

**March 27, 2020**

**COVID 19 – Town Hall**

**Q: How are facilities handling patient insurance cards during COVID-19?**

A: In the emergency department, particularly in the COVID-19 tent, we will take their word. They'll have the card in their hand, they'll give us the information and then we'll do the registration. But as far as doing a scan of the card we backed off from that. We are still doing eligibility verification. So we have mirrored our inside operation to outside in the tents with some modification of the registration face-to-face encounter. We are full blown out there. The tent has WiFi, we have fax, we have copiers, and computers.

A: We took a bit of a creative approach to it. We're an EPIC shop so we utilize the patient safe phones or smartphones, along with EPIC and so we will actually take a picture of the insurance cards and then text to a another patient safe phone to upload the image into EPIC. We never touch the cards, we just say put it on the end of the bed and we take a picture real quick and go from there. But it's allowed us to gathering that information where needed.

A: We are not inside the tent we are outside the tent. We have a triage nurse, she is the first point of contact and she's fully garbed and then she will hand the patient a mask. They have to go to the tent if they can go straight to the ED, they'll go into the ED. Anyone with the respiratory symptoms or has answered yes to any questions, then they are handed a mask and then they will go to security followed by registration. We use a disaster patient type so that we had a way of tracking patients. If they do go inside, they already have a mask on so our staff is safe.

**Q: What steps are you taking to protect your teams? Do you have sufficient PPE available at your hospital?**

A: We actually started with social distancing barriers where we had ropes. We used in front of all of our registration greet desks and that's actually how we started the process. We're actually not utilizing PPE, because we had the social distancing barriers in place. However, now we've gone to complete remote registration for all outpatient services, as well as emergency department. Everything is done at that six feet or more. So there's no need for PPE, we can save it.

**Q: As leaders, how are you keeping your teams calm and focused on the task at hand in such an uncertain time?**

A: A recurring theme in all of this, what do you do when life gives you lemons? So we reached out to Chic-fil-A and they are delivering lemonade to our Administrative Service Building which houses about 300 people. We are going to have a big lemonade and snack party. I have a yellow outfit with yellow gloves and a mask to make everyone feel extra safe. I think it's going to be a fun day!

A: The staff had a concern, if we are not wearing masks how are we safe. So we have infection control coming as well as an associate wellness clinicians that are coming to talk to the staff and letting them know per CDC guidelines. Informing the staff what has been communicated from the top, as long as the person who is infected has a mask on they are that they are okay and we must maintain our six feet distance. But as long as the infected person has the mask on our staff does not need to have a mask on.

A: Communication is the root of all success. All around the communication to quell some of the concerns because in this time it's very difficult. We as an organizational leadership really need to get out in front

of all the social media and those that are unfortunately taking advantage of the situation and putting a lot of false statements out there. So we have our doctors and hospital director doing afternoon videos and then sent out to everybody. So they're really level setting all of what's going on with Albany Medical Center, what the truth and is it's a standard messaging. Yesterday I did some rounding with an executive and I was not in a mask. The only time that I was in mask and goggles and that was what we had mandated out in the tent was when I was in the tent, the first four days it was open. Other than that, I'm not masking and the staff on front line is not masking. However, some of the communication and this is really part of the evolving event. Some staff are masking in the entrance areas where patients are arriving and visitors with a fever are being sent away. But this is a really evolving situation and communication really is the root. That's also been very important message to tell staff because of the increasing our level of frustration with staff because it's what you told me yesterday I needed to. Well, unfortunately, that was yesterday. We've had messages literally changed within six hours. Because it's that evolving. It's important to make sure that our staff understand what we're doing, how this is evolving and this is the message at this point and really just quelling their fears and a lot of one to one communication.

**Q: How are you doing remote registration? What does it consist of and how are using this in the ED?**

A: We took a room and repurposed it to be a mini call center. We took the bulk of our registration team that was in our emergency rooms and put them in that call center. We do have a minimal presence in our ER, we call them "runners". To make sure that we're connecting with every single patient we use our patient safe phones. But we're attempting to call the patient cell phone to say you're going to get a call from registration, just to validate some information you would be sure to pick that up. But in those cases where either we have bad cell phone reception, or the patient's not answering, we have that "runner", they can then go in there and get the patient on the phone using either our patient safe phone or having the patient use their cell phone. That's part of where the text messaging with the insurance cards comes into play. That runner will take a picture of that and send it to our central team who will upload the document. If needed, we are checking to make sure that we had the most up to date insurance card as much as possible. We are doing a full registration still at this point. So, we are still informing patients about co-pays and things of that nature. We have seen a large reduction in point of service collections in the emergency rooms. That's to be expected given the economy. But it hasn't stopped us from at least making sure we had that conversation in that whole spirit of transparency. So it's worked very well as work so well. And we've seen such a reduction in our ER volumes that we're actually expanding it out to other emergency rooms within the area, we're hoping to have that stood up with in about a week or so.

