



Health and Human Services Reopening Approach

May 18, 2020



Health and Human Services (HHS) Reopening Approach

- **Many HHS services** (hospitals for COVID treatment, nursing facilities, home care, residential care within human services) **have continued throughout the pandemic. Emergency services have been ongoing.** Use of **telehealth has expanded rapidly** to meet many health care needs remotely.
- Recent, encouraging trends show that the **impact on the state's health care system is beginning to abate.**
- **Goals for Phase 1 (Start):** Allow non-emergency **procedures or care that have been deferred but are now at risk of becoming emergent** while **preserving sufficient hospital capacity for COVID-19 treatment.**
- **Approach to Phase 1 reopening for health care:**
 - **Initiating Phase 1 is contingent on sufficient statewide hospital capacity being available** ($\geq 30\%$ for staffed adult ICU beds and $\geq 30\%$ for staffed total adult inpatient beds¹), which currently has been met and must be maintained through 5/25
 - Effective May 18, **hospitals and Community Health Centers** (including Hospital-Licensed and Federally Qualified Health Centers²) **that attest to meeting specific capacity criteria and public health standards** may resume a limited set of services in-person
 - Effective May 25, **other health care providers who attest** to these standards may resume limited services in person
 - In-person services are limited to the following, **based on the provider's clinical judgment:** (1) **high-priority preventative care such as pediatric care** and **chronic disease care for high-risk patients** and (2) **urgent procedures or services that cannot be delivered remotely and would lead to high risk or significant worsening of the patient's condition if deferred**
 - **Telehealth should continue** whenever appropriate, and emergency and in-home services should continue

¹ Metrics for ICU and total inpatient beds include hospital surge capacity; ² Hospital-Licensed Health Centers and Federally Qualified Health Centers together referred to as Community Health Centers throughout this document



What does this mean for individuals

- In order to ensure Massachusetts' healthcare system had the capacity to address the COVID-19 pandemic, some services and procedures needed to be limited or put on hold temporarily, while many services were conducted remotely, using telehealth. Emergency services have continued during this time.
- **As of May 18th, the state is issuing clear guidelines to hospitals and healthcare providers in accordance with the state's four-phase reopening plan, to allow some non-emergency procedures or deferred care that may now need attention, including:**
 1. **High-priority preventative services including pediatric care, immunizations and screenings** for at risk patients
 2. **Urgent procedures** for conditions that, if left untreated, would lead to **high risk or significant worsening of the patient's condition**, based on the provider's clinical judgment
- **Providers need to attest to the state that they are able to deliver these services safely while preserving the healthcare system's ability to treat COVID-19.** Hospitals and Community Health Centers can begin as soon as May 18th and other health care providers can begin as soon as May 25th, provided they can meet the public health standards.
- **The state will evaluate when this limited roll out can be safely modified to expand services in the subsequent phases of the reopening to include:**
 - **Broader in-person preventative services** (e.g., dental cleanings)
 - **Day programs** (e.g., Adult Day Health, Day Habilitation, and other human service supportive day programs)
 - By the last phase of the reopening, all healthcare services may reopen with guidelines in place
- **Telehealth and remote care delivery will continue to be encouraged.**

The Commonwealth encourages individuals to seek care when needed. In an emergency, seek immediate medical attention. For all other health care needs, individuals should reach out to their health care providers and use telehealth whenever possible.



Current State: Three Categories of Services Within HHS

Examples (not exhaustive)

Current state (Prior to Phase 1 reopening)

A

Services Currently Operating

- Hospitals (non-elective)
- Emergency procedures/care
- In-home services (PCA/home health/home care, EI, CBHI*)
- 24-hour mental health/addiction care
- Residential/ congregate care
- Nursing facilities

- Currently operating, providers able to deliver services for emergency situations
- Clear guidelines in place for Personal Protective Equipment (PPE) and infection control
- Some providers (e.g., nursing facilities) have required intervention and support
- PPE is challenging but improving

B

Delayed/ Deferred Services

- Elective procedures, preventative and routine services
- Most dental procedures
- Office/clinic-based services requiring in-person exam (primary, specialty)
- Group/ day programs

