

COVID-19 Reopening Health Systems

Last update: 19th May 2020

Asked questions:

1. When is your health system looking to restart routine care?
2. What clinical areas is your health system focused on?
3. Any strategies they are using and any requirements?
 - a. Creation of “clean” sites for routine work
 - b. Creating extra capacity to address backlog in routine care
4. Is your health system allowing industry access to support interventions?
 - a. Yes or No
 - b. If yes, is testing for COVID-19 a pre-requisite

Received answers:

Portugal

1. When is your health system looking to restart routine care?

We still don't know when it all be in routine again. We see a volume increase in lab patients, but the number of clinical interventions is still very limited. Surgeries started already, but most of the clinical interventions are still online.

2. What clinical areas is your health system focused on?

In the last 6 weeks the focus was mainly on Covid-19, now they are starting to focus on other pathologies like diabetes, pregnancy, cardiac diseases, oncology patients.

3. Any strategies they are using and any requirements?

- a. Creation of “clean” sites for routine work

Yes, the Health System prepared hospitals to received COVID patients with restricted and clean areas and with an increase in the number of instruments that are needed for the diagnosis and monitoring

- b. Creating extra capacity to address backlog in routine care

Yes, for the Diagnosis and monitoring of COVID patients, they created extra capacity in terms of beds, instruments and all other things needed.

4. Is your health system allowing industry access to support interventions?

- a. Yes or No

Yes, for solving problems

- b. If yes, is testing for COVID-19 a pre-requisite

Until now it wasn't.

Cyprus

1. When is your health system looking to restart routine care?

Since 4th of May the Public Hospitals are trying to operate with many restrictions, due to SARS-CoV-2 pandemic. Now it is estimated that 60% of operations can be scheduled on time and it is a general belief that till mid of June they will operate as before.

2. What clinical areas is your health system focused on?

It is focused to the urgent cases and in case that there is not space in public hospitals, they forward the case to the private hospitals.

3. Any strategies they are using and any requirements?

- a. Creation of "clean" sites for routine work
They are taking all precautions needed to create "clean – COVID-free areas.

- b. Creating extra capacity to address backlog in routine care
Replied in position 2

4. Is your health system allowing industry access to support interventions?

- a. Yes or No: YES
- b. If yes, is testing for COVID-19 a pre-requisite
In both private and public hospitals, in order to enter a hospital, you have to show that you are COVID-free. The PCR test and the document, you have to show, is valid for 5 days

Spain

1. When is your health system looking to restart routine care?

It's probably too early to answer but we see the first steps for recovery, and we believe that from now on things are going better every week if there is not any rebound of the virus. Hospitals both public and private are trying to recover activity to avoid too long waiting lists that won't be manageable. Second phase (PHASE 1) of deconfinement started 11th of May but not in all cities, for example Madrid, Barcelona and Valencia are still in PHASE 0.

Some Autonomous regions have prepared and published in their web pages their routine care restarting plans or strategies.

The private activity in small clinics have already started with few patients and for example in Ophthalmology area, the scientific societies of Ophthalmology have published a document (Recommendations for eye care during the return phase after end of confinement by the COVID-19 pandemic) to help the ophthalmologists to restart with the appropriate safety guarantees.

2. What clinical areas is your health system focused on?

- Covid-19 diagnostics; IVD & Image and UCIs
- Emergency
- Almost no face-to-face activity related to chronic diseases and cancer patients, but the treatments have been sent home periodically and revisions continued by phone or telemedicine.
- Low activity in routine labs and very low at surgery

3. Any strategies they are using and any requirements?

- a. Creation of “clean” sites for routine work. In many hospitals there are already clean sites for routine work that have been cleaned and considered “NO COVID ZONE” as COVID-19 patients are shrinking.

There are some recommendations published by Autonomous regions for example in Andalucía a FUNCTIONAL PLAN FOR STANDARDIZATION WORK IN CARE ACTIVITY has been published which objective is: Given the decrease in the number of cases due to Covid-19, propose a plan in the hospital setting of action that allows to resume the increase in healthcare activity to the extent that the areas occupied by related cases are released. A functional plan of de-escalation will be launched that, with the inalienable premises of prioritizing the safety of patients and professionals, will include among others, thorough cleaning of the areas to be reordered, to de-escalate implemented measures.