**Q: Are you getting a witness to verbal consent?**

A: We are not. Per our legal department, we are documenting the verbal consent by putting unable to sign due to national emergency. So it's really the situation not have the patient can't physically sign but we wanted to be covered, and we don't want to put COVID-19 on any forms that's going to be in a patient's chart should not need to be there. We are documenting a verbal consent and we are just doing "we are the witness". On informed medical consent, obviously you have to still have your two witnesses. But for us, we are we are just doing it and documenting.

**Q: How are other facilities managing their staff who've been exposed to COVID-19 and how have you dealt with that?**

A: The staff that felt they needed to get tested if they had a cough so we're doing internal testing in employee health. We actually changed from an eight and a half hour open employee health to 24 hours a day now. As a result of them being open 24 hours a day, any healthcare worker that feels as though there's been an exposure or is symptomatic is going to employee health for testing. We got approval during this process to actually run the test here, we no longer have to send it to the Department of Health. Which was taking anywhere from 48 hours to more than week to get a result, just because they were inundated. So we've prioritized all in-patient as well as healthcare workers that we're running in house and that can be done within six hours. We've had absolutely no positive COVID-19 cases.

A: We have not had anybody who has tested positive, but we have had two that have been exposed. So they were put on the 14-day quarantine and then they both were fine and they came back to work. We did that through associate wellness.

**Q: For those of you who have close your outpatient areas are you reallocating your patient access teams or are you requiring staff to use paid leave?**

A: Unfortunately, just don't have the volume to keep everybody on site. But what we're doing is basically rotating out the schedule. To ensure that everybody does get some amount of work hours and not everybody's having to deplete their PTO banks at the very start of all of this. We are prioritizing those banks based off of who has more versus who has less. So we are trying to be cognizant of that we'd want to reserve as much of that as possible for the actual employees. But we are having to staff down and really focus on the ER and hospital locations. We have opened up float poles for more than just emissions related services. So we have folks that are going to work at our supply center, doing inventory and packaging materials. We have sent all of our volunteers home during this and not allowing them to come into the building. We are looking at creative ways to keep as many folks as possible on campus and working to save that PTO usage. We are not getting everybody unfortunately, but we are making a dent.

A: We into this pandemic with 22 vacancies, mainly in the emergency department. So we were behind the eight ball before we went in. However, with that because of our outpatient ancillary sites, our surge center, and our volume has literally decreased by at least 50% in areas we've been absolutely able to strategically redeploy one of the leadership team. I requested that she take on the coordination of all the strategic redeployment it happens to be the manager of quality and development. So what she's able to do is assess what training is needed, or what system security is needed, as were strategically redeploying and then manage the just in time training. We created a five tier surge plan from an access standpoint to support the five tier BED surge plan. We have had staff inquire about working from home and I guess I'm the Grinch, but I really need the staff on-site. I do not know when a surge is going to happen. But there is a lot of planning and we need to make sure that the training can happen now and take advantage of this "lull". Albany Med hasn't gone that route yet because it would take a significant amount of resource for us to shift to that model and there is not monitoring in place for a work from home program.

A: We obviously did see a significant decrease in in-person visits. So we launched video visits, tele-visits, and drive-thru visits. That really helped backfill a lot of our schedulers who would normally be doing

those face to face visits. So we're also supporting MY Chart E-check in from a pre-arrival standpoint as well because that is pretty lengthy and it is taking up a significant portion of the video visits. We have been doing that and it's been pretty successful we had 107 video visits on Monday, I believe we have 132 today.

A: We've been able to reallocate staff. We've had some call outs and we've had some PLs and so it's nice to be able to call around all the managers are calling around the other hospitals before them to fill their positions or fill the coverage that they need. The business center is using opportunities to cross train at this time. We are encouraging employees to use your PL now while things seem to be slow because when this is all over and we need to ramp up. We will need all hands on deck.

