COVID-19

Rethink Your Operations

Developing Reopening and Recovery Strategies

6.10.2020

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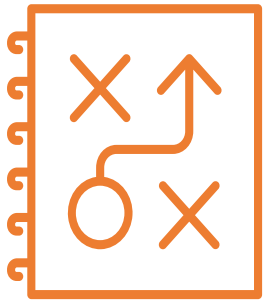


Practice Challenges

1. **How will social distancing impact the scheduling for nonurgent care?**
   Continued social distancing measures will impact clinic flow, require physical modifications and reduce daily schedule volume.

2. **Will patients decline scheduling due to fear of the virus?**
   Many of the patients seen in the ophthalmic practice will be considered higher risk due to age or pre-existing conditions.

3. **How to identify the necessary personal protective equipment (PPE) for staff, patients and physicians?**
   All staff and physicians should be equipped with proper PPE including; N95, gloves, gowns etc. Any patient that visits should have a mask on- this can be a homemade mask.

4. **How to maintain inventory levels and provide appropriate training?**
   Centers should resume purchasing of PPE and follow CDC/WHO guidelines for reuse of materials. The CDC, OSHA, and AORN have resources that centers can use to provide COVID-19 training.

5. **What are the COVID-19 testing requirements for patients and health care workers?**
   No patient should be seen without receiving a COVID-19 test. All employees should be tested before resuming work. If a patient or employee tests positive appropriate measures should be taken.

6. **How will we ensure we are protecting our staff and providing a safe working environment?**
   Following guidelines provided by the CDC and being sure that staff are equipped with the proper PPE is the best way to keep your environment safe.

7. **Given that telemedicine will likely remain an essential component of health care during recovery, how will we use these options most efficiently?**
   Every office should have some form of telemedicine in use- the less people that need to enter your facility the better.

8. **How will we triage or identify the appointment types that should utilize telemedicine?**
   Nonurgent appointments, first time patient appointments, and follow-ups when available should be done via telemedicine.

9. **How can telemedicine assist with accommodating the rescheduling of nonurgent appointments?**
   Telemedicine will be integrated into the future of healthcare. Invest in remote technology, paper free signing, on contact evaluation both clinical and front facing registration and communication with patients and their families.

10. **How to efficiently see patients while maintaining social distancing over a prolonged period, possibly, a year or more?**
    Make sure that your office is set-up with proper social distance measures; limited people in the waiting room, setting up a one-way flow if possible (entrance to exit), enable text or call notifications for patients waiting in their cars, have partitions set-up.
11. **What steps in the patient visit need to be done in the office?**
    Can office visits all be remote? How safe is the office to evaluate and treat patients pre-and post-operatively. Ensure there is not a risk of COVID transmission through the continuum of care.
12. **Which jobs might be done pre-visit from home? (e.g., patient portals, telemedicine and phone calls.)** *Non-essential screening, billing, scheduling should all be done via phone or skype type interaction. Evaluate every staff members roll and if they are essential on-site workers.*

