

Rapid hospital readiness checklist

A module from the suite of health service capacity assessments in the context of the COVID-19 pandemic

INTERIM GUIDANCE

25 November 2020





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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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Introduction

Context

On 30 January 2020, the Director-General of the World Health Organization (WHO), declared the coronavirus disease 2019 (COVID-19) outbreak to be a global public health emergency of international concern under the International Health Regulations. Following the spread of COVID-19 cases in many countries across continents, COVID-19 was characterized as a pandemic on 11 March 2020 by the Director-General, upon the advice of the International Health Regulations Emergency Committee.

The COVID-19 pandemic has continued to shine a light on the fragility of public health systems globally. It has revealed that even robust health systems can be rapidly overwhelmed and compromised by an outbreak. The WHO *2019 novel coronavirus (2019-nCoV): strategic preparedness and response plan* outlines the public health measures that need to be considered by countries to prevent, prepare for and respond to the COVID-19 pandemic (1). The Strategic Preparedness and Response Plan for COVID-19 supports countries to rapidly identify the relevant actions from their national plans for health security and pandemic influenza preparedness that are pertinent to managing the COVID-19 pandemic and can be adapted using the knowledge that has been gained about the COVID-19 virus. Using these national plans will help guide and align all national and international partners to support national governments in managing the pandemic. The nine pillars of the Strategic Preparedness and Response Plan for COVID-19 refer to different aspects of the pandemic and allow countries to develop capacities to respond to the crisis, including by taking measures to strengthen their health systems. In the context of COVID-19, the specialized services offered by health care facilities will be required to serve the affected population, especially those services available in hospitals.

To respond to the pandemic, WHO developed the *Rapid hospital readiness checklist* and an accompanying tool. The tool has been designed to help assess the overall readiness of hospitals and to identify a set of priority actions to be taken to prepare for, be ready for and respond to the pandemic. This tool forms part of a wider [Suite of health service capacity assessments in the context of the COVID-19 pandemic](#). These monitoring tools focus on different aspects necessary to maintain essential health services while continuing to manage COVID-19 cases. The suite and the different modules are described in Annex 1.

This WHO *Rapid hospital readiness checklist* is based on WHO's Strategic Preparedness and Response Plan for COVID-19 (1), WHO's *Hospital preparedness for epidemics* and interim versions of similar checklists from WHO's Regional Office for the Americas/Pan American Health Organization, the Regional Office for Europe and WHO headquarters, including *Preventing and managing COVID-19 across long-term care services*.

Objectives of this module: *Rapid hospital readiness checklist for COVID-19*

The *Rapid hospital readiness checklist* for COVID-19 assesses hospitals' governance, structures, plans and protocols to help countries rapidly determine their current capacities and gaps in services necessary to respond to the COVID-19 pandemic, to help them identify major areas that require investment and action, and to develop plans to improve hospital readiness. The tool can be used periodically to monitor the development of hospitals' capacity and operational readiness for emergencies. Although the Checklist's main focus is to assess hospital readiness, it can be adapted for use in long-term care facilities. In this document, the term hospital also applies to certain types of long-term care facilities. The Section on Using the Checklist describes the types of long-term care facilities for which this Checklist can be adapted.

General objective

The WHO *Rapid hospital readiness checklist* for COVID-19 primarily assists hospitals in preparing to effectively respond to the pandemic by assessing existing capacities and identifying those areas that need further strengthening.

Specific objectives

The specific objectives of the Checklist are to:

- assess the capacities of a hospital against a set of requirements for effectively managing COVID-19 risks;

- identify gaps in a hospital's readiness for the COVID-19 pandemic, as well as determine how it will maintain continuity in other essential health services (i.e. business continuity); and
- engage hospital personnel and stakeholders in the process of applying findings from the Checklist to strengthen coordination mechanisms by adapting existing hospital emergency management mechanisms, plans or procedures to manage the COVID-19 pandemic.

