

MAINTAINING ACCESS TO ROUTINE AND ESSENTIAL SERVICES: SAFETY & FACILITY OPERATIONS

COVID-19 IMPROVEMENT STRATEGIES

WHAT IS MAINTAINING ACCESS TO ROUTINE AND ESSENTIAL SERVICES?

During the COVID-19 pandemic, [maintaining continuity of service delivery for routine and essential care](#) is necessary for minimizing excess morbidity and mortality and maintaining population trust in the health system. As a patient's first point of contact for care and cornerstone of a sustainable health system, PHC has a critical role to play in this effort. (2,4) Drawing from [PHCPI's Improvement Strategies](#) we identified three core strategies for optimizing service delivery settings and platforms, as shown to the right. This document focuses specifically on the role of adapting facility operations to ensure safety and maintain access to routine and essential services.

WHAT IS SAFETY & FACILITY OPERATIONS?

Facility operations refers to the practices undertaken at the facility level to ensure optimal day-to-day functioning and flows of both patients and providers. This includes the [management of drugs, money, time, and space](#). (5-7)

During the time of COVID-19, ensuring that PHC facilities can continue to safely provide services will be critical to maintaining the continuity of routine and essential services. While some services may be amenable to shifting to telehealth or community-based care, others may require equipment, supplies, or staff at facilities to be safely delivered. (8,9) Changes to facility operations to ensure [patient and provider safety](#) should focus on maintaining appropriate physical distancing, sanitation, and personal protective equipment (PPE). (2,10-12) Such changes may include redirecting patient flows, creating sanitation stations, establishing triage and testing centers, and shifting operating hours, among others.

In many places, it is likely not feasible for every facility to be able to provide both COVID-19 and non-COVID-19 care. System-wide decisions must therefore be made to decide which facilities need to be adapted to provide COVID-19 care, which need to be optimized to continue to provide routine and essential care, and which will be asked to do both. (2,13,14) Facility management must consider these system-wide decisions on the types of care that will be provided during the pandemic when restructuring facility operations. (15)

CORE STRATEGIES



TELEHEALTH SERVICES



SAFETY & FACILITY OPERATIONS



COMMUNITY-BASED SERVICES

SAFETY & FACILITY OPERATIONS COVID-19 PROMISING PRACTICE: SOUTH AFRICA



[South Africa](#) is a middle-income country with a strong governmental commitment to improving primary health care. The country had its first documented case of COVID-19 in March 2020, with Johannesburg Health District at the epicenter of the South African outbreak. To ensure the safety of patients and staff while maintaining routine and essential PHC services, Johannesburg Health District has focused on the restructuring of facility operations through establishing various zones within the facility and structuring one-way flow from entry to exit. Implementation of these changes has been successful in six pilot sites with committed leadership, strong management, adequate staff, and the financial resources needed for supply procurement. This strategy has enabled safety of patients and providers, and is being expanded beyond the pilot facilities with lessons of successes and challenges.

[Learn more about South Africa's experience.](#)

CHALLENGES & OPPORTUNITIES

Regardless of context, rapidly and effectively adapting facility operations to promote safety and maintain essential and routine services during COVID-19 will highlight both challenges in the moment and lasting opportunities for health systems strengthening beyond the pandemic. These challenges and opportunities may include:



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KEY CHALLENGES AND OPPORTUNITIES:

RESOURCE MANAGEMENT AND EQUITY

Restructuring facility operations requires significant **funds**, **supplies**, and **staff**. Differences in geographic location, populations served, and facility type may mean that these inputs are inequitably distributed across facilities. (23-25) Underfunded or under-resourced facilities are less likely to have appropriate accommodations for restructuring operations to ensure safety. (26-28) Additionally, smaller, rural facilities often have fewer staff resources and less management capacity, which may result in a lack of expertise needed to implement new protocols on their own. (29) Such **differential access to resources and staff** may exacerbate inequities both in COVID-19 burden as well as indirect morbidity and mortality in both the immediate and longer terms.

COMPREHENSIVENESS AND COORDINATION

Restructured facility operations can allow for the continuation of routine and essential non-COVID services as well as, where appropriate, COVID-related services. A possible challenge to ensuring **comprehensiveness** and **coordination**, both during and after the pandemic, is the potential fragmentation of care delivery across multiple care delivery modalities within the facility, as well as potential telehealth and community-based platforms. (21,22) These challenges can be mitigated through the effective **use of information systems**--including health management information systems and personal care records--as well as robust communication channels within and across teams of providers.

