

Alternate treatment sites for COVID-19 patients

April 2020

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Objectives and contents

Objective of this document

COVID-19 is, first and foremost, a global humanitarian challenge. Thousands of Mexicans have been infected by the virus, and thousands more are soon to follow. As hospitals run out of beds to treat patients, it will be of the essence to identify alternative treatment sites.

This document is meant to explain how to identify alternate treatment sites, including the potential restrictions and calculate the potential bed capacity for each alternative treatment site

This document is focused on:

- Understanding the suitability of alternate treatment sites
- Displaying for each category of alternative treatment site conversion rates to calculate the potential number of beds

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Different actions can be taken to increase bed capacity



Each action will have different levels of feasibility and should take into account the speed at which these actions can be deployed; most outpatient and alternative sites of care will be best suited for lower acuity patients (both COVID-19 and non-COVID-19)

1. Includes XX ICU beds and XX med/surg beds; 2. ACS bed count is total capacity that could be selected from – realistic capacity will be lower and constrained by workforce and supplies Note: Hospitals with higher percentage of non-elective cases could triage ED visits to alternate sites; select "elective" cases may remain such as oncology-related Preliminary – Template to be completed with regions (each region should make determinations of acuity-based options based on local conditions and consultation with clinical and local experts

Non-healthcare sites are applicable for low patient acuity ILLUSTRATIVE

							Site applicabilit	y, low to high Foc	us of this document
Patient acuity	Shortage of beds vs. peak	Time to set up new site ¹		Existing healthcare sites			Deployable	Repurposed non-he	althcare sites
			Rationale	Hospital	Outpatient, current (e.g. urgent, office)	Outpatient, converted (e.g. SNF, ASC, LTAC)	Field hospital (e.g. ship, tent²)	Undivided (e.g. convention center)	Divided (e.g. dorm, hotel, classroom)
Potential Capacity			Number of unoccupied beds	XX (Expandable to XX)	XX	XX	XX nationally	XX	XX
Non-COVID-19 (varying acuity)	XX	1-2 weeks	Diverse patient needs can be met by community PCPs and specialists, and varying site capabilities						
COVID-19 Mild (observation only)	XX	Hours-to- days	Minimal care management, low risk of disease progression						
COVID-19 Severe 1 (observation, oxygen support)	XX Med/surg	<1 week	Minimal care team ratios, minimal supplies, no telemetry						
COVID-19 Severe 2 (oxygen, vitals support)		<1 week	Minimal care team ratios, access to experimental treatments, potential for telemetry						
COVID-19 Severe 3 (intense vitals support)		1-2 weeks	Medium HCP to patient ratio, experimental treatment, anesth and respiratory on standby for intubation as needed						
COVID-19 Critical (ventilator, critical care)	XX ICU	2-4+ weeks	High HCP:patient ratio, equipment need (ventilators, telemetry); increased time to optimize sites/transfers						

1. Average time to establish new site able to handle given acuity of patient, Speed to set up physical site – timeline to begin treating patients is contingent upon several factors including: labor, supplies, operator selection, funding ;

2. Field hospitals can be set up using military DRASH tents

Direct hospital supervision and operation ideal

Non-healthcare sites have a specific conversion rate to calculate number of beds



Considering conversion rate, a number of additional beds can de offered

Preliminary

Potential Capacity	Feasibility	Speed ²	Execution considerations	
Beds, thousands				
Hotels ¹			XX weeks	Private ownership could pose challenges; bedrooms provide natural compartmentalization which could limit co-infection
Public K-12 schools			X weeks	Typically limited capacity relative to other options; potential to take control quickly given public ownership
Convention centers			XX weeks	Typically centrally located; large open floor plans are conducive to running efficient operations (e.g., medical staff/patient ratio)
Private university dorms			X weeks	Private ownership could pose challenges; bedrooms provide natural compartmentalization which could limit co-infection
Private K-12 schools			X weeks	Typically limited capacity relative to other options; private ownership could pose challenges to accessing quickly
Public university dorms			X weeks	Potential to take control quickly given public ownership; bedrooms provide natural compartmentalization which could limit co-infection
Warehouse			X weeks	Challenging when HVAC is not in place; large open floor plans are conducive to running efficient operations
Community centers			X weeks	Speed to set up depends on floorplan (determining if site modifications are required) and ownership structure (public is preferable)
Sports venues			X weeks	Easier if enclosed with roof. Typically less contiguous square footage than a convention center, which could yield less efficient operations
Total				

NOTE: Data filters out 1) any site with less than 50 bed capacity, and 2) any site more than 10 miles away from a hospital; Location to facility is determined through geospatial analytics built into the model; Chart simply shows potential bed capacity, it does not make any commentary on prioritization of alternate care sites

^{1.} Does not include small B&Bs and small motels; 2 Speed to set up physical site - timeline to begin treating patients is contingent upon several factors including: labor, supplies, operator selection, funding

Example analysis: What large potential alternate care sites exist in Orleans Parish or have volunteered?

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Name	Туре	Potential capacity			
Convention Center	Convention center	11,210			
University 1	Private university dorm	3,660			
University 2	Public university dorm	1,440			
University 3	Private university dorm	1,350			
University 4	Private university dorm	1,340			
Hotels volunteered as of 3/31/20 ¹					
Hotel 1		1,622			
Hotel 2		1,333			
Hotel 3		693			

Facilities can rapidly be evaluated against a suitability assessment

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Name University 1

Site Description

Student housing units licensed to support up to 1,440 individuals. Options of 1, 2, and 4 bedroom units, each with at least one bathroom per unit.

Facility Type	Public university dorm	Water	Yes		
Level of Care	Non-acute	Sewer	Yes		
State	Louisiana	Electric	Yes		
County	Orleans Parish	Fire Hydrant	Yes, w/ sprinklers		
City	New Orleans	Natural Gas	In kitchens		
Address	ТВС	Telecom	Yes		
Coordinates	Χ, Υ	Ingress/Egress			
Site Area	1,444 beds	Buildings have entrances suitat for ambulances and gurneys.			
Flood Zone	No	Each building h elevator.	as at least one		