



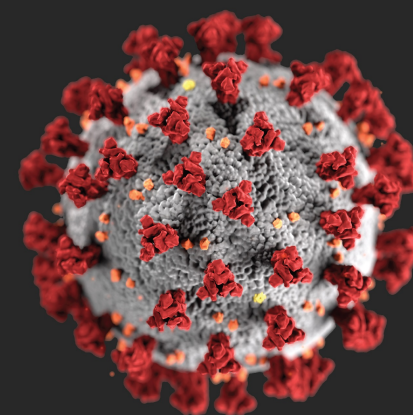
Rural Health Clinic's Recovery During the Public Health Emergency: Where Are We Now and What's Next?



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VP Clinic Division

Agenda

- Take a gradual approach to next steps
- Continue to Organize, Observe and Anticipate
- Employee Safety
- Patient Safety
- Recommendations
- Resources
- Q & A



**COVID-19
RESPONSE**

How Covid-19 Spreads

Person-to-person spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- COVID-19 may be spread by people who are not showing symptoms.

How Covid-19 Spreads

- It may be possible that a person can get COVID-19 by **touching a surface or object that has the virus on it** and then touching their own mouth, nose, or possibly their eyes.
- This is not thought to be the main way the virus spreads, but we are still learning more about how this virus spreads.



CDC Resources

GUIDANCE FOR CLEANING & DISINFECTING

PUBLIC SPACES, WORKPLACES, BUSINESSES,
SCHOOLS, AND HOMES



SCAN HERE
FOR MORE
INFORMATION

1 DEVELOP YOUR PLAN

DETERMINE WHAT NEEDS TO BE CLEANED. Areas designated for 1 or more days level only routine cleaning. Maintain existing cleaning practices for outdoor areas.

DETERMINE HOW AREAS WILL BE DISINFECTED. Consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.

CONSIDER THE RESOURCES AND EQUIPMENT NEEDED. Keep in mind the availability of cleaning products and personal protective equipment (PPE) appropriate for cleaners and disinfectants.

For more guidance from state, tribal, local, and territorial authorities.

2 IMPLEMENT

CLEAN VISIBLY DIRTY SURFACES WITH SOAP AND WATER prior to disinfection.

USE THE APPROPRIATE CLEANING OR DISINFECTANT PRODUCT. Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.

ALWAYS FOLLOW THE DIRECTIONS ON THE LABEL. The label will include safety information and application instructions. Keep disinfectants out of the reach of children.

3 MAINTAIN AND REVISE

CONTINUE ROUTINE CLEANING AND DISINFECTION. Continue to review your plan based upon appropriate disinfectant and PPE availability. Only surfaces should be cleaned with soap and water prior to disinfection. Routinely disinfect frequently touched surfaces at least daily.

MAINTAIN SAFE PRACTICES such as frequent handwashing, using cloth face coverings, and staying home if you are sick.

CONTINUE PRACTICES THAT REDUCE THE POTENTIAL FOR EXPOSURE. Maintain social distancing, staying six feet away from others. Reduce sharing of common spaces and frequently touched objects.

For more information, please visit [CORONAVIRUS.GOV](https://www.cdc.gov/coronavirus)



COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator

Face shield
or goggles

.....N95 or higher respirator
When respirators are not available, use the best available alternative, like a facemask.

One pair
of clean,
non-sterile
gloves

.....Isolation gown

Acceptable Alternative PPE – Use Facemask

Face shield
or goggles

.....Facemask
N95 or higher respirators are preferred but facemasks are an acceptable alternative.