- b. Creating extra capacity to address backlog in routine care. Yes, for ventilators, Test and other technologies related with Covid but still far to be completed

4. Is your health system allowing industry access to support interventions?

- a. Mainly No but sometimes accepted (Chirurgic)
- b. Testing for COVID-19 a pre-requisite in some autonomous communities
- c. Technical services accepted under some requisites
- d. No access for sales reps in hospital. Accepted for Pharmacy sales

The Netherlands

1. When is your health system looking to restart routine care?

In the Netherlands, the restart of routine care has already started.

2. What clinical areas is your health system focused on?

The decision on the clinical areas for restart and the prioritisation is taken on hospital level. There is no formal guidance or policy of the government

All assessments are being made which treatment have most urgency or most benefits

3. Any strategies they are using and any requirements?

- a. Creation of “clean” sites for routine work

No – every hospital has to be compliant with the government rules (1,5 meter distance etc.).

- b. Creating extra capacity to address backlog in routine care

No. The restart of normal routine is taken into account in calculations of the capacity of tests and ICs, including the availability of testmaterials, PPIs etc.

4. Is your health system allowing industry access to support interventions?

- a. Yes or No **Currently not for MDs**
- b. If yes, is testing for COVID-19 a pre-requisite

Not applicable for IVD in the Netherlands

UK

1. When is your health system looking to restart routine care?

This has now commenced but is being driven locally so there is no overall “start date” but depends on the availability of bed space, staff resources, equipment and creation of save pathways.

Further details planning will

2. What clinical areas is your health system focused on?

Screening and Immunisations, Cancer, Maternity, Mental Health, Cardiovascular Disease, Heart Attacks and Stroke

Initial focus is on urgent work, but planning for non-urgent elective interventions is on going

3. Any strategies they are using and any requirements?

- **Creation of “clean” sites for routine work**
- This is being considered either by using separate hospitals for non-covid-19 work or by creating separate workstreams within the hospital

- **Creating extra capacity to address backlog in routine care**
- NHS has contracted capacity from private sector
- Have created field hospitals to handle Covid-19 patients. Use is limited at present as NHS facilities have been able to take the surge

4. Is your health system allowing industry access to support interventions?

- . **Yes or No:**
- a. Yes by invitation for critical need only. Variation by individual NHS site
- b. If yes, is testing for COVID-19 a pre-requisite**
- c. No national policy, understood some sites are asking for this

Poland

1. When is your health system looking to restart routine care?

The Minister of Health announced that they will be preparing a plan to open the national health system. Hospitals are starting to resume planned procedures. In the beginning of the pandemic the National Health Fund issued recommendations to limit the activities of public entities to the area of combating COVID-19.

2. What clinical areas is your health system focused on?

The Ministry of Health began to notice the needs of all patients – previously health system was concentrated on COVID. Patient organizations and scientific associations that want to effectively treat chronic diseases have also taken the floor in this respect.

3. Any strategies they are using and any requirements?

- a. Creation of “clean” sites for routine work

In the face of a pandemic, IT systems and telemedicine are being developed in Polish health system. These are good foundations for further talks on digitalizing domestic and European health systems.

4. Is your health system allowing industry access to support interventions?

- a. Yes or No
- b. If yes, is testing for COVID-19 a pre-requisite

It remains the responsibility of individual hospitals. The Ministry of Health and the National Health Fund did not issue recommendations in this regard. Simultaneously it was pointed out that medical staff could operate only in one institution, so as not to pose a risk of infection in other hospitalization places.

Additionally Chief Sanitary Inspector still recommends suspending or significantly reducing hospital visits and to cancel the visits of commercial and medical representatives.

Austria

1. When is your health system looking to restart routine care?

It already started, a recommendation from the MoH on how to proceed was published recently (in German only): [Empfehlungen](#)

2. What clinical areas is your health system focused on?

n.a.

3. Any strategies they are using and any requirements?

- a. Creation of “clean” sites for routine work

See under 1

- b. Creating extra capacity to address backlog in routine care

Collaboration of public and private hospitals (in Vienna); not MoH but federal states define how to proceed in their areas (makes it complicated!)

4. Is your health system allowing industry access to support interventions?

- a. Yes or No
Currently access is only granted on request - it is not foreseen when industry staff will be allowed random access
- b. If yes, is testing for COVID-19 a pre-requisite
no

Switzerland

1. When is your health system looking to restart routine care?

11.05.2020

2. What clinical areas is your health system focused on?

Return to all clinical areas.

