Operating in the time of COVID

Webinar Objectives

- Review governing body responsibilities in developing a sustainable strategy for providing services in the COVID-19 era
- Identify best practices to create a healthy environment for patients and your workforce
- Revisit requirements for ensuring a safe environment with adequate supplies
- Understand infection prevention and control requirements to effectively manage and mitigate risks related to COVID-19 exposure

This is a Journey

- Wide range of scenarios
  - Fully operational (and very busy)
  - New or different services
  - Reduced operating capacity
  - Fully closed
  - We aren’t finished adapting
  - Details can make the difference
  - Don’t hesitate to ask
Standards implications depend on your situation

• Applies to a specific time frame / when you resumed seeing patients onsite
• Standards implications
  • Waived
  • Deferred – Safety
  • Deferred – Administrative
• Did your existing policies and procedures already adequately address pandemic considerations?
  • What’s your plan?

Readiness Checklist

| 1-1.1 | DA | Checklist due to sex and will be completed by the Department of Public Health. | ☐ | ☐ |
| 1-1.2 | DA | Checklist due to sex and will be completed by the Department of Public Health. | ☐ | ☐ |
| 1-1.3 | DA | Checklist due to sex and will be completed by the Department of Public Health. | ☐ | ☐ |
| 1-1.4 | DA | Checklist due to sex and will be completed by the Department of Public Health. | ☐ | ☐ |
| 1-1.5 | DA | Checklist due to sex and will be completed by the Department of Public Health. | ☐ | ☐ |
| 1-1.6 | DA | Checklist due to sex and will be completed by the Department of Public Health. | ☐ | ☐ |

Faculty

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Non-COVID-19 care should be offered to patients as clinically appropriate and within a state, locality, or facility that has the resources to provide such care and the ability to quickly respond to a surge in COVID-19 cases, if necessary.

Today's Focus

Infection Prevention & Control
Environment, Safety & Supplies
Healthy Patients, Healthy Workforce
Governing Body

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The Governing Body is responsible for oversight of the strategy

- Develop/approve plan for moving forward (Standards 2.I.B and 2.I.C)
- Based on risk assessment specific to COVID-19 (Standards 7.I.A.2), re-evaluate and approve infection prevention and control program (ensure addresses pandemic considerations if not already in place) (Standards 7.I.A, 7.I.B)
- Update credentialing and privileging (Standards 2.II.E, F and G [and 2.II.I, for solo providers])
- Audit licensure and certification compliance of all health care professionals (Standard 2.II.H)
- Ensure OSHA compliance: worker protection from biologic hazards (Standard 7.II.L)

Take the time necessary to consider the plan details

- Federal, State and local plans and criteria for resuming full/normal operations, as applicable (Standard 2.I.B)
- Sustained reduction of COVID-19 in community
- Notification requirements
  - State and local officials
  - Payors
  - Local hospital – transfer of patients, if applicable (Standard 4.G)
- AAAHC (Standard 2.I.D)
- Professional liability carrier (Standard 2.II.H)

Are you ready?

- Evaluate viability of your supply chain: contractors, suppliers and services (Standard 2.I.C.2)
- Assess your financial sustainability (Standard 2.I.B.9)
- Test medical equipment (Standard 6.J)
- Update communication with referring physicians and patients
- Collect deployed assets (if applicable)
- Conduct dry runs (e.g. patient flow)
### Consider Telehealth

- 1135 waiver extends telehealth for beneficiaries during COVID-19 outbreak
- Telehealth visit: telecommunication system between provider and patient
- Virtual check-in: via phone to decide if visit needed
- E-visit: communication through online portal
- AAAHC Standards still apply!
- If telehealth is a new service…Governing Body approved, AAAHC notified
- Medicare Toolkit available


### Consider establishing Isolation Areas (Standard 7.I.F)

- Evaluate necessity of care
- Isolation areas, e.g., designated rooms, equipment with minimal crossover
- Implement controls to facilitate social distancing
  - Minimize time in wait areas
  - Space chairs 6 feet apart
  - Low patient volumes
- Screen all patients for potential symptoms prior to entering the isolation area
Protecting patients

