

# UNIVERSITY OF KENTUCKY BOARD OF TRUSTEES

Mark F. Newman, MD, Executive Vice President for Health Affairs



AN EQUAL OPPORTUNITY UNIVERSITY

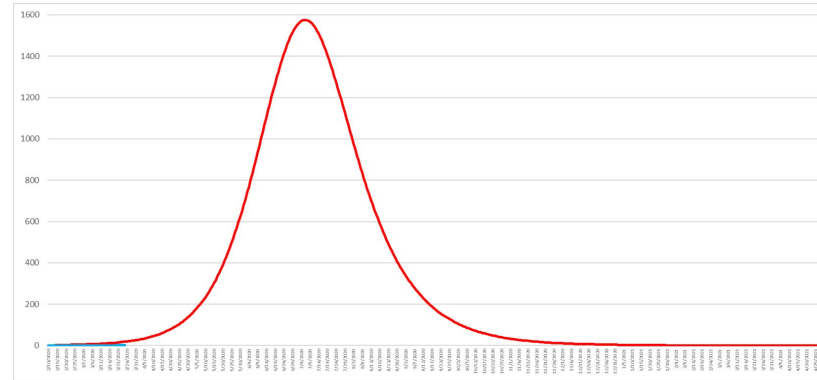
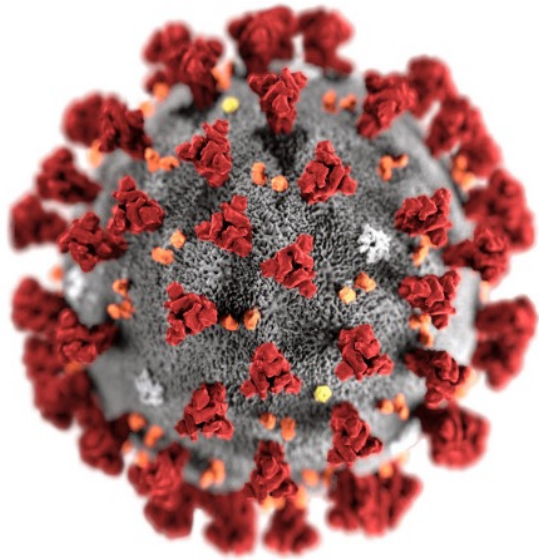
# **UK HEALTHCARE (UKHC)**

May 2020

## UKHC CONFIRMS FIRST CASE OF COVID-19 IN KENTUCKY

Press Briefing Held by Governor Andy Beshear on March 7, 2020





## Phase One

Transition from Normal Business to Organizational Preparedness and Response

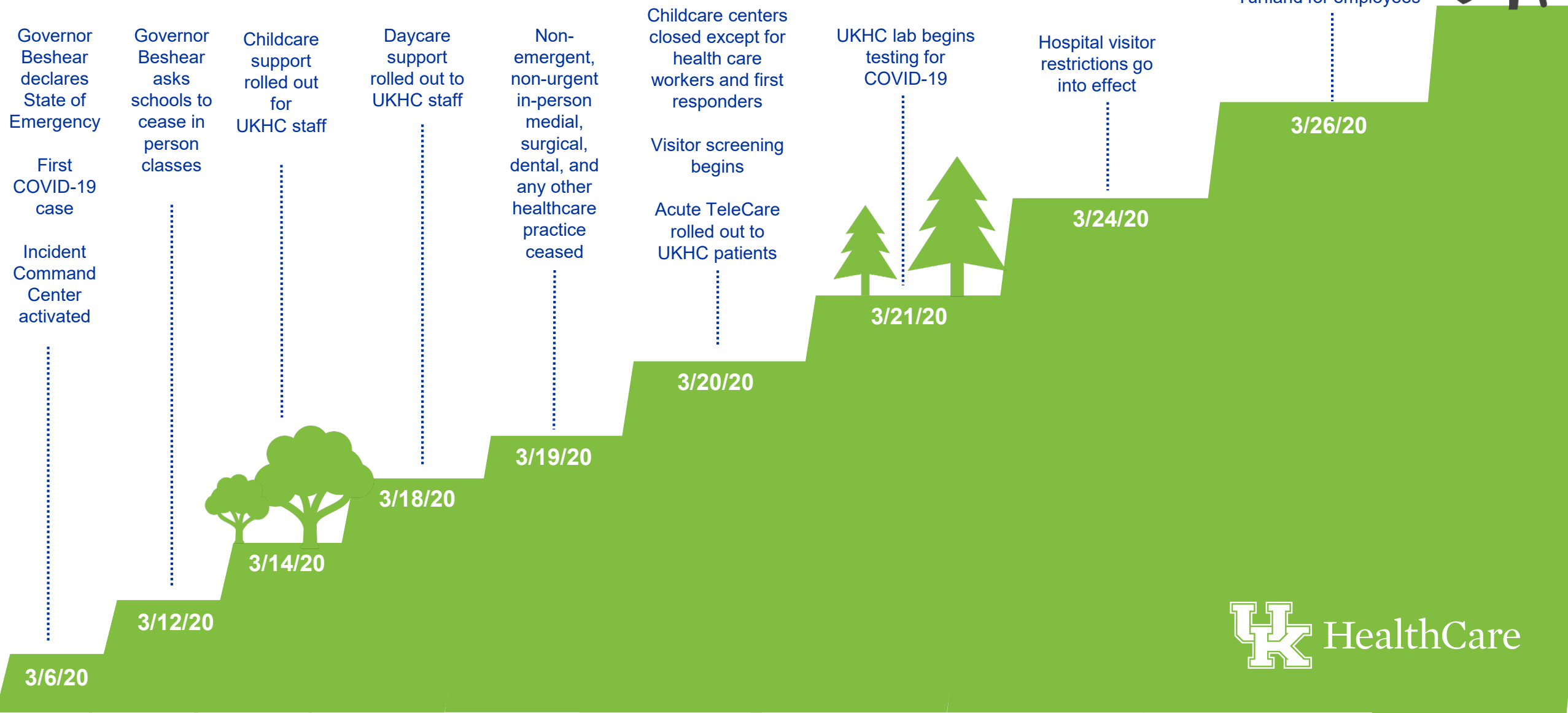
## Phase Two

Changing Models and Financial Impacts – Conversion from One Challenge to Another

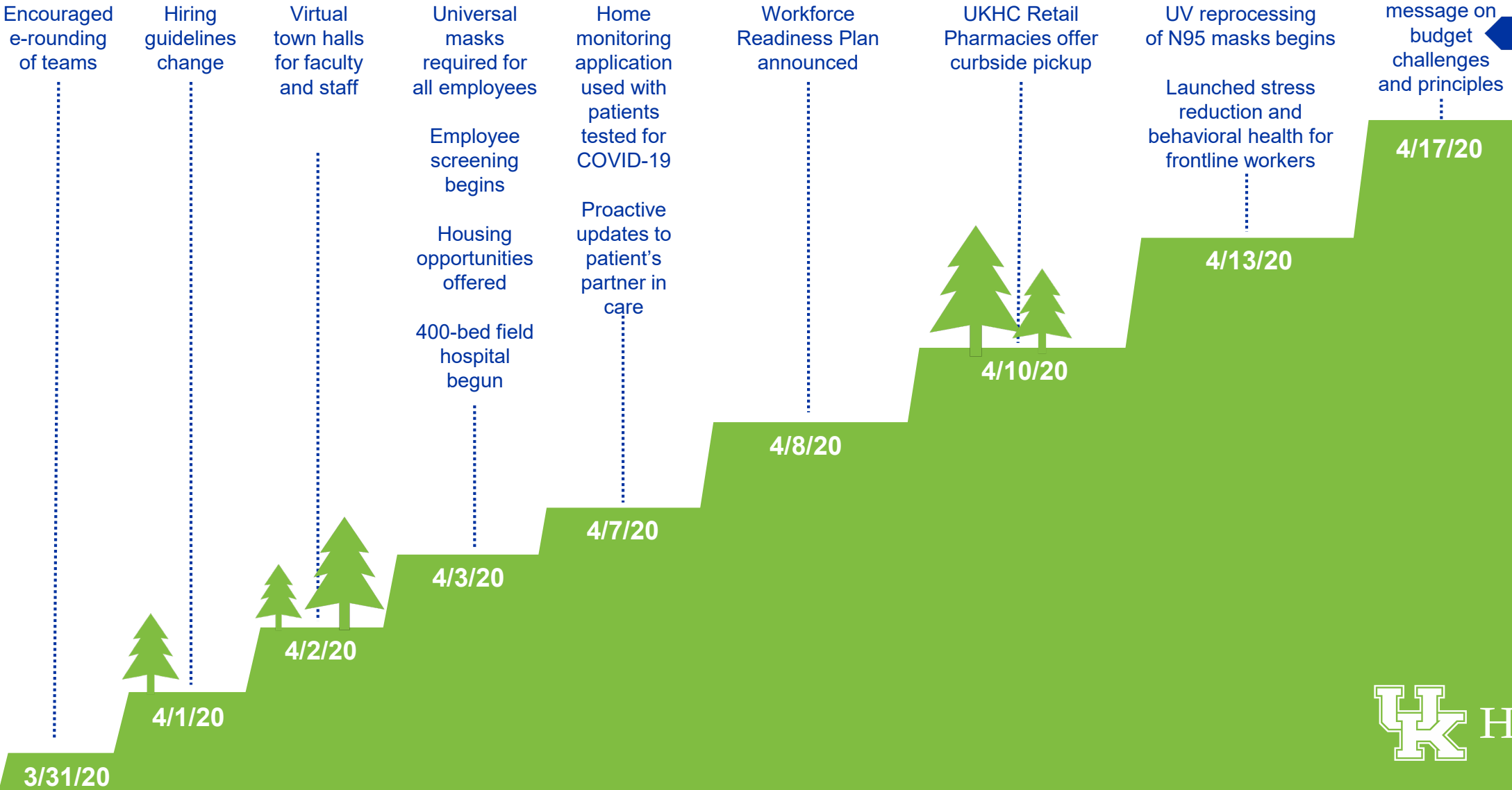
## Phase Three

The Path Forward to Restart and Recovery

# TIMELINE OF COVID-19 RESPONSE



# TIMELINE OF COVID-19 RESPONSE (CONTINUED)



## PERSONAL PROTECTIVE EQUIPMENT (PPE) – INCREASED DEMAND

### Sourcing

- Utilizing creative supplier options “day-trading”
- Co-located Supply Chain for collaboration “war-room”

### Manage Supply

- Creating daily utilization reports
- Prioritizing use through established policies

### Innovation

- Conserving and reprocessing N95 Masks with UV Light



- Over 25,000 appointments scheduled in April
- 17,500 visits completed across 103 clinics



# UK HealthCare Acute TeleCare

*It takes a village of Heroes*

Physicians, Advanced Practice Providers, Operations

## COVID-19 TESTING

- On March 21<sup>st</sup>, UK HealthCare began testing potential COVID-19 patients in-house with the option to run same-day tests
- Taking care of the Commonwealth – currently performing COVID-19 tests for over 35 hospitals throughout Kentucky
- IgG Serology/Antibody testing for SARS CoV-2 now available



 **HEROES WORK HERE**

## COVID-19 DRIVE-THRU TESTING

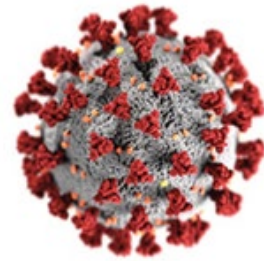
- Prioritized testing for symptomatic frontline employees and patient care providers began March 26<sup>th</sup>
- Testing done by appointment after pre-screening
- Located at UK HealthCare Turfland

 **HEROES WORK HERE** 

# COVID-19 COMMUNICATION TO OUR PATIENTS AND OUR PEOPLE

Newsletters, websites, flyers, and infographics created and distributed as the situation evolves to educate the public and UKHC employees

## COVID-19 DAILY BRIEFING



**PROTECT YOURSELF AND YOUR PATIENTS**

**CORONAVIRUS (COVID-19) PRECAUTIONS**

**SORTING OUT THE SYMPTOMS COVID-19, COMMON COLD & FLU**

SYMPTOMS	COVID-19	COMMON COLD	FLU
Typical			
Common, usually dry			
Typical			
No			
Common			
Common			
Sometimes			
Common			
Sometimes			
Sometimes			

UK HealthCare

**COVID-19 (The New Coronavirus)**

For Patients COVID-19 Q&A News & Resources For Providers Cancellations Visitor Restrictions Thank You

**COVID-19 (The New Coronavirus)**

UK HealthCare COVID-19 ("Coronavirus") Information Hub

**KEEPING A SAFE DISTANCE**

6 FT

Approximately the length of a full or twin size mattress

Keeping a safe distance helps minimize the risk of COVID-19 transmission. People who have sustained contact within 6 feet are most at risk of transmission. COVID is primarily spread through respiratory droplets produced when an infected person coughs or sneezes.

