

Is Your Practice Ready For The Next Emergency

- OSHA'S REQUIRED EMERGENCY ACTION PLAN
- HOW TO DEVELOP AN EMERGENCY ACTION PLAN
- OSHA REQUIREMENTS
- RESOURCES

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OSHA'S REQUIRED EMERGENCY ACTION PLAN

- An employer must have a written emergency action plan. However, an employer with 10 or fewer employees may communicate the plan orally to employees.
- Minimum elements of an emergency action plan:
 - procedures for reporting a fire or other emergency
 - Procedures for emergency evacuation, including type of evacuation and exit route assignments
 - Procedures to be followed by employees who remain to operate critical functions before they evacuate
 - Procedures to account for all employees after evacuation

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- Procedures to be followed by employees performing rescue or medical duties.
- The name or job title of every employee.
- An employer must have and maintain an employee alarm system.
- An employer must designate and train employees to assist in a safe and orderly evacuation of other employees.
- An employer must review the emergency action plan with each employee covered by the plan when the plan is developed or the employee is assigned initially to the job, when the employees' responsibility under the plan change and when the plan changes.

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The Emergency Preparedness and Response Plan is to serve as a resource guide for planning, responding to and recovery from a disaster or crises that impacts or threatens workers, patients, disrupts or shuts down operations or causes physical or environmental damage

- Earthquakes (Appendix A)
- Floods (Appendix B)
- Hurricanes (Appendix C)
- Tornadoes (Appendix D)
- Wildfires and/or fires (Appendix E)
- Biological and Chemical agents and occupational exposure to infectious agents (Appendix F)
- Infectious diseases such as pandemics (Appendix G)

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What hard facts did we learn during this pandemic

- **Absenteeism** - A pandemic could affect as many as 40 percent of the workforce during periods of peak illness.
- **Change in patterns of commerce**
- **Interrupted supply/delivery**

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Developing An Emergency Plan

- Prepare and plan for operations with a reduced workforce.
- Develop a sick leave policy that does not penalize sick employees, thereby encouraging employees who have infection-related symptoms to stay home so that they do not infect other employees.
- Identify possible exposure and health risks to your employees.
- Identify business-essential positions and people required to sustain business-necessary functions and operations.

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New Osha Reg effective June 21st, 2021

OSHA has determined that employee exposure to SARS-CoV-2 (virus causing COVID-19) presents a grave danger to workers in all healthcare settings in the U.S. and its territories where people with COVID-19 are reasonably expected to be present and has issued "Occupational Exposure to COVID-19; Emergency Temporary Standard."

The changes include focusing protections on unvaccinated and otherwise at-risk workers, encouraging COVID-19 vaccination.

- Granting paid time off for employees to get vaccinated.
- Instructing anyone infected with or showing symptoms of COVID-19 to stay home from work.
- Implementing physical distancing for unvaccinated and otherwise at-risk workers in all communal work areas
- Provide unvaccinated and otherwise at-risk workers with face coverings or surgical masks, unless their work task requires a respirator or other PPE.
- Educate and train workers on COVID-19 policies and procedures using accessible formats and in language they understand.

• <https://www.federalregister.gov/documents/2021/06/21/2021-12428/occupational-exposure-to-covid-19-emergency-temporary-standard>

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- Suggest that unvaccinated customers, visitors, or guests wear face coverings
- Maintain ventilation systems.
- Perform routine cleaning and disinfection if someone is suspected to have had COVID and been in the facility within 24 hours.
- Record and report COVID-19 infections and deaths.
- Implement protections from retaliation and set up an anonymous process for workers to voice concerns about COVID-19-related hazards
- The COVID Protection plan must be written
- <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.502>

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Changes to how we conduct business in the future that will help us pivot.

- Maintain PPE stock par levels
- Fit test annually all employees for N95
- Telehealth
- Implement touchless check in systems and payment systems
- Negative pressure rooms and filters for PFTs.
- Maintain a cross training program for all employees.
- Continue training on infection control/Universal precautions.

