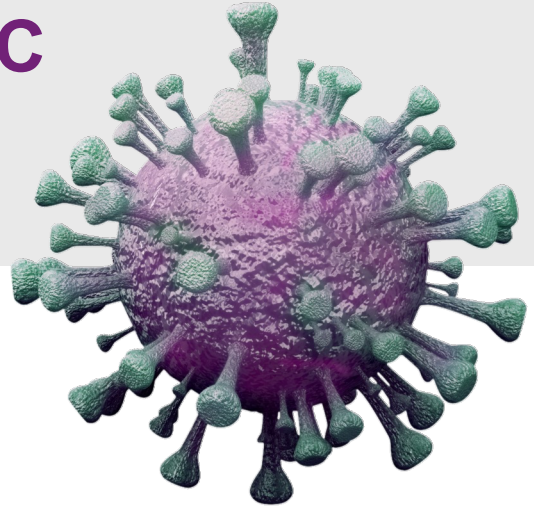# LEADING YOUR ASC
THROUGH THE
COVID-19 CRISIS

PART I | MARCH 31, 2020
Managing Temporary Closure or
Reduced Hours Of Operations

PROGRESSIVE
SURGICAL SOLUTIONS
A DIVISION OF BSM CONSULTING

OUTPATIENT OPHTHALMIC
SURGERY SOCIETY
Belong Today, Shape Tomorrow®

1

Meet Your Speakers

PROGRESSIVE
SURGICAL SOLUTIONS
A DIVISION OF BSM CONSULTING

REGINA BOORE, MS, BSN, RN, CASC
Senior VP, Executive Consultant
Progressive Surgical Solutions, a division of BSM Consulting

Belong Today, Shape Tomorrow®
OUTPATIENT OPHTHALMIC
SURGERY SOCIETY

ALBERT CASTILLO
Director of Membership Services | OOSS
CEO | San Antonio Eye Center

2

Today's Agenda

- Guidance on Elective Surgery
- Infection Control Guidance
- Impact on ASCs
- Guide for Closure or Reduced Ops
- Crisis Management
- Leadership and Communication

3

Guidance on Elective Surgery

Recommendations and guidance for restricting non-urgent elective procedures:

MARCH 14th	US Surgeon General
MARCH 15th	Joint GI Society
MARCH 17th	American College of Surgeons
MARCH 18th	American Academy of Ophthalmology and CMS
MARCH 27th	American Academy of Ophthalmology

4

State Guidance on Elective Surgery
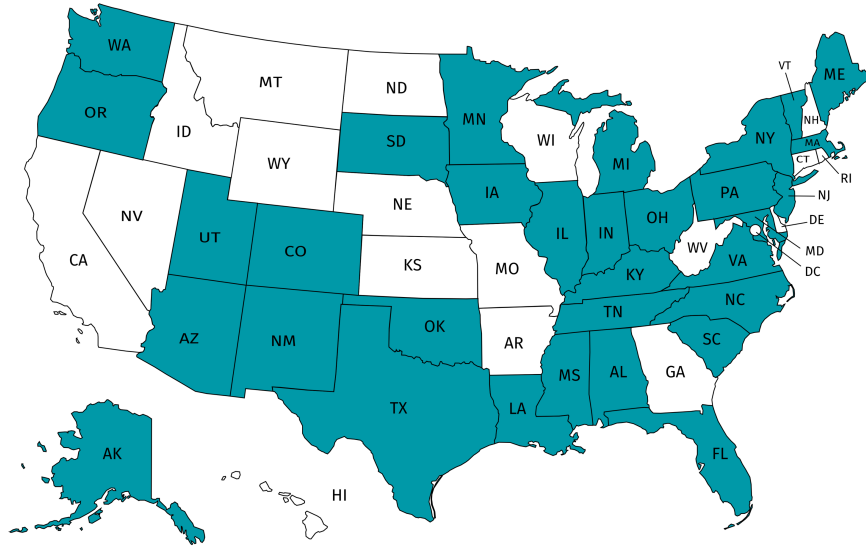
5

Infection Control Guidance

CDC Guidance

https://www.cdc.gov/coronavirus/2019-ncov/index.html

☎ Contact local health department for suspected patient or HCP with COVID-19

▦ Have a plan for monitoring staff w exposure to known or suspected COVID 19

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

6

Infection Control Guidance | Patients

- At the time case is scheduled, ask patients to call ahead to report fever of respiratory symptoms
- Establish limited points of entry
- ID patients at risk BEFORE they enter
- Provide facemask
- Post entrance signage with patient instructions to alert staff
- Supply tissues, no-touch trash receptacles, hand hygiene supplies