- By state order:
 - Non-essential elective medical procedures not allowed
 - No in person HHS Day and Employment programs
- Most in-person office/ clinic procedures and services (medical, behavioral health, dental, optometry) have been deferred, with some exceptions for critical services (e.g., vaccines, prenatal, emergency dental)

C

Services Delivered Remotely/ via Tele

- Primary care and some specialist visits (no physical exam)
- Outpatient behavioral health
- Alternative day program support

- Many providers utilizing tele-health and telephonic methods to provide care
- Payers have (largely) provided reimbursement for telehealth
- Uptake varies by provider – from high to limited adoption

* PCA = Personal Care Attendant; EI = Early Intervention; CBHI = Children’s Behavioral Health Initiative



Phased reopening will begin with limited set of services for a subset of providers that meet public health/safety standards

	Current (stay at home)	Phase 1: Start	Phase 2 and 3: Cautious and Vigilant	Phase 4: New Normal
Services Currently Operating	Open with restrictions, focus on emergency and COVID treatment	<ul style="list-style-type: none"> Continue to maintain close monitoring and oversight of hospitals, nursing facilities, group homes, and others providers 	<ul style="list-style-type: none"> Evaluate when certain restrictions can be modified 	All services may reopen with guidelines in place
Delayed/Deferred Services	Elective in-person services closed with exceptions for emergencies	<ul style="list-style-type: none"> 5/18 or 5/25*: Providers who attest to meeting public health standards can provide a limited set of services: <ul style="list-style-type: none"> High-priority preventative services such as pediatric care and chronic disease care for high-risk patients Urgent procedures/ services that cannot be delivered remotely, would lead to high risk or significant worsening of the patient's condition if deferred 	<ul style="list-style-type: none"> As metrics allow, begin to expand to less urgent ambulatory care <ul style="list-style-type: none"> Broader in-person preventative services (e.g., routine screenings, adult well visits, dental cleanings) Day programs (e.g., Adult Day Health, Day Habilitation, employment, and other human service programs) 	
Services Delivered Remotely/ via Tele	Telehealth / remote delivery increased significantly during emergency	<ul style="list-style-type: none"> Maximize telehealth to the greatest extent possible, including pre-appointment screenings Encourage primary care and others to expand telehealth and remote care delivery Preventative care, wellness, and chronic disease management managed through telehealth/ remote monitoring as much as possible 		

* Hospitals and community health centers that meet and attest to all bed capacity and public health/safety standards may begin starting 5/18; others starting 5/25



Phase 1 reopening is contingent on sufficient statewide hospital capacity being maintained

	Metric	Statewide thresholds that must be met
Statewide hospital adult ICU capacity	<ul style="list-style-type: none"> Staffed adult ICU capacity (including staffed surge capacity) 	<ul style="list-style-type: none"> ≥30% available
		<u>AND</u>
Statewide hospital total adult bed capacity	<ul style="list-style-type: none"> Staffed total adult bed capacity (including staffed surge capacity) 	<ul style="list-style-type: none"> ≥30% available

These metrics are currently met and must be maintained through at least 5/25 in order to move forward with Phase 1 for health care providers (including hospitals, CHCs and other providers)

Note: in order for an individual hospital or hospital system to proceed into Phase 1, that hospital or health system must also have ≥25% available capacity (≥25% staffed adult ICU and ≥25% total adult bed capacity, including staffed surge capacity). Whether an individual hospital or hospital system meets the available capacity required does not affect the ability of other providers to proceed



Phase 1 Reopening: How This Would Work for Currently Deferred Services

Beginning May 18 for hospitals and Community Health Centers, and May 25 for other health care providers, a subset of providers would be able to deliver limited in-person services based on the following:

The provider must meet the following public health/ safety requirements:

- Adequate PPE on hand (\geq 14 days for hospitals), reliable supply chain and other supplies and policies in place, not reliant on the state stockpile for PPE
- Infection control readiness (workflow, cleaning, social distancing, etc.)
- Workforce and patient screening and testing protocols
- Hospitals must have \geq 25% ICU and total bed capacity, reopen pediatric ICU and psychiatric beds, and establish appropriate governance (including labor representation)



The provider (hospital, physician, other health care provider) makes a clinical determination as to whether:

