



2020 Annual Conference  
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*Connecting to the New Rural Landscape*



## Rural Resilience and Innovation: Learning from COVID Responses



Kate Hill, RN  
VP Clinical Services

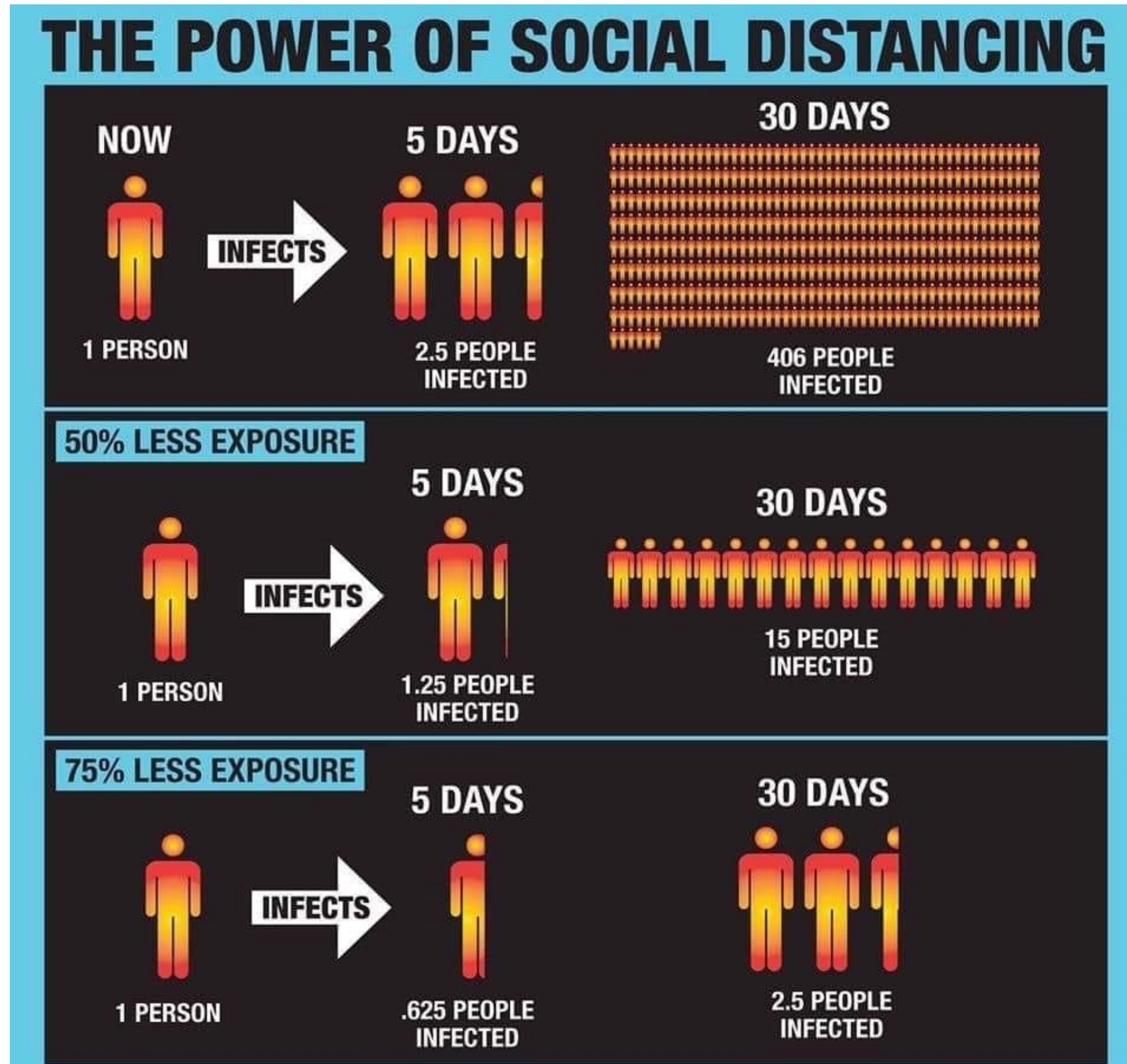


# What is Different? Almost Everything

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# THIS WORKS



# Six R's We've Learned

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- Reassure
- Refresh
- Regroup
- Reassess
- Retrain
- Remember

# Six R's We've Learned

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- Reassure

- Communicate with patients and community.
- Send a message that the clinic is a safe place and that primary care needs top priority.
- Spread this positive message to patients through email, social media, websites, and by calling them.
- Consider having providers record a Facebook video message which explains how the clinic is even safer now that you have taken special measures.

- Refresh

- Make sure the clinic sparkles and shines
- Give the clinic a facelift
- Pay attention to both the inside and the outside.

- Regroup

- Be proactive and strategic in getting business back to normal as quickly as possible.
- Staffing and patient schedules may still be erratic during this period, but we need to continually move forward.

# Six R's We've Learned

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- Reassess

- Identify patients who have missed preventative services, immunizations, labs and other services.
- Create a plan for recalling those patients and getting them reconnected.
- When scheduling patients, inform them of COVID processes in place in the clinic.

- Retrain

- Take time to discuss reopening plans with the employees.
- This is a good time to train employees on policies and procedures including anything that has been added or revised during the PHE.
- Document this training as part of your EP after action report.

- Remember

- Re-center the clinic by revisiting your core mission of providing quality healthcare to your rural community.
- Its been tough and it's not over but patients depend on rural clinics.
- Stay positive and team focused.
- Be the provider of choice in the neighborhood.

# Priorities are Different and Yet the Same

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- 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



# Cleaning, Educating and more

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## 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:

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

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 period of time (see product label).

## Educating Staff

Educate Staff performing cleaning

Educate on donning and doffing PPE

# Cleaning, Educating and more

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## 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

# The Clinic Door

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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.**



# Waivers

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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>

# Waivers

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## 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.

# Waivers

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## 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.

# Waivers

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## 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.

# Waivers

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## 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

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- 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 Cuomo declared a State emergency on March 7, 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

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## **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

# Be Safe Out There

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Thank you for listening.

Kate Hill, RN.

VP Clinic Division

215-654-9110

[khill@thecomplianceteam.org](mailto:khill@thecomplianceteam.org)