7

Infection Control Guidance | HCP

- Apply the same screening procedures to HCP
- Sick leave policies should be non-punitive, flexible and consistent with public health policy

⚠ Symptomatic HCP

- Stop work, don facemask, self-isolate at home
- ICC to ID HCP, equipment and locations contacted
- Contact local health department for next steps

8

Additional Infection Control Guidance

- Cleaning and disinfection
- Temporary closure is OK if deemed the best decision
- All HCFs are encouraged to contact local and state health departments for possible partnerships
- CMS waivers and modifications www.cms.gov/emergency
- Supply scarcity
- Expanded respirator guidance

9

How ASCs Have Been Impacted

Supply Shortages

Reduced Volume

Staffing Instability

Infection Control Screening Protocols

Survey Protocol Changes

10

AAAASF

ROUTINE SURVEYS SUSPENDED

WILL CONTINUE:

✓ Initial surveys for all programs
✓ Complaints related to IC or patient abuse

ON THE OTHER SIDE:

Postponed surveys will be conducted when operations resume

11

HFAP

ROUTINE SURVEYS SUSPENDED

WILL CONTINUE:

✓ IJ complaints related to IC or patient abuse
✓ Complaints related to IC
✓ Initial DS seeking CCN
✓ CLIA lab surveys
✓ IJ level IC deficiency w/in the last 3 years

12

The Joint Commission

ROUTINE SURVEYS SUSPENDED

EXPIRATIONS EXTENDED

✔ Accreditation will be extended if it expires

ON THE OTHER SIDE:

All surveys will resume when TJC resumes operations

13

AAAHC

ROUTINE SURVEYS SUSPENDED

3/18 – 5/1

WILL CONTINUE HIGH PRIORITY:

✔ Complaints related to IC, patient abuse
✔ Initial DS seeking CCN
✔ Initial accreditation
✔ All Early Option Surveys (EOS)
✔ Resolution of current enforcement actions
✔ Resurveys with a hx of IJ related to IC

14

Managing Surge Capacity

Potential ways ASCs could assist:

- Supplies and equipment
- Take on urgent surgeries
- Overflow surgical volume, inpatient and outpatient
- Triage center
- Infusion center
- Inpatient overnight beds

- Urgent Care Center
- COVID-19 testing center
- Birthing suite
- ICU setting
- Sleep center for hospital call teams
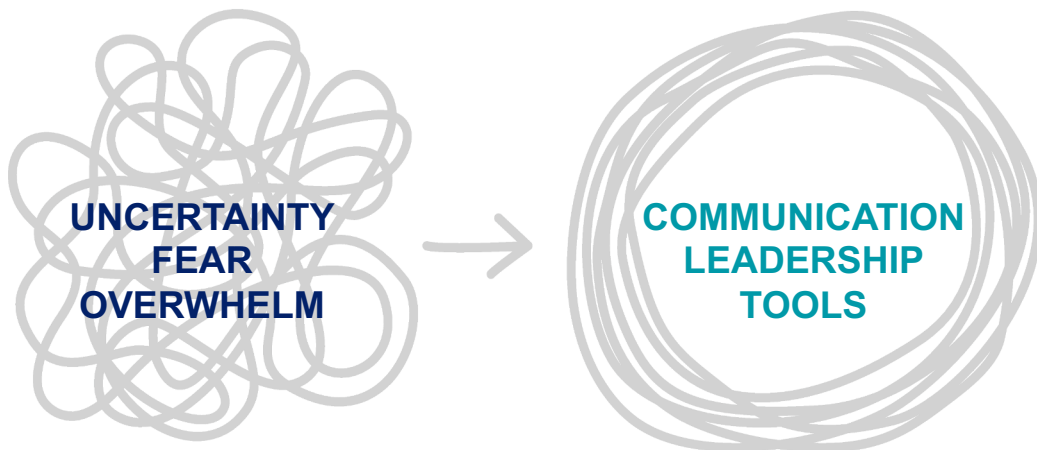- Personnel resources