A: For our hospital some associates have been furloughed so we are using that at this time, we also have added in a float pool for our patient access team members. So that way they can float to other hospitals within our system. We have actually added them to the float pool at our site, and so the associates are than being reallocated to other areas. Most of them have gone to answering emergency department phone calls, because the ER gets all the calls. There is a real need for us to help out our emergency department in that capacity and some of our registrar's are actually doing transport that have done transport in the past.

**Q: Have any of you successfully transitioned to a work from home model for any of your team's responsibilities?**

A: We have. We have an expectation for productivity and we track productivity on an hourly basis, sometimes whenever we need to intervene. We have an incredibly supportive IT team able to swing into action. We have about 60 laptops that we're able to provide to people who have internet but no device. We've been able to allow people to work through a portal that's similar to a remote desktop, but not the full functionality. So people that need to actually fax are able to do that trace for recording, we're still able to actually get into the phone line. All you need to have is a USB headset, not an additional phone. So it was a little bit of trial and error, but we planned four tiers of contingency. It looks like we are probably recommending a one day 20% cut in in presence. So we're going to see how that's going to affect everybody from pre arrival to arrival, to the follow up and customer service. We also lifted a Microsoft Chatbot that is helping us direct a lot of those clinical questions that would normally come into our patient Access Center, which is a highly publicized 606 docs phone number that everyone calls. We are able to actually alleviate that phone line and really get those true clinical questions directed to the hotline so they can then direct any clinical advice and or where they need to go for testing. We we've been fairly successful, but there was a lot of preparation that went into this implementation and have continued to monitor that productivity. We are hoping in the next by the end of next week we'll probably have only well less than a third of our employees will still be on site. Since we have sent people home, we have seen an increase in productivity. Our chief technology information officer has relaxed some of the rules and obviously going through legal and compliance to make sure we're still maintaining confidentiality, patient safety, and PHI.

A: We looked across the board who could work from home, who couldn't work from home. If they had to be here making sure employees were maintaining the social distancing guidelines, no more than 10 in a room and six feet apart.

**Q: A follow up question to the virtual registration or remote registration process: how are you dealing with IMM, MOON documents, and CMS requirements to make sure that you are covered there and following the requirements?**

A: So we actually partnered with our care management team to help us with that second document, we are getting verbal consent for those as well right now. Our partners and care management on the floor are actually helping to distribute copies of the letters to the patients to their rooms, as well as following up with the second communication on that. We have also added to our website that our patients can go to that has all of our consents and all of our documents that they may sign at any point of the continuum of care. So that it is completely web accessible. During our conversation with the patient, we let them know that if they want to see a complete document, they can go to the actual web link if they want to be able to do that.

**Q: What items and assistance have you received from your vendor partners at this time?**

A: I think all of them reached out and said we're thinking of you and is there anything we can do for you. Also letting us know that they have staff that's willing to help us do functions if we don't have enough due to handling volumes or unexpected things happening. One of our vendors sent us some lots of pens because they had read an article or had heard on the news that healthcare workers were running out of pens, so they sent us 200 pens. Now we're going to verbal consent, so staff will enjoy them. A lot of our vendors have said that they are on this call today because they were glad that NAHAM was doing this and many of our vendors are business partners. So they're on this call to see what we as providers are doing and if there's any other ways that they can help us.

A: I applaud our vendors and for those things that we have asked, they're turning them around on a dime. NAHAM, our business partners, our vendors - we can't do it without them. And once again, they're coming through. I just want to do a huge shout out to many to all. So thank you.

**Q: What are you doing to get signatures for Medicaid applications if the hospital consents are verbal only?**

A: We're actually doing those verbal as well. We work with a vendor that takes care of those for us. They are also 100% remote they're doing everything over the phone with the patients and they're doing verbal consents as well.

A: New York relaxed some of those requirements as well so that we could do over the phone, but we haven't stopped total patient contact. If a patient hands back a pen we have gloves to make sure that they can wipe everything down. So it's been really wonderful what our governor has done and what the state has done to relax many of those requirements.