UKHC COVID-19 Hotline for Providers & Staff  
859-218-7800  
8 a.m. – 4:30 p.m., M-F

**Breaking News**

Requesting medical records in person  
March 25, 2020 at 5:47 pm  
Health Information Management's three walk-up locations for requesting medical records have been closed for the duration of the COVID-19 event. [Read more...](#)

Prescribing for COVID-19  
March 25, 2020 at 5:05 pm  
In addition to measures that we have already taken to ensure an adequate supply of medications for those who need them, the Kentucky Board of Pharmacy issued the below restrictions, effective today. [Read more...](#)

UK HealthCare launches telemedicine program for patients  
March 24, 2020 at 10:01 am

**UK HealthCare Monitoring**  
Since the beginning of COVID-19 in Kentucky:  
33 Positive Patients (2 currently admitted)  
1,094 Patients Tested Negative  
Total 1,278 Specimens Tested  
Updated on 3/25/2020 at 4:10pm

**Key Links**

- Guidelines and Documents
- Telehealth Toolkit
- Frequently Asked Questions
- Infection Prevention & Control
- Visitor Restrictions
- Child Care

**Other Resources**

- CareWeb

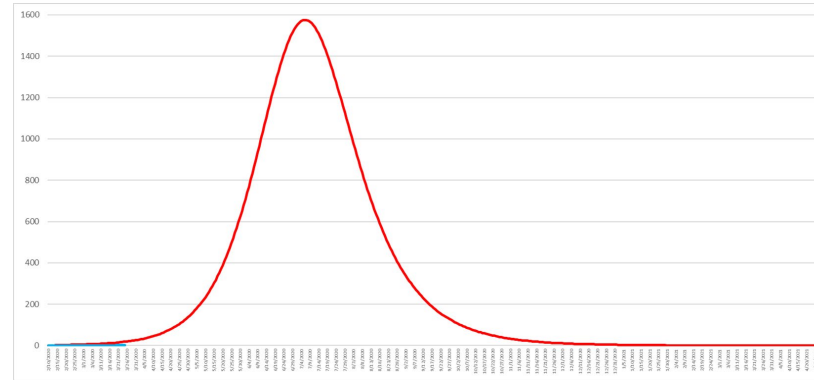
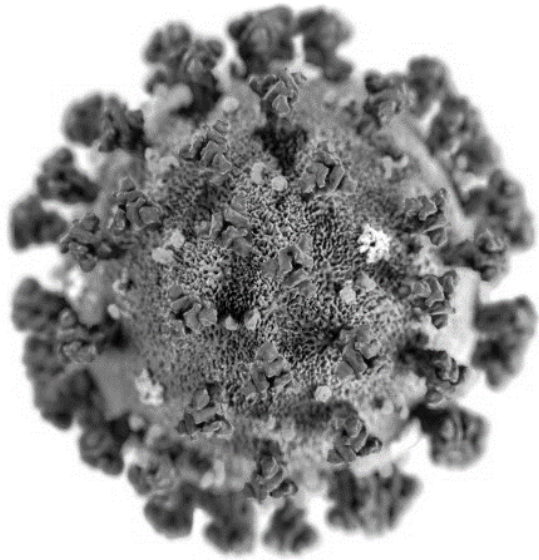
**CLEAN HANDS SAVE LIVES**

WASH HANDS OFTEN WITH SOAP AND WATER. USE HAND SANITIZER\* IF SOAP IS NOT AVAILABLE.

- BEFORE YOU EAT OR COOK.
- AFTER YOU COUGH, SNEEZE OR BLOW YOUR NOSE.
- AFTER YOU USE THE TOILET.
- AFTER YOU PLAY WITH ANIMALS.

\* Use hand sanitizer with at least 60% alcohol.

**WASH AND SCRUB FOR 20 SECONDS** (or the time it takes to sing "Happy Birthday" 2 times).



## Phase One

Transition from Normal Business to Organizational Preparedness and Response

## Phase Two

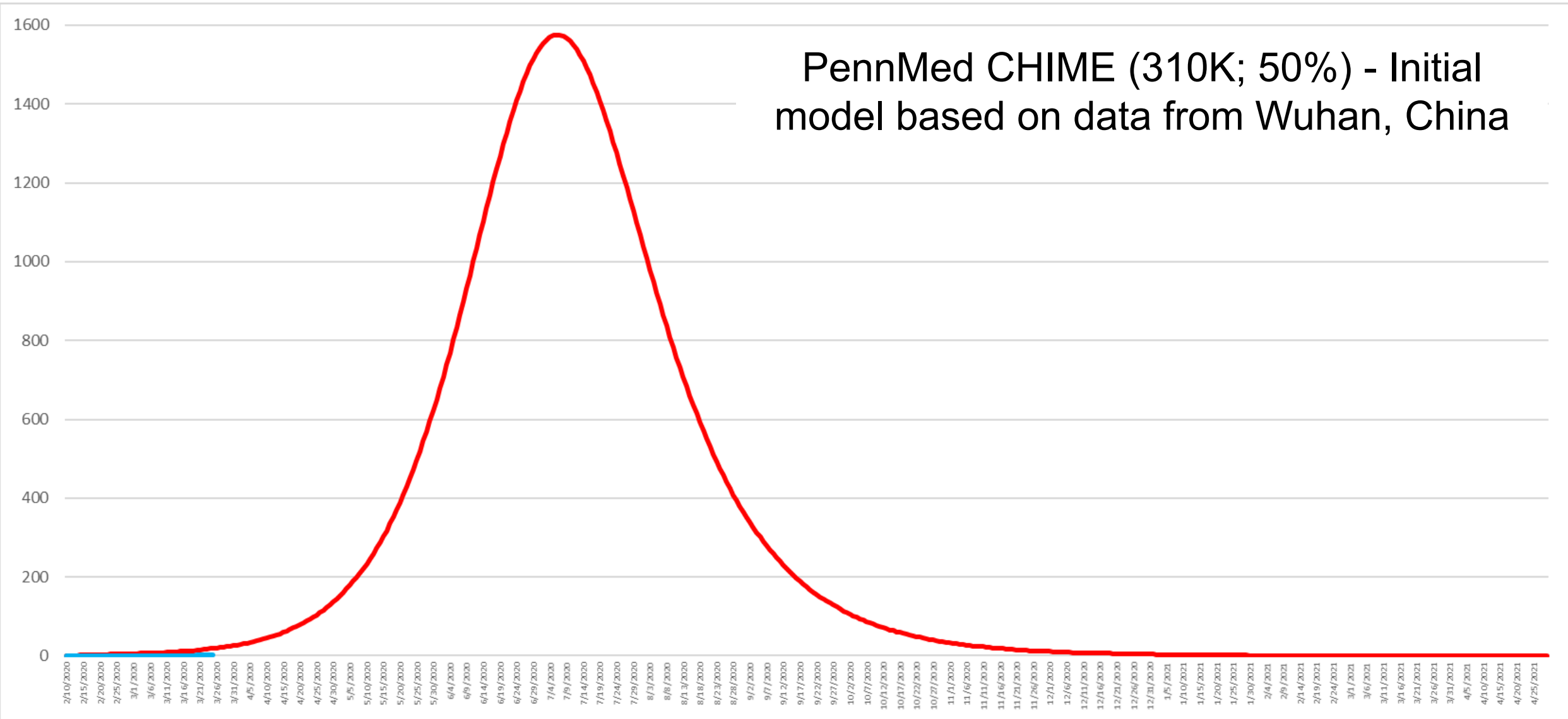
Changing Models and Financial Impacts – Conversion from One Challenge to Another

## Phase Three

The Path Forward to Restart and Recovery

# INITIAL PROJECTIONS OF DAILY CENSUS

PennMed CHIME (310K; 50%) - Initial model based on data from Wuhan, China



## PAVILION A SURGE PLANS

Order	Location	# of Beds	Cumulative Total
1	10.200	64	64
2	10.100	64	128
3	9.100	64	192
4	9.200	64	256
5	6.100	64	320
6	6.200	64	384
7	7.100	TBD	TBD
8	7.200	TBD	TBD
9	8.100	TBD	TBD
10	8.100	TBD	TBD

COVID-19 Patient Levels
Level 1 0-46 Patients
Level 2 47-128 Patients
Level 3 129-256 Patients
Level 4 257-384 Patients
Level 5 384+ Patients

## Action Planning Categories by Surge Level

- Patient Locations
- Creating Additional Capacity
- Service Lines
- Intensive Care Unit (ICU)
- Division of Hospital Medicine
- Operating Room Operational Plan
- Emergency Department (ED)
- Care Transitions
- 10.100 Guidance
- Registered Nurse (RN) and Other Staffing
- RN Staffing Model
- COVID-19 Units Staffing Model
- Respiratory Staffing
- Kentucky Children's Hospital (TBD)
- Good Samaritan Hospital (TBD)
- PPE Strategy (TBD)

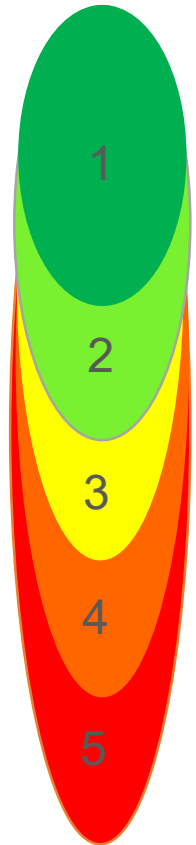
## COVID-19 BED CAPACITY – PROTOCOLS BY SURGE LEVEL

### EXAMPLE: Level 2 (47-128 Patients) Action Plans

<p><b>Patient Locations</b></p>	<ul style="list-style-type: none"> <li>• Overflow into 10.100 negative pressure</li> <li>• Decision point: At 81 (64+16+1) patients - all beds on the 10th floor Tower 1 will be utilized</li> <li>• Priority to cohort COVID-19 positive patients and preserve other service-line cohorting</li> <li>• 62 total dual occupancy negative pressure rooms (24 ICU rooms) or 128 total dual occupancy rooms (56 ICU rooms)</li> </ul>
<p><b>Emergency Department</b></p>	<ul style="list-style-type: none"> <li>• Trigger: ED Observation has greater than 15 beds filled with persons under investigation (PUI) or known positives</li> <li>• Activate TeleCare visits</li> <li>• Refer patients to urgent treatment</li> <li>• Activate radiology shell (based on ED triggers)</li> </ul>
<p><b>Care Transitions</b></p>	<ul style="list-style-type: none"> <li>• Hospital partners on-site to transfer non-COVID-19 patients to swing beds</li> </ul>

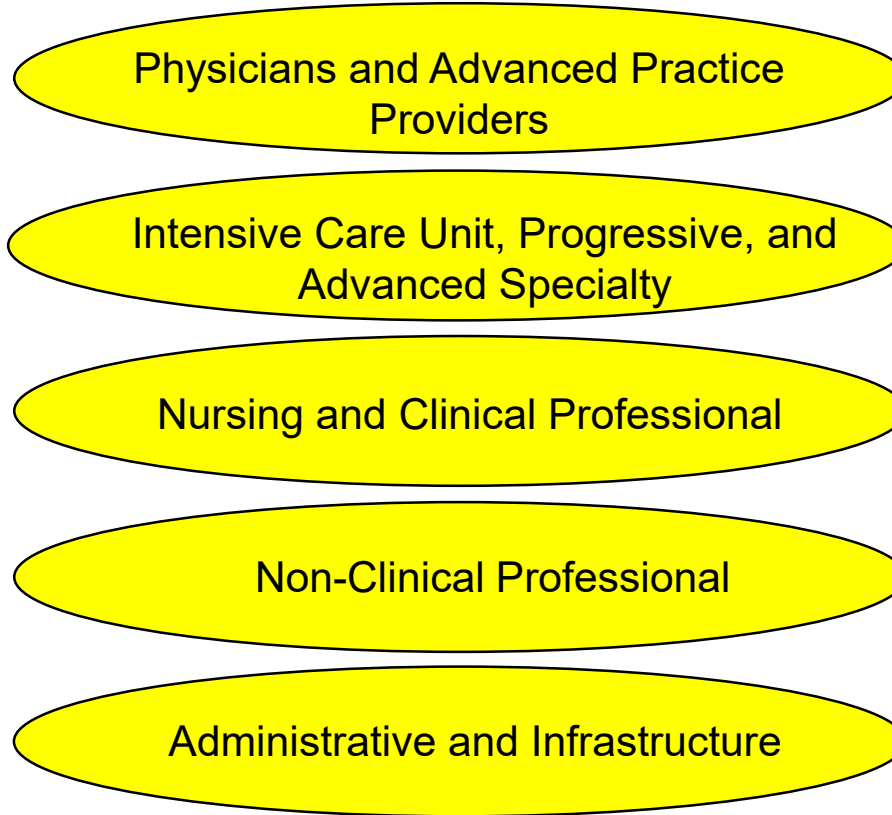
# EMERGENCY PREPAREDNESS: HOPE FOR THE BEST, PLAN FOR THE WORST

