COVID-19

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AGENDA

• COVID-19 RECAP
• COVID-19 RESOURCES
• COVID-19 DISCUSSION
GOALS AND LEARNING OBJECTIVES

1. Explain the basic facts about COVID-19
2. Define key steps entities put in place to prepare their facility for the pandemic
3. Identify resources utilized by compliance departments to assure their facilities remained compliant during the pandemic

RECAP

C’Shalla Parker, RN, MSN, CHC
Privacy Officer
University of Toledo
WHY COVID-19 HIT SO HARD

How it spreads:
- Person to person - respiratory droplets produced when infected person coughs or sneezes
- Contaminated surfaces or objects

Spread worldwide, resulting in a pandemic
Little/no pre-existing immunity against new virus
Many likened it to the “Common Flu”

cdc.gov

HISTORY OF COVID-19

SUMMARY

Dec. 31, 19, a pneumonia of unknown cause in Wuhan, China reported to WHO
Jan. 7, 20, Coronavirus identified as the causative virus
Jan. 13, 20, 1st case Novel Coronavirus outside China
Jan. 30, 20, the outbreak was declared a Public Health Emergency of International Concern
Feb. 17, 20, WHO guidance: mass gathering & care of ill travelers
Feb. 26, 20, WHO issues Workplace Ready Guidance
Mar. 3, 20, Shortage of PPE identified
Mar 7, 20, 100,000 cases in 100 countries
Mar. 9, 20 Three (3) patients were + COVID-19, Ohio
Mar. 11, 20, WHO COVID-19 Pandemic
Mar. 14, 20 Ohio declares State of Emergency
Mar. 19, 20 Telehealth Ohio Medicaid

POLLING QUESTION

When did your facility begin to take action?

1. January
2. February
3. Early March (1-5)
4. End of March (16-31)
5. April
6. Does not apply/Did not take action

SYMPTOMS

Fever, Cough, Shortness of Breath

SEEK MEDICAL ATTENTION

Trouble breathing
Persistent pain/pressure in the chest
New confusion/inability to arouse
Bluish lips/face

COVID-19, Cold and Flu

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>CORONAVIRUS COVID-19</th>
<th>COLD</th>
<th>FLU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sore throat</td>
<td>Sometimes</td>
<td>Common</td>
<td>Common</td>
</tr>
<tr>
<td>Cough</td>
<td>Common</td>
<td>Common</td>
<td>Common</td>
</tr>
<tr>
<td>Sneezing</td>
<td>Common</td>
<td>—</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Fever</td>
<td>Common</td>
<td>—</td>
<td>Common</td>
</tr>
<tr>
<td>Body aches</td>
<td>Sometimes</td>
<td>Mild</td>
<td>Common</td>
</tr>
<tr>
<td>Tiredness</td>
<td>Sometimes</td>
<td>Mild</td>
<td>Common</td>
</tr>
<tr>
<td>Headache</td>
<td>—</td>
<td>—</td>
<td>Common</td>
</tr>
<tr>
<td>Runny/stuffy nose</td>
<td>—</td>
<td>Common</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Nausea</td>
<td>—</td>
<td>—</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>In severe cases</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>
CDC PREVENTION RECOMMENDATIONS

• Handwashing: Warm soap & water for 20 sec or Sanitizer >60% alcohol
• Avoid touching eyes, nose, and mouth
• Avoid close contact w/ people who are sick
• Social Distancing - 6 ft.
• If you are sick stay home, call the doctor
• Cloth face coverings
• Cover coughs and sneezes
• Throw tissues in the trash
• Clean and disinfect surfaces

POLLING QUESTION

How informed do you feel you are about COVID-19 virus?

• Extremely well informed
• Well informed
• Neutral
• Somewhat Informed
• Not at all informed
DEMOGRAPHICS

NW Ohio (Toledo Ohio) Non-Profit State Entity
State-owned Research University
   Unionized
   1 Hospital
   250 bed
   200 providers
   30+ specialties
   2000 employees
Primary Care & Specialty Clinics
Ventilators/AIIR (Aerosolized)

AREAS OF ACTION

Health and Wellness
University Operations
Travel Restrictions
   IT Support
Human Resources
   Research
Mental Health
Health Science Students
RECAP

LYNN HUTT, MBA, CHC
Director of Institutional Privacy & UTMC Compliance
University of Toledo

POLLING QUESTION

Did your company have a committee to develop processes to protect employees from exposure?

• Yes
• No
COVID-19 PREPARATION

January 2020 – HUDDLE – COVID-19 DISCUSSED
Infection Prevention and Infectious Disease Departments met daily with
Chief Medical Officer (Infectious Disease Physician/Army)

Committee put together that consisted of:

- Chief Nursing Officer
- Chief Medical Officer
- Infectious Disease Physicians
- RN's Floor Supervisors
- Chief Medical Information Officer
- Physician Executive Physician
- Clinic Managers
- Business office personnel

POLLING QUESTION

Do you believe the majority of people take the precautions seriously and have implemented them in their personal lives as well as their work live?