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Resources

- <https://www.cdc.gov/flu/pandemic-resources/index.htm>
- <https://www.osha.gov/healthcare/infectious-diseases>
- <https://www.osha.gov/etools/evacuation-plans-procedures>
- https://www.osha.gov/SLTC/emergencypreparedness/gettingstarted_ppe.html
- <https://www.tdi.texas.gov/wc/safety/>
- https://emergency.cdc.gov/health-professionals.asp?CDC_AA_refVal=https%3A%2F%2Femergency.cdc.gov%2Fhazards-all.asp
- <https://www.osha.gov/coronavirus/safework>
- https://www.3m.com/3M/en_US/respiratory-protection-us/support/center-for-respiratory-protection/fit-testing/

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Is your practice ready for the next emergency? Consent Forms and More

Carrie Goff, MHA

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Allergy and consents

- Consent should be obtained when performing a procedure or test that includes a risk, for billing, and when releasing records as required per HIPAA
- Common allergy services where consent should be obtained: billing, releasing records, injections, treatments, in office procedures, challenges, and research
- Prior to COVID, consents were typically obtained for billing insurance, releasing records and performing specific procedures/tests in office when the patient was in office.
- We had to re-think this process as we adapted to how we provided care during the pandemic

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COVID and consents

- When COVID hit, how we delivered medicine changed
 - Telemedicine became common (and reimbursable)
 - Parents were doing visits via telemedicine with kids not on screen/more teens came alone to appointments
 - Some patients moved to home injection for approved medications and biologics
 - Physicians were providing care/giving medical advice over the phone or through their EMR portal that would have been done in an appointment
 - Curbside service was utilized
 - Keeping up with consents while working in an ever changing pandemic had challenges and consent for telemedicine billing was new

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Adjusting to the new norm

- Determine alternate care delivery methods (i.e. video, telephone, visits through messaging via EMR patient portal)
- Ensure you are getting consent (verbal or written) from patient for telemedicine and it is documented for billing of services
- Obtaining consent for curbside services or via telemed for their return visit
- Clarify how you will get consent from parent/guardian for patients under 18 years old who come alone to appointment or come with a caregiver
- Ensure patients are aware of their responsibilities when coming to the office or arriving for telemedicine
- Be flexible and empathetic with patients; everyone is facing challenges in 2020/2021

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Consents and notifications implemented

- Patient billing consents for customized services
 - Used for patch testing and immunotherapy vial prep
- Acknowledgement from patient for telemedicine and possible charges when scheduling
- Electronic consents sent to patient to return and use of old school methods like sending a fax or mailing consents
- iPad use for curbside service
- General statement for patients sending messages to EMR patient portal that there could be a charge for medical advice or if a new medication is prescribed
- Clarify need of a signed consent versus a documented acknowledgement/notification
- Visitor updates when logging onto EMR patient portal or website

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Streamlining the consent process

- You don't need to have individual consents for every service
 - You can use one general procedure consent
 - Provide patient with risks and benefits
 - Review and document this discussion in the patients record
- Use pre-made phrases for charting this info and for staff to use when notifying patients
- May also provide patient a copy of risks and benefits
- Utilize tools available to you through the AAAAI website

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Consent Documentation Should Include

- The nature of the proposed care, treatment, services, medications, interventions or procedures
- Potential benefits, risks or side effects
- Likelihood of achieving goals
- Reasonable alternatives
- The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment and services
- When indicated, any limitations on the confidentiality of information from or about the patient
- The physician answered all of the patients questions and the patient consented to the procedure as noted

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Takeaways

- When changing course, ensure you have reviewed consents for any needed changes and informing patients of their responsibility
- Don't be afraid to make changes to your process
- Think outside the box and make things easier
- Ensure staff can answer the same questions you can regarding consents
- Always document your education regarding consent
- AAAAI Website has consent forms you can access for use

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Thank you

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Is your practice ready for the next emergency?

Planning for and managing the financial impact on the practice.

By Tessie Adams, CPME

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Pandemic, Hurricane, Cyber attack, etc..Oh my!

- 2020 was definitely an “eye-opening” experience for everyone. It definitely put a strain on finances.
- In a split second, we had to prepare the practice.
 - Clinical and clerical workflow changes
 - Supplies: extra cleaning supplies, masks (which were almost impossible to get), gloves, gowns, alcohol and more...
 - COVID Health questionnaires, temperatures at the front door and who was going to take them, allergy shots for patients not wanting to come into the office
 - Do we reduce the schedule and what about staffing?????
 - Is our information system prepared for telemedicine?

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Now the big question, how are we going to survive financially and what did I have in place?