One pair
of clean,
non-sterile
gloves

.....Isolation gown



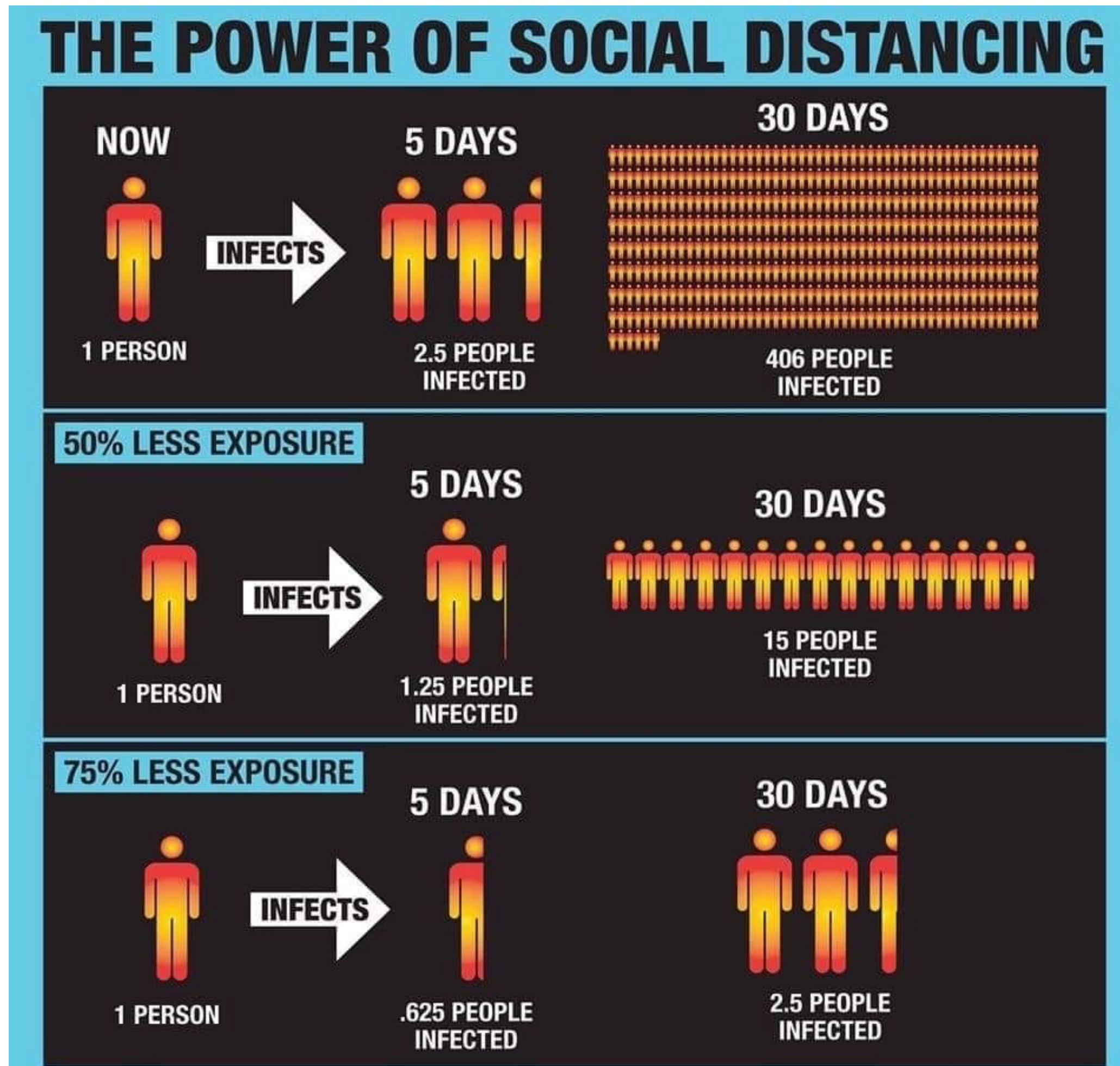
CS 315838-C 03/23/2020

[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

Follow these Guidelines



This Works



Observation: Foreseeable Future

- Continue to monitor staffing levels necessary to operate and who has higher levels of risk
- Any non-essential employees should continue to work from home when possible
- Continue to ask patients and clients if they are symptomatic
- Continue social distancing

Anticipation

- What is working and what is not working
- Update and review infection control/ prevention policies
- Update and review emergency preparedness policies
- Be prepared for another round of Covid-19

Employee Safety

Cleanliness of the clinic

- Wear disposable gloves to clean and disinfect.
- Clean surfaces using soap and water, then use disinfectant.
- Cleaning with soap and water reduces number of germs, dirt and impurities on the surface. Disinfecting kills germs on surfaces.

