



Transforming a Hotel into a Hospital: The Playbook Solution for Converting a Hotel into a Full All Hazards Hospital During Medical Surge with ICU and Med-Surg Capabilities



Jason Persoff, MD, SFHM
Charlie Little, DO, FACEP
Jenny Schmitz, MA, MEP



uchealth



Disclaimer



The H2H Playbook was funded as part of the National Disaster Medical System (NDMS) Capability Pilot to provide a solution for *A Modular, Scalable Alternate Care Facility for Patient Surge* and is sponsored by the Government under Other Transaction Number W81XWH-15-9-0001. The views and conclusions contained herein are those of the authors and should not be interpreted as necessarily representing the official policies or endorsements, either expressed or implied, of the US Government.

COPYRIGHT © 2023-2025 UNIVERSITY OF COLORADO ANSCHUTZ DEPARTMENT OF EMERGENCY MEDICINE. ALL RIGHTS RESERVED.

Presenters have no Conflicts of Interest to Disclose



uchealth

ALL CLEAR
EMERGENCY MANAGEMENT GROUP



DAVIS
PARTNERSHIP
ARCHITECTS

CATOR RUMA
ASSOCIATES, CO.

MARTIN/MARTIN
CONSULTING ENGINEERS

GH/Phipps
CONSTRUCTION SERVICES

Acknowledgements



A collaboration of:



Overview

- NDMS activation for LSCO event resulting in 1,000 service personnel returning for treatment stateside for 100 days
- Stateside hospital saturation would occur in <2 weeks time
- For our purposes we also would consider an all-hazards situation such as pandemic flu or replacing a hospital following disaster



uchealth

ALL CLEAR
EMERGENCY MANAGEMENT GROUP



DAVIS
PARTNERSHIP
ARCHITECTS

CATOR RUMA
ASSOCIATES, CO.

MARTIN/MARTIN
CONSULTING ENGINEERS

GH/Phipps
CONSTRUCTION SERVICES

The **Hotel2Hospital (H2H) Playbook** provides a **comprehensive, step-by-step guide** for communities and healthcare systems to rapidly convert hotels into **fully functional Alternate Care Facilities (ACFs)** during times of disaster, pandemic surge, or other health system emergencies.

Objective and Scope

The primary goal is to **expand inpatient surge capacity** using readily available infrastructure—**hotels**—in order to **relieve hospitals during high-demand periods**. The playbook is particularly relevant in the wake of experiences from the COVID-19 pandemic, which demonstrated the urgent need for scalable, flexible healthcare expansion solutions.

The framework is designed for execution within **2 to 4 weeks**, enabling **rapid deployment**. It supports conversions for both **medical-surgical and intensive care units**, ensuring that hotels can accommodate a wide range of patient acuity levels.

Overview

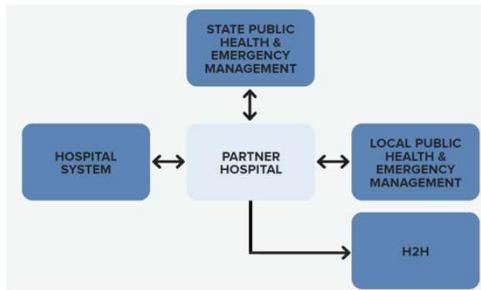
- Rapidly expand inpatient surge capacity using extant infrastructure: hotels
- Scalable, flexible, modular
- Transforming hotel into a hospital with med-surg/ICU capabilities in 2-4 weeks
- Year One: Create a Playbook
- Year Two: Proof of Concept Build Out



uchealth



Hotel Selection and Stakeholder Engagement



- Outlines criteria for choosing suitable hotels (minimum of 150 rooms, HVAC specifications, structural layout, proximity to hospitals, etc.).
- Offers guidance on building relationships with hotel owners, managers, and local jurisdictions.
- Addresses legal, financial, and logistical issues such as licensing, liability, and reimbursement.



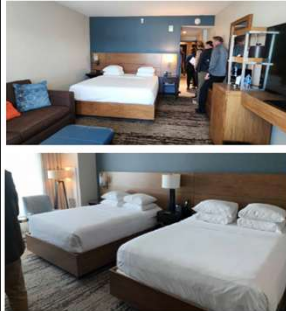
uchealth



Facility Conversion and Infrastructure Planning



Hotel Rooms to ICU, Med/Surg, Nurses' Station/Med Room, Lab, Radiology, Clean Utility



- Architectural Diagrams, Plumbing and Electrical Schematics
- Shows how to adapt hotel rooms to patient care rooms.
- Sample floorplans and operational flow models included



Includes architectural diagrams, plumbing/electrical schematics, and facility zoning plans to help translate non-clinical hotel space into regulated medical space.

