

Building a bigger digital front door: Before a vaccine becomes available during the recovery phase, a hospital's digital front door may be one of the most important channels to instill consumer confidence by providing easy access to clinical guidelines and directing patients to the appropriate levels of care, including virtual options. Other use cases like zero-contact intake tools and virtual waiting rooms not only facilitate social distancing, but also reduce wait times to see a doctor.

Once in the rebuilding mode, more hospitals and health systems likely will invest in expanding their digital front door capabilities, looking to enhance artificial intelligence (AI)-enabled tools, increasing access to patients' own data and integrating patient engagement solutions more fully across the enterprise to empower consumers and decrease administrative burden. The [AHA Digital Pulse website](#), created in concert with AVIA, allows organizations to assess how effectively they have established a digital front door.

The sharing economy comes to health care: While sharing-economy platforms exist for individuals who share homes, cars and landscaping equipment, there hasn't been a similar effort in health care for a variety of reasons. Yet, COVID-19 has created acute needs at varying times for different parts of the country, lending itself well to sharing-economy innovations.

For example, health systems were recruited to offer spare ventilators to the [Dynamic Ventilator Reserve](#), a federal government-AHA partnership virtual inventory, so that they could be loaned easily to hot spots where they are needed most. Moving forward, we may see a wave of new entrants partner and scale marketplaces or even exchanges that help locate and trade for scarce medical supplies.

One lesson learned during the height of the pandemic is that we need to be able to continue providing essential care services apart from COVID-19 patients should there be a resurgence. Patients with chronic disease or acute injuries need timely access to care. Utilizing a sharing-economy approach to supplies, space and even workforce could be the most important defense for communities experiencing a wide distribution of impact from the virus.

Compassion tech: Though COVID-19 is not solely responsible for widening the compassion divide, the opportunity to foster more of the human connection through technological channels will be an area of intense interest.

Facial recognition tools that provide instant feedback to clinicians on their demeanor via a computer screen can be effective in sending better body language signals or detect depression in patients — otherwise hidden in plain sight. AI tools that can assist families with difficult conversations about serious illness can help demystify what is still perceived by many as a taboo issue, Shin notes. Compassion tech could be the glue between health care and technology that we've been missing.

COVID-19 RESHAPES HOW HOSPITALS WILL ADDRESS NEXT PANDEMIC

The COVID-19 outbreak has led to process, technology and operational improvements to enhance patient and staff safety, and many of these changes could figure prominently during



the next major infectious disease outbreak or pandemic. Other changes requiring more elaborate planning will impact future hospital designs.

Several important issues could impact how care is delivered if there is a major resurgence of COVID-19 or if another pandemic strikes.

Zero-contact intake: Patient intake processes underwent major changes during the early stages of COVID-19. Drive-through testing stations, remote check-in processes and other steps helped mitigate risks to caregivers and patients. Look for this to continue as provider organizations deal with future infectious disease outbreaks.

Memorial Health System, which serves counties in the Mid-Ohio Valley, covering southeastern Ohio and northern West Virginia, deployed a zero-contact intake system from software maker Phreesia at two emergency departments (EDs), an urgent care clinic, outpatient clinics and a drive-through clinic that tested patients for COVID-19, notes a recent [Wall Street Journal report](#).

Memorial also uses virtual registration to reduce risk for maternity patients. They can register at home or in the parking lot, where a staff member checks their temperature and directs them to the obstetrics department.

Greater space flexibility required: Patient surges encountered during the pandemic vividly illustrate how several facilities had to take dramatic steps to convert spaces to triage and isolation areas. These makeshift solutions may be needed again if we see fall or winter spikes in COVID-19.

Northwell Health, for instance, launched a surge plan that boosted its number of hospital beds from 4,000 to 5,600 in slightly more than two weeks, including adding beds within existing spaces, adding tents to hospital grounds and beds at a 300-seat auditorium at North Shore University Hospital in Manhasset, N.Y. But what about the longer term?

Dallas-based HKS Architects, an international hospital design firm, noted recently that many hospitals are embracing an array of temporary hospital designs. The firm has released concept studies for converting buildings into hospital spaces in 14 days or fewer, notes a [Fast Company report](#).

Design for the worst-case scenario: Some large regional providers are putting better disaster preparations front and center in their planning. Wellstar Kennestone Hospital, Marietta, Ga., will soon open a 263,000-square-foot ED building, The Wall Street Journal report states. The facility will double the hospital's current emergency and trauma capacity, enabling it to treat more than 600 patients daily. It includes dedicated isolation and decontamination rooms that can be used for patients who present with infectious disease, behavioral health or chemical contamination issues, and multiple entrances for different levels of patient severity.

Across the street from the main hospital and medical center campus, the new building is

connected by a bridge with two levels to ensure that patients and clinicians are always separated from visitor traffic, and it has its own imaging and X-ray facilities so patients don't have to be transported to the main hospital for tests.

PATHFINDER TOOLS PROVIDE ON-DEMAND COVID-19 INFORMATION

Looking for a way to communicate quickly and accurately online with your community about COVID-19? Verily Life Sciences, a sister company to Google, has launched a new set of digital tools to help hospitals and health systems provide on-demand and up-to-date COVID-19 information.



The AHA and Verily are collaborating to disseminate the free [Pathfinder COVID-19 tool set](#), which includes an embeddable screening tool and a programming template for virtual agents like chat and voice bots. Information is sourced from public guidance from the Centers for Disease Control and Prevention, the World Health Organization, Johns Hopkins Medicine in Baltimore, Md., the American Lung Association, the American Heart Association and the American Diabetes Association. San Joaquin General Hospital in California, Western Wisconsin Health, Morehouse School of Medicine and [Morehouse Healthcare](#), both in Atlanta, are using the tools to guide their communities to relevant information on the virus and local resources.

We want to hear from you! Please send your feedback to Bob Kehoe at rkehoe@aha.org.

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