Practice routine cleaning of frequently touched surfaces.

- More frequent cleaning and disinfection may be required based on level of use.
- Surfaces and objects in public places and point of sale keypads should be cleaned and disinfected before each use.

High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.



Employee Safety

Recommend use of EPA-registered household disinfectant .

Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

Soft surfaces

For soft surfaces such as carpeted floor, rugs Clean the surface using soap and water or with cleaners appropriate for use on these surfaces.

Disinfect with an EPA-registered household disinfectant.

These disinfectant  meet EPA's criteria for use against COVID-19.

Vacuum as usual

Employee Safety

Electronics:

For electronics, such as tablets, touch screens, keyboards
Consider putting a wipeable cover on electronics.

Follow manufacturer's instruction for cleaning and disinfecting.

- If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol.
- Dry surface thoroughly.



Employee Safety

Additional considerations for employers

- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions on what to do if they develop symptoms within 14 days after their last possible exposure to the virus.
- **Develop policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
 - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard ([29 CFR 1910.1200external icon](#)).

Comply with OSHA's standards on Bloodborne Pathogens ([29 CFR 1910.1030external icon](#)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132external icon](#)).

Employee Safety

Reinforcing behaviors: All 3 a MUST!

Wear a Mask , wash your hands,
stay 6 feet apart



Employee Safety

Survey your employees prior to return

- Has the individual had close contact with a person with possible or confirmed COVID-19 in the past 14 days?
- Has the individual ever tested positive for COVID-19?
- Did the individual self-isolate or were they put on isolation status by a healthcare provider?
- Did the individual experience any symptoms of COVID-19?
- Have 7 days passed since their first positive COVID-19 test?

Consider checking staff's temperature at the start of day

Consider testing based on local health dept recommendations

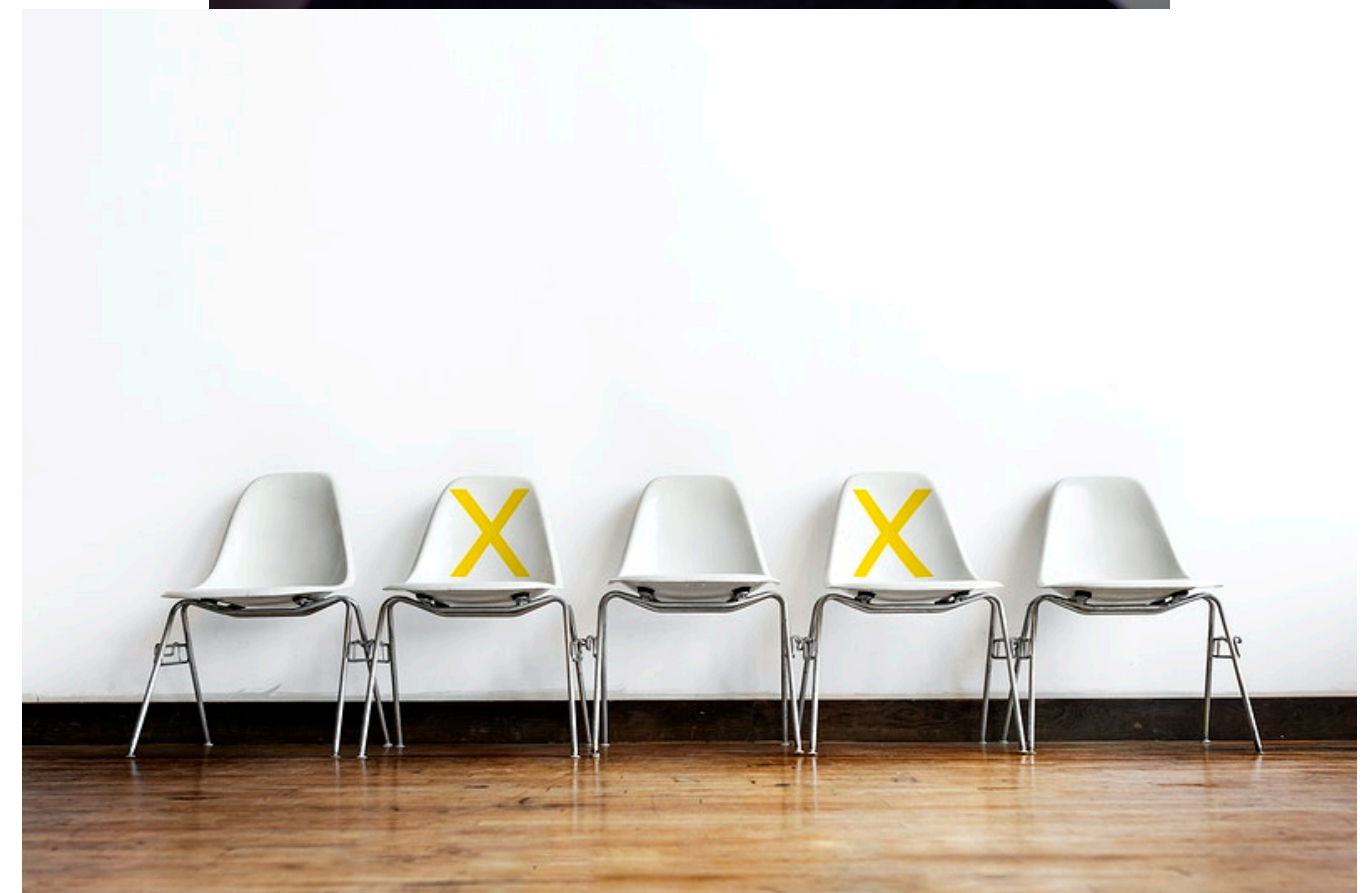
Patient Protection: Screen and Limit Exposure