15

Be Prepared

Complete Facility Demographic Inventory Survey*

Inventory PPE

Coordinate with local authorities

*Handout

16

Facility Demographic Inventory Survey

Demographics	
Facility Name	
City	
State	
Zip Code	
Primary Contact	
Email	
Phone #	
Staffing	
Indicate below the # of staff who would be willing to work and support hospitals	
# RNs	
# LPNs/LVNs	
# CNAs	
# CMAs	
# Surgical techs	
# First assists	
# Admin staff	
Other	
Facility Capacity	
# Pre-op bays/rooms and size	
# Pre-op bays/rooms with monitors, med gas & suction	
# PACU bays/rooms and size	
# PACU bays/rooms with monitors, med gas & suction	
# Isolation bays/rooms	
# Operating rooms	
# Procedure rooms	
# Exam rooms	
Outside area to create decontamination space/breakroom space? (Y/N)	
Equipment	
# Stretchers/beds	
# Anesthesia machines	
# Patient monitors	
# C-arms (large or mini)	
# Portable x-ray units	
# Adult crash carts	

17

Guide for Closure or Reduced Ops

UNCERTAINTY FEAR OVERWHELM → **COMMUNICATION LEADERSHIP TOOLS**

18

ASC Operations

- Identify key management personnel to oversee the process
- Ensure updated rosters/contact info
- Activate EOP and communicate with CERT
- Ensure security through landlord, IT contractor, security monitoring company
- Call your state AHJ to determine notification requirements
- Update hours at entrance, on facility website, answering service and automatic email responses
- Review all Contracted Service Vendors: reduce/suspend

19

Accrediting Organization Notification

AAAASF	AAAHC	HFAP	TJC
Email notification of closure dates/ reduction of hours with reason why, and how long you are planning to close. mmayfield@aaaasf.com	Any interruption in service exceeding 30 calendar days. Notification form and instructions on AAAHC website.	Notify account manager of closure dates/reduction of hours.	Notify account manager of closure dates/reduction of hours, especially those who are in their survey window.

20

3/31/20

Reduced Operation Considerations

- Safe staffing levels and staffing coverage
- Patient screening protocols (updated guidance Mar 30)
- Sufficient inventory of PPE
- Staff Training and Education on:
  - Opening/closing duties
  - CDC guidelines
  - PPE use/reserve
  - Patient communication
  - Patient and visitor screening

21

Financial Considerations

- Run 13 week rolling cash flow projections *(Part II Webinar)*
- Work with your bank on extending lines of credit. Apply for SBA loans
- Map out the plan to continue opening the mail, posting payments and depositing funds
- Reroute mail for accounts payable entry, review and monitor all outgoing payments
- Communicate status to vendors
- Review annual contracts, ask for temporary hold of services and contract extensions or suspensions

22

Human Resources

- Consult HR attorney

- Be aware of the Families First Coronavirus Response Act (FFCRA)

- Check with your employer health insurance carrier on the rules regarding benefits for staff that may not meet your employee handbook policy for benefit qualification

- Communicate!

23

Employee Rights Poster

24

Human Resources

- Review your employee termination checklist: building access, IS access, keys etc.
- Establish a time tracking tool for remote workers
- Plan for re-recruitment
- Communicate!

25

Billing Operations

- Setup secure remote access for billing ASAP
- Create a list of payer and clearing house website URLs & passwords
- Make sure you have access to NPI, Tax IDs etc.
- Map out an AR collection plan *(great time to file appeals, work claims and follow up on all denials)*
- Use this time to clean up ledgers, take contractual adjustments, etc.
- Review payer contracts *(great time to start working on renegotiations)*
- Update or create the master fee schedule

26

Inventory Management

- Delegate IM responsibility and provide company CC info
- Contact PM vendors for contract suspension
- Adjust/cancel/schedule deliveries
- Review and reduce/suspend any standing purchase orders
- Open purchase order snapshot
- Conduct a physical inventory
- Secure PPE inventory

27

Communication Plan

- Patient Communication
- Script messaging to both Facility/Medical staff and patients
- Create group text of all Facility and Medical staff.
- Post signage related to new hours, closure and reevaluation
- Re-route phone, change message to reflect current status
- Update website

28

Regulatory Compliance

- All required facility logs and ITM must be maintained during reduced hours of operations
- Maintain LSC compliance (generator, fire extinguishers, emergency egress lights, etc.)

29

Crisis Management

In uncertain, unpredictable times…
what do you do?

What is plan A…B…C…D?

In a time of crisis ambiguity and
uncertainty become exponentially greater…
How do you manage that?

30

Crisis Management

ANTICIPATE

Predicting what
lies ahead

NAVIGATE

Course correcting
in real time

COMMUNICATE

Continually

LISTEN

Listen to what you
don't want to hear

LEARN

Learn experience to
apply in the future

LEAD

Lead improve yourself
to elevate others

IMPORTANT: you must meet people where they are! COMMUNICATION is KEY!