- A service is a high-priority preventative service such as pediatric care, prenatal care, high-risk chronic disease management, immunizations¹
- A procedure is urgent and cannot be delivered remotely and would lead to high risk or significant worsening of the patient's condition if deferred²

- **Providers self attest** to meeting specific requirements
- **Readiness will vary** by provider:
 - Hospitals are already open and likely ready to begin services for at risk individuals
 - Providers (e.g., individual clinics) that are currently closed may take longer to re-open
- **Most in person routine care will not be part of Phase 1** for most individuals (telehealth should be maximized where feasible and clinically appropriate) **with the exception of pediatric care, patients at high risk** if not seen in person
- Elective procedures that are not urgent or do not create risk if deferred will not be part of Phase 1

¹These services build upon and include those provided currently, such as in-person visits for immunizations and domestic violence screenings.

²This includes services provided in urgent care settings for conditions consistent with the criteria above. Patients should continue to call prior to visiting an urgent care site.



Examples of in-person services that should start in Phase 1

Types of in-person services	Examples
<ul style="list-style-type: none"> • High priority preventative visits that lead to high risk if deferred 	<ul style="list-style-type: none"> • Pediatric visits, screenings for at risk patients (colonoscopies for individuals with family history of cancer), chronic disease management visits for high risk patients, placement of implantable contraception
<ul style="list-style-type: none"> • Diagnostic procedures where delay would lead to high risk 	<ul style="list-style-type: none"> • Mammograms for women with prior concerning findings, colonoscopy for blood in stool, biopsy for concerning lesions/ potential cancers, urgent labs, blood draws
<ul style="list-style-type: none"> • Physical exams for new concerning symptoms 	<ul style="list-style-type: none"> • In-person examination for breast lump, post-menopausal vaginal bleeding, chest pain, eye bleeding, blurred vision, or other concerning symptoms
<ul style="list-style-type: none"> • Medical procedures that if deferred lead to substantial worsening of disease 	<ul style="list-style-type: none"> • Removal of malignant skin lesions, orthopedic procedures to treat significant functional impairment or condition at risk of significantly worsening
<ul style="list-style-type: none"> • In-person visits for high risk behavioral health and/or social factors 	<ul style="list-style-type: none"> • Substance use disorder treatment including Medication Assisted Treatment
<ul style="list-style-type: none"> • Dental procedures that are high risk if deferred 	<ul style="list-style-type: none"> • Tooth extractions for significant infections
<ul style="list-style-type: none"> • Rehabilitation where delay would lead to significant worsening of condition and long-term prognosis 	<ul style="list-style-type: none"> • Rehabilitation for post-stroke patients or severe traumatic injuries, post-operative physical therapy



The health care provider will use their clinical judgment to determine which services meet the criteria outlined for in-person services



Examples of in-person services that should not start in person in Phase 1

Types of services	Examples
<ul style="list-style-type: none"> • Preventative visits that do not lead to high risk or significant worsening if deferred 	<ul style="list-style-type: none"> • Routine annual exams for adults, screenings (e.g., 10-year colonoscopy, 2-year mammogram), routine eye exam, dermatology exams for low-risk patients
<ul style="list-style-type: none"> • Diagnostic procedures that do not lead to high risk or significant worsening if deferred 	<ul style="list-style-type: none"> • Blood draws for routine monitoring of chronic disease
<ul style="list-style-type: none"> • Medical procedures that do not lead to high risk or significant worsening if deferred 	<ul style="list-style-type: none"> • All cosmetic surgeries, bariatric surgery, other elective procedures including most elective joint replacement or back surgeries, ear tube placements, tonsillectomies, cataract procedures for individuals not at high risk
<ul style="list-style-type: none"> • Behavioral health care that is low risk or group 	<ul style="list-style-type: none"> • Day programs and in-person group therapy and visits, routine consultations or consultations that can otherwise be done via telehealth
<ul style="list-style-type: none"> • Dental procedures that do not lead to high risk or significant worsening if deferred 	<ul style="list-style-type: none"> • Routine dental cleanings
<ul style="list-style-type: none"> • Rehabilitation services that do not lead to high risk or significant worsening if deferred 	<ul style="list-style-type: none"> • Most physical therapy and chiropractic care