- Yes
- No
WHAT DID WE DO?

March 11, 2020 “at risk” employees to begin Working From Home
Committee went into action:
• All Volunteers, Students, Student Workers & Temporary Employees dismissed
• Intensive Care Unit turned into a COVID 19 floor - ventilators
• Identify Negative air flows rooms & significantly more created – aerosolized treatment
• Ambulatory Surgery Center - turned in a separate location for COVID-19 positive patients
• Purchasing/Pharmacy – acquisitions of masks, medications, hand sanitizer, ventilators
• Cafeteria - no longer self-serve & limited menu
• Environmental Services - trained on updated cleaning practices
• Daily HUDDLE discussed the needs of the hospital floors still operating to keep patients needing hospitalization aware from COVID patients
• Entrances blocked and all employees received Temperature Check
• Visitor were limited and eventually stopped

POLLING QUESTION

How did your facility communicate ways to protect your facility?

1. Email
2. Screen savers
3. Meetings
4. Other
5. All of the above
As of February 26, 12 travel-related COVID-19 cases had been diagnosed in the United States, in addition to three COVID-19 cases in patients with no travel history (including two cases in close household contacts) and 46 cases reported among repatriated U.S. citizens. Following confirmed diagnosis, the 12 patients with travel-related COVID-19 were isolated in the hospital if medically necessary, or at home once home care was deemed clinically sufficient. Among the first 10 patients with travel-related confirmed COVID-19 reported in the United States, a total of 445 persons (range = 1–201 persons per case) who had close contact with one of the 10 patients on or after the date of the patient’s symptom onset were identified. Nineteen (4%) of the 445 contacts were members of a patient’s household, and five of these 19 contacts continued to have household exposure to the patient with confirmed COVID-19 during the patient’s isolation period; 104 (23%) were community members who spent at least 10 minutes within 6 feet of a patient with confirmed disease; 100 (22%) were community members who were exposed†† to a patient in a health care setting; and 222 (50%) were health care personnel.††

CDC Morbidity and Mortality Weekly Report – March 6, 2020

MARCH – COVID -19

THIS IS SERIOUS, THIS IS REAL, THIS IS KILLING PEOPLE, WE NEED TO TAKE ACTION
POLLING QUESTION

Did you have a telehealth system operational prior to Jan 2020?

- Had a telehealth program prior to the COVID-19 pandemic
- Did not have a telehealth system operational prior to Jan 2020, but plan to implement one as a result of the COVID-19 pandemic
- Did not have a telehealth system operational prior to Jan 2020, but now have one up and running as a result of the COVID-19 pandemic
- Do not plan to use telehealth
From zero to 100 in two weeks

A response to the COVID-19 pandemic

- A 90 bed orthopaedic specialty hospital.
- Physician owned.
- 2 outpatient surgery locations
- 13 provider based clinics in 5 counties.
- 12 therapy clinics
- 1000+ employees
- 300 average weekly surgeries (Jan 2020)
- 2450 average weekly clinic visits (Jan 2020)
- 1870 average weekly PT and OT visits (Jan 2020)
STEPS TO A NEW TELEHEALTH SYSTEM

• Input from doctors.
• Board approval.
• Expanded use of existing teleconferencing system.
• Education of providers.
• Expansion of telehealth to non-physician providers and therapists.
• Marketing to new and existing patients.

RECAP

Lynn Hutt
TELEHEALTH

COVID – 19 was spreading fast and how do we keep our patients safe and our healthcare providers.

This was serious, this was real, what do we do?

A committee was formed not from your desk at work, but from your location at home, conference calls were set, everyone stepped up to help.
MARCH 30, 2020

• On the COVID-19 update from the President and Vice-President, CMS took the podium and announced
• CMS held conferences to answer questions
• AAMC held conferences to assist in interpretation of the changes
• Many companies assist in providing coding session

RESOURCES

• CMS
• Ohio Medicaid
• CGS
• AAMC - Interpretation
• OCR – Guidance
• Outside Legal Counsel
• Decision Health
• Inside & Outside Legal Counsel
• WHO
• CDC
• ODH
• Our University Librarians
• Local & National News companies
• Many companies - coding sessions
• John Hopkins University
POLLING QUESTION

Do you believe the Federal Government provided sufficient guidance on what healthcare facilities needed to do to protect healthcare providers while providing the best care to their patients?

• Yes
• No

POLLING QUESTION

Of the list of agencies that provided guidance and/or education which did you rely on most?

• CMS, OCR
• Medicaid, Fiscal intermediary
• AAMC, CDC,
• Internal and External counsel
• All of the above
• None of the above provided appropriate guidance
RECAP

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Healthcare Regulatory Compliance Consultant

SALLY’S STORY
This concludes our presentation and the HCCA Columbus Conference

Thank you for participating without your participation this conference would not be successful.

I hope the virtual experience provided you with the same experience that has been provided over the last 15 years.

Stay Safe