13. How can we maintain throughput while maintaining social distancing?

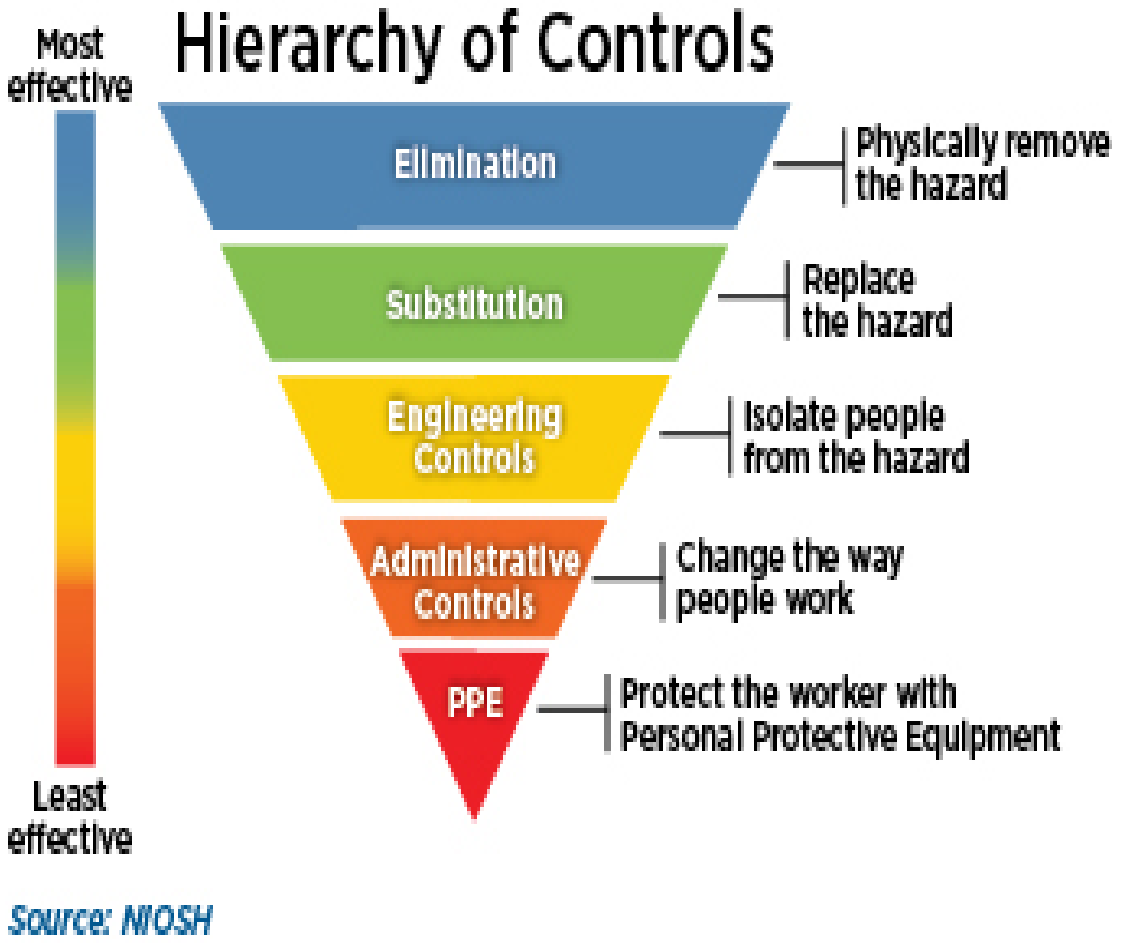
Weekly Mock Patient transport and care helps to train staff to be attentive for opportunities to create social distance from each other (locker rooms, lunchrooms), patients and families.

14. How can we keep our patients and employees safe? *Review your respiratory program monthly, the CDC website for workplace COVID-19 updates.*

Follow all posted social distancing measures. Please check the CDC, WHO, OSHA, and my website www.DonnaNucci.com for more information.

Writing COVID-19 policies.
Reference OSHA and the CDC
https://www.osha.gov/shpguidelines/hazard-prevention.html

- Training staff on infectious disease preparedness.
- Sourcing personal protective equipment (PPE).
- Installing engineering controls,
- Implementing administrative and work practice controls.
- Coping with potential staffing shortages.



Documents

Please print the documents received with this PowerPoint- including:

- *Remote Access Policy*
- *Remote Access Request Form*
- *OCR Vendors with HIPPA compliant products*
- *HIPPA compliant patient authorizations*
- *Healthcare Professional Preparedness Checklist For Transport and Arrival of Patients With Confirmed or Possible COVID-19*
- *PPE Sequence*
- *Ten Ways Healthcare Systems Can Operate Effectively during the COVID-19 Pandemic*
- *Parking Lot Check-In Protocol*
- *Lean Tool- The 8 Wastes Worksheet*
- *Future State Worksheet*

OSHA Considerations During the COVID-19 Pandemic

Action Steps

1. **Risk Levels**
    - *OSHA has defined four levels of exposure risk for workings to COVID-19. Most medical workers will fall into the medium, high or very high-risk categories, depending upon the specific patient care procedures they perform. It is possible that some administrative workers will be classified as lower risk if they have minimal contact with patients and other coworkers. Consider a range of assigned responsibilities for staff and classify positions according to the appropriate risk level. If more than one level applies, use the highest risk level.*
2. **Emergency Coordinator**
    - *Identify one person to be the primary contact coordinating emergency actions for the practice.*
3. **Absenteeism/Sick Leave**
    - *Staff with signs and symptoms of illness should be encouraged to stay at home to limit transmission.*