In certain cases, these services may be provided in-person in Phase 1 if a health care provider makes a clinical determination based on the patient's condition that delay would lead to high risk or significant worsening of the patient's condition



IN THE CASE OF AN EMERGENCY, INDIVIDUALS SHOULD SEEK IMMEDIATE MEDICAL ATTENTION



Phase 1: Approach for pediatrics and in-home services for children & families

- **Because of unique considerations for children, during Phase 1, routine pediatric care should resume, including in-person well child visits**
 - Pediatric primary care is essential to identify and address medical, developmental, behavioral and social needs
 - During the COVID-19 emergency there has been a precipitous drop in vaccines (~60% decline in state-supplied vaccine orders) and reporting of possible child abuse and neglect (~50% decline in 51A reports), creating significant risks to children
- As a result, Phase 1 guidelines for pediatric care and child/family services include:
 - **Catching up on missed scheduled vaccines** should be prioritized
 - **Well child visits may occur in-person**; providers should determine if in-person or telehealth visit is clinically appropriate, based on factors such as age, need for vaccination, or concern for developmental or social risk
 - As always and particularly during the COVID-19 emergency, providers should be sure to **screen for social needs, behavioral health concerns, child abuse, and intimate partner violence**
 - For sick visits, providers should continue to determine whether in-person or telehealth is clinically appropriate
 - In addition, **in-home services such as Early Intervention, Applied Behavioral Analysis and Children's Behavioral Health Initiative** therapies should continue to be delivered through a combination of telehealth and home visits as clinically appropriate
- **Public health precautions remain critical**
 - Prior to resuming routine in-person visits, **all providers must first attest to meeting all the required public health criteria** (e.g., PPE, workforce and patient screening for COVID-10, social distancing, cleaning, etc.)
 - **Contact between patients should be minimized** through scheduling (different times of day or separate space in clinic for well child visits vs. sick visits to avoid possible exposure)
 - **In-home service providers** should continue to practice social distancing, wear masks, and screen workers and families for COVID symptoms/exposure when they provide in-person services, in accordance with DPH standards and guidance