3. Any strategies they are using and any requirements?

- a. Creation of “clean” sites for routine work

Yes

- b. Creating extra capacity to address backlog in routine care

No longer required

c) introduction of contact app, planned for July 2020

4. Is your health system allowing industry access to support interventions?

- a. Yes or No
- b. If yes, is testing for COVID-19 a pre-requisite

a) Yes

b) No

Germany

1. When is your health system looking to restart routine care?

The German government plans a gradual return to normal operation in clinics from May onwards. In the initial phase, only 25 percent of the intensive care beds in the clinics will be reserved for Covid-19 patients instead of the previous 50 percent. In a first step, 70 percent of the surgical capacities should be opened up for plannable operations. The rate should then be increased every two weeks, depending on the course of infection.

2. What clinical areas is your health system focused on?

Initially, oncological operations are resumed, followed by cardiology, neurology, orthopaedics, urology or ophthalmology.

3. Any strategies they are using and any requirements?

- a. Creation of “clean” sites for routine work

Clinics have special COVID stations that are strictly sealed off from the others. This also applies to the intensive care beds for COVID patients.

- b. Creating extra capacity to address backlog in routine care

Unknown – the extra capacity was built for COVID patients

4. Is your health system allowing industry access to support interventions?

- a. Yes or No
Yes, but so far only for necessary service, for example by technicians. The decision lies with the respective institution.
- b. If yes, is testing for COVID-19 a pre-requisite
No, but all hygiene measures must be followed of course. The specifications are set by the respective institution.

Denmark

1. When is your health system looking to restart routine care?

Danish healthcare system has been in process of reopening for the last 14 days.

We make weekly reopening process reports on this to our members.

All vital treatments are up and running, but treatments that can easily be postponed are not back on full capacity yet.

2. What clinical areas is your health system focused on?

All clinical areas are in focus, but within each area decisions are made as to how critical the treatment is to the patient. Patients that can easily wait, will have their treatment postponed.

3. Any strategies they are using and any requirements?

- a. Creation of “clean” sites for routine work

Yes, indeed – the whole healthcare system is organized according to prevent Corona virus spreading with all kinds of precautions.

- b. Creating extra capacity to address backlog in routine care

Yes, extra capacity has been organized and allocated to the areas with the highest needs.

High Corona capacity is gradually reduces, as the Corona incidences in Denmark are still declining.

4. Is your health system allowing industry access to support interventions?

- a. Yes or No
Yes
- b. If yes, is testing for COVID-19 a pre-requisite
They are working on this by setting up tents for regular testing of all relevant personnel

Italy

1. When is your health system looking to restart routine care?

The phase-2 (mitigation of lockdown) started in Italy on 4th Maj, with no specific Government/Healthcare Ministry indications on the topic.

Since Maj, depending on the Regions, because of the reduction of ICU beds occupation, we see some hospitals are rearranging to the new (lower) levels of urgency, and improving home treatment of COVID19 patients (not only hospital), in order also to organize themselves in view to a partial-slow restart of routine care.

2. What clinical areas is your health system focused on?

Depending on the Region, it's different the ratio between hospital compared to integrated care and to domestic care.

3. Any strategies they are using and any requirements?

- a. Creation of "clean" sites for routine work

The approach is not homogeneous; it depends on the Region and single hospitals.

- b. Creating extra capacity to address backlog in routine care

The approach is not homogeneous; it depends on the Region and single hospitals.

4. Is your health system allowing industry access to support interventions?

- a. Yes or No
b. If yes, is testing for COVID-19 a pre-requisite

The limitation to industry access was mainly due to the interruption of interventions and routine activities or hospitals self-regulations.

Regions limited industry access to clinicians/general practitioner for educational purposes.

France

1. When is your health system looking to restart routine care?

The last information issued by Ministry of Health (24th of April) required to still postpone non urgent care and especially non urgent surgical procedures requiring general anaesthesia.

Nevertheless Regional Health Agencies are supposed to allow restart of routine care according to local strength of Covid Epidemic (regional adaptation of national requirements).

The general guidelines issues by MoH have to be reviewed regularly according to the evolution of the epidemic.