4. **Identification and Isolation**
    - *Monitor staff and patients relative to signs and symptoms of a current crisis. Note that not everyone has the same 'normal' temperature. For this reason, it is recommended that the practice to maintain a record, (e.g., a log), of daily readings to identify any temperature increases.*
5. **Reduced Workforce**
    - *Identify staff members who are considered to be essential to sustain the necessary operations of the practice. Note that federal, state, or local guidelines may limit the option to continue operating the practice. The Emergency Coordinator should monitor requirements so the practice can make appropriate decisions beyond absenteeism and sick leave.*
6. **Personal Protective Equipment (PPE) Inventory**
    - *Create a stockpile of PPE and other items intended to limit contamination. This would include soap, tissues, hand sanitizer, cleaning/disinfecting supplies, masks, face shields, gloves, and protective garments.*

6. **Personal Protective Equipment (PPE) Inventory (continued)**
    - *It is recommended that the practice maintain a stockpile capable of lasting up to 90 days. Monitor expiration dates and life expectancy of such items to ensure proper rotation and availability of usable items.*
7. **Personal Protective Equipment (PPE) Use**
    - *Each exposure risk level has different needs to masks, respirators, eye protections, gloves, and gowns.*
8. **Engineering Controls**
    - *These are recommendations that limit transmission (e.g., physical barriers and isolations areas.)*
9. **Work Practice Controls**
    - *Establish protocols for physical barriers, (including social distancing seating), minimizing groups and social gatherings, washing hands, cough and sneeze etiquette, disinfecting work surfaces, etc.*

10. Vaccines and Prophylaxis Treatments

- *While the CDC and OSHA highly recommend an annual influenza vaccine, COVID-19 surged in the absence of an adequate vaccine and a method for appropriate prophylaxis treatment. The Emergency Coordinator should monitor vaccination and treatment availability so that the practice's providers can make informed decisions and recommendations for staff.*

11. Notices and Alerts

- *Monitor government sources for new notices and signage on postings of notices and alerts in the practice for staff and/or patients.*

12. Environmental Infection Control

- *Maintain appropriate procedures for decontamination of equipment, work surfaces, and air.*

13. Incident/Illness Reporting

- *Injuries and illnesses related to a current healthcare crisis should be documented and reported on the OSHA Form 300, if applicable.*

14.Agency Monitoring

- *The Emergency Coordinator should have a listing of websites, phone numbers, and contacts. Examples would include local health departments (city, county, and state), federal agency websites (such as CDC, HHS, HAS, etc.). Websites will probably be the best monitoring for bulletins and advice.*

15.Staff Training

- *Provide staff training on COVID-19 safety, precautions, and the specific controls and PPE to be used in your practice.*

HIPPA Policies, Requirements and Temporary Suspensions

Action Steps

1. **Adopt telehealth technology as appropriate.**
    - *The Office of Civil Rights (OCR) is temporarily not issuing penalties for use of non-secure telehealth applications during the public health emergency (PHE). No penalties would be imposed for the use of a non-secure, non-public facing technology and no penalties will be issued if a provider experiences a breach as a result of the good faith provision of telehealth. OCR recommends informing patients of any risks associated with non-secure telehealth apps.*
2. **Use non-public facing technologies, such as Apple FaceTime, Google Meet/Hangouts, Zoom or Skype.**
    - *The OCR has provided a list of vendors that represent to have HIPPA-compliant products. Use of public-facing technologies is NOT permitted, even during the PHE (e.g., Facebook live, Twitch, Tik Tok).*

3. **Practice telehealth in a private setting.**
    - *Privacy can be enhanced by closing the room door, lowering your voice, etc. Do not practice telehealth in a public park, business, or other public arena where unauthorized persons could have access to protected health information (PHI) or overhear conversations.*

4. **When available, deploy and look for existing security features in telehealth technology, such as:**
    - *End-to-end encryption*
    - *Individual user accounts*
    - *Passcodes*
    - *Other recommendations:*
    - *Do not make meetings public.*
    - *Do not share a link to a teleconference on a public post (social media.)*
    - *Manage screen sharing options so that only the host can share screens.*
    - *Ensure users are using the updated version of meeting applications.*
    - *Address requirements for physical and information security within your organization.*