Tiered Staffing Plan



Deployment with Emergency Tiers

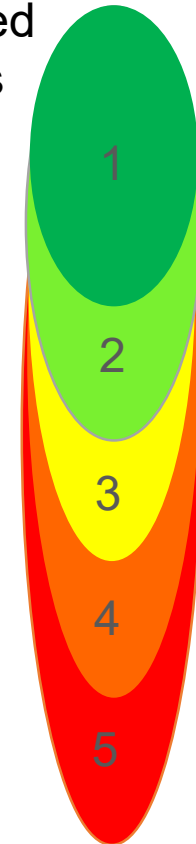
Enterprise Emergency Preparedness Pool  
(Training and Emergency Prep)



Redeployment Phases

State Ordered  
Reductions  
← Now

Training for Potential Redeployment  
with Increased Emergency



# NUTTER FIELD HOUSE CONVERTED TO 400-BED COVID-19 HOSPITAL



## REGIONAL OPERATIONS CENTER FOR KENTUCKY (ROCK)



Department of  
Veterans Affairs



HealthCare



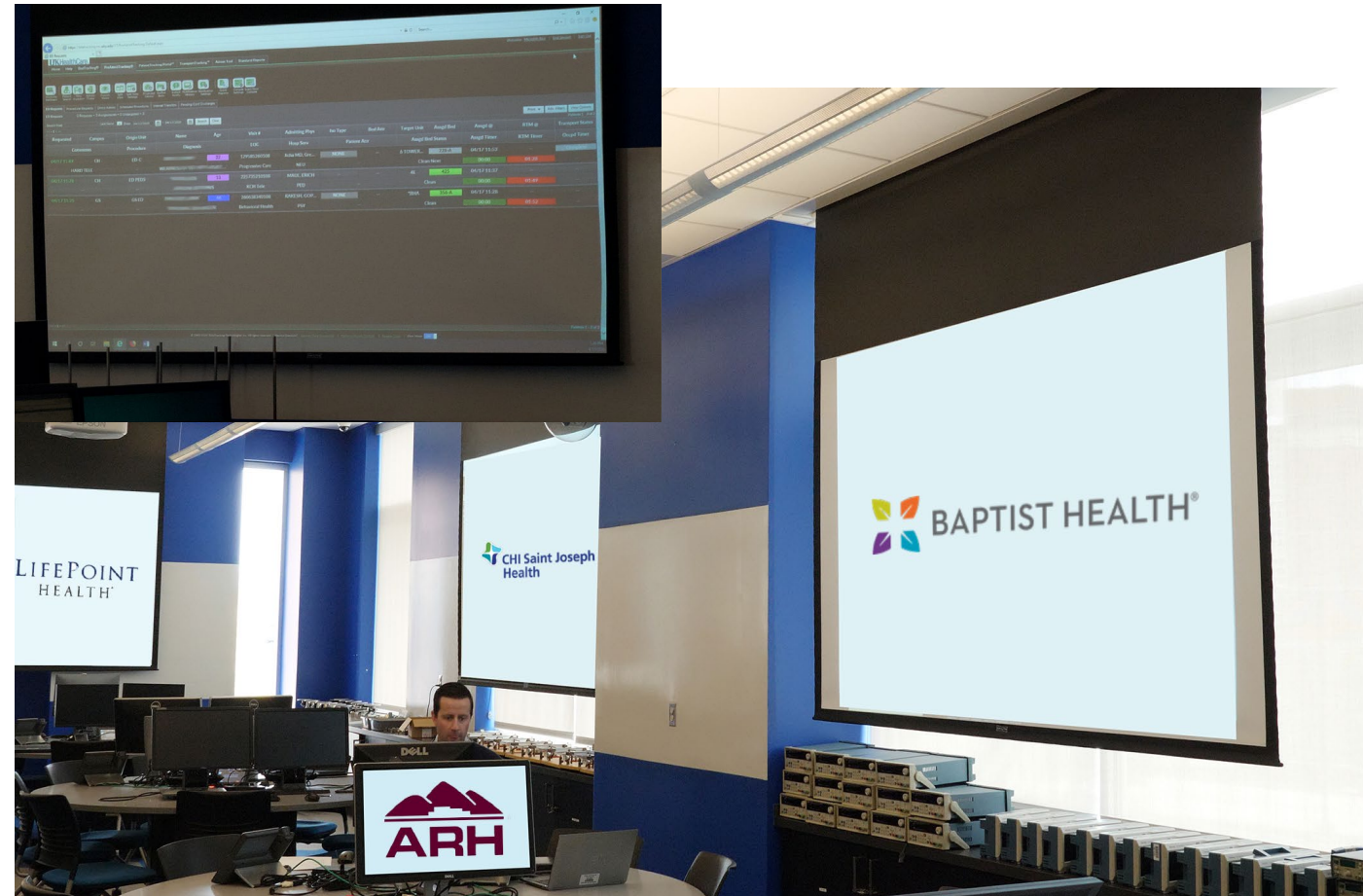
CHI Saint Joseph  
Health



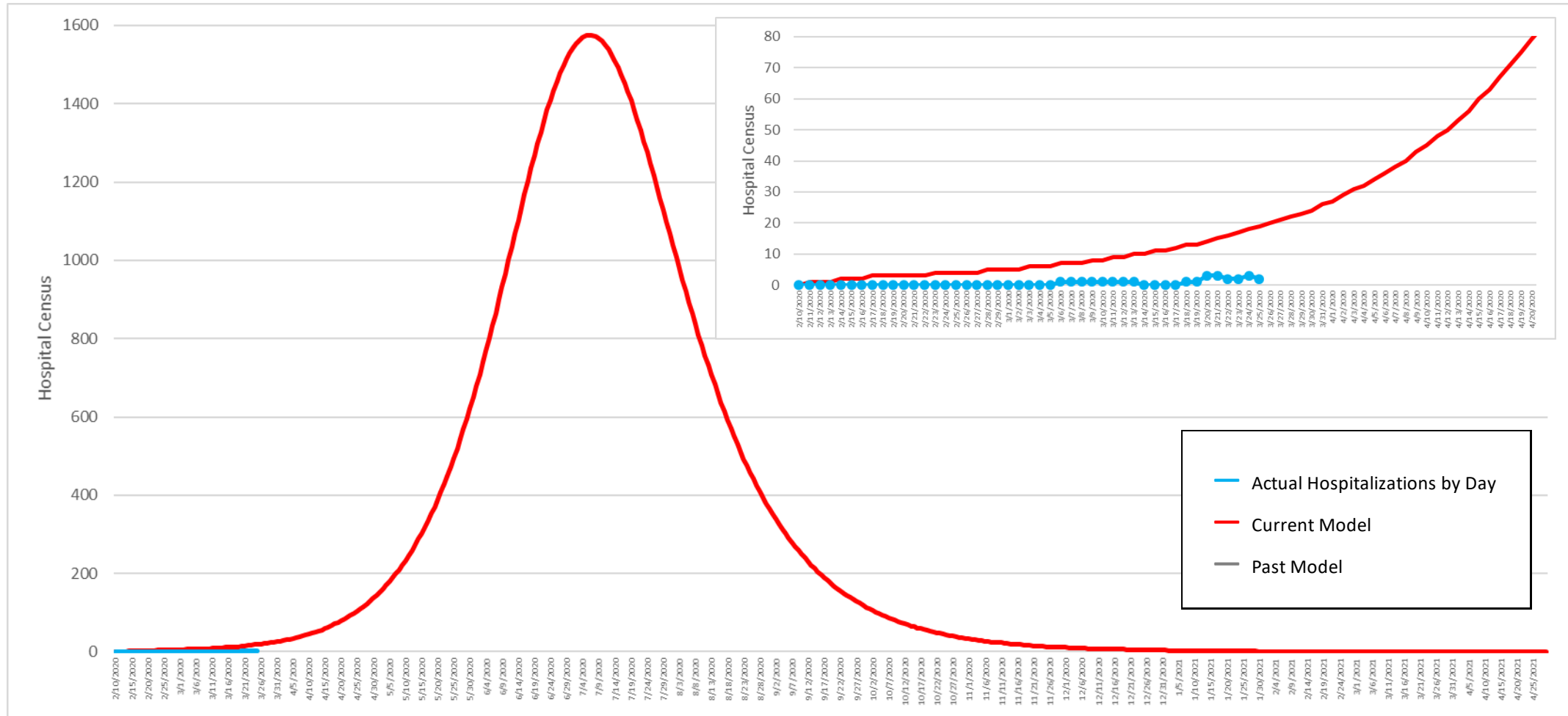
BAPTIST HEALTH®

# Regional Operations Center for Kentucky (ROCK)

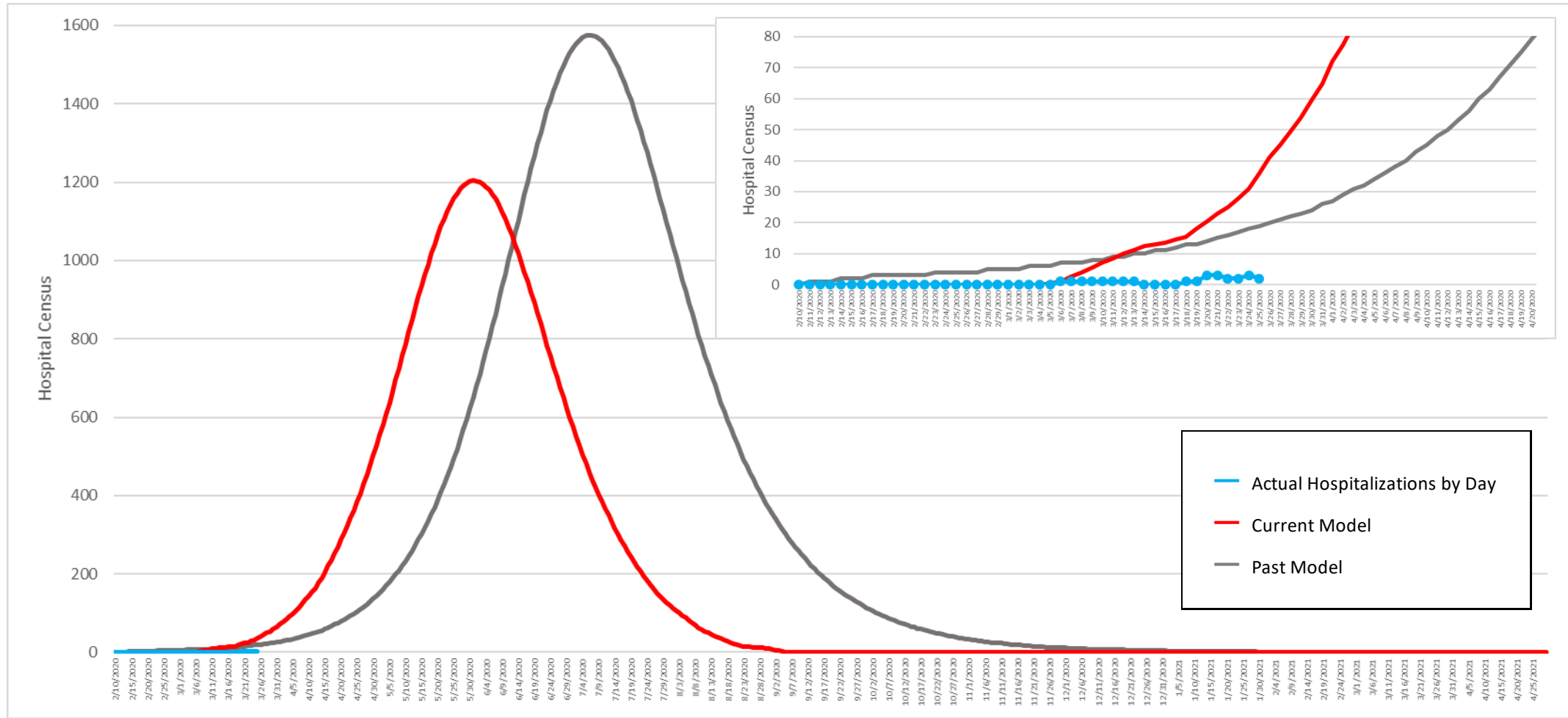
- Regional coordinator for the Bluegrass and tertiary areas of Kentucky
- Unified bed operations call center to manage patient flow
- Triage patients to appropriate location based on level of care needed