2. What clinical areas is your health system focused on?

COVID epidemic : screening and immunisations (PCR, serological testing and ins some cases thoracic DTM)

Focus is put on clinical areas which are requiring anaesthesia. : due to need of reanimation of critical Covid patients , most of treatment has been postponed in these areas and patients may turn in a critical status.

Cancer, Neuro-Cardiovascular Disease : Heart Attacks and Stroke ,Maternity, Orthopaedics, Urology or Ophthalmology.

Initial focus is on urgent procedures and patients whom cares has been delayed due to the crisis. Planning for non-urgent elective interventions is on going according to regional authorization (see above)

For non surgical care(medical care) focus is put on chronic diseases (diabetes, auto immune diseases) and Mental Health(with a focus on Covid patients and HCP involved in Covid care). On a technical point of view, focus is put on remote consultations.

3. Any strategies they are using and any requirements?

- a. Creation of “clean” sites for routine work : **yes**
- b. Creating extra capacity to address backlog in routine care : **No** .Focus is put on ambulatory process and remote care to optimize routine care

4. Is your health system allowing industry access to support interventions?

- a. Yes or No : **it depends of hospitals and type of support required (focus is put on suspending or significantly reducing hospital visits and to cancel the visits of commercial**

and medical representatives). Only technical support on request is allowed most of the time.

- b. If yes, is testing for COVID-19 a pre-requisite : no (what kind of testing is focused? : clinical or PCR or serological test) ; focus is put in France on clinical signs and social distancing strategies. Of course all hygiene measures, must be followed. The specifications are set by the respective institution.

ROMANIA

1. When is your health system looking to restart routine care?

Romania's current lockdown and emergency status is expected to end on 15 May. After that date, the emergency state would be replaced by a high alert state. Certain businesses like restaurants, cinemas, shopping malls or sport centers will remain closed for the time being. The easing of the restrictions will be gradual, the effects of each relaxation measure being evaluated for the following two weeks.

To date, there are no specific and clear norms regulating the lockdown exit and what will happen in different sectors.

Currently, according to the emergency Decrees and the subsequent legislation, Romania has dedicated COVID 19 treatment hospitals, some built with military support; some being led by military management for limited period of time. Regarding the access to routine healthcare services, everything has been suspended under the emergency status, with the exception of major emergencies, leading to life threatening events in the course of 24 hrs. No other admission in hospitals is allowed; dentistry services fully suspended (with the exception of few dedicated centers for emergencies). Check-ups are carried out in special conditions and any surgery which can be postponed is scheduled for a later stage in the year. Patients are asked to await hospital call for scheduling.

The Romanian Health Insurance Fund has issued several guidance materials indicating the access route for routine healthcare services under emergency period: encouraging and recommending online medical checkups wherever possible, ensuring the reimbursement of these services to physicians, simplifying the bureaucratic processes (no need for use of insured card for patients); extending the validity of medical letters and prescriptions wherever possible and applicable.

Conclusion: after 15 May a relaxation period is expected, but the details of such re-opening are not clearly communicated by the authorities yet. Certain private hospitals are issuing their own protocols for the patients. The dentistry scientific society is putting forward their own recommendation of a guide to restart activity. Social distancing and protection measures will be the required norm.

2. What clinical areas is your health system focused on?

The Romanian healthcare sector continues to function based on its structure: national public health programmes (such as oncology, diabetes, HIV/AIDS, TB etc). However, what needs to be noted that all chronic diseases management processes have been deemed secondary to the COVID 19 crisis. The immediate priority was given to increase capacity of hospitals to treat severe patients (Romania had a small number of ICU beds at the beginning of the crisis – reaching almost 2000 to date). The main focus during these times of crisis was on acquisitions of specific medical equipment in need as well as specific drugs to treat COVID19 patients.