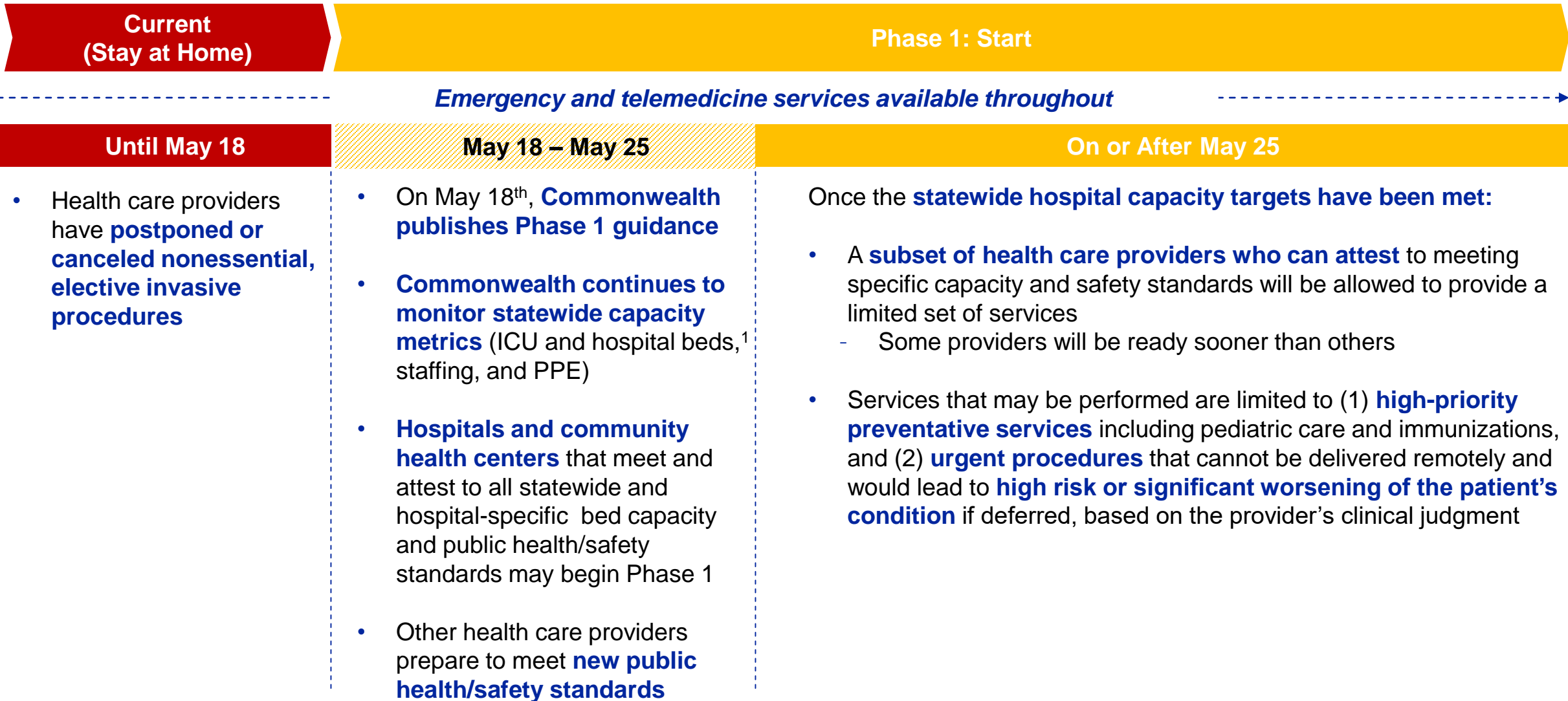


HHS Reopening Approach: Guidance

- 1 HHS is releasing guidance for Phase 1 reopening that defines:**
 - **Public health/safety standards that a provider must attest to in order to open during Phase 1**
 - Adequate supply of PPE, have a reliable supply chain and policies in place
 - Infection control readiness (workflow, cleaning, social distancing, waiting rooms, etc.)
 - Workforce and patient screening and testing protocols
 - Hospitals have additional requirements, including for available inpatient bed capacity
 - **Clinical framework for what is permissible for Phase 1**
- 2 Formal guidance** will be issued on May 18th:
 - Two Phase 1 guidance documents will be posted: **(1) acute care hospitals** and **(2) other health care providers**
 - **Current Public Health Orders will be amended to reflect the Phase 1 approach**, including current orders that 1) postpone nonessential, elective procedures, and 2) suspend ICU Nurse Staffing ratios
- 3 The clinical and public health/safety standards were developed in collaboration with a Health Care Reopening Provider Advisory Group:**
 - The Provider Advisory Group will also provide input for Phase 2 sequencing
- 4 Re-opening of HHS day and human service employment/ support programs will be discussed as part of ongoing HHS dialogue** with Human Service and Adult Day Health providers and stakeholders



Phase 1 Reopening: Summary of Timelines



¹ Both measures may include surge beds.



SUMMARY OF DETAILED PROVIDER GUIDANCE AND CRITERIA
(guidance posted on May 18, 2020)