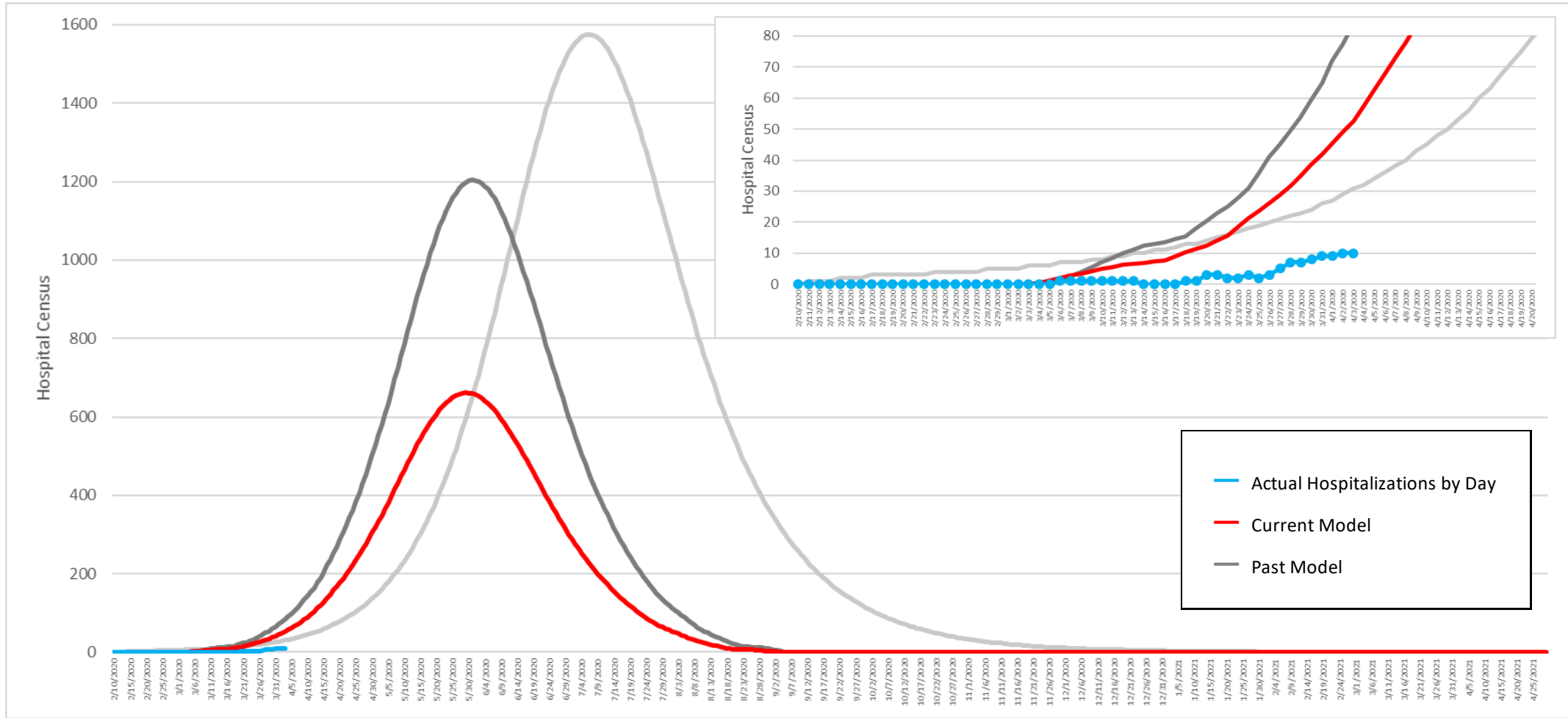
# PROGRESSIVE MODELING OF COVID-19 HOSPITAL CENSUS FOR UK HEALTHCARE



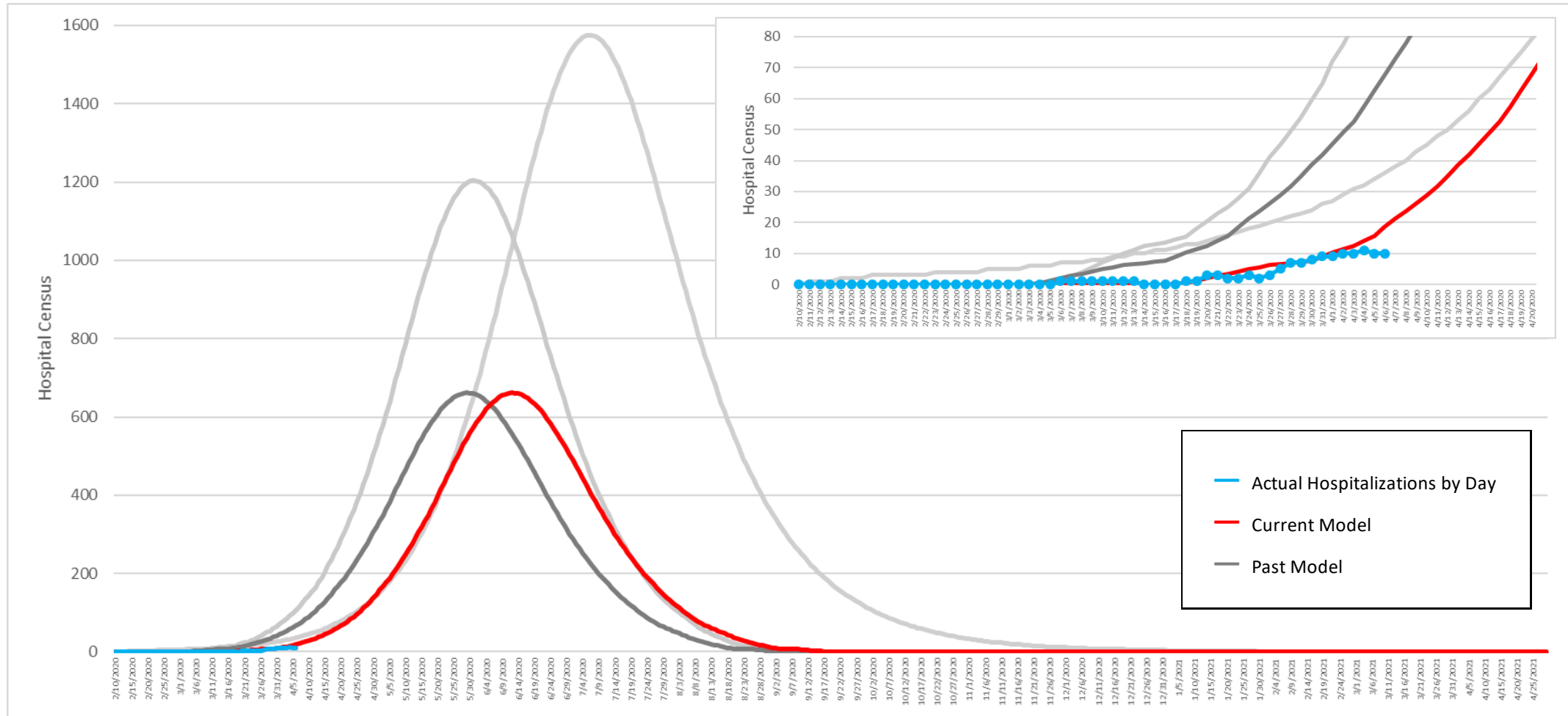
# PROGRESSIVE MODELING OF COVID-19 HOSPITAL CENSUS FOR UK HEALTHCARE



