Harmonized modules for health facility assessment modules in the context of the COVID-19 pandemic

Interim guidance
31 May 2020

Introduction
Countries face a multitude of questions and decisions that must be addressed to prepare for and respond directly to the COVID-19 pandemic while simultaneously maintaining the delivery of other health services. Key decisions and actions to mitigate the risk of potential health system collapse must be informed by accurate and timely data collected through ongoing monitoring of health service delivery and utilization throughout all phases of the COVID-19 pandemic. Rapid and accurate assessments of health facility capacities – including management structures and processes, health worker capacity and protection, material resources, and supply-chain management – are essential for high-quality service delivery planning and the related redistribution of resources (both material and workforce) to maintain the delivery of essential health services, including COVID-19 health care worker, patient and visitor management services.

This suite of modules is designed/adapted to meet country needs throughout the different phases of COVID-19 preparedness, response and recovery, and is aligned and consistent with all published WHO guidance for COVID-19. Its primary aim is to support rapid assessment of the current, surge and future capacities of health facilities to be prepared and ready for and responsive to COVID-19 while maintaining the delivery of essential health services.

Scope
The suite comprises of modules related to preparedness and response planning, COVID-19 patient management, continuity of essential health services and health worker capacity and protection. In addition, it includes in-depth assessments of availability of essential biomedical, diagnostic equipment and medicines, triage, safety and structural aspects. Each module includes assessment tools for data collection and analysis, prioritizing actions, and decision-support at health facility, subnational and national levels. The modules thus help in developing and updating plans, as well as also monitoring the capacities of health facilities. Countries may select different combinations of modules according to context and need for one-time or recurrent use throughout the pandemic. Assessment tools are available online through a free downloadable application as well as downloadable files. Modules are listed in the below table and described in further detail thereafter. WHO will release modules as they are finalized over the coming weeks.

Table 1. Harmonized health facility assessment modules

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<th>COVID-19 case management and capacities</th>
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<td>Service capacity for COVID-19 case management</td>
<td>To assess the existing surge capacities of facilities to deliver COVID-19 case management health services</td>
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<td>Availability of essential medicines for COVID-19</td>
<td>To assess the availability of medicines for the treatment of COVID-19 in health facilities</td>
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<td>To assess the availability of diagnostics and personal protective equipment (PPE) for the treatment of COVID-19 in health facilities</td>
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<td>Biomedical equipment for COVID-19 case management</td>
<td>To assess facility inventory of biomedical equipment re-allocation, procurement and planning measures for COVID-19 case management</td>
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<td>Infection prevention and control response capacity for COVID-19</td>
<td>To assess infection prevention and control (IPC) capacities to respond to COVID-19 in health facilities</td>
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<td>To assess the structural capacities of facilities to allow safe COVID-19 case management, maintain the delivery of essential services and enable surge capacity planning</td>
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## Continuity of essential health services

<table>
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<th>Module</th>
<th>Purpose</th>
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<td>Service capacity for continuity of delivery of essential health services</td>
<td>To assess the maintenance of essential services, including disruptions and modifications to service delivery – this includes essential medicines, diagnostics, equipment and safety measures required to deliver essential health services. To assess workforce capacity during COVID-19 and non-COVID-19 functions during the course of the outbreak, including task distribution, health workforce infections and availability of personal protective equipment.</td>
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### Rapid hospital readiness checklist for COVID-19

#### Use

Countries can use this checklist of hospital governance, structures, plans and protocols to rapidly determine the current capacities of hospitals to respond to the COVID-19 pandemic and to identify gaps and major areas that require investment and action for the development of hospital readiness improvement plans. The tool can be used periodically to monitor hospital emergency operational readiness capacity development. Content areas include:

- Leadership and incident management system
- Coordination and communication
- Surveillance and information management
- Risk communication and community engagement
- Administration, finance and business continuity
- Human resources
- Surge capacity
- Continuity of essential support services
- Patient management
- Occupational health, mental health and psychosocial support for health workforce and patients
- Rapid identification and diagnosis
- Infection prevention and control

#### Target audiences

Primary:
- Hospital managers

Other:
- National and subnational health authorities
- National and subnational COVID-19 incident management teams
- Facility managers

#### Key questions this module helps to answer

- Do facilities have the necessary arrangements and backup arrangements in place and the functioning capacity to respond to COVID-19 (including safe and quality care of COVID-19 and non-COVID-19 patients and the continued provision of safe and essential public health functions)?
- Which recommended actions need to be given priority and investment in to make the facility fully functional?
- What are the ‘to do’ priority actions in case of surge?

