

## ***CSAC Entry - Alternate Care Sites***

**Overview** - Arrowhead Regional Medical Center (ARMC) and San Bernardino County established Alternative Care Sites for patient care in the event of a surge.

**Challenge** - The COVID-19 pandemic affected almost all sectors of the 20,000-square-mile County of San Bernardino. The regions' hospitals and health systems suffered a contraction of available hospital beds and a high demand for health care services, intensive care unit (ICU) beds, ventilators, testing supplies and personal protective equipment (PPE). To combat the potential shortage of hospital beds countywide and to provide care for an influx of patients, the county developed and stood up Alternate Care Sites (ACS). An alternate care site helps provide care for less sick patients to allow hospitals to focus their resources on those with the greatest needs. An alternate care site also receives patients who have been discharged from hospitals and, if needed, from emergency departments, but still need some care and medical monitoring. A collaborative County of San Bernardino ACS Task Force was convened to develop the Alternate Care Site Surge Plan. The plan included the procuring of existing buildings and other suitable structures to house patients in a medical environment (climate controlled, ADA accessible, support services, refrigeration, IT infrastructure, restrooms/showers, and security). Some of the challenges included a shortage of supplies and staffing needed to stand up an ACS. In addition, navigating through complicated request processes was at times challenging.

**Solution** - The County proactively created a taskforce with diverse stakeholders and worked with various vendors to procure necessary supplies and structures to stand up ACSs. The County procured the Victorville Fairgrounds in the high desert and established high-grade tents with ADA-compliant showers, restrooms, air conditioning, beds, and computer access on the ARMC hospital campus. Dubbed the "ARMC ACS Village" the structures provided an opportunity to care for patients should the hospital fill up. The ACS Village consisted of a nursing unit, two patient care areas (16 beds each) an Isolation Pod, and a command center for staff breaks.

**Innovation** - Each Alternative Care Site was designed to provide care to stable COVID-19 positive patients, Persons Under Investigation (PUIs), and, if needed, stable medical-surgical patients that were reassigned to an ACS to increase hospital capacity for more acutely ill patients. The sites and response plan were structured to be scalable and flexible to accommodate various patient populations and volumes. For example, patients needing telemetry or an ICU level of care could be transferred to an acute care hospital. The ACS sites provide medical care 24/7. A Physician (Chief Medical Officer) and Nursing Leader (Director of Nursing) were identified for each site and made available 24/7. The staffing plan was based on state, federal, and California Department of Public Health (CDPH) guidelines for Alternative Care Surge Sites.

**Results** - A collaborative County of San Bernardino ACS Task Force was convened to develop the Alternate Care Site plans. For the first time, hospitals in the County collaborated and planned surge capacity together with ARMC and the county taking the lead. The plan established three County regions and triggers for preparing and opening the ACSs. The West End Region included Arrowhead Regional Medical Center, Chino Valley Medical Center, Kaiser Permanente Fontana Medical Center, Kaiser Permanente Ontario Vineyard Medical Center, Montclair Hospital Medical Center, and San Antonio Regional Hospital. The East Valley/Mountain Region included Bear Valley Community Hospital, Community Hospital of San Bernardino, Loma Linda University Medical Center, San Bernardino Mountains Community Hospital, Redlands Community Hospital, and St. Bernardine Medical Center. The Desert Region included Barstow Community Hospital, Colorado River Medical Center, Desert Valley Hospital, Hi-Desert Medical Center, and St. Mary Medical Center. The determination of which ACS site to open first was based on the region with the greatest need, the projected surge modeling, and the current capacity and capability of all the San Bernardino County Hospitals. To ensure a smooth transfer process, ARMC's patient Transfer Center was to be utilized to arrange transfers among the hospitals and Alternative Care Sites.

**Replicability** - The ACS Task Force plan has a standardized staffing matrix, and a list of equipment, supplies, and pharmaceutical inventories that make the plan replicable. These can be implemented based on patient volume. The ACSs open according to a phased-in approach, which can be customized depending on each regions' surge capacity. ARMC staff members analyzed the County of San Bernardino's COVID-19 modeling and hospital capacities. The ACSs remained open until the modeling and data demonstrated a stable downward trend for two weeks. The determination of which ACS site to close first will be based on the region with the least need, the projected surge modeling, and the current capacity and capability of all the San Bernardino County Hospitals. Discharge Planning staff will work to transition patients back to their community, a lower level of care, and if necessary, back to their sending hospital. ARMC Staff members will continue to monitor the COVID-19 modeling and the County's hospital capacity into the flu season.

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**Optional Submission** – <https://www.arrowheadregional.org/video-center/covid-19-updates/>