# PROGRESSIVE MODELING OF COVID-19 HOSPITAL CENSUS FOR UK HEALTHCARE

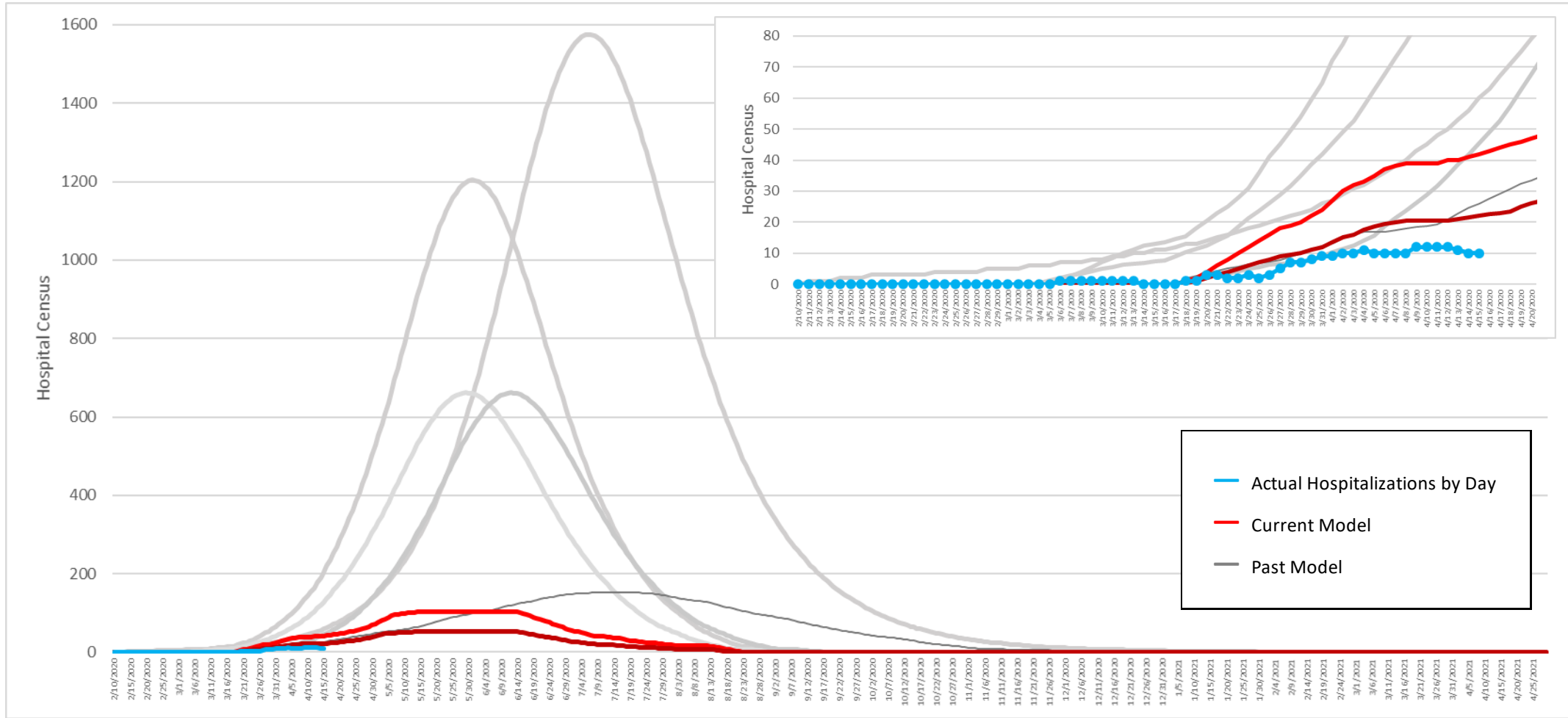


# PROGRESSIVE MODELING OF COVID-19 HOSPITAL CENSUS FOR UK HEALTHCARE

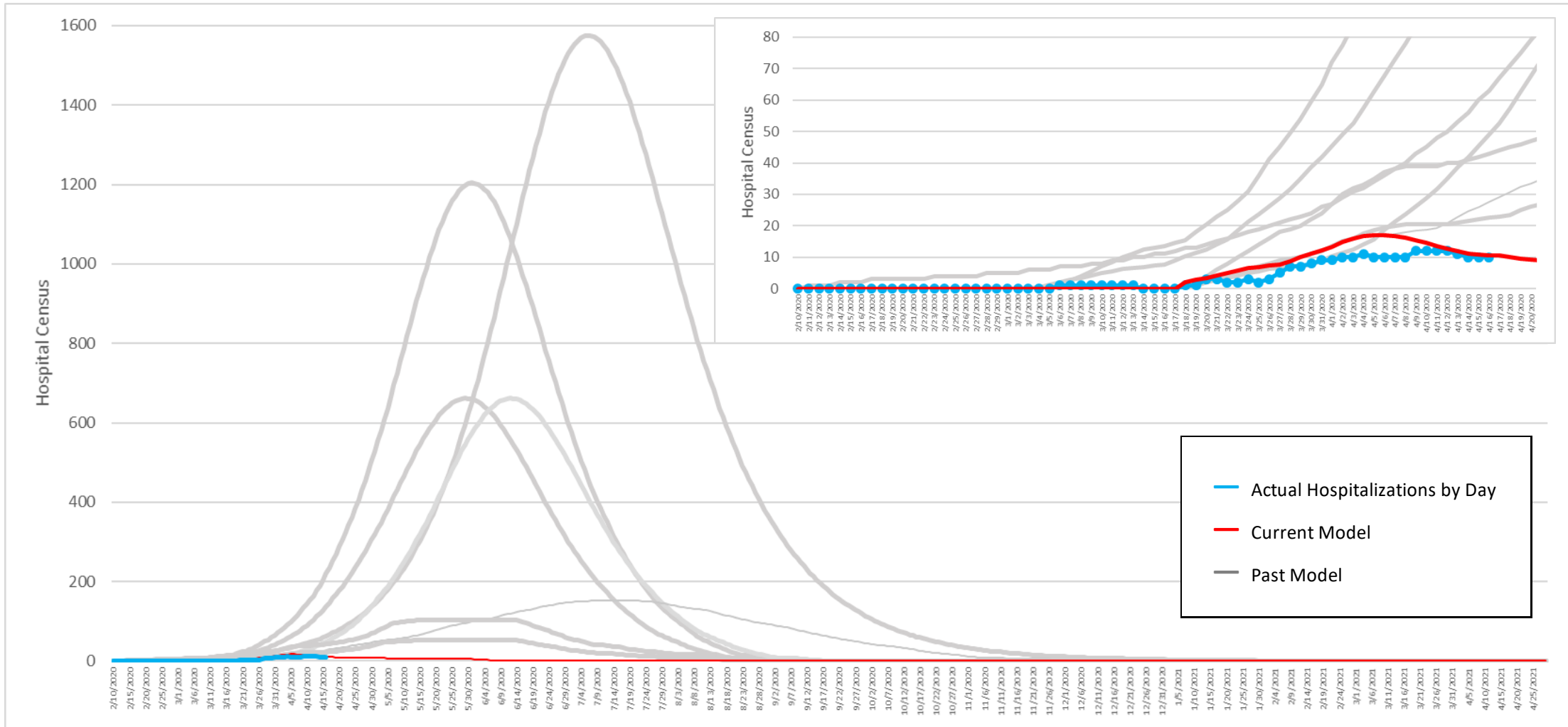




# PROGRESSIVE MODELING OF COVID-19 HOSPITAL CENSUS FOR UK HEALTHCARE

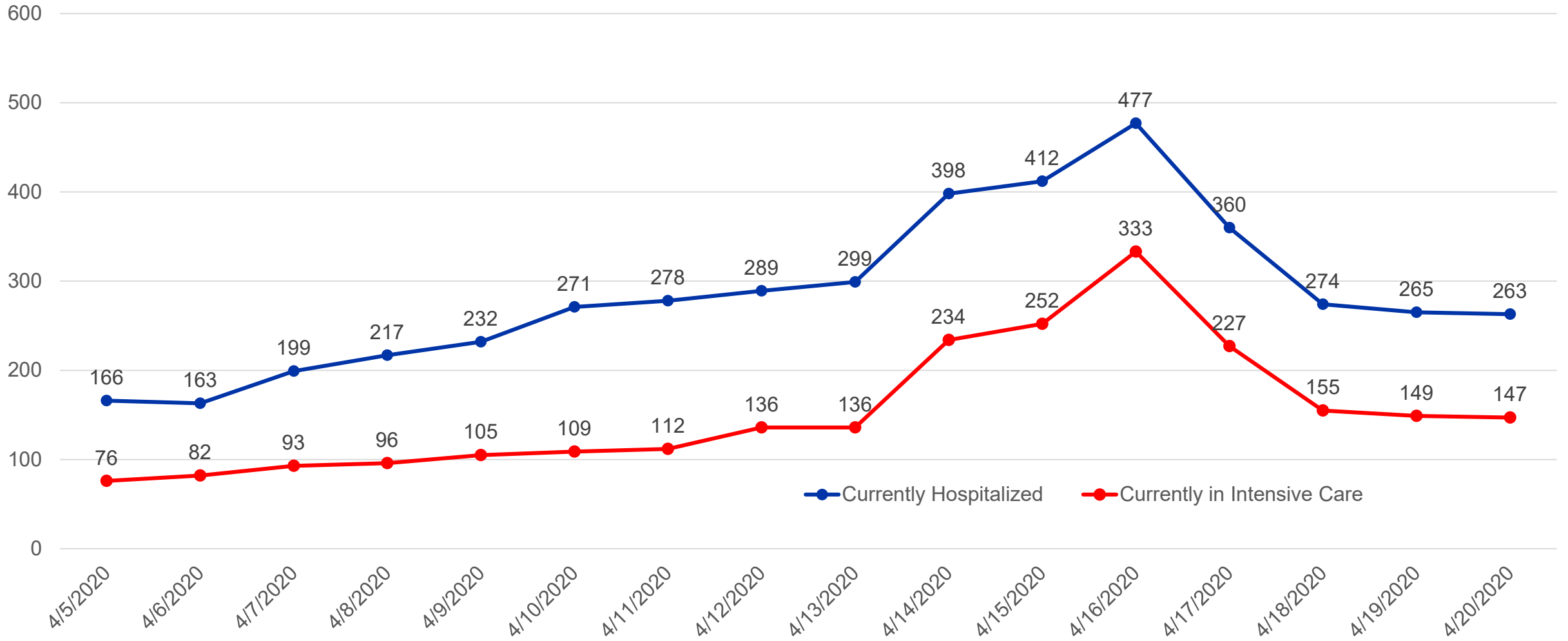


# PROGRESSIVE MODELING OF COVID-19 HOSPITAL CENSUS FOR UK HEALTHCARE



# KENTUCKY SEEMS TO HAVE PASSED A PEAK IN HOSPITALIZATIONS

## Hospital Census from the Kentucky Department of Public Health



## CHALLENGES

### Conversion From One Challenge to Another

- Unlikely to see a substantial surge beyond 50 COVID-19 patients.
- Reality is we prepared and now we have to transition.
- Combined loss of revenue and increase in expenses is *significant*.
- These realities force us to a decision point.
- **Need to plan** for current state and ability to meet our mission.
- Move forward while **sustaining readiness**.

# **FY2020 MARCH OPERATING RESULTS UK HEALTHCARE (UKHC)**



# KEY PERFORMANCE INDICATORS

FY2020 March 31, 2020

March FY2020	Monthly Performance and Variance			Year-To-Date (YTD) Performance and Variance		
	Monthly Stat	vs. Budget	vs. Prior Year	YTD Stat	vs. Budget	vs. Prior Year
*Discharges	3,176	(553)	(378)	31,009	(1,367)	(284)
Medical Inpatient	66.18%	-5.41%	0.07%	66.33%	-4.49%	-0.32%
Surgical Inpatient	33.82%	5.41%	-0.07%	33.67%	4.49%	0.32%
*Average Discharges per Day	102.45	(17.85)	(12.19)	112.76	(4.97)	(1.45)
*Average Daily Census	718.06	(132.68)	(80.16)	780.52	(17.33)	2.43
*Average Length of Stay	7.01	(0.06)	0.05	6.92	0.15	0.11
*Case Mix Index (CMI)	2.1788	0.20	0.19	2.0568	0.09	0.08
*CMI Adjusted Length of Stay	3.22	(0.35)	(0.29)	3.37	(0.08)	(0.09)
*CMI Adjusted Patient Days	85,318	(4,822)	(8,934)	797,468	40,026	6,223
*Patient Days	22,260	(4,113)	(2,485)	214,644	(4,765)	1,446
Observation Cases	463	(293)	(126)	5,668	(912)	(63)
*Short Stays	169	(83)	(43)	1,926	51	497
*Emergency Department Cases	8,004	(895)	(1,042)	85,437	(782)	1,460
*Operating Room Cases	2,330	(786)	(594)	26,131	(1,143)	528
Lexington Surgery Center Operating Room Cases	109	(46)	(46)	1,359	(31)	889
Lexington Surgery Center Endoscopy Cases	70	(41)	70	737	(261)	737
*Total Outpatient Cases	168,483	(43,212)	(20,171)	1,759,077	44,579	168,452

# UK HEALTHCARE FINANCIAL INCOME STATEMENT DETAIL

Month Ending March 31, 2020

	FY2020 March Actual	FY2020 March Budget	Variance	FY2019 March Actual
<b>OPERATING REVENUES</b>				
Net Inpatient service revenues	\$ 100,685	\$ 115,530	\$ (14,845)	\$ 76,860
Net Outpatient service revenues	93,619	94,881	(1,262)	86,021
Sales and services	11,580	10,816	764	7,683
Total operating revenues	<u>205,884</u>	<u>221,227</u>	<u>(15,343)</u>	<u>170,564</u>
<b>OPERATING EXPENSES</b>				
Personnel expense	93,328	97,957	(4,629)	90,634
Supplies	52,640	42,665	9,975	37,209
Purchased services	18,486	19,466	(981)	13,490
Other expenses	19,757	22,502	(2,744)	19,606
Depreciation	5,823	6,920	(1,097)	5,765
Total operating expenses	<u>190,034</u>	<u>189,510</u>	<u>524</u>	<u>166,704</u>
Net income from continuing operations	<u>15,850</u>	<u>31,718</u>	<u>(15,867)</u>	<u>3,860</u>
	<b>7.7%</b>	<b>14.3%</b>	<b>-6.6%</b>	<b>2.3%</b>
<b>NONOPERATING REVENUES (EXPENSES)</b>				
Gifts and non-exchange grants	896	237	659	847
Investment income (loss)	(26,533)	176	(26,708)	3,057
Interest expense	(1,862)	(1,735)	(127)	(1,929)
Other	228	(222)	450	238
Net nonoperating revenues (expenses)	<u>(27,269)</u>	<u>(1,544)</u>	<u>(25,725)</u>	<u>2,213</u>
Net income before other revenues, expenses, gains or losses	<u>(11,419)</u>	<u>30,174</u>	<u>(41,592)</u>	<u>6,073</u>
Transfers (to) the University of Kentucky for noncapital purposes	(5,487)	(7,541)	2,054	2,570
Transfers (to) from the University of Kentucky for capital purposes	-	-	-	-
Total other revenues (expenses)	<u>(5,487)</u>	<u>(7,541)</u>	<u>2,054</u>	<u>2,570</u>
<b>Net Income</b>	<b>\$ (16,906)</b>	<b>\$ 22,633</b>	<b>\$ (39,539)</b>	<b>\$ 8,643</b>
	<b>-8.2%</b>	<b>10.2%</b>	<b>-18.4%</b>	<b>5.1%</b>