- We had a Line of credit and a small emergency fund account.
- Payroll Protection Program (PPP) was in the works, do we need to increase the Line of Credit, Economic Injury Disaster Loan (SBA loan) do we need to apply and how much was in the “emergency fund account” ...
- Governmental funding: Our IPA (Independent Physician Association) Merit, kept our IPA informed with the most up to date information regarding the PPP and HHS money. Extremely helpful!
- Reducing the patient schedules also reduces reimbursements-we are fine for the first 6 weeks but how about after that....why keep the office opened all day if no patients are coming in...
- How will the insurance companies handle the pandemic and will we have a delay in payments?
- Conserve our cash on hand...how are we going to do that...

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Results of the crisis

- We started seeing a decline in reimbursements by the end of April.
- We received the PPP money mid April and the first HHS money. We were grateful! We did receive the second HHS money as well.
- We changed our hours of operation to 8-3 instead of 8-5 and half day on Friday (12). By August we were back to normal office hours.
- We made the hard decision to furlough our Physician's Assistant and then later terminate employment.
- We did not have to furlough or terminate any additional staff. The staff worked hard to make the “new normal” work.
- Telemedicine worked without a hitch and the service we used was free! (Doxy.me) Patients were happy and reimbursements were great.

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Pandemic Lessons

- Our emergency fund was not nearly enough. We needed to have at least three to six months of expenses saved.
- Improve supply inventory without over-stocking. Cash was tight!
- Be creative. Think outside the box with patient care. Example: give patient allergy shots in the parking lot if they do not want to come inside the office.
- We had to understand that we cannot make up for lost appointments. Loss revenue will take a long time to recover.
- Insurance companies and customer service. Their employees started working from home and when we had a claim problem the return around time was delayed.
- We are still in the recovery process..

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But there are other emergencies that we face....

- A yearly one for our practice is Hurricane Season..June 1 through November 1.
- Hurricane Matthew hit Savannah a few years ago and our practice was shut down from October 6, 2016-October 11, 2016. (4 working days). We were under a mandatory evacuation and once lifted the power was still out.
- We have a natural gas-powered generator that kept our serum refrigerators running. However, we do have business insurance that covers a bulk of the serum in the event of spoilage.
- The physicians paid the staff for the time we were closed.
- We “thought” we had the proper business interruption coverage that would pay for loss of income for the mandatory closure...we were misinformed.

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What our insurance covered...

- **Our** business interruption insurance covered only if there was a:
 - loss of power, (which we did receive \$15K)
 - something preventing you from getting into the building, i.e. fallen tree blocks the front door,
 - direct physical loss or of damage to property.
 - If the serum would have spoiled because of the power outage, we do have a rider on the policy covering that.
 - As far as, mandatory evacuation and the loss of business day income, per our policy, there is no coverage. They stated that there is no such thing as a “mandatory” evacuation because you can’t make people leave. I mentioned “Civil Authority” coverage that was listed in our policy, however that only is covered if you are unable to get to your place of business; a flood, access to the area immediately surrounding the damaged property.

Bottom line: We received nothing for loss of business day income. Make sure you understand your Business Operating Policy and limits of liability. If you are purchasing Business Interruption Insurance, ask the question, what does it cover and limits?

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Cyber attacks...terrorism...

Just the thought is scary enough...

Cyber-insurance...

- Cyber-insurance is an insurance product intended to protect businesses from Internet-based risks, and more generally from risks relating to information technology infrastructure, information privacy, information governance liability, and related activities. Risks of this nature are typically excluded from traditional commercial general liability policies or at least are not specifically defined in traditional insurance products.
- Coverage provided by cyber-insurance policies may include first-party coverage against losses such as data destruction, extortion, theft, hacking, and denial of service attacks; liability coverage indemnifying companies for losses to others caused, for example, by errors and omissions, failure to safeguard data, or defamation; and other benefits including regular security-audit, post-incident public relations and investigative expenses, and criminal reward funds.

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Take aways

- Set aside an emergency fund (interest bearing account) with at least 3-6 months of expenses.
- Have a line of credit available.
- Governmental money (any additional PPP or HHS), EIDL SBA loans (low interest), possible Provider Relief Fund. Apply for everything and hope for the best.
- Stay vigilant on your accounts receivables. Keep your claims current and your staff on top of denials.
- Be as prepared with supplies as possible without over-stocking.
- Schedule a meeting with your insurance broker. Discuss your current business policy and make sure you have the proper coverage needed.
- Make sure maintenance on your building, equipment, etc is up to date. You do not need added financial expense in an emergency.



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Thank you

We are all in this together, some way or another. It is overwhelming so stay informed with the latest information. My go to sites are:

AAAAI, MGMA, ACAAI, CMS, HHS to name a few.

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