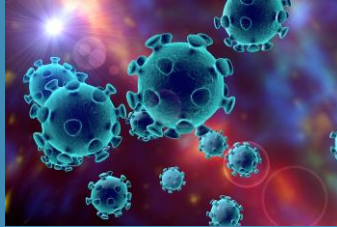


# COVID -19



Charlie Colitre, Compliance and Privacy Officer  
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C'Shalla Parker, Privacy Officer

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## ***AGENDA***

- COVID –19 RECAP
- COVID –19 RESOURCES
- COVID –19 DISCUSSION

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## **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

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## **RECAP**

C'Shalla Parker, RN, MSN, CHC  
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## 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



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## 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, 1<sup>st</sup> case Novel Coronavirus outside China

Jan. 30, 20, the outbreak was declared a Public Health Emergency of International Concern

Feb. 11, 20, Novel Coronavirus named COVID-19.

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

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>

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## 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

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## 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

Ohio Department of Health

		How can you tell the difference?		
SYMPTOMS		CORONAVIRUS COVID-19	COLD	FLU
	Sore throat	Sometimes	Common	Common
	Cough	Common	Common	Common
	Sneezing	—	Common	Sometimes
	Fever	Common	—	Common
	Body aches	Sometimes	Mild	Common
	Tiredness	Sometimes	Mild	Common
	Headache	—	—	Common
	Runny/stuffy nose	—	Common	Sometimes
	Nausea	—	—	Sometimes
	Shortness of breath	In severe cases	—	—

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## 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



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## POLLING QUESTION

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

- Extremely well informed
- Well informed
- Neutral
- Somewhat Informed
- Not at all informed

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## 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/AIRR (Aerosolized)



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## AREAS OF ACTION

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

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# RECAP

LYNN HUTT, MBA, CHC

Director of Institutional Privacy & UTMC Compliance  
University of Toledo

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## POLLING QUESTION

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

- Yes
- No

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## 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

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## 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

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## 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

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## 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

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## FEBRUARY

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.<sup>§</sup> 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.<sup>¶</sup> 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.<sup>††</sup>

- CDC Morbidity and Mortality Weekly Report – March 6, 2020

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## MARCH – COVID -19

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

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## RECAP

CHARLIE COLITRE, BBA, CHC, CHPC  
Compliance and Privacy Officer  
Crystal Clinic Orthopaedic Center

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## 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

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## TELEHEALTH

**From zero to 100 in two weeks**

**A response to the COVID-19  
pandemic**

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- 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)

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## 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.**

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RECAP

Lynn Hutt

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## STRESSFUL

What did you do?

Were you prepared?

What was most upsetting to you?

Who do you think should be in-charge?

What could we have done better?

TELL YOUR STORY



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## 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.

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## MARCH 30, 2020

- On the COVID-19 update from the President and Vice-President, CMS took the podium and announced
- “Trump Administration Makes Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge”
- CMS held conferences to answer questions
- AAMC held conferences to assist in interpretation of the changes
- Many companies assist in providing coding session

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## RESOURCES

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

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## 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

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## 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

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# RECAP

SALLY JONES-McNAMARA, MCS, CCC-SLP, CCE

Healthcare Regulatory Compliance Consultant

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# SALLY'S STORY

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QUESTIONS?  
YOUR STORY!  
COMMENTS?

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## THANK YOU

- 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

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