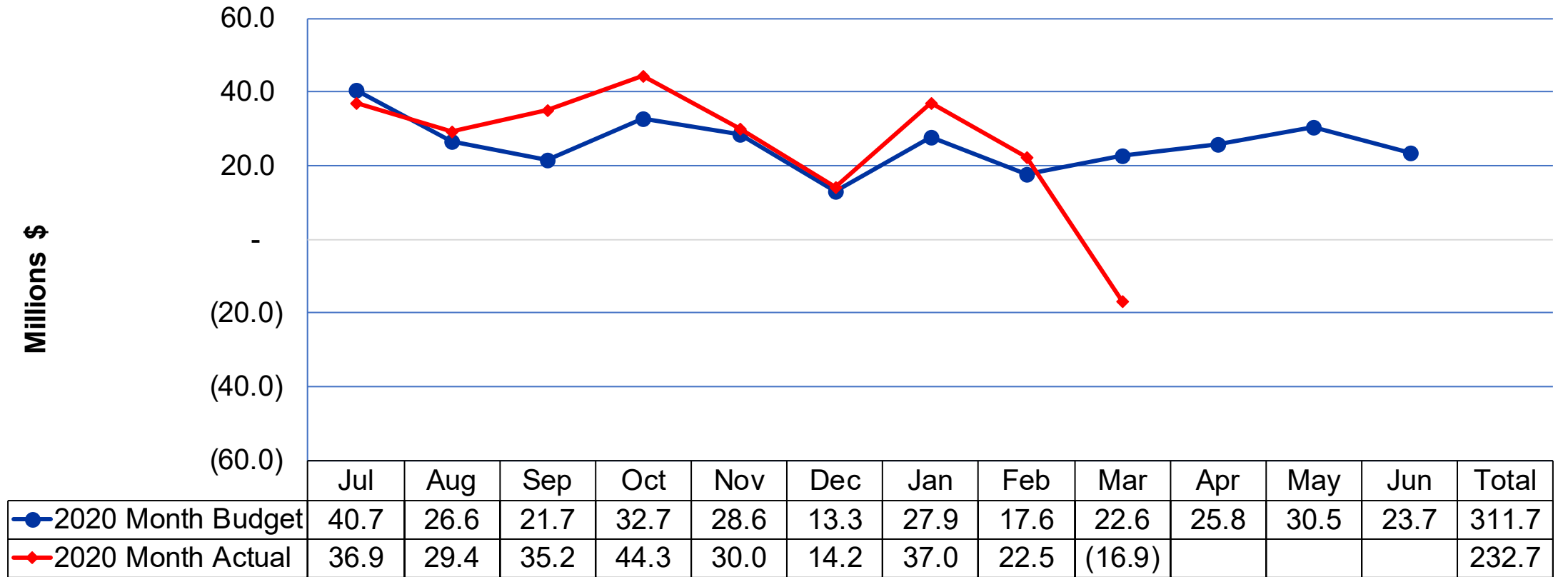
# UK HEALTHCARE FINANCIAL SUMMARY INCOME STATEMENT

Year-to-Date (YTD) March 31, 2020

	FY2020 March YTD Actual	FY2020 March YTD Budget	Variance	FY2019 March YTD Actual
<b>OPERATING REVENUES</b>				
Net Inpatient service revenues	\$ 962,690	\$ 986,162	\$ (23,472)	\$ 707,731
Net Outpatient service revenues	861,184	834,314	26,870	717,543
Sales and services	89,738	82,244	7,494	69,412
Total operating revenues	<u>1,913,613</u>	<u>1,902,720</u>	<u>10,892</u>	<u>1,494,686</u>
<b>OPERATING EXPENSES</b>				
Personnel expense	826,368	842,583	(16,214)	772,209
Supplies	400,477	366,708	33,768	319,768
Purchased services	146,761	156,093	(9,332)	118,278
Other expenses	171,423	186,977	(15,554)	161,190
Depreciation	55,104	60,087	(4,984)	52,029
Total operating expenses	<u>1,600,133</u>	<u>1,612,449</u>	<u>(12,317)</u>	<u>1,423,474</u>
Net income from continuing operations	<u>313,480</u>	<u>290,271</u>	<u>23,209</u>	<u>71,211</u>
	<b>16.4%</b>	<b>15.3%</b>	<b>1.1%</b>	<b>4.8%</b>
<b>NONOPERATING REVENUES (EXPENSES)</b>				
Gifts and non-exchange grants	3,706	3,298	409	3,428
Investment income (loss)	(20,186)	9,821	(30,007)	14,555
Interest expense	(17,433)	(17,651)	219	(18,092)
Other	2,133	790	1,343	2,140
Net nonoperating revenues (expenses)	<u>(31,780)</u>	<u>(3,743)</u>	<u>(28,036)</u>	<u>2,031</u>
Net income before other revenues, expenses, gains or losses	<u>281,700</u>	<u>286,528</u>	<u>(4,828)</u>	<u>73,242</u>
Transfers (to) the University of Kentucky for noncapital purposes	(48,967)	(54,943)	5,976	(16,995)
Transfers (to) from the University of Kentucky for capital purposes	-	-	-	-
Total other revenues (expenses)	<u>(48,967)</u>	<u>(54,943)</u>	<u>5,976</u>	<u>(16,995)</u>
<b>Net Income</b>	<b>\$ 232,733</b>	<b>\$ 231,584</b>	<b>\$ 1,148</b>	<b>\$ 56,247</b>
	<b>12.2%</b>	<b>12.2%</b>	<b>0.0%</b>	<b>3.8%</b>

# ENTERPRISE TOTAL MARGIN BY MONTH

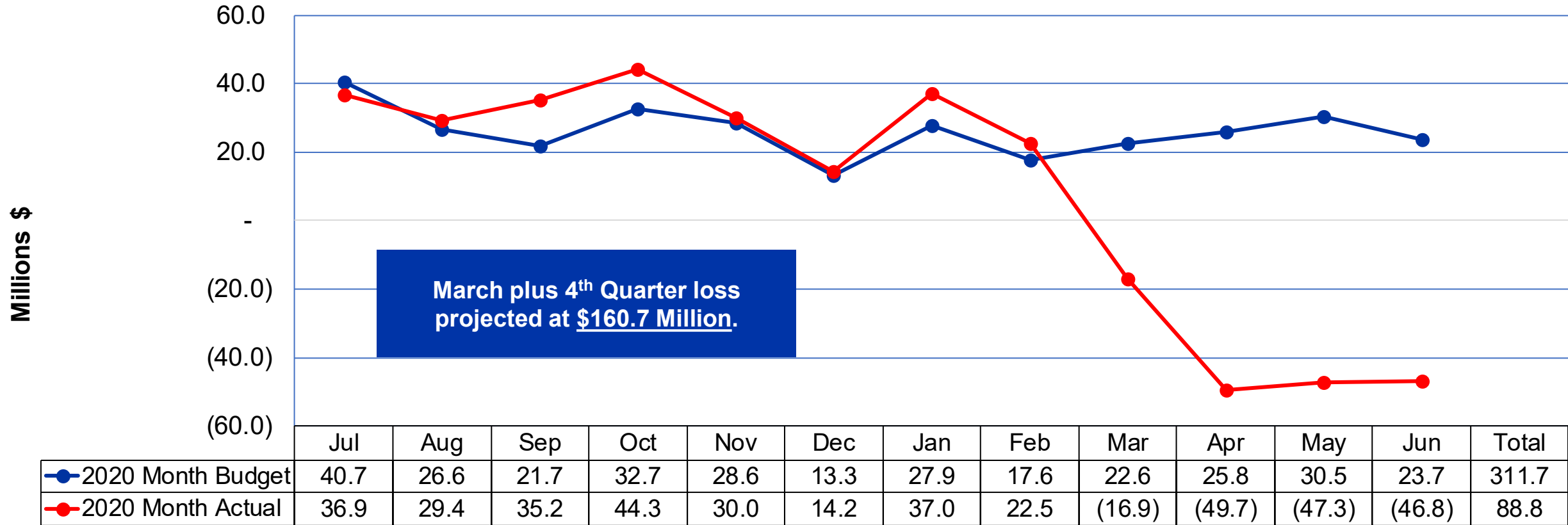
4<sup>th</sup> Quarter Projection Based on COVID-19 Experience



*Directed payments have been spread back to July as earned for both actual and budget*

# ENTERPRISE TOTAL MARGIN BY MONTH

4<sup>th</sup> Quarter Projection Based on COVID-19 Experience



*Directed payments have been spread back to July as earned for both actual and budget*

# COVID-19 FISCAL YEAR-TO-DATE (FYTD) STATISTICAL DRIVERS

COVID-19 Per Day Volume Impact Summary

Date	Emergency Department	Operating Room	Admissions	Discharges	Census	Outpatient Visits
February FYTD	317	101	116	115	811	6,507
March FYTD	258	78	96	101	732	5,428
April FYTD	171	39	76	77	548	3,759
<b><i>Change Per Day</i></b>	<b>146</b>	<b>62</b>	<b>40</b>	<b>38</b>	<b>263</b>	<b>2,748</b>

**PROJECTED FY2020 COVID-19 IMPACT**

**Projected  
Loss**

**Estimated Clinical  
Volume Impact:  
(\$142.0 Million)**

**COVID-19 Related  
Expense:  
PPE, Testing, and  
Field Hospital  
(\$15.5 Million)**

**Estimated  
Investment Income  
Loss:  
(\$35 Million)**

**+**

**Health and Human Services**

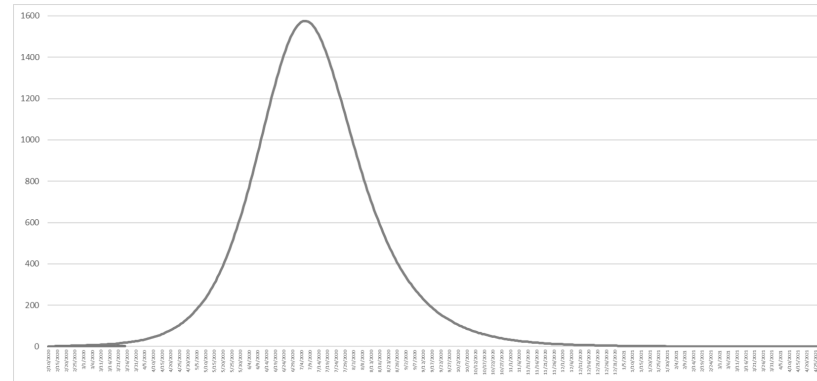
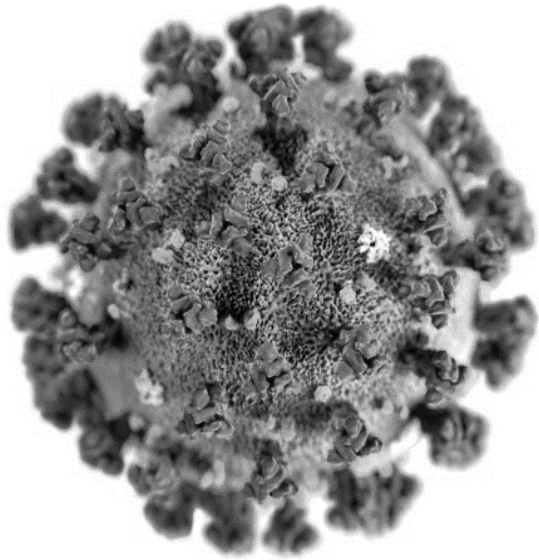
**COVID-19 Payment:**

**\$31.8 Million**

**=**

**Projected Overall COVID-19 Loss =  
(\$160.7 Million)**

*\*Capital Expenditures - \$4.1 Million*



# Phase One

Transition from Normal Business to Organizational Preparedness and Response

# Phase Two

Changing Models and Financial Impacts – Conversion from One Challenge to Another

# Phase Three

The Path Forward to Restart and Recovery

## PROGRESSIVE FINANCIAL AND OPERATIONAL RESPONSE STRUCTURE

1. Financial Projection/Modeling – Increased development of performance services
2. Liquidity (Days cash on hand and ability to meet obligations)
3. Legislative/Governmental Relations
  - Federal relief acts – Coronavirus Aid, Relief, and Economic Security (CARES) Act
  - Telehealth investment (regulatory)
  - Federal Emergency Management Agency (FEMA)
  - Medicare/Medicaid reimbursement and regulations
  - Contracted Payers
4. Operations
  - Non Labor (i.e. purchases services, contracting, and consultants)
  - Productivity based compensation impact
  - Labor/HR
5. Communications (Reopening plan and communication to build patient confidence)
6. Capital investment adjustments
7. Strategic planning for “Smart Start” reopening
8. Updated financial projection based on operational and financial response

## CURRENT COMMITMENT FUNDING GAP

Original FY2020 Forecast	\$308.6 Million
Original FY2021 Forecast	\$250.1 Million
Combined Two Year Forecast	\$558.7 Million
Revised FY2020 Forecast	\$88.9 Million
Investment Commitments Through FY2021	\$220.0 Million