Staff should continue to screen patient calls:

- Do they have symptoms?
- Have they been exposed?
- Can they be seen by Telehealth?

If a patient enters the clinic:

- Limit number of people at a time
- They must wear a mask as well
- Limit time of exposure as best you can



Patient Protection: Emergency Protocols

Maintain emergency protocols, especially in high risk environments:

- Use PPE and disinfectant
- Use masks when coming close to a patient
- Use telehealth when possible
- Do more follow-up calls

**PREVENTION
WORKS!**

Patient Protection: Hospital Discharge

- CMS has stated that communication in the circle of care needs to be shared if patient had covid-19
- Have conversation with discharge planner prior to taking the order for verification if additional measures are needed
- Do more follow-up calls to stay in touch with patients



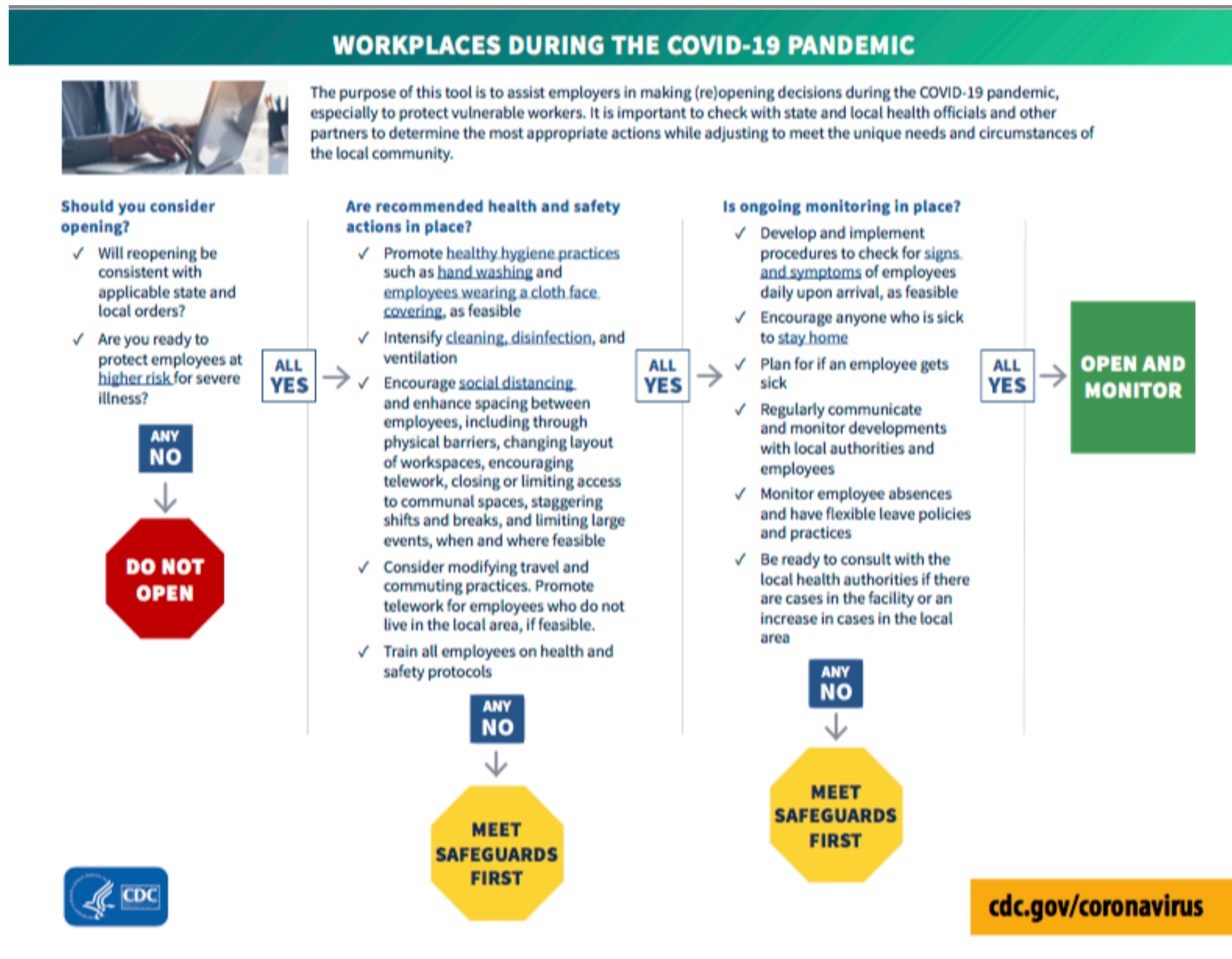
If Clinic is Closed or has Decreased hours



CMS MEMO QSO -20-22

CMS will not take administrative actions with respect to facilities who need to temporarily close during the outbreak, however, facilities are expected to resume operations or voluntarily terminate their Medicare enrollment within 30 days of the public health emergency being lifted.

Resource: cdc.gov/coronavirus



The Clinic Door

If you are experiencing any of these symptoms:

Cough

Fever

Shortness of breath

Please go back to your car and call us.

Enter Phone Number

We will come OUTSIDE to you.