#### When to use

Before outbreak/epidemic, in the early stages of outbreak/epidemic, and during epidemic/pandemic.

#### Mode of data collection

Paper-based and electronic.
Service capacity for COVID-19 case management

Use
Countries can use this tool to assess and monitor the existing surge capacity of health facilities to deliver COVID-19 case management services. It can be used to assess COVID-19 case management readiness and the quantified capacity for resources, supplies and equipment essential to the planning and delivery of case management services for COVID-19. Content areas include:

- Hospital incident management team
- Screening, triage and isolation
- COVID-19 patient capacity and beds (total, respiratory isolation, intensive care unit (ICU))
- Human resources (ICU, COVID-19 clinical guidance)
- Oxygen supplies, instruments, equipment
- Ventilators
- COVID-19 diagnostics (laboratory and chest X-ray)
- COVID-19 medicines
- Infection, prevention and control (hand washing, personal protective equipment and supplies)

Target audiences
- National and subnational health authorities
- National and subnational COVID-19 incident management teams
- Facility managers

Key questions this module helps to answer
- Do facilities have the essentials in place to assure the case-management of COVID-19 patients while protecting health care workers and other patients?
- How many COVID-19 patients (of different severity levels) can the facility manage?
- What are the current and expansion capacities for beds, health products and the health care workforce?

When to use
From early stages of emergency to recovery and continuity.

Mode of data collection
Paper-based and electronic.

Availability of essential medicines for COVID-19

Use
Countries can use this tool to assess the availability of medicines for the treatment of COVID-19 in health facilities. It can help inform decisions relating to procurement and supply chain management. Content areas include:

- Medicines for COVID-19 treatment (including the Solidarity clinical trial)

Target audiences
- National and subnational health authorities
- National and subnational COVID-19 incident management teams
- Facility managers
- Pharmacists

Key questions this module helps to answer
- Do facilities have the necessary medicines for treating COVID-19 patients?

When to use
From early stages of emergency to recovery.

Mode of data collection
Paper-based and electronic.
Availability of diagnostics and personal protective equipment for COVID-19

Use
Countries can use this tool to assess the availability of diagnostics and PPE for the treatment of COVID-19 in health facilities. It can help inform decisions relating to procurement and supply chain management. Content areas include:

- Diagnostics for COVID-19
- PPE

Target audiences
- National and subnational health authorities
- National and subnational COVID-19 incident management teams
- Facility managers

Key questions this module helps to answer
- Do facilities have the necessary diagnostics for COVID-19 testing?
- Do facilities have necessary PPE to treat COVID-19 patients?

When to use
From early stages of emergency to early recovery.

Mode of data collection
Paper-based and electronic.

Biomedical equipment for COVID-19 case management – inventory tool for facility readiness and equipment re-allocation

Use
Countries can use this tool to collect in-depth facility inventories of biomedical equipment re-allocation, procurement and planning for COVID-19 case management. The survey assesses quantified availability and the causes for non-functioning of different sources of oxygen delivery and supply systems to the patient in order to determine priorities and re-allocation requirements in accordance with needs. Content areas include:

- Oxygen supplies and equipment
- Respiratory instruments and equipment
- Suction devices
- Ventilators
- Autoclaves/sterilizers

Target audiences
- Facility managers
- Clinical decision-makers
- Procurement officers
- Planning officers
- Biomedical engineers
- Infrastructure engineers

Key questions this module helps to answer
- Do facilities have adequate supplies to administer oxygen and ventilation to severe and critical COVID-19 patients?
- What is the current capacity for the production of biomedical equipment?
- What are the causes of equipment malfunctioning?
- What resources need to be procured, reassigned or redistributed?