5. Disclosures

The Privacy Rule permits a covered entity to disclose the (PHI) of an individual who has been infected with, or exposed to, COVID-19, with law enforcement, paramedics, other first responders, and public health authorities without the individual's HIPAA authorization as follows:

a) *When the disclosure is needed to provide treatment. For example, HIPAA permits a covered skilled nursing facility to disclose PHI about an individual who has COVID-19 to emergency medical transport personnel who will provide treatment while transporting the individual to a hospital's emergency department. 45 CFR 164.502(a)(1)(ii); 45 CFR 164.506(c)(2).*

b) *When such notification is required by law. For example, HIPPA permits a covered entity, such as a hospital, to disclose PHI about an individual who tests positive for COVID-19 in accordance with a state law requiring the reporting of confirmed or suspected cases of infectious disease to public health officials.*

5. Disclosures (continued)

c) *To notify a public health authority in order to prevent or control spread of disease. For example, a covered entity may disclose to the CDC protected health information on an ongoing basis as needed to report all prior and prospective cases of patients exposed to or suspected or confirmed to have COVID-19.*

Friends and Family

To Persons at Risk of Contracting or Spreading Disease

To Prevent or Lessen a Serious and Imminent Threat

Media-CAUTION

Media may contact practices with questions about COVID-19 positive patients, etc. Note that HIPPA rules require patient authorization before disclosing PHI to the media. This has not been suspended during the COVID-19 pandemic.

6. **Authorizations**
    - *If a patient wants to authorize you to disclose information to a friend or family member on an ongoing basis, a HIPPA-compliant patient authorization should be obtained. The patient does not need to appear in person; fax, email or mail will suffice. Compare signature on file with signature received to verify.*
7. **Notice of Privacy Practices**
    - *If a new patient has never been seen in person, you may send your notice in an electronic manner, if the patient has agreed to receive electronic communications.*
8. **Cyber Attacks Exploiting COVID-19**
    - *Phishing and malware distribution are occurring, using subject of coronavirus or COVID-19 as a lure. Senders are spoofing trusted sources such as the WHO, CDC, or using the title "Dr." Malicious file attachments may be named with coronavirus or COVID-19 themes.*

9. **Reasonable Safeguards and Minimum Necessary**
    - *In an emergency situation, covered entities must continue to implement reasonable safeguards to protect patient information against intentional or unintentional impermissible uses and disclosures.*
10. **Enforcement Notes**
    - *OCR will announce the end of enforcement discretion. After that time, any telehealth must be performed securely, with a Business Associate Agreement executed with the provider.*

FORM A COVID-19 TASK FORCE

Report task force updates during daily huddle

Assign a roles and include governing board to clarify, interpret, and iterate policies, make real-time decisions, and initiate and communicate messaging.

- Function: **Real-time** governance, decision-making body
- Members: **Multidisciplinary** (e.g., surgery, anesthesia, nursing, others)
- Frequency: **At least daily huddles during ramp-up period and possibly beyond**
- **Data**-driven, e.g., utilization, efficiency, COVID-19 awareness data, errors/near misses, complications.
- **Additional topics for consideration**
    - Prioritization of staff and procedures
    - PPE supply
    - NEW workflows to maintain distance
    - Newly diagnosed patients/staff
    - Pandemic assessment
    - Patient backlog
    - Clinical priorities
    - Community backlog
    - Patient access
    - Newly uninsured plan, low income plan
    - Safety/quality

In March and April I sent the following advisement:

> *As your Infection Prevention Consultant I highly recommend that your center remain closed until you can screen all employees and patients for COVID-19 and able to provide all clinical staff with N95s if you are performing AGP or care for high risk groups.*

May and June have brought national and local guidance concerning reopening. The cornerstone is to have a solid up-to-date respiratory protection program and IP risk assessment and program plan.

I will be sending all my clients an updated RA and program plan.

Sources:

Reboot Your Practice: Post-COVID-19 Recovery Roadmap for the Ophthalmic Practice | 5.4: HIPAA Policies, Requirements and Temporary Suspensions | American Academy of Ophthalmic Executives® (AAOE®)
www.AAO.org

CDC