Prepare the Clinic

- Know which of your patients are at higher risk from COVID -19
- Consider and plan for more telemedicine appointments
- Know how to contact our health department
- Stay connected with your health department
 - Supplies
 - Information
- Assess and restock supplies now and often
- Communicate with patients... Triage Plan
- Ask patients about symptoms during calls
- Post signs at entrances and in waiting areas about prevention actions.



Triage Patients

When patients arrive:

- Place staff at the entrance to ask patients about their symptoms
- Provide symptomatic patients with tissues or facemasks to cover mouth and nose
- Limit non-patient visitors
- Separate sick patients with symptoms
- Allow patients to wait outside or in the car if they are able
- Place sick patients in a room as quickly as possible
- After Patients are Assessed
- After patients leave, clean frequently touched surfaces using EPA registered disinfectants
- Provide at home care instructions to patients with respiratory symptoms.
- Notify you health department of patients with COVID-19 symptoms.

Waiting Area

- Separation of chairs
 - Cleaning
 - Scheduling
 - Check in
 - Physical barriers
-
- Provide supplies-tissues, alcohol-based hand rubs, soap at sinks and trash cans.
 - Place chairs 3-6 feet apart, when possible use barriers
 - If your office has toys, reading material or other object remove
 - Turn off water fountains, get a water dispenser.....



