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)

**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 the cornerstone of sustainable health systems, 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)

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**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. Read more about Johannesburg,

South Africa’s response in it’s full Promising Practice.
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:

### 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. This includes being unable to procure essential equipment and PPE for staff and patients. (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 challenge to ensuring comprehensiveness and coordination, both during and after the pandemic, is the potential fragmentation of care delivery across multiple modalities within the facility, as well as across telehealth and community-based platforms. (21,22) This challenge 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. Coordination and comprehensiveness can also be disrupted due to the potential loss of health workers, therefore requiring contingency planning for staff changes or shortages.

#### 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 surges 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)
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:

**HOW CAN PHC BE LEVERAGED?**

**POTENTIAL PATHWAYS:**

**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 compared with 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) Understanding relevant local-level regulatory systems and public financial management (PFM) mechanisms, such as capacity to reallocate funds and necessary approval processes, can allow for more rapid identification of budgetary flexibility opportunities and reallocation of resources.

**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.

**PERSON-CENTERED PRIORITY SETTING**

Understanding local expectations and preferences is critical in ensuring that changes made to facility operations are patient-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.
## HOW CAN PHC BE LEVERAGED?

### 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—such as recognizing the achievements of staff and providing positive feedback—and/or on extrinsic motivation, for example by creating financial incentives for providers to promote quality, safety, access and equity and putting structures in place to protect the workforce from financial risk due to the potential loss of services or upfront costs required to adapt care to meet these standards during and after the crisis. (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 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)
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

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 - Operational Planning Guidance for Maintaining Essential Health Services During an Outbreak
- 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.