Demonstrates how to adapt hotel rooms into ICU-level patient rooms, isolation units, or step-down rooms.

Provides sample floorplans and operational flow models, such as for staff movement, patient intake, and infection control pathways.

Clinical Operations and Support Structures



Describes how to implement core clinical functions such as:

Nursing stations and charting areas

Mobile labs and point-of-care testing

Medication delivery and pharmacy services

Radiology and diagnostic imaging (via portable equipment)



Details infection prevention strategies, including PPE zones, negative pressure conversion, and waste management protocols.



uchealth

ALL CLEAR
EMERGENCY MANAGEMENT GROUP



DENVER
HEALTH



DAVIS
PARTNERSHIP
ARCHITECTS



CATOR RUMA
ASSOCIATES, LLP



MARTIN/MARTIN
CONSULTING ENGINEERS



GH Phipps
CONSTRUCTION SERVICES

Staffing Models and Workforce Integration



- Recommends tiered staffing plans based on patient acuity and operational scale.
- Describes role definitions and task distribution between clinical and non-clinical staff.
- Provides sample schedules and staffing calculators to estimate personnel needs.
- Leverages Virtual Health

Overview: Hotel and H2H Services

Instructions: Use this sheet in conjunction with the H2H Playbook Section 2: Hotel/Hospital Conversion. In Column A, input the hotel information and the H2H services you would like to model. In the cell below each question, click the arrow on the right side of the cell for a dropdown menu of options.

Note: This tool requires macros to be enabled. For [Click Here](#).

Describe the Hotel		H2H Patient Estimates	
How many hotel rooms does the hotel have (150-500)?		Total Number of Patient Rooms (20% of hotel rooms)	0
What type of hotel is it?		Total Number of ICU Beds (10% of patient rooms)	0
		Total Number of Med/Surg Beds (90% of patient rooms)	0
H2H Services		H2H Staffing Estimates for 24 hours (for more, see Tab 3)	
Lab: How far is the hotel from the Partner Hospital?			0
Radiology: How will you provide Radiology services?		H2H Clinical Equipment Cost	
Will you provide Therapy Services at the H2H?		For more, see Tab 4	
Will you provide a Pharmacy at the H2H?		H2H Conversion Cost	
Will you provide ICU care at the H2H?		For more, see Tab 5	
Will you provide med/surg care at the H2H?			



uchealth



Preparation for Real Life Conversion



TTX #3 / Sand Table Exercise (March 26, 2025)

Flow:

- 3 groups follow ICU and Med/Surg “patients” between tables to simulate clinical operations
- Patient needs: Imaging, Lab, Pharmacy, Rapid Response Team, discharge, room turnover, fall, hygiene, etc.



uchealth

ALL CLEAR
EMERGENCY MANAGEMENT GROUP

DENVER
HEALTH

DAVIS
PARTNERSHIP
ARCHITECTS

CATOR RUMA
ASSOCIATES, CO.

MARTIN/MARTIN
CONSULTING ENGINEERS

GH/Phipps

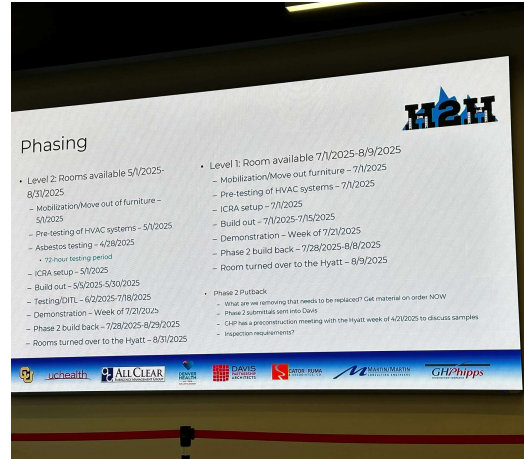
As of 2024, the project has entered its **second phase**, focusing on **practical validation** and **simulation-based exercises**. Team Colorado, in partnership with public and private organizations, is conducting **demonstration conversions**—most notably at the **Hyatt Regency Aurora-Denver Conference Center**, where portions of the hotel are being transformed into prototype patient care environments.

This phase includes:

- Testing infrastructure feasibility
- Evaluating clinical workflows in a simulated environment
- Gathering stakeholder feedback
- Building national readiness for future crises

Conclusions

- Completing Playbook #2 this September based on lessons learned
- Demonstration Mid-July—contact me after the talk if you wish to come
- Superior mid- to long-term ACF for all hazards approach to a sustained surge



Questions / Request for Feedback



- Questions about the Project?
- Want to provide feedback? →
- Want a copy of our resources? ↓



uchealth