Train the Staff in the New Normal

What is different now:

- Implement procedures to quickly triage and separate
- Emphasize hand hygiene and cough etiquette for everyone.
- Ask staff to stay home if they are sick.
- Send staff home if they develop symptoms while at work.
- Take staff temps every day
- Telehealth



Priorities are Different and Yet the Same

- Minimize the risk of transmission to patients and staff
- Avoid further delays in healthcare for patients
- Help minimize ED visits
- Have adequate PPE on hand
- Reassess frequently



This Photo by Unknown Author is licensed under [CC BY-NC-ND](#)

Cleaning, Educating and More

Cleaning the Clinic

Wear gloves to clean and disinfect

Practice routine cleaning of frequently touched surfaces

More frequent cleaning and disinfection may be required based on level of use.

Surfaces and objects in public places, and keypads should be cleaned and disinfected before each use.

High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks.

Clean surfaces using soap and water, then use disinfectant.

Cleaning with soap and water reduces number of germs, dirt and impurities on the surface.

Disinfecting kills germs on surfaces.

Follow the instructions on the label to ensure safe and effective use of the product.

Products recommend keeping surface wet for a certain period (see product label).

Educating Staff

Educate Staff performing cleaning

Educate on donning and doffing PPE

Cleaning, Educating and More

Foreseeable Future

Continue to monitor staffing levels necessary to operate and who has higher levels of risk

Any non-essential employees should continue to work from home when possible

Continue to ask patients and staff if they are symptomatic

Continue social distancing

Anticipate

What is working and what is not

Update and review infection control/ prevention policies

Update and review emergency preparedness policies

Be prepared for another round of Covid-19

Re-Imagine a Better Way

Many have been forced to change processes and the way you operate and serve your patients.

- What is the take-away
- Is there something like follow-up calls that is bringing you closer with your patients that you did not do before
- Do a survey on your patients regarding changes that they would like you to maintain
- As we move forward evaluate what has worked and how you can capture those elements



Planning for the What's Next!

We need to prepare for increased healthcare needs post-COVID-19

The anticipation of increased demands on the healthcare system in the post-acute COVID-19 time period needs to be thought about and built into current strategic planning efforts.

We need to do this while still addressing the current and ongoing needs of patients, referring providers, and the community at large.

The current COVID-19 pandemic has resulted in six to 9 months disruption to the routine delivery of care for the chronically ill patients

From CMS

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-41-ALL

DATE: September 25, 2020

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance related to the Emergency Preparedness Testing Exercise
Requirements- Coronavirus Disease 2019 (COVID-19)

Memorandum Summary

- ***Emergency Preparedness Testing Exemption and Guidance*** - CMS regulations for Emergency Preparedness require specific testing exercises be conducted to validate the facility's emergency program. During or after an actual emergency, the regulations allow for an exemption to the testing requirements based on real world actions taken by providers and suppliers.

CMS Guidance



“For providers of outpatient services:

These providers must continue to test their program annually, by participating in a community-based full-scale exercise (if available) or conduct an individual facility-based functional exercise every other year. In the opposite years off the full scale exercise, the providers are required to conduct a testing exercise of their choice, which may include either a community-based full-scale exercise (if available), an individual, facility-based functional exercise, a drill, or a tabletop exercise or workshop that includes a group discussion led by a facilitator. “

CMS Exemption

“Exemption Based on Actual Natural or Man-made Emergency The emergency preparedness regulations allow an exemption for providers or suppliers that experience a natural or man-made event requiring activation of their emergency plan. On Friday, March 13, 2020, the President declared a national emergency due to COVID-19 and subsequently many providers and suppliers have activated their emergency plan order to address surge and coordinate response activities. Facilities that activate s in their emergency plans are exempt from the next required full-scale community-based or individual, facility-based functional exercise. Facilities must be able to demonstrate, through written documentation, that they activated their program due to the emergency.”



CMS Waivers

There are 32 Waiver which apply to RHCs.