Summary: Criteria for an Acute Care Hospital to Begin Phase 1 Services

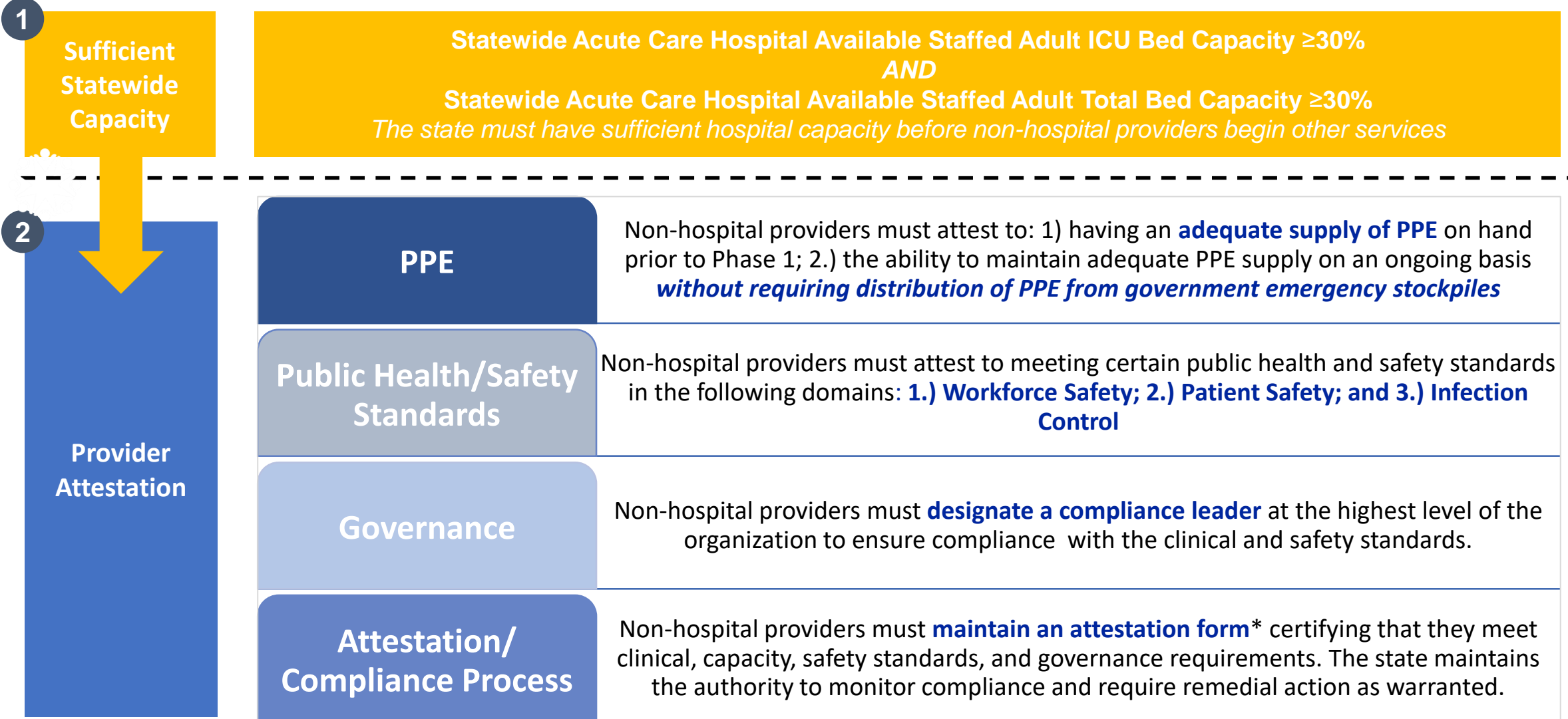
<p>1 Sufficient Statewide Capacity</p>	<p>Statewide Acute Care Hospital Available Staffed Adult ICU Bed Capacity $\geq 30\%$ AND Statewide Acute Care Hospital Available Staffed Adult Total Bed Capacity $\geq 30\%$</p>	
<p>2 Individual Hospital or Hospital System Attestation</p>	<p>Hospital/Hospital System Initial Capacity</p>	<p>Hospitals or hospital systems must attest to $\geq 25\%$ available staffed adult ICU beds capacity AND $\geq 25\%$ available staffed adult med/surg bed capacity</p>
	<p>Hospital/Hospital System Ongoing Capacity</p>	<p>Hospitals or hospital systems must commit to maintaining $\geq 20\%$ available staffed adult ICU and med/surg bed capacity throughout Phase 1 (including surge)</p>
	<p>Restore Essential Capacity and Staffing</p>	<p>Hospitals must attest to 1.) reopening any temporarily closed or reduced capacity in pediatric ICU units and inpatient psychiatric/behavioral health units; and 2.) reinstating mandated ICU staffing ratios</p>
	<p>PPE Supply</p>	<p>Hospitals must attest to: 1) having a 14-day supply of PPE on hand prior to Phase 1; and 2.) the ability to maintain adequate PPE supply on an ongoing basis without requiring distribution of PPE from government emergency stockpiles</p>
	<p>Public Health/Safety Standards</p>	<p>Hospitals must attest to meeting certain public health and safety standards in the following domains: 1.) Workforce Safety; 2.) Patient Safety; and 3.) Infection Control</p>
	<p>Governance</p>	<p>Hospitals must attest to maintaining an internal governance structure at the highest level of the organization to ensure compliance with the clinical, capacity, and safety standards. Governance body must include health care labor representation.</p>
	<p>Attestation/Compliance Process</p>	<p>Hospitals must submit an attestation form to the state certifying that they meet clinical, capacity, safety standards, and governance requirements. The state maintains the authority to monitor compliance and require remedial action as warranted.</p>