ACCESSIBILITY, RESILIENCE, AND TRUST

Restructuring facility operations to support safe, **timely access** to care during COVID-19 helps to ensure facilities can safely meet population health needs that require in-person care. (16) This is particularly important in health systems with weak or non-existent community health and/or **telehealth infrastructure** in place that would otherwise allow for a shift from facility-based to home or community-based care. Maintaining access to safe, quality services during COVID-19 will help prevent health systems from later being overwhelmed with spikes in demand for care that was delayed or deferred during the pandemic. (2,17-19) The continuation of routine and essential services can also help to maintain and/or strengthen public trust in PHC as the **first point of contact**, promoting long-term health system resilience. (20)

HOW CAN PHC BE LEVERAGED?



Facilities across the world are quickly adapting their operations to maintain patient and provider safety while continuing access to routine and essential services during COVID-19. This rapid transition requires commitment and support from all levels of the health system. Various elements of PHC systems are well positioned to enable the restructuring of facility operations to ensure effective implementation. Potential pathways for leveraging PHC will [depend on context](#), but may include:



POTENTIAL PATHWAYS:

FACILITY MANAGEMENT CAPABILITY AND LEADERSHIP

Strong [management capability and leadership](#) is necessary to implement structural and cultural shifts in facility procedures and policies. Capable management is also needed to ensure adherence to new safety guidelines and protocols. Management has been shown to be a necessary component for facility success, better patient outcomes, and the maintenance of facility staff and services. (29,48,49) To enable the shifts required for adaptation to COVID-19, strong managers are needed to help coordinate, and even develop, new inputs and procedures into existing facility structures. It is also the responsibility of a strong manager to maintain relationships with and address the concerns of staff and patients. Managers should be properly trained and equipped with the knowledge and resources to promote facility success; this includes the ability to organize facility operations, deploy resources, react to new challenges, and motivate staff. (29,50,51)

PERSON-CENTERED PRIORITY SETTING

Understanding local expectations and preferences is critical in ensuring that changes made to facility operations are [person-centered](#) and reflective of both the needs and wants of the community. [Community engagement](#) and [local priority setting](#) can help ensure changes to facility operations are sensitive to local needs, including which services will be most essential to maintain based on local burden of disease. (30,31) These actions can also help to ensure appropriate risk communication and management with communities, as well as maintain [respect and trust](#) between patients and providers.

PERFORMANCE MEASUREMENT AND MANAGEMENT AND THE USE OF INFORMATION SYSTEMS

Effective [performance measurement and management](#) through the use of robust [information systems](#) will be critical in monitoring the effectiveness of new changes and the continued delivery of high quality care. Existing information systems and performance management systems can be leveraged in this effort, though new indicators--for example, on nosocomial infection rates--may need to be added. Facilities with pre-established habits of information system use and staff capacity to collect, analyze, and interpret data may find it easier to adapt their performance management system; in places where such systems and/or staff capabilities do not exist, support from higher level facilities or other parts of the health system may be needed. (2,58,59) In monitoring process and performance outcome measures, facility management can be informed of which strategies may or may not be successful and make necessary evidenced-based changes. (59) The collection of quality information should adhere to, at minimum, the [national quality management information structure](#) set in place.

HOW CAN PHC BE LEVERAGED?



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WORKFORCE: TEAM-BASED CARE, ROLE RESTRUCTURING, MOTIVATION

Shifts in facility operations may require redefining the roles and responsibilities of the health workforce to ensure both efficient operations and staff and patient safety. For example, dedicated staff may be needed for screening and triaging, which may in turn increase the clinical responsibilities of the remaining staff. (52,53) Facilities which have established **team-based care** prior to the pandemic and which have staff trained in comprehensive care are likely to be able to make such shifts more easily.

All essential workers are faced with greater burden and stress in light of COVID-19, and therefore maintaining **workforce motivation** must be a top priority. Doing so will above all require ensuring that health workers feel safe and respected. (8,54,55) Additional means of ensuring motivation may focus on maintaining intrinsic motivation--for example, recognizing the achievements of staff and providing positive feedback--and/or on extrinsic motivation, for example via the provision of monetary or other incentives. (56,57)

PHC POLICIES AND QUALITY MANAGEMENT INFRASTRUCTURE

Embedding shifts in facility operations within a strong **quality management infrastructure** -- including regulatory statutes, quality policies strategies, community engagement, and ongoing performance measurement and management-- will be essential to maintaining safety and quality and the appropriate mobilization of resources. (32,33) Flexible **PHC policies** provide a legal framework for the appropriate distribution and procurement of funds and supplies for the maintenance of routine and essential non-COVID-19 services. (34,35) Multisectoral policy approaches, such as **Health in all Policies** can also provide legal protections and encouragement to enable multi-sectoral collaborations that tackle facility operations from all aspects. Countries with an established Health in all Policies approach may be better capacitated to quickly mobilize coordination across sections. (36) This may include private-public partnerships for data and resource sharing, or the involvement of public works for crowd control at facility sites. (37,38) These policies are frequently established in national emergency declarations, and expanded upon as opportunities and challenges become clear. (35)