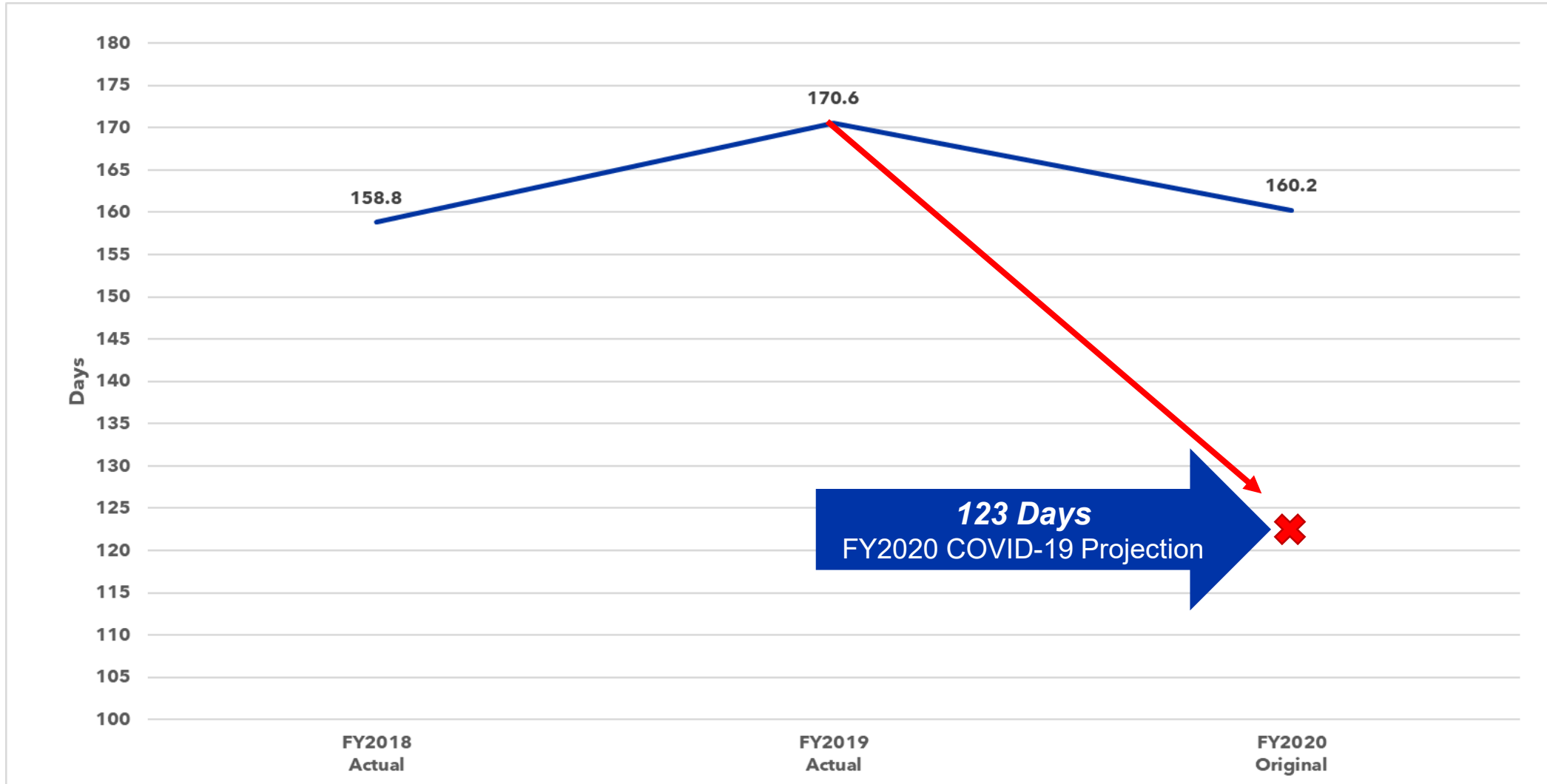
***FY2021 Funding Gap  
For Current Commitments***

***(\$131.1) Million***

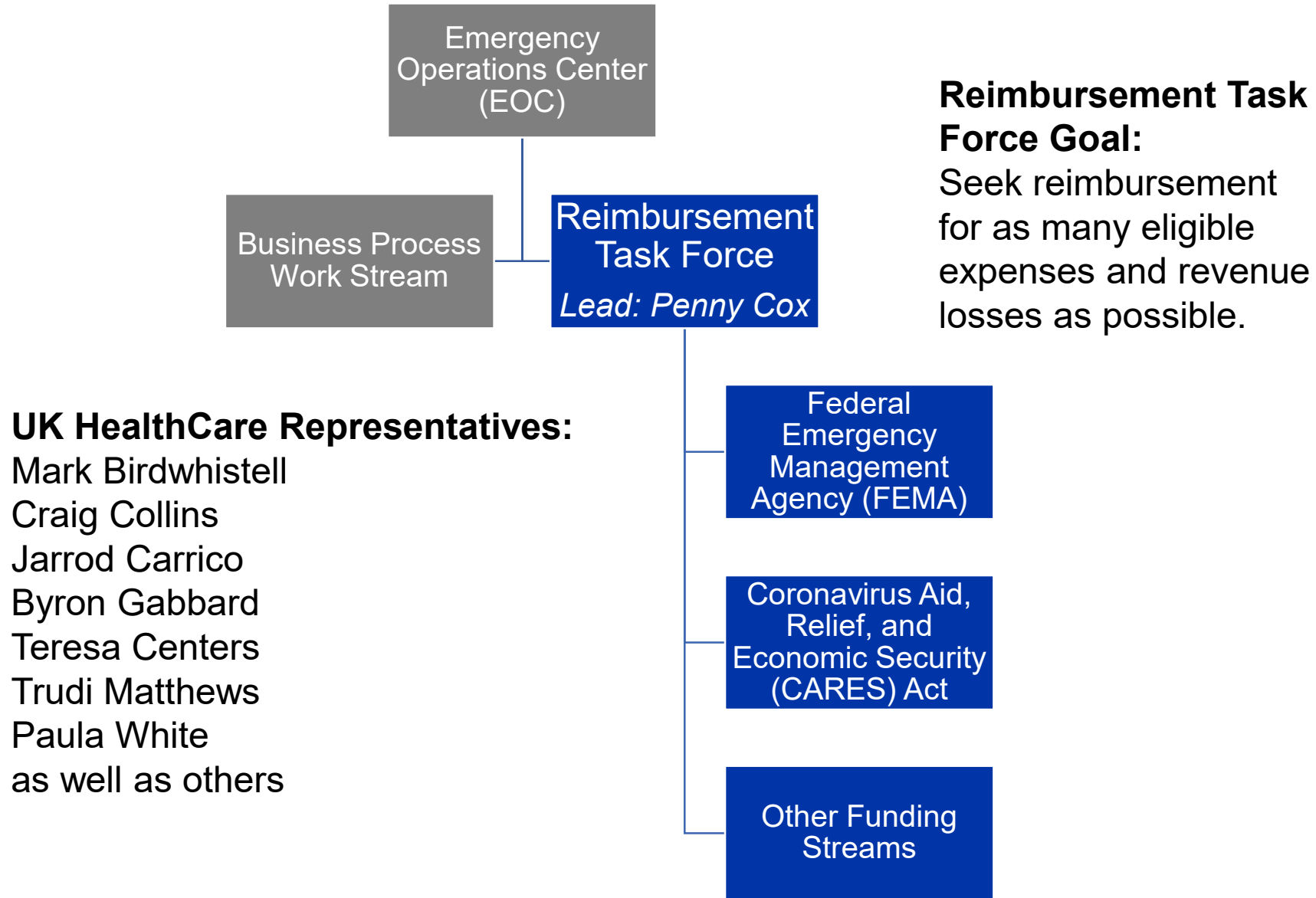
# DAYS CASH ON HAND-WITH NO INITIATIVES

One Day Is Worth \$4.9 Million

Endowment Represents Approximately 58 Days



# UK COVID-19 REIMBURSEMENT TASK FORCE STRUCTURE



# Maximizing State and Federal Funding

### Medicaid Directed Payments

- Issues with volumes could result in drop in payments
- Using Centers for Medicare and Medicaid Services guidance to apply for COVID-19 fix

### Federal CARES Act Funding

- Round One - \$17 Million hospital, \$2 Million for physicians
- Round Two - \$12 Million hospital
- \$623,105 + \$100,000 for North Fork Valley Health Center in Hazard

### Federal FEMA Funding

- Submitted Narrative Justification for approval of the field hospital
- Additional costs through FEMA UK Reimbursement Task Force

### Medicare Reimbursement Changes

- Halt of 2% sequestration cuts - \$5-8 Million
- 20% Reimbursement bump for COVID-19 patients

### Federal Communications Commission (FCC) Telehealth Funding

- 3 applications requesting over \$2 Million for telehealth and remote monitoring equipment

## **Targeted Operational Actions (4<sup>th</sup> Quarter)**

Purchased Services (Consultants, Contracting)

Other Expenses (Travel, Miscellaneous)

Productivity Based Compensation

Staffing to Volume

- Benchmarked (Clinical Staff)
- Non-Benchmarked (Non-Clinical Staff)

## RESUMING ELECTIVE PROCEDURES

### Key Messages

- Safe 'restart' of key services
- Focused on safety of providers, staff, and patients
- UKHC's experience in ensuring a safe environment of care
- "Shut down" provided opportunity to redesign spaces and operations
- Do not hesitate to seek care when needed



### WEARING A UNIVERSAL MASK WHILE AT WORK

UK Healthcare is asking all staff to wear a standard mask when at work. This is commonly referred to as a universal masking process. The universal masking policy requires all personnel (clinical or otherwise) to wear some type of face mask when working in the medical facilities, which reduces the risk of transmission. This mask guideline helps protect our staff and patients. You will be provided with a personal standard mask upon arrival to work. Place this over your nose and mouth and leave in place (cannot drop below nose or chin).

At this time, homemade masks can only be used by office and administrative staff NOT involved patient-facing interactions, including the College of Medicine staff and faculty. Each team member is responsible for maintaining and laundering cloth masks. Staff members are encouraged to use their personal cloth masks, if they desire to wear them, while not in patient care areas.

#### FOR STAFF IN A PATIENT CARE ROLE:

- When caring for any patient not in COVID isolation, the personal standard mask issued at the beginning of your shift can be worn room to room and may be worn when accessing supplies, med room, patient care and common areas such as the nursing station, lounge, etc.
- When possible, and based on acuity of your patients, please try to care for no isolation patients first, normal contact isolation patients second and finally, COVID suspected/confirmed patients.

## COMMITMENTS UNDER CONSIDERATION

Capital Category	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025
<b>Plans Under Consideration</b>						
FIT-UP 5TH FLOOR PAV A	-	18,500	18,500	-	-	-
FIT-UP 12TH FLOOR PAV A	-	-	18,487	18,446		-
PHASE 2 RADIOLOGY PAV A	-	-	-	8,100	2	-
INTERVENTIONAL SERVICES PAV A - Phase 2	-	3,574	6,000	-		-
OBSTETRICAL SERVICES PAV HA & H	-	-	-	4,000		-
<b>Total Projects Under Consideration</b>	-	91,974	236,171	256,546	198	5,500

***Future Projects Must Be Reprioritized and Possibly Deferred According to Available Funding***

# Kentucky Hospital Association Tiered Guidance

- Opening guidelines mirror federal guidelines through a phased approach
- Ability to provide adequate testing, hospital capacity, staffing, and PPE for staff and patients required to begin any phase (Minimum Requirements)
- Must demonstrate the ability to safely treat all patients without resorting to crisis standards of care
- Telehealth and non-traditional waiting areas should be used when possible



### CONSENSUS STATEMENT ON RESUMING ELECTIVE PROCEDURES

APRIL 24, 2020

On March 18, 2020, Kentucky's hospitals stopped performing elective procedures in response to a request by Governor Andy Beshear. That action was necessary to conserve critical health care resources in order to assure hospitals could respond to the COVID-19 emergency. In recognition that hospitals must be available to treat patients with emergent and urgent medical needs, KHA developed tiered guidance to help hospitals and physicians implement the moratorium on elective procedures. Under that guidance, elective procedures were defined as medically necessary procedures which could reasonably be postponed for thirty days. For purposes of this guidance, elective procedures includes ambulatory visits in offices and clinics, ambulatory diagnostic services, and inpatient and outpatient surgery and procedures.