Content

The Checklist highlights 12 key components that are essential to managing COVID-19 in a hospital setting. These components are:

1. leadership and incident management system;
2. coordination and communication;
3. surveillance and information management;
4. risk communication and community engagement;
5. administration, finance and business continuity;
6. human resources;
7. surge capacity;
8. continuity of essential support services;
9. patient management;
10. occupational health, mental health and psychosocial support;
11. rapid identification and diagnosis;
12. infection prevention and control.

Target audience

Potential users of this assessment tool include:

- hospital leaders and the team responsible for the incident management system;
- the hospital's emergency committee (including the hospital's epidemic subcommittee, if any);
- hospital managers and administrators;
- ministries of health (national and subnational authorities);
- hospital staff (e.g. those tasked with planning for emergencies, operational readiness and surge capacity); and
- managers and administrators of long-term care facilities.

Key questions that this Checklist can help to answer

This Checklist can help answer some important questions including the following.

- Do facilities have the necessary arrangements and back-up arrangements in place to respond to COVID-19, including ensuring safe and high-quality care of patients with COVID-19 and those who do not have COVID-19, and can they continue to provide essential public health services safely?
- Which recommended actions need to be prioritized and invested in to make the facility fully functional?
- What are the priority to-do actions in case of a surge?

When to use the Checklist

This Checklist can be used from before the start of an emergency and throughout its various stages.

Modes of data collection

Data can be collected both on paper and electronically.

Ethical considerations

The guidance provided is not considered research, therefore there was no need to submit it to the WHO Research Ethics Review Committee. Individual countries may need approval from local ethics committees, depending on local law and guidelines. Countries should ensure that they fulfil their ethical obligations by submitting the Checklist to the pertinent local ethics board.

Respondents are asked upfront for their informed consent. The WHO data sharing agreement “Policy on use and sharing of data collected in Member States by the World Health Organization (WHO) outside the context of public health emergencies” specifies arrangement with regards to usage, and dissemination of the data gathered. The agreement is attached as Annex 2. Using the Checklist.

The current and rapidly evolving nature of the COVID-19 pandemic requires hospitals and long-term care facilities to have in place all essential preparedness measures. These measures may vary depending on the designated role of each hospital or facility and the way in which it is linked to the country’s overall plan for managing the pandemic while continuing to provide essential services to other patients who require care. These roles are likely to include (a) testing people for COVID-19 and managing early investigations to identify confirmed cases who require hospital care, (b) providing treatment for COVID-19 cases, (c) continuing to provide routine essential health services, (d) preventing patients or residents of long-term care facilities from acquiring COVID-19 while in a hospital or facility and (e) communicating information about COVID-19 as part of the country’s and hospitals’ risk communication strategy, which should be coordinated with the central response system and affected communities, with the aim of containing and mitigating the pandemic.

The purpose of the Checklist is to help hospital and facility managers optimize their capacities to prepare for managing COVID-19 patients. It has been designed to be user friendly, accounting for the human resources and time required to conduct and complete it.

The Checklist carefully connects the hospital’s or facility’s COVID-19 capacity requirements with the:

- existing plans and capacities for managing epidemics and seasonal outbreaks of diseases, such as influenza, and highlights the measures needed to protect staff, other patients and visitors from infection;
- plans and capacities to manage emergencies and disasters arising from other hazards;
- general and specialized services that are normally provided;
- designated role during the COVID-19 pandemic, including any specific services that it will offer.

Thus, the Checklist takes into account a range of issues, including the need to continue providing care to patients with acute or chronic illnesses; the laboratory services needed; the relevant blood supplies and services required; the need to provide community health outreach activities, such as immunizations and antenatal care; the distribution, tracking and security of medicines and medical supplies; how hospitals manage information; the need to train staff and other personnel; security challenges, including protecting health care and social workers, patients and residents of long-term facilities, caregivers and visitors; and the need for mental health and psychosocial support for all hospital staff, both medical and non-medical.

While completing the Checklist, users should also consider any additional challenges the health system may face in ensuring preparedness for other outbreaks and concurrent emergencies. These considerations are included in the Checklist, along with an emphasis on the importance of having adequate back-up arrangements for many components of hospital readiness.

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