INNOVATION AND LEARNING

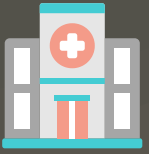
Significant changes to facility operations will naturally require rapid trial and error and ongoing adjustments as the local nature of the epidemic changes over time. Health systems with established infrastructure for and a culture of **innovation and learning** may be better positioned to rapidly innovate and scale best practices within and across facilities and health systems. (39-41) Relevant infrastructure and practices may include: systems for stakeholder engagement, professional journals, communities of practice, and the scaled use of rapid implementation frameworks (for example, the **IHI Model for Improvement**, **EPIS**, or **CFIR**).

During COVID-19, innovation and learning is occurring at a pace almost never seen before which may provide an opportunity for countries without an established baseline of innovation and learning to establish systems to capitalize on the moment and begin to build the requisite infrastructure, systems, and culture. (42,43) Establishing an environment for innovation and learning can strengthen the resilience of the health system against the COVID-19 pandemic and future health emergencies, and support general quality improvement for years to come (41,44).

FACILITY INFRASTRUCTURE AND FUNDS

Restructuring facility operations is likely to require the adjustment of patient and staff flow through existing **facility infrastructure**. The baseline state of infrastructure and equipment--including facility amenities, design, equipment, and funds--will inform how much flexibility facilities have to make changes and which changes are most urgent.(45,46) Facilities which do not have basic amenities in place before COVID-19 will be required to make adaptations that vary from those that do. For instance, if a facility lacks access to safe water, alternate actions will be needed to ensure handwashing and sanitation than in facilities with more developed baseline infrastructure.

Changes to facility operations are also likely to entail some level of cost, even if just for procuring basic items like masking tape to mark physical distancing measures or additional chairs for safer waiting rooms. This requires that there is an availability of sufficient **funds** for the facility, and flexibility to spend them to meet the needs of the facility. (47)



RELEVANT RESOURCES

PHCPI IMPROVEMENT STRATEGIES

- [Community Engagement, Patient-Provider Respect and Trust, Local Priority Setting, and Person-Centered Care](#)
- [PHC Policies and Quality Management Infrastructure](#)
- [Innovation and Learning](#)
- [Facility Infrastructure and Funds](#)
- [Facility Management Capability and Leadership](#)
- [Workforce, Team-Based Care, and Provider Motivation](#)
- [Performance Measurement and Management and Information Systems](#)

GLOBAL LEARNING PLATFORMS

- [OpenWHO](#)
- [JLN COVID-19 Response Platform](#)
- [PHCPI Community of Practice - online forum for resilient PHC](#)
- [Exemplars in Global Health](#)

GLOBAL TOOLS & RESOURCES

- WHO - [Operational considerations for case management of COVID-19 in health facility and community](#)
- WHO - [Coronavirus disease \(COVID-19\) technical guidance: Essential resource planning](#)
- WHO - [Coronavirus disease \(COVID-19\) technical guidance: Maintaining Essential Health Services and Systems](#)
- WHO - [Maintaining essential health services: operational guidance for the COVID-19 context](#)
- CDC- [Operational Considerations for Containing COVID-19 in non-US Healthcare Settings](#)
- CDC- [Non-COVID-19 Care Framework](#)
- AAFP - [American Academy of Family Physicians COVID-19 Clinic Preparedness Checklist](#)

PHCPI is a partnership dedicated to transforming the global state of primary health care, beginning with better measurement. While the content on this website represents the position of the partnership as a whole, it does not necessarily reflect the official policy or position of any partner organization.