**Q: How are your patients handling the the change in the flow in your ED or other parts of the department?**

A: It's not the patients that have had the problem, it's been a little more challenging on the staff. A lot of things have changed for staff, like having to be stopped to get their temperature checked, now we have security at every single entrance checking badges. On the other hand, patients are thanking our clinical team for what they're doing. We're in the northeast, we've had rain that collapse tents and snow that collapsed our triage tent. But our patients really have been very, very accepting to what we need to do.

A: Our patients have actually been really wonderful. Some patients had actually posted signs on our lawn in front of our hospital saying “healthcare workers are our heroes”. We've also had some patients actually standing out there are applauding obviously maintaining distance. I think the biggest adjustment is finance and documenting.

**Q: What accommodations are you making for hospitals in terms of finance, payment plans, financial counseling, or anything else that you might want to share about how you're navigating that part of this?**

A: We are still having conversations with patients over the phones because patients don't necessarily understand their insurance. We go over what their deductible is currently, what might be expected, and what our current costs are. From an internal perspective, we've actually put a hold on looking at anything like denials or receivables and anything of that nature right now because we need to take care of the crisis that's at hand. All of that work we've kind of redirected at this time, which has been a nice reprieve. Moving forward we're having more in depth conversations with them about financial obligations than we did previously. Because a lot more people are concerned about whether things are going to be covered. There was a lot of uncertainty and we have gone to the stand point is we reassure you that we will work with you at any point along the way. Illinois state is putting some funding in place with our hospitals, so a lot of patients are going to receive more charity care and assistance when we get beyond this.

A: The main thing is that we get verbal consent, but we still need to make sure that we're following up with those patients and getting their insurance information, getting all the demographics, getting everything we need to complete an accurate registration. Eventually we need to be able to bill for these, be able to track, and to make sure that we are accurately identifying all these so that we can put in for reimbursement through FEMA or through the government. This is our job. We need to make sure that we get that accurate information so that down the line billing, collections, and finance can identify them, so we are able to get reimbursed for everything that we're doing.

A: We also have created a unique health plan. If it's purely self-pay, we are not sending a bill at this time. The payers have relaxed all the copay expectations. We're still doing bedside collection for in-patient. We are tracking all our COVID-19 over time or reallocation of staff by a unique Kronos code. So there's a lot of things that are happening that are certainly a lot of cost certainly will improve things after the crisis, but are actually making the crisis more manageable.

**Q: How are you preparing for the influx of prior authorizations that will need to be attained when things are back to normal and all the patients have who have been holding off on services or who have been delayed start scheduling again?**

A: I was on a call early yesterday morning, where one of the OR supply guys was talking about the fact that we need to maintain our usual workflows, because when it does all come raining down on us when we're doing the day-to-day, we need to be able to have the staff geared up and anxious to do that. We're still we're rotating PTO now so people aren't burned out by the time that does happen, but we're also trying to maintain business as usual to make sure that when that does happen that we don't miss a beat.

A: Will ramp up as we need to. So we do have a small skeleton crew doing those authorizations, and even though some of our payers have relax their authorization requirements. We'll gear up the way we need to when the time comes. Hopefully we'll start shifting some staff because we're going to have a lot more cross trained staff to handle things during this crisis.

**Q: Patient Access Week is coming up soon and things are not how they would normally be so how are you celebrating patient access week? Are you celebrating? Or what modifications are you making to support your team but also be respectful of their workloads and what's going on in your organization?**

A: So we do a skills fair where we tell the world how great revenue operations is and it all starts with patient access. That has been canceled because you can't have all those people in one room with social distancing. So we have canceled that for this year, but we are still going to celebrate. We're just going to celebrate in our own departments. We're just going to make sure that they just know how much we appreciate everything they do. It all starts with us. We are the only department that sees every single patient and that touches every single patient or calls every single patient. So we are going to go forward with our celebrations, they're just going to be in our departments.

A: We have decided to postpone and it was actually twofold, we've been battling the shortage of staff and now you add this layer of a pandemic. The staff understood and agreed that we should postpone and then we'll celebrate tenfold. When we've got a week that things are freed up a little bit, but we have every intention of celebrating every single one of them, what they do each and every day because quite frankly, we're only as good as our staff are so they're getting us through it.

A: We are celebrating here. We were just wanting to at least celebrate as much as we can. We want to make sure there's some kind of a tear in the air. We always do a gift for the associates every year and this year was a nice big 32 ounce tumbler that we're getting for everybody. So we're making sure that that gets out of place and say thank you for what you're doing. Especially with everything that is going on right now.