Notes: (1) Hospital bed capacity measures include surge beds where they exist.
 (2) Hospital systems are required to assess their total bed capacity at the system level.

(3) Dana Farber Cancer Institute and Boston Children’s Hospital are excluded from these requirements



Summary: Criteria for Non-Hospital Providers to Begin Phase 1 Services



* Community health centers that attest to meeting all requirements and plan to begin Phase 1 services before May 25 must notify and submit their signed attestation to DPH



Phase 1 Guidance: Overview of what is Included

Acute Care Hospital Phase 1 Guidance

- 1) Preamble and Purpose
- 2) Clinical Framework for *Hospitals Phase 1*
 - 2.1. Guidance on Recommended Procedures and Services
 - 2.2. Special Considerations and Examples by Provider Type
- 3) Hospital Capacity and Staffing Requirement
- 4) Required Public Health/Safety Standards for *Hospitals Phase 1*
 - 4.1. Protective Personal Equipment
 - 4.2. Workforce safety
 - 4.3. Patient and visitor safety
 - 4.4. Infection control
- 5) Compliance and Attestation

Non-Hospital Provider Phase 1 Guidance

- 1) Preamble and Purpose
- 2) Clinical Framework for *Non-Hospital Providers Phase 1*
 - 2.1. Guidance on Recommended Procedures and Services
 - 2.2. Special Considerations and Examples by Provider Type
- 3) Required Public Health/Safety Standards for *Non-Hospital Providers Phase 1*
 - 3.1. Protective Personal Equipment
 - 3.2. Workforce safety
 - 3.3. Patient and visitor safety
 - 3.4. Infection control
- 4) Compliance and Attestation



Acute Care Hospital-Only Requirement: Bed Capacity; Restoration of Essential Capacity and Staffing

- **Adult ICU Bed Capacity:** The hospital's 7-day average of available, staffed adult ICU beds is **at least 25%** of its total staffed ICU bed capacity (including surge ICU beds).
- **Total Adult Bed Capacity:** The hospital's 7-day average of available, staffed total adult med/surg beds is **at least 25%** of its total staffed bed capacity (including all surge beds).
- **Adult Bed Capacity Maintenance:** Once Phase 1 services begin, the hospital's 7-day average of available, staffed adult med/surg beds must be **at least 20%** of its total staffed adult med/surg bed capacity (including all surge beds) on a continuing basis.
- **Pediatric ICU and Psychiatric/Behavioral Health Beds:** The hospital must reopen all pediatric ICU units and psychiatric/behavioral health units consistent with pre-pandemic units.
- **Staffing Standards:** The hospital must meet all quality and staffing standards for identified surge bed capacity, including being in adherence with statutory requirements for nurse staffing ratios.



Required Public Health/Safety Standards, PPE

- Providers must ensure that they have an **adequate PPE supply**, other essential supplies required for Phase 1 procedures such as equipment, and pharmaceuticals for the number and type of procedures that will be performed, **prior to delivering services in Phase 1**.
 - *For acute care hospitals, “adequate supply” is defined as at least a 14-day supply.*
- **To meet this requirement, providers must not rely on any additional distribution of PPE from government emergency stockpiles.**
- Providers must ensure that they have taken reasonable steps to maintain a **reliable supply chain** to support continued operations.
- Providers must develop and implement appropriate PPE use policies for all services and settings. All providers should continue to follow the most recent guidelines issued by DPH and the CDC as they relate to PPE usage, including updated guidelines released subsequent to this document.
- The state’s re-opening team is working with the Medical Emergency Response Team (MERT) to **produce a list of PPE suppliers**. This information will be provided to the private sector to assist Massachusetts providers and organizations with PPE purchasing.



