Attachment M

TEMPLATE FOR MINIMUM CARE FACILITY PLANS

- Background
  - Geographic coverage, population size coverage, and total number of acute care beds required to cover 0.8% of population in geographic target area

  This should define all the counties (or other geographic subdivisions) which are covered by this planning processes
  - Number of facilities and number of beds in each facility
  - Coalition members, who they represent, and any assigned roles

  It is assumed that the coalition will develop plans for all the sites in the jurisdiction covered
  - County contributions

  What are the agreed upon contributions from each county which is participating in the planning. Contributions might include identification of persons to fill some lead positions (e.g., site commander, medical director), host site, money, percentage of volunteers recruited pre-event and during an event, contribution to planning effort (e.g., obtaining MOUs, sources of beds,, plan writing, facilitation, etc.)
  - Lead planning agency

  There is expected to be a single lead planning agency for the jurisdiction covered. The lead planning agency is that entity responsible for facilitating the coalitions work, ensuring the plan is developed, ensuring planning steps are executed (e.g., site section, MOUs, supplies, etc), and providing consultation and training to the initial team at the time of implementation. It is not assumed that the planning agency does all the work or bears all planning costs.

- Facility #1

  ADMINISTRATION
  - Lead implementation agency

  The implementation agency is the entity that administratively staffs the MCF once it is activated. It may not be the same agency as the planning agency. A different lead implementation agency may be responsible for each MCF within the jurisdiction covered.
  - Name and location of this facility
  - Facility assets and deficiencies
    - Source and acquisition of non-medical supplies
    - Source and acquisition of beds
    - Source of security services
    - Source of food services
    - Source of laundry services
    - Source of janitorial services
    - Physical characteristics and deficiencies (acute care floor space, ancillary rooms, flooring, lighting, locker rooms, office space, communication equipment on-site, communication connectivity, floor plan)
    - Critical deficiencies and solutions
  - To which hospital(s) will this facility be affiliated?

Attachment M

During a pandemic event, it is expected that the medical director of the affiliated hospital will be responsible for allocating patients to the MCF. The hospital medical director will not have authority to allocate patients to MCFs to which is it is not affiliated.

- Facility acute care beds planned, and facility assisted living care beds planned for this facility.
- Amount of staffing which will be required for a facility of this size

The number of staff required is a combination of incident command positions which must be filled, the number of acute care beds (expected staffing ratio 20:1) and the number of assisted living beds (expected staffing ratio 40:1). In addition, if ancillary services are provided by on-site staff (e.g., custodial services) or by contract will affect staff numbers.

- Incident command diagram for this facility

The incident command diagram may vary depending on the facility size, the level of support obtained from depending on external incident command structures, and the extent to which ancillary services are contracted out. Sample incident command structures are provided in the concept of operations paper. If smaller incident command structures are used, show which position roles and job action sheets will be collapsed together.

- Names, organizational affiliation and contact information for three site commanders
- Names, organizational affiliation and contact information for three medical directors
    - Accessory staffing for facilities larger than 120 beds

    This may include additional medical staffing during part of the day for facilities more than 120 but less than 200
    - Determination of lead medical director role when more than one staff on duty
- MOUs with pre-identified staff defining intent to serve, volunteer status, PHEVR registration, tort coverage, maintenance of licensure, provision of protective equipment
- Staff positions which will be assigned to rotating volunteers rather than random volunteers
- Source(s) of chaplaincy services, MOU, training provision
- Facility setup lead

This is likely to be one of the pre-designated site commanders who agrees to take the lead role in preparing the facility for use once with notification is received from the state that the facility's need is imminent. The other designated site commanders would work on setup under the direction of the facility setup lead until such time as the facility opens.

- Responsibilities of the facility setup lead

This is described in the activation sequence.

OPERATIONS

- Processes for volunteer management
    - Recruitment methods and responsibility
    - Volunteer registration

        - Volunteer roster creation
        - Registration with workers' compensation insurance
    - Creation of schedules for staffing
        - Responsibility for
        - Number of days in advance scheduling is maintained
        - Communication of schedule to workers
    - Communications flow

    Define who will be responsible for making contact, how often routine communications will occur, how contact will be made (e.g., technology method) and to whom.
        - Communications to local public health DOC
        - Communications to local EOC
        - Communications to NDDoH DOC
        - Communications with affiliated hospital
        - Report generation and submission
        - Entering data into HC Standard including requests for supplies
    - Documentation procedures for document retention and cost tracking
    - Ethics oversight committee for this facility

    The persons assigned to ethics oversight may be the same for all facilities or may be facility specific.
    - Deaths

    Estimate the number of deaths per day for this facility during peak pandemic. It is not possible to know what this number will be, but assume at peak, that this would be two deaths per day per 120 acute bed unit.

- Facility #2, #3, etc

  Complete the above sections for each additional facility within the planning jurisdiction.

- Patient Care Procedures

  This section may reference specific sections of the Concept of Operations paper and will be the same for all facilities within the jurisdiction of this plan.
    - Scope of care
    - Initial admission criteria
    - Receipt of patients for admission
    - Admission processing
    - Discharge processing
    - Documentation
    - Requirements for PPE use
    - Role of ethics oversight committee
    - Access to facility
    - Pediatric care procedures
    - Security

- Facility closure
    - Down staffing and partial demobilization

- Disinfection
- Return of durable medical equipment to sources
- Waste disposal
- Forwarding of medical records and procedural records to the state
- Retention of cost documents at the local level