31

Leadership and Communication

- Follow your corporate structure and **chain of command**.
  - Times of crisis are a great test of your organizational structure.
- **React and respond** to everyone's concerns big or small, in a predetermined organized fashion.
- **Follow up and communicate** regularly with vendors, employees, owners, and partners.
- **Don't panic** if you learn something new or different than what you previously thought or expected.

32

Leadership and Communication

- It is ok to say:

    "I don't know, but here is what we are going to do!"

- Remain calm, be clear, show you care
- Be willing to step in and step up
- Be honest, everyone is in this together
- Don't be afraid to ask for help!

33

Pre-Closure

- Formulate the plan
    - Is this plan in line with our Vision, Mission, and Goals?
    - Are we protecting our patients, employees, and physicians?
- Communicate the plan
    - Banks
    - Vendors
    - Partners
    - Employees
    - Owners
- Execute the plan

34

During Closure

- Maintain open lines of communication with pre-set dates for new communication
- Limit "chatter"
- Formulate the plan for re-opening
- Communicate Internally and Externally expectations

Post-Closure

- Communicate updates, financials, goals, and expectations

35

Resources

Progressive Surgical Solutions, a division of BSM Consulting
www.progressivesurgicalsolutions.com/

OOSS
www.ooss.org

ASC Nurse Manager Facebook Group
https://www.facebook.com/groups/ascmanagers/

Progressive eSupport
https://progressivesurgicalsolutions.com/esupport/
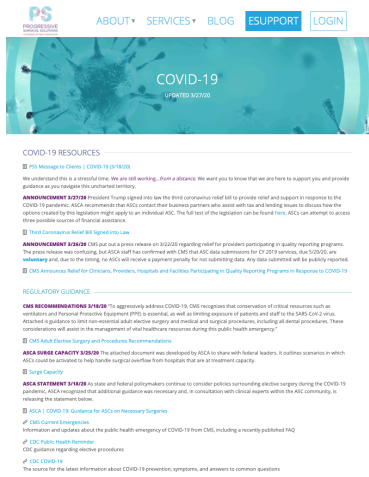
ASC Association and State associations

36

Available Resources from PSS

https://progressivesurgicalsolutions.com/covid-19-resources/

✔ Important Announcements
✔ Regulatory Guidance
✔ Employer Guidance
✔ AO Guidance
✔ CEMP Implementation
✔ Posters

37

PSS Webinar Series

PART II | **Thursday, April 2**

FINANCIAL PROJECTIONS
TO SUPPORT
BUSINESS DECISIONS

38

Thank you for joining us!
Stay safe, and know that we will continue to keep you updated as the situation unfolds.

39

Demographics	
Facility Name	
City	
State	
Zip Code	
Primary Contact	
Email	
Phone #	
Staffing	
Indicate below the # of staff who would be willing to work and support hospitals	
# RNs	
# LPNs/LVNs	
# CNAs	
# CMAs	
# Surgical techs	
# First assists	
# Admin staff	
Other	
Facility Capacity	
# Pre-op bays/rooms and size	
# Pre-op bays/rooms with monitors, med gas & suction	
# PACU bays/rooms and size	
# PACU bays/rooms with monitors, med gas & suction	
# Isolation bays/rooms	
# Operating rooms	
# Procedure rooms	
# Exam rooms	
Outside area to create decontamination space/breakroom space? (Y/N)	
Equipment	
# Stretchers/beds	
# Anesthesia machines	
# Patient monitors	
# C-arms (large or mini)	
# Portable x-ray units	
# Adult crash carts	
# Pediatric crash carts	
# Malignant hyperthermia carts	
# Defibrillators/AEDs	
# IV pumps with poles	
# Wheelchairs	
# Thermometers	
Medical Gas	
# Med gas outlets per OR - oxygen stations	
# Med gas outlets per OR - vacuum stations	
Maximum med gas supply capability	
Supply Inventory	
# N95 masks	
# Gloves	
# Masks	
# Gowns	
# Thermometer probes	
# Dial-a-flow IV tubing	

Option 1: ASCs can take outpatient urgent elective procedures now as we are best positioned to do so based on our existing capabilities.