CMS regularly updates a webpage that includes Interim Final Rules, waivers, and provider-specific fact sheets related to COVID-19, which can be found here:

<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>



CMS Waivers

3. Virtual Check-Ins, Remote Evaluations, & E-Visits

Clinicians can provide virtual check-in, remote evaluation of patient-submitted video/images, and e-visit services to both new and established patients.

4. Remote Patient Monitoring

Clinicians can provide remote patient monitoring services to both new and established patients. These services can be provided for both acute and chronic conditions and can now be provided for patients with only one disease.

CMS Waivers

6. Practitioner Locations

CMS is waiving the Medicare requirement that a physician or non-physician practitioner must be licensed in the State in which s/he is practicing for individuals for whom the following four conditions are met:

- 1) must be enrolled as such in the Medicare program,
- 2) must possess a valid license to practice in the State which relates to his or her Medicare enrollment,
- 3) is furnishing services – whether in person or via telehealth – in a State in which the emergency is occurring in order to contribute to relief efforts in his or her professional capacity, and
- 4) is not affirmatively excluded from practice in the State or any other State that is part of the 1135 emergency area.

CMS Waivers

9. Temporary Expansion Locations for RHCs and FQHCs

CMS is waiving the requirements at 42 CFR §491.5(a)(3)(iii) which require RHCs and FQHCs be independently considered for Medicare approval if services are furnished in more than one permanent location.

Due to the current PHE, CMS is temporarily waiving this requirement removing the location restrictions to allow flexibility for existing RHCs/FQHCs to expand services locations to meet the needs of Medicare beneficiaries. This flexibility includes areas which may be outside of the location requirements 42 CFR §491.5(a)(1) and (2) for the duration of the PHE.

CMS Waivers

18. Certain Staffing Requirements for RHCs and FQHCs

42 CFR 491.8(a)(6). CMS is waiving the requirement in the second sentence of § 491.8(a)(6) that a nurse practitioner, physician assistant, or certified nurse-midwife be available to furnish patient care services at least 50 percent of the time the RHC operates. CMS is not waiving the first sentence of § 491.8(a)(6) that requires a physician, nurse practitioner, physician assistant, certified nurse midwife, clinical social worker, or clinical psychologist to be available to furnish patient care services at all times the clinic or center operates.

Your After-Action Report: Pandemic Event

- This event in 2020 occurred as a result of a Corona Virus from Wuhan, China which resulted in a worldwide Pandemic.
- The event began for ABC clinic on March __, 2020.
- The emergency team was composed of _____ (names of staff in leadership)
- Governor Edwards declared a State emergency on March 11, 2020.
- This report is the follow up analysis of the COVID-19 event which occurred in early 2020.
- The purpose is to evaluate XXXX clinic's Emergency Preparedness
- Enter the top three strengths of your Emergency Plan

Examples: Staff training conducted on infection prevention

Plan to triage patients who come to the clinic

Plan to put sign on door to call from the car if symptomatic

Your After-Action Report: Pandemic Event

Issue	Recommendations	Corrective	POC	Start Date	Completion Date
Lack of supplies	Keep more on hand	Ordered		5.1.20	6.1.20
Patients not in office	Increase in telehealth				
Staff not prepared	More staff training	Staff training	Training logs		

Your After-Action Report: Pandemic Event

Areas of Improvement

- Need to order extra supplies such as masks and hand sanitizer earlier.
- Need to minimize things in the waiting room to decrease things needing disinfecting.
- Need for more screening of clinic staff, temps in the morning.
- Need more separation of patients.

Event Successes

- Staff immediately began calling patients instead of visit to decrease exposure for patients
- Some staff sent to hospital to assist with surge
- Older providers working from home doing Telehealth
- Document staff meeting with date, time and training log with signatures.

Staff Training

- Report reviewed with staff
- Assignments given
- Attendance log at AAR meeting

Next Steps for Your Clinic

Safety-Honesty-Caring®

Always consider those who matter most

- Your Employees
- Your Patients/Customers
- Your Community

Be Safe Out There

Thank you for listening.

Kate Hill, RN.

VP Clinic Division

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