**Phase One-April 27<sup>th</sup>**

**Phase Two-May 6<sup>th</sup>**

**Phase Three-May 13<sup>th</sup>**

**Phase Four-May 27<sup>th</sup>**

Area reopening

**Diagnostic radiology and laboratory services**  
**Non-urgent/emergent in-person and ambulatory visits**  
**Pre-anesthesia testing**

**Outpatient/ambulatory procedures**

**Inpatient procedures**

- Target of 50% of previous inpatient surgical volume
- Type/timing determined by Procedure Prioritization Oversight Committee

**Inpatient procedures at pre-COVID isolation levels**

Requirements

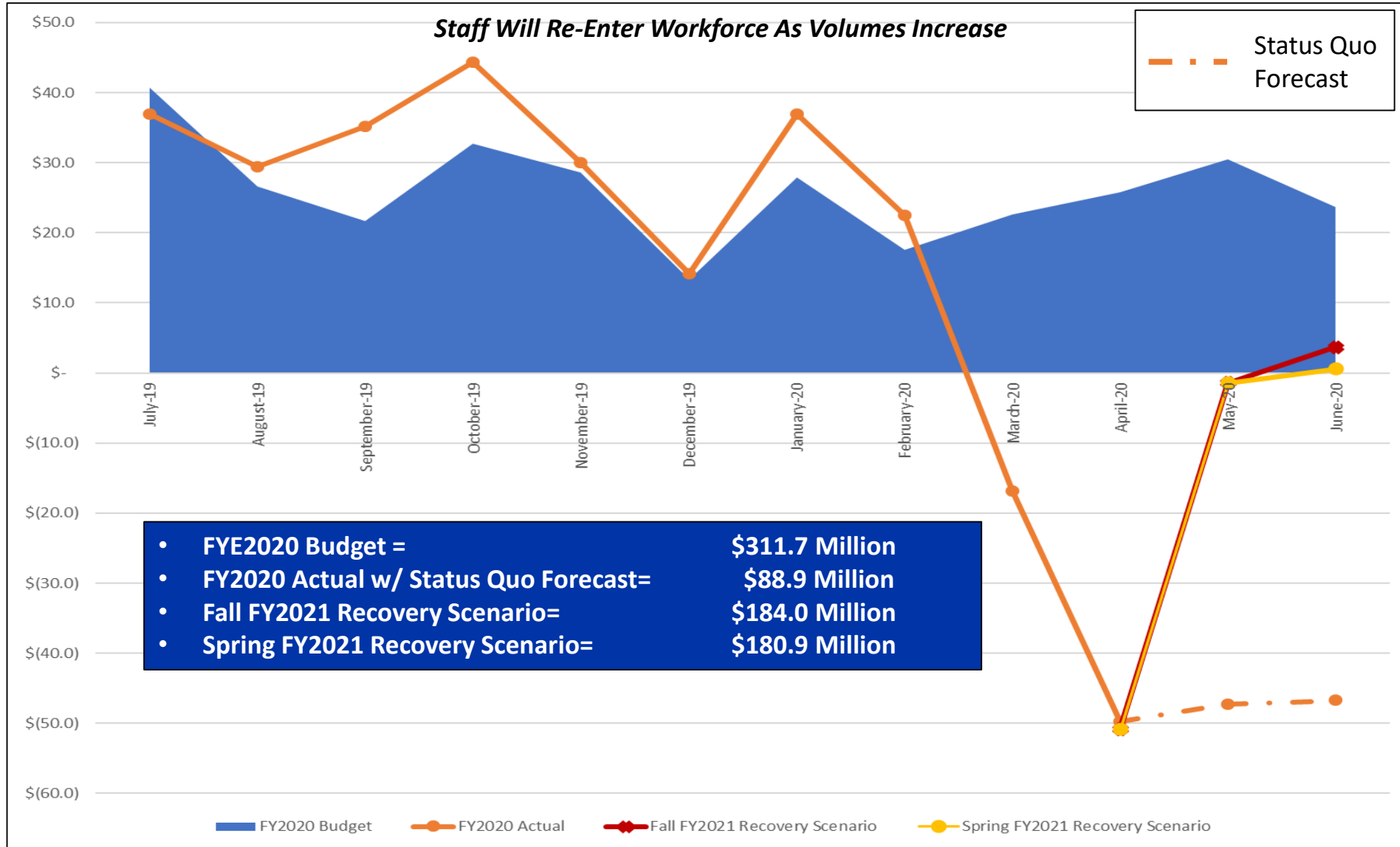
1. Universal masking and screening (staff, patients, and all entrants to facilities)
2. Social distancing must be observed at all times in facilities and waiting areas

1. Establish a Procedure Prioritization and Oversight Committee
2. Maintain at least a 30% surge bed capacity
3. 14-day supply of necessary PPE
4. Negative test within 72-hours

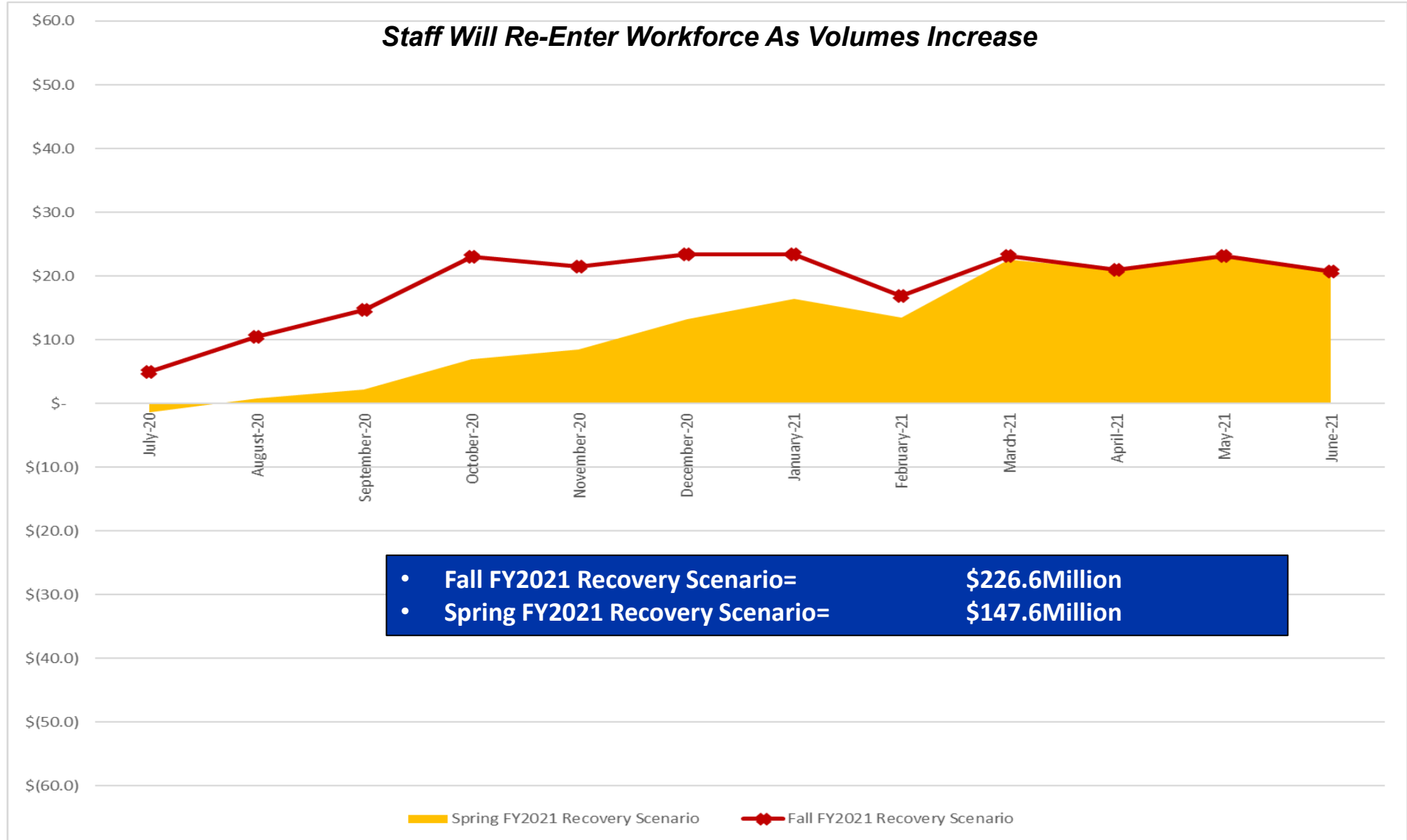
1. Successfully demonstrate requirements for Phase One and Two

1. Successfully demonstrate requirements for Phase One, Two, and Three

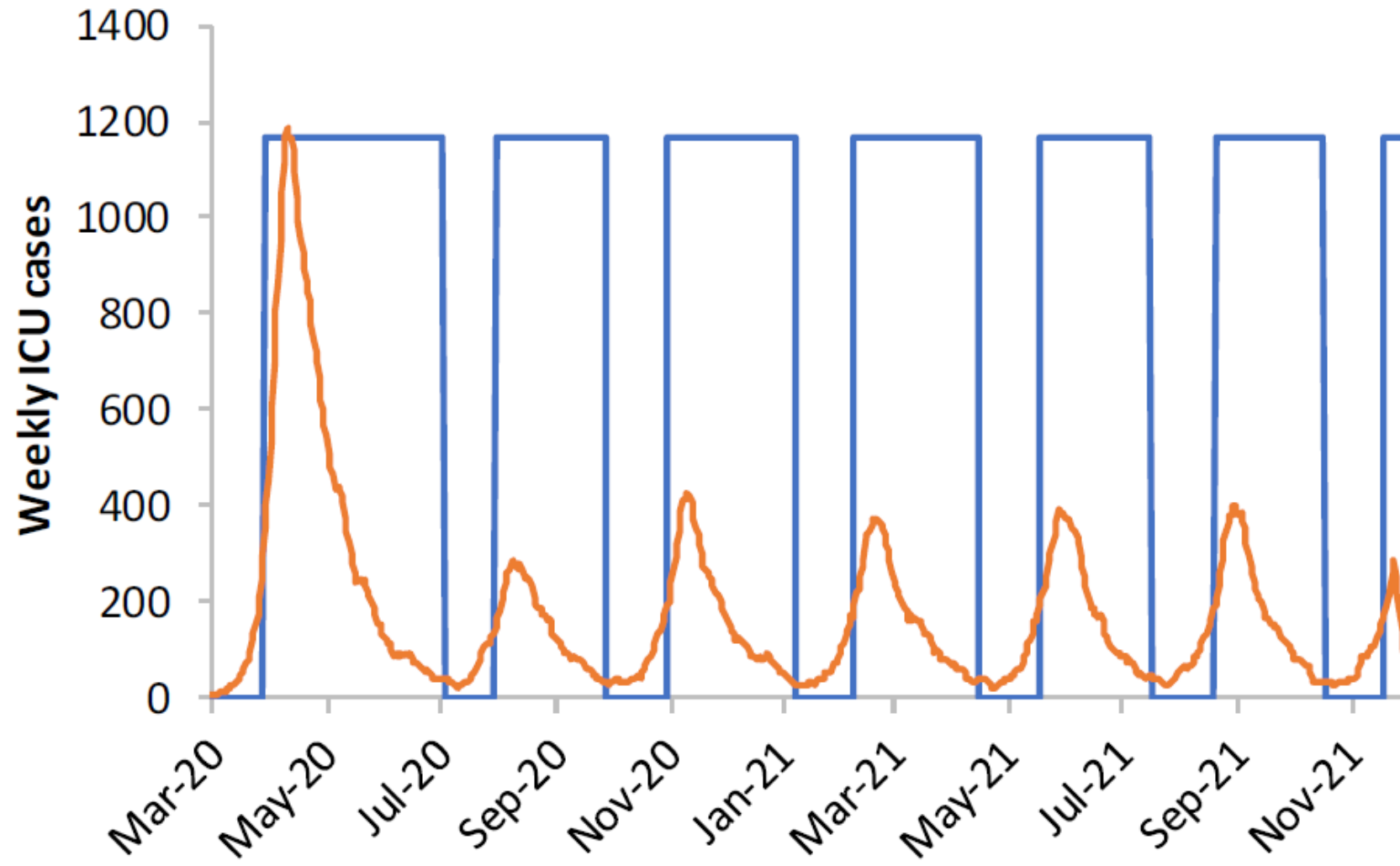
# UK HEALTHCARE RESTART/RECOVERY SCENARIOS FY2020



# UK HEALTHCARE PRELIMINARY RESTART/RECOVERY SCENARIOS FY2021



## SUBSEQUENT PEAKS AND RESPONSES TO COVID-19



Ferguson, Neil, et al. "Report 9: Impact of non-pharmaceutical interventions (NPIs) to reduce COVID19 mortality and healthcare demand." (2020).

## THE ROAD FORWARD

- “Smart Start” to the “New Normal”
- Data driven realignment of productivity and manpower
- Getting our “teams” back to work with a high quality value based focus
- Vigilance for COVID resurgence and needed response
- Developing communication around the safety of care
- Helping our partners restart
- Working with our partners to develop testing, tracing, and treatment