3. Any strategies they are using and any requirements?

a. Creation of “clean” sites for routine work

Romanian Ministry of Health issued a ministerial order approving the hospitals entitled to deal with COVID 19 cases (approx. 150 hospitals and maternities throughout the country – in certain cases are common hospitals – as patients might also have other co-morbidities such as cardiology, orthopaedics etc and mixt healthcare services are needed. Other hospitals are exclusively dedicated to COVID19 symptomatology). The debates around “clean” sites remain open, as the highest rate of transmission remains in hospitals and a high number of physicians got infected (similar to other countries). Certain hospitals are under strict lockdown (Suceava – NE Romania) where also a military management was imposed for a period of time. Several other hospitals followed.

b. Creating extra capacity to address backlog in routine care

The Romanian Government approved under an Emergency procedure the needed legislation to hire extra 2000 employees in the healthcare sector (ambulance services and the local public health departments) to be able to fight the outbreak. The hiring process will be exempted from the normal waiting times and assessments. Equally, the Military Ordinances issued during this period imposed confined all medical/healthcare related personnel and subjected them to the Emergency situation council decisions (basically doctors/nurses could be transferred where they were needed most in the country, irrespective of their current location and workplace).

4. Is your health system allowing industry access to support interventions?

a. Yes or No:

Yes, the support of the industry was requested (acquisitions, donations).
Romanian industry was quickly turned around to produce biocides, PPE etc

b. If yes, is testing for COVID-19 a pre-requisite

Romania carries out approx. 7000 tests/day; still considered insufficient. An MoH Microbiology Commission guideline on testing was recently published on the Ministry website. The document was challenged by the local industry association (AFPM) on grounds of transparent and non-discriminatory acquisition principles (they way the Guideline was initially drafted reflected only certain tests could be used). AFPM advocated for transparency and open competition and a new, revised Guideline is expected soon based on this initiative.

ROMANIA- new guidelines for providing medical services in nonCOVID hospitals (May 9th)

The Romanian National Public Health Institute issued the first guidance to HC services reopening in nonCOVID medical units:

- When granting access to HC services to patients which are presenting themselves to hospitals, the admission to hospital will be avoided and homecare will be preferred instead
- Due to communitary transmission of SARSCOV2 in Romania, any patient will be considered as potentially infected, which imposes the use of PPE in all medical procedures needed
- When arriving to hospital, all patients will be checked and selected according to the symptoms; COVID19 suspect cases will be admitted in a special isolation department "buffer zone"); a PCR test will follow to confirm/infirm SARSCOV2 infection
- Patients which are susceptible of being infected with COVID19 virus (and who must wear a mask at all times) will be seen to the buffer zone by dedicated HC personnel, using a separate route compared to the rest of the admitted patients.
- If the number of patients does not allow the admittance in the hospital 1/room; 2 patients/room will be admitted instead, but observing the rule of 2 m distancing between the patients
- All medical personnel operating in the buffer zone will wear the respective PPE
- Should the result of the PCR test be positive, then the physician will call the national emergency number 112 and the patients will be transferred to the closest hospital dedicated to the COVID19 patients' treatment. The hospital room will be disinfected before the next admission
- If the patients are not considered of susceptible infection with SARSCOV 2 then they will be admitted in the specialty units for their respective pathology, ensuring a minimum 2 m distancing in the hospitals room between patients
- Each hospital is responsible for revising their circuits, patient flows and work procedures according with the above mentioned principles

Hungary

1. When is your health system looking to restart routine care?

The government started a gradual return to normal operation in hospitals at the beginning of May.

1st phase: rehabilitation and transplantation (in inpatient care), one-day surgery and outpatient services were allowed, on the condition that the patient has a negative PCR test.

2nd phase: starting as of 18 May, a wider spectrum of elective inpatient care may be restarted. This means that one-third of the hospital beds previously reserved for COVID care can be used for elective services (in April hospitals were obliged to empty 60 percent of total beds for potential COVID patients). At this phase a negative PCR test is a prerequisite only in case of COVID-suspects.

2. What clinical areas is your health system focused on?

In the present (2nd) phase cardiology care must be given priority. Emergency and intensive care has been continuously provided throughout the COVID crisis.

3. Any strategies they are using and any requirements?

- a. Creation of “clean” sites for routine work

Certain hospitals are designated for COVID care. COVID patients that can be safely moved should be taken to these hospitals.

- b. Creating extra capacity to address backlog in routine care

No. Extra capacity was built for COVID patients.

4. Is your health system allowing industry access to support interventions?

- a. Yes or No

There is an official ban on hospital visits which also applicable to industry personnel. However in practice, hospitals allow the entrance personnel providing necessary service (e.g. technicians).

- b. If yes, is testing for COVID-19 a pre-requisite

No official protocol for this, but in general all hygiene measures apply.