REFERENCES

1. Kates, Moss, Oum. Preparing for COVID-19 in Low- and Middle-Income Countries: Leveraging U.S. Global Health Assets | The Henry J. Kaiser Family Foundation [Internet]. 2020 [cited 2020 May 7].
2. WHO. COVID-19: Operational guidance for maintaining essential health services during an outbreak [Internet]. 2020 [cited 2020 May 6].
3. Ndirangu, Shearer. Three urgent actions to protect essential health services during COVID-19 | PATH [Internet]. 2020 [cited 2020 May 7].
4. Bill & Melinda Gates Foundation. Primary health care is exactly that - Bill & Melinda Gates Foundation [Internet]. 2020 [cited 2020 May 8].
5. McMahon R, Barton E, Piot M, World Health Organization. On being in charge: a guide to management in primary health care. 1992 [cited 2020 May 28].
6. Rais A, Viana A. Operations Research in Healthcare: a survey. *Intl Trans in Op Res.* 2011 Jan;18(1):1-31.
7. FEMA. Planning Considerations for Organizations in Reconstituting Operations During the COVID-19 Pandemic [Internet]. FEMA. 2020 [cited 2020 May 29].
8. World Health Organization. Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health. 2020 Mar 18 [cited 2020 May 29].
9. Centers for Disease Control and Prevention (CDC). How our facility is keeping patients safe from COVID-19 [Internet]. 2020 [cited 2020 May 29].
10. Center for Disease Control and Prevention (CDC). Healthcare Provider and Facility Operational Considerations for Non-US Settings [Internet]. Coronavirus Disease 2020. 2020 [cited 2020 May 29].
11. American Academy of Family Physicians (AAFP). Checklist to Prepare Physician Offices for COVID-19 [Internet]. AAFP. [cited 2020 May 29].
12. World Health Organization. Infection prevention and control during healthcare when COVID-19 is suspected . 2020 Mar 19 [cited 2020 May 29].
13. Krubiner C, Keller JM, Kaufman J. Balancing the COVID-19 Response with Wider Health Needs: Key Decision-Making Considerations for Low- and Middle-Income Countries [Internet]. Center for Global Development. 2020 [cited 2020 May 29].
14. Glassman A, Chalkidou K, Sullivan R. Does One Size Fit All? Realistic Alternatives for COVID-19 Response in Low-Income Countries [Internet]. Center for Global Development. 2020 [cited 2020 May 29].
15. Centers for Disease Control and Prevention (CDC). Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic [Internet]. 2020 [cited 2020 May 29].
16. World Health Organization. COVID-19: Operational guidance for maintaining essential health services during an outbreak. 2020 Mar 25 [cited 2020 May 29].
17. Robertson T, Carter ED, Chou VB, Stegmuller AR, Jackson BD, Tam Y, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. *Lancet Glob Health.* 2020 May 12;
18. UNICEF. Child mortality and COVID-19 [Internet]. 2020 [cited 2020 May 29].
19. Brodwin E. Chronic disease startups brace for a looming crisis as Covid-19 delays care [Internet]. STAT. 2020 [cited 2020 May 29].
20. World Health Organization. Community Resilience in Disasters: How the Primary Health Care approach made a difference in recent emergencies in the WHO South-East Asia Region. 2010 [cited 2020 May 29]
21. Phillips C. Care coordination for primary care practice. *J Am Board Fam Med.* 2016 Nov 12;29(6):649-51.
22. Agency for Health Research and Quality. Care Coordination [Internet]. Agency for Healthcare Research and Quality. 2018 [cited 2020 May 29].
23. Ji Y, Ma Z, Peppelenbosch MP, Pan Q. Potential association between COVID-19 mortality and health-care resource availability. *Lancet Glob Health.* 2020 Feb 25;8(4):e480.
24. Siow WT, Liew MF, Shrestha BR, Muchtar F, See KC. Managing COVID-19 in resource-limited settings: critical care considerations. *Crit Care.* 2020 Apr 22;24(1):167.
25. World Health Organization. Primary health care and health emergencies. 2018 [cited 2020 May 29].
26. Ismail S, Baker T, Baker P, Chalkidou K, Chi Y-L, Sullivan R. Strengthening the Basics: Approaches to COVID-19 Care in Low-Resource Settings [Internet]. 2020 [cited 2020 May 29].
27. WHO. Addressing Human Rights as Key to the COVID-19 Response. WHO; 2020.
28. WHO. Strengthening Preparedness for COVID-19 in Cities and Urban Settings [Internet]. 2020 [cited 2020 May 29].
29. Macarayan EK, Ratcliffe HL, Otupiri E, Hirschhorn LR, Miller K, Lipsitz SR, et al. Facility management associated with improved primary health care outcomes in Ghana. *PLoS ONE.* 2019 Jul 2;14(7):e0218662.
30. World Health Organization. Ethics and COVID-19: resource allocation and priority-setting. 2020 [cited 2020 May 29].