When to use
From early stages of emergency to early recovery.

Mode of data collection
Paper-based and electronic.
Infection prevention and control response capacity for COVID-19

Use
Countries can use this assessment tool to assess and monitor the IPC capacity of health facilities in managing the response to COVID-19. Collecting this information provides guidance for immediate action and resolution of identified gaps. It is relevant for preparedness and readiness as well as for evaluations during the response, in particular when a risk assessment and/or root-cause analysis is needed to ensure appropriate and rapid action in the event of nosocomial amplification and/or health care worker infections. Content areas include:

- IPC programmes and leadership
- IPC education and training
- IPC supplies
- Respiratory hygiene, triage and acute respiratory infection evaluation
- Environment, materials and equipment
- Visitors
- Monitoring health care workers and inpatients

Target audience
- Facility managers

Key question this module helps to answer
- Do facilities have adequate IPC capacities and equipment to protect health care workers and patients from COVID-19?

When to use
From early stages of emergency to early recovery.

Mode of data collection
Paper-based and electronic.

COVID-19 treatment centre design, including structural aspects

Use
Countries can use this tool to assess the structural capacities of health facilities to allow safe COVID-19 case management, continue to deliver essential health services and enable surge capacity planning. Data can be used to guide the repurposing of existing buildings as COVID-19 treatment centres and to assess new COVID-19 facilities. Content areas include:

- Structural design
- IPC engineering measures
- Area distribution and sizing
- Patient, health care worker and visitor flows
- Ventilation
- Surge capacity

Target audiences
- National and subnational health authorities
- National and subnational COVID-19 incident management teams
- Facility managers

Key questions this module helps to answer
- Do facilities allow correct area distribution and appropriate and safe patient, health care worker and visitor flows?
- Are different spaces properly sized?
- Do facilities allow surge capacity?
- Is the ventilation requirement met accordance with appropriate to space allocation?

When to use
From early stages of emergency to early recovery.

Mode of data collection
Paper-based and electronic.
Service capacity for continuity of delivery of essential health services

Use
Countries can use this tool to assess and monitor health facility capacity to provide essential health services during the COVID-19 outbreak. It collects information on service availability and capacity required for the maintained delivery of essential health services, including essential medicines, diagnostics, equipment, safety measures and health care workforce capacity. When implemented on a regular basis, it can also be used for continuing routine monitoring of health service delivery. Content areas include:

- Financial management, barriers and adjustments
- Health workforce (numbers, surge, absent, task shifting)
- Continuity of data collection and reporting
- Service utilization (OPD and IPD volumes compared to previous years)
- Continuity of essential health service delivery (disruptions, suspensions, modifications)
- Mitigation approaches (telemedicine, catch up visits, campaigns, adapted prescription procedures, removal of user fees etc.)
- COVID-19 safe space (screening, triage, isolation, infection prevention and control, personal protective equipment (PPE))
- Communication systems
- Health products: medicines, diagnostics and vaccines

Target audiences
- National and subnational health authorities
- National and subnational COVID-19 incident management teams
- Facility managers
- WHO and other partners

Key questions this module helps to answer
- Which essential health services have been impacted by the COVID-19 outbreak?
- What are the strategies to mitigate the impact on essential health services?
- Do facilities have adequate operational budget, essential medicines, diagnostics and supplies to deliver essential health services?
- Can health services be provided safely?
- Are there barriers to access to care (user fees, geographic access, government protocols, changes in health seeking behavior, information and communications to communities, etc.)?
- How many health care workers are involved in the facility? Among these, how many are dedicated to COVID-19 care? How many health care workers have been infected by COVID-19?
- Is adequate PPE available in sufficient quantity and type for all health care workers, based on the tasks and roles performed?
- What are the key priorities and needs to maintain the delivery of essential health services during the COVID-19 outbreak?

When to use
From early stages of emergency to recovery and continuity.

Mode of data collection
Paper-based and electronic.

Other modules
Further modules based on identified country needs and gaps may be added to this suite as they are developed.

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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