ask your state's Governor to seize the nearest ASC to enable this)
- Create OB delivery space outside of hospital (e.g. MOB or temporary space adjacent to ASCs)
- Convert ORs to additional ICUs
- Enable Full Capacity Protocol - e.g. place additional beds in patient care units (alcoves, conference rooms, corridors)
- Determine feasibility of converting modern private rooms to double-occupancy
- Assess capacity of prep/recovery spaces and alternate surgical recovery operational plans
- Redirect HOPD surgical cases to ASCs
- Define elective surgeries and cancel those cases
- Determine ability to convert former semi-private rooms back to double-occupancy
- Identify ASC/Endo centers in your region to potentially leverage for capacity
- Identify strategies for patient segregation and isolation as volumes scale
- Review mass triage approach plan and flow

Review capacity of support functions:

- EMR Documentation support for surge patients
- PPE carts for surge patient locations
- Patient call system approach for surge patients
- Negative air pressure conversions to increase capacity
- Identify portable physiological monitoring capacity

REQUIRED RESOURCES:

- Bed supply in your local market
- Access to current volumes and utilization data
- Support of planning and facilities staff
- Targeted visual assessment of hospital spaces
- Life Safety drawings of campus with room names
- Operational bed counts by type and licensed bed counts
- List of ambulatory facilities

ASSESS YOUR RISK ►

Access our bed demand predictive model, including customizable inputs and use instructions.

Contact us for additional support estimating demand or quantifying potential capacity.

LAURA SILVOY

610-755-6423

lsilvoy@array-advisors.com