31. Horgan D, Lim J. COVID-19: Better health system data, resilience and priority setting [Internet]. Politico. 2020 [cited 2020 May 29].
32. World Health Organization. Quality and accreditation in health care services: a global review. 2003 [cited 2020 May 29].
33. Institute of Medicine (US) Committee to Design a Strategy for Quality Review and Assurance in Medicare. Medicare: A strategy for quality assurance: VOLUME II sources and methods. Lohr KN, editor. Washington (DC): National Academies Press (US); 1990.
34. Hargreaves J, Davey C. Group for lessons from pandemic HIV prevention for the COVID-19 response. Three lessons for the COVID-19 response from pandemic HIV. *Lancet HIV.* 2020 Apr 13;7(5):e309-11.
35. International Monetary Fund (IMF). Policy Responses to COVID-19 [Internet]. 2020 [cited 2020 May 29].
36. WHO. WHO | Health in All Policies Helsinki Statement: Framework for Country Action [Internet]. 2014 [cited 2020 May 29].
37. Frazer SM. USAID/Senegal Governance Activity Demonstrates Value of Multi-Sectoral Collaboration in Response to COVID-19 [Internet]. 2020 [cited 2020 May 29].
38. Chen Z, Cao C, Yang G. Coordinated multi-sectoral efforts needed to address the COVID-19 pandemic: lessons from China and the United States. *glob health res policy.* 2020 May 7;5:22.
39. Oliveira T, Barrenho E, Autio A, Barlo J. Developing a Global Healthcare Innovation Index. 2017 Feb [cited 2020 May 29].
40. OECD. Towards a Measurement Agenda for Innovation. 2010 [cited 2020 May 29].
41. World Health Organization. Accelerator 5. R&D, Innovation and Access. 2018 Dec 20 [cited 2020 May 29].
42. Apuzzo M. Covid-19 Changed How the World Does Science, Together [Internet]. 2020 [cited 2020 May 29].
43. World Health Organization. International community rallies to support open research and science to fight COVID-19 [Internet]. 2020 [cited 2020 May 29].
44. Mahroum S, Al-Saleh Y. Towards a functional framework for measuring national innovation efficacy. *Technovation.* 2013 Oct;33(10-11):320-32.
45. Center for Disease Control and Prevention. COVID-19 Critical Infrastructure Sector Response Planning [Internet]. 2020 [cited 2020 May 29].
46. Primary Health Care Performance Initiative (PHCPI). Primary Health Care Progression Model Assessment Tool. 2019 [cited 2020 May 29].
47. Cashin C, Bloom D, Sparkes S, Barroy H, Kutzin J, O'Dougherty S, et al. Aligning Public Financial Management and Health Financing. 2017 [cited 2020 May 29].
48. Lega F, Prenestini A, Spurgeon P. Is management essential to improving the performance and sustainability of health care systems and organizations? A systematic review and a roadmap for future studies. *Value Health.* 2013 Feb;16(1 Suppl):S46-51.
49. Bloom N, Sadun R, Van Reen J. Does Management Matter in Healthcare? 2014 Jun [cited 2020 Feb 12].
50. Tsai TC, Jha AK, Gawande AA, Huckman RS, Bloom N, Sadun R. Hospital board and management practices are strongly related to hospital performance on clinical quality metrics. *Health Aff (Millwood).* 2015 Aug;34(8):1304-11.
51. World Health Organization, Regional Office for South-East Asia. Regional Strategic Plan for Strengthening Health Service Management in the South-East Asia Region. 2007 [cited 2020 May 29].
52. Ariadne Labs. Tackling the COVID-19 Human Resource Emergency [Internet]. 2020 [cited 2020 May 29].
53. Maier CB, Aiken LH. Task shifting from physicians to nurses in primary care in 39 countries: a cross-country comparative study. *Eur J Public Health.* 2016 Aug 2;26(6):927-34.
54. Gold J. The hidden Covid-19 crisis: health care workers' mental health [Internet]. Stat. 2020 [cited 2020 May 29].
55. World Health Organization M. Mental health and psychosocial considerations during the COVID-19 outbreak. 2020 Mar 18;
56. Alhassan RK, Nketiah-Amponsah E, Spieker N, Arhinful DK, Rinke de Wit TF. Assessing the Impact of Community Engagement Interventions on Health Worker Motivation and Experiences with Clients in Primary Health Facilities in Ghana: A Randomized Cluster Trial. *PLoS ONE.* 2016 Jul 20;11(7):e0158541.
57. Franco LM, Bennett S, Kanfer R. Health sector reform and public sector health worker motivation: a conceptual framework. *Soc Sci Med.* 2002 Apr;54(8):1255-66.
58. MEASURE Evaluation. Defining Health Information Systems [Internet]. [cited 2020 May 29].
59. World Health Organization. Framework and Standards for Country Health Information Systems - Second Edition. 2012 [cited 2020 May 29].