- Right to notification of time-relevant COVID exposure within the facility (Standard 1.A.4)
- Responsibility for adherence to COVID-related policies and procedures (Standard 1.C.5)
- Determine policies for screening and testing (Standard 10.I.D)
- Clinical records demonstrate that:
  - Policies for screening and testing of patients are followed (Standards 6.F, 6.H)
  - Discussion of risks of treatment or procedure includes any risks specific to COVID-19; documented as part of patient’s informed consent (Standards 6.I, 9.E, and 10.I.J if applicable)

Ensure a healthy workplace for providers and staff

- Update HR policies to reflect policies for screening and testing of staff (Standard 3.D)
- Establish provider and staffing levels adequate to resume care within scope, with contingency planning for absenteeism (Standard 4.C)
- Update employee health services: routine screening and management of asymptomatic staff (Standard 7.I.I.L)
  - Providers and staff to check for signs of illness
  - Screening for respiratory symptoms and temperature
  - Exposure control plan (Standard 7.I.I.L.1)

Ensure a healthy workplace for providers and staff

- Document training of all staff in all COVID-related policies and procedures (Standard 3.E)
  - Infection prevention and control, including use of PPE, hand hygiene, universal precautions
  - Identify, Isolate and Inform procedures
  - Environmental and equipment cleaning (Standards 7.I.D, G and H)
Establish your testing protocol

- Type of testing: Waived or not?* (Standard 12.A)
  - Molecular
  - Serological
- Cost of testing; discuss with health plans
- Based on infection prevention risk assessment (Standard 7.I.A), determine who to test and when:
  - Staff
  - Patients

* If not waived, has the FDA issued an EAU (Emergency Use Authorization)?

Prepare for a safe environment

- Is your facility ready?
  - Fire doors, exits, emergency lighting, fire extinguishers, storage areas, emergency lighting, fire alarm systems, illuminated exit signs are in working order (Standards 8.B and 8.C)
  - Means of egress, doors, pathways, lighting
  - Implement requirements for social distancing and use of PPE in reception area, restrooms (Standard 8.E)
  - Consider OSHA requirements
  - Flush faucets – hot and cold lines
  - Flush and disinfect devices that store water
Do you have sufficient resources without jeopardizing surge capacity?

- Universal source control
- PPE conservation
- Monitoring and management
- Sign in/out
- Use and re-use guidelines
- Use of cloth masks: staff / patients
- Calculate PPE burn rate (CDC tool)

Evaluate your inventory

- Medical equipment (Standard 8.J)
- Testing and maintenance
- Medication (Standards 7.II.E, 11.J)
  - Supply chain: FDA drug shortage, supply and extended use dates
  - Narcotic inventory
  - Fridge temperature monitoring (Standard 7.II.G)
- Supplies
  - Take stock
  - Monitoring
  - Management

Ensure emergency preparedness

- Update emergency and disaster preparedness plan as needed to address COVID-19 (Standard 8.H)
- Emergency equipment and supplies (Standard 8.K)
- Crash cart
  - Check all contents in crash cart
  - Test all equipment in/on crash cart
  - Verify staff knowledge of location / use of equipment
- Drills (Standard 8.I)
  - Some may be waived
Update your infection prevention and control program and policies

- Conduct risk assessment specific to pandemic considerations
- Update IPC program as needed to address pandemic management guidelines
- Ensure governing body approves revisions (Standard 7.I.A)
- Identify: screen, test and monitor
- Isolate: policies and procedures
- Inform: state reporting
- Monitor compliance with IPC policies

Review cleaning protocols

- Environmental and equipment cleaning
  - Use EPA-registered agents specific to COVID-19
  - See list of approved products as of May 20:
    https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
- Review environmental cleaning plans
  - All spaces
  - Equipment
  - High-touch and high-traffic areas

(Standards 7.I.G, 7.I.H)
Sterile Processing (if applicable)

- Ensure staff trained on proper processing and transportation of sterile instruments (Standard 7.I.D)
- Limit the number of reprocessing staff
- Limit reprocessing to experienced staff with documented competency (avoid trainees if possible)

Meticulous room cleaning is essential

Exam Room
- Clean room between each patient
- Time patient visits appropriately
- Identify high-touch areas in your exam room

Reception Area
- Clean room according to guidelines including all surfaces, computer monitors, tables, lights and other areas with EPA-registered surface disinfectant

AAAHC resources that can help you move forward