Required Public Health/Safety Standards, Workforce Safety

- All workers must have appropriate PPE to perform the service/procedure – if appropriate PPE is not available to protect the health care worker, **the service/procedure should be cancelled**.
 - Health care providers and staff must wear surgical facemasks at all times.
 - Facility or office must **ensure social distancing** for providers and staff to the maximum extent possible.
 - Eye protection (goggles, visor, or mask w/visor) must be provided and worn by all health care professionals while engaged in direct patient care for procedures with increased potential for droplet aerosolization.
- Providers must take steps to **minimize the number of health care workers in the facility** or office to those individuals necessary to complete the surgery/procedure.
- Providers must have a written protocol in place for **screening all employees for symptoms of COVID-19** prior to entering the facility or office.
- Provider policies must adopt policies that address health care worker safety and well-being.



Required Public Health/Safety Standards, Patient Safety

- Providers must have a process for **screening patients and companions** for symptoms of COVID-19 prior to entering the facility or office.
- Providers must have policies and procedures for **screening patients in advance of a service or procedure**, including policies and procedures for **testing patients for COVID-19** when medically appropriate as well as for determining whether a procedure should go forward if a patient tests positive.
- Providers must develop policies permitting **patient companions only in special circumstances or otherwise in adherence with DPH and CDC guidance** when necessary for the patient's well-being. Special circumstances and populations may include end-of-life care, pre-natal/labor and delivery, pediatric patients, and other special populations such as patients with disabilities, or patients with intellectual or developmental disorders (e.g., autism, Down syndrome, etc.), or populations as otherwise identified by the DPH. These policies must be accessible to patients seeking care.
- Providers must require that all patients and companions wear mouth and nose coverings. However, the provider may consider waiving the requirement for mask and nose coverings for patients and/or companions in special circumstances.



Required Public Health/Safety Standards, Infection Control

- Providers must demonstrate **adherence to social distancing** and relevant guidelines from the Massachusetts DPH and CDC regarding infection control and prevention to maintain a safe environment for patients and staff.
- Providers must adopt administrative and environmental controls that facilitate social distancing, such as minimizing time in waiting areas, **including by asking patients to wait outside until their appointment begins if possible**.
- Providers must have **signage to emphasize social restrictions** (i.e., distancing, coughing etiquette, wearing of mouth and nose coverings, hand hygiene) and must provide liberal **access to hand sanitizer** for patients and staff.
- Providers must have an established **plan for thorough cleaning and disinfection** of all common and procedural areas, including between treatment room turnarounds, which may require **hiring environmental services staff and reducing patient hours** to allow for more frequent cleaning.
- Hospitals must create **non-COVID-19 care zones** within the facility if possible.



Governance to Monitor Compliance

- Each acute care hospital is required to establish a **governance body to monitor ongoing compliance** with the capacity criteria and public health criteria and safety standards in the DPH guidance.
- The governance body must include members from **senior hospital leadership** and **labor representatives**.
- As part of the attestation form submitted to DPH, the hospital must attest to having established such governance body.
- All other providers must **designate a compliance leader** at the highest level of the organization to ensure compliance with the public health/safety standards.



Compliance with DPH Guidance, Attestation

- In order to begin providing Phase 1 services, **providers must attest to meeting the capacity criteria and public health/safety standards** in the guidance.
- Acute Care Hospitals must submit a signed attestation form to DPH and post it at the facility and on the hospital website; all other providers must maintain a signed attestation, subject to review by DPH upon request*
- Providers must attest to making reasonable efforts to recall furloughed workers to the extent possible
- Providers must attest to compliance with DPH guidance regarding:
 - Commitment to High-Level Clinical Principles
 - Bed Capacity (Hospitals only)
 - Restoration of Essential Capacity and Staffing (Acute Care Hospitals only)
 - PPE Supply
 - Workforce Safety
 - Patient and Visitor Safety
 - Infection Control
 - Governance Body for Monitoring Compliance
 - Compliance with all other DPH requirements, as may be issued
- DPH maintains the authority to **monitor and assess compliance** and require remedial action or suspend Phase 1 services as warranted.