

## Hospital Preparedness During COVID-19



One of the biggest challenges of the COVID-19 pandemic has been the delivery of mass critical care. SARS-CoV-2 has put a significant strain on intensive care in most countries across the globe. This has become even more of a challenge because of a lack of staff and essential supplies. It is evident that in order to better cope with such a challenging situation, preparation and hospital emergency planning must be given top priority.

Based on the experience gained in individual hospitals, the German Society of Hospital Disaster Response Planning and Crisis Management (DAKEP) has proposed recommendations for an improved approach to hospital management. The recommendations are published in a paper titled "Hospital Operational Planning and Crisis Management."

Here is a quick overview of the key recommendations:

- In the event of a mass influx of critically ill patients, the goal should be to maintain the response category "conventional care" or "contingency care" for as long as possible. "Crisis care" should be avoided or delayed as long as possible through the implementation of appropriate measures. The availability of three core components: staff, space and supplies should be prioritised and planned for as they determine the level of care that hospitals can provide.
- Hospitals should switch from the conventional mode of leadership to crisis mode with appropriate incident command structures. A hospital incident command (HIC) should have different staff sections managed by a section chief. An incident commander should be the head of the HIC. The following staff sections should be included:
  - Staff management and administration
  - Situational report
  - Operational command
  - Technology and logistics
  - Communication, media and press
  - IT and mobile services
- HIC meetings should follow a fixed schedule and should include situational report, situational assessment, problem identification, development of solutions and monitoring of previous assignments and decisions.
- Internal factors must be closely assessed, including the number of patients, dynamics, medical characteristics, treatment capacity for COVID-19 patients and non-COVID-19 patients, and status of staff, space and supplies.
- External factors must also be closely monitored, such as the epidemiological development of the pandemic, the situation in other facilities within the region, hot spots of transmission, regulations by health authorities and recommendations and novel scientific evidence.
- There must be a solid communication structure in place since the frequency of decisions during a pandemic is much higher, and these decisions can have a significant impact on the hospital staff and care delivery.
- The functionality of the hospitals must be maintained in terms of staff, space and supplies. In the context of COVID-19, this means PPE, disinfectants, respirators, and essential drugs; prevention of nosocomial transmission; and tight adherence to infection control measures.
- Hospital treatment capacity must be maintained and/or increased depending on the situation. Emergency care and treatments must also be maintained simultaneously.
- Determining which treatments to postpone during the pandemic can be a difficult decision. One way to manage this is by categorising on the basis of treatment urgency, and the decision on acceptable postponing should be the responsibility of the treating consultant in consent with a board of consultants.
- Since the availability of trained nursing staff and doctors in intensive care may become a problem during a pandemic (and even outside of

it), alternative concepts for recruitment should be considered such as recruiting and training staff from other specialties, cooperating with other healthcare institutions, recruiting and training medical students etc.

Overall, the COVID-19 pandemic has brought attention to the lack of preparedness of hospitals and healthcare systems. The above recommendations can help avoid or delay crisis care, and national and local pandemic planning through a hospital incident command system can help national healthcare systems be better prepared in times of such a crisis.

Source: [Critical Care](#)

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