Proposed Service	Requirements	Regulatory Engagement Required
Take on <u>urgent</u> surgeries for the community at an ASC	• Coordination with hospital system of urgent elective surgeries. • Common community adoption of urgent surgeries • Facility medical director involved in determining medical necessity and patient risk • Temporary privileges; accelerated credentialing • Consider increasing ASA Class to include "4s" • Consider expanded hours of operation, including weekends	• Some states limit ASC max ASA-3 • CMS/AO notification • Eliminate length of stay restrictions
Take on emergency fracture surgeries *excluding hip fracture*	• Extend hours of operations and eliminate time limit of length of stay • Temporary privileges • If transferring from hospital, coordination with hospital system needed	• Eliminate length of stay restrictions • Allow transfers from hospital to ASC

Option 2: ASCs can transition to accommodate complex surgical cases.

Proposed Service	Requirements	Regulatory Engagement Required
Migrate overflow surgical case volume; inpatient and outpatient	• Temporary privileges • Consider expanded hours of operation including weekends • Fits within the centers current specialty offering • Expand our CPT list based on current specialties offered at the center • Hospital to potentially assist in providing necessary equipment, staff and supplies	• Expanded list of reimbursed codes • Eliminate length of stay restrictions

Option 3: ASCs can expand our services to meet the different needs you may have based on the assets we have in place across the country.

Proposed Service	Requirements	Regulatory Engagement Required
Triage Center – diversion from Emergency Room	• Scope of service revision • Need on site MD or mid-level staffing • Consider expanded hours of operation including weekends • Rapid patient assessment and deployment to appropriate level of care • Isolation plan for suspected COVID cases	• Licensing • Ability to transfer from hospital to ASC • Ability to provide non-surgical services in ASC
Serve as Infusion Center	• Scope of service revision—determine what type of infusions (fluids, chemo, immunotherapy, blood, globulins, IV hydration, etc.) • Pharmaceutical procurement • Determine blood source	• Licensing • Payment methodology if not on ASC list

	• Teammate training or identify dedicated team • Cancer treatment (w disposal system) • Additional infusion pumps	• Ability to provide non-surgical services in ASC
Provide inpatient overnight beds	• Focus on patients that just need 1-2-day length of stay before discharge home or rehab center • Acute care non-ICU/non-isolation	• Licensing • Payment methodology • Eliminate length of stay restriction
Birthing Suite	• Appropriate equipment • Hospital assist in providing necessary equipment, staff and supplies, including food service • Staffing—highly specialized nursing skill set • Explicit and early discussion and alignment of admission criteria • Nursery arrangement for high risk infants • Could do rooming in for healthy babies • OB medical staff call list	• Licensing • Ability to provide non-surgical services in ASC • Payment methodology • Eliminate time limit on length of stay
Serve as an Urgent Care center – Non-COVID-19 patients	• Scope of service revision • Need on site MD or mid-level staffing • Determine hours of service • Colds/flu, bumps/bruises, stiches, burns, stings, allergic reactions, vaccines, minor infections, Fractures and sprains, lacerations, x-rays, dehydration	• Licensing • Ability to provide non-surgical services in ASC • Payment methodology

Option 4: ASCs can further expand our services to meet the community's needs. Once these are employed, it would be difficult to go back to providing the services in Options 1-3.

Proposed Service	Requirements	Regulatory Engagement Required
COVID-19 Testing and Triage Center	• Scope of service revision • Need on site MD or mid-level staffing • Determine how to quarantine and isolate high risk • Determine hours of service • Need test kits—which I understand are limited county by county • Dependent upon current utilization of the ASC • Hospital would need to provide necessary supplies	• Licensing • Ability to provide non-surgical services in ASC • Payment methodology
ICU setting	• Appropriate equipment • Dependent on existing building's design and isolation requirements; air flow etc. • Trained Staff	• Licensing • Eliminate time limit on length of stay • Ability to provide non-surgical services in ASC • Payment methodology

Option 5: Facility and/or resources used but not providing medical services within the facility.

Proposed Service	Requirements	Regulatory Engagement Required
Sleep center for hospital call teams	• Can offer now during off hours • Expand if we cannot provide any services • Consider need for food services	TBD
Provide resources: staff and equipment only	• If we cannot provide any services	TBD

EMPLOYEE RIGHTS
PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

▶ PAID LEAVE ENTITLEMENTS
Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to $511 daily and $5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to $200 daily and $2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅔ for qualifying reason #5 below for up to $200 daily and $12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

▶ ELIGIBLE EMPLOYEES
In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

▶ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19
An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19;
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;
4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

▶ ENFORCEMENT
The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.

WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd

WH1422 REV 03/20