



Risk Management SNAPSHOT

Current issues and trends for
practice managers



AMA offers guidance for practicing during the COVID-19 pandemic.

The American Medical Association (AMA) has established a COVID-19 resource center for physicians. The site is updated regularly to address the rapidly changing issues facing physicians during this pandemic.

This site includes panel discussions with leaders from the medical field. [The AMA resource center for physicians](#) is providing guidance from trusted sources to promote the safety of physicians, healthcare workers and the public.

Medicare Waivers

The Centers for Medicare and Medicaid Services has issued many waivers or modification of requirements under section 1135 of the Social Security Act. These waivers are meant to assist organizations in providing care during the pandemic.

In determining if your organization should use the waivers, consider the following questions. Is your organization in a state of emergency? Do you have sufficient staff and equipment? If your patient load is at or below average for your facility, can you justify why you took certain waivers?

“We’re waiving a wide and unprecedented range of regulatory requirements to equip the American healthcare system with maximum flexibility to deal with an influx of cases,” said Seema Verma, Administrator of CMS. “Many healthcare systems might not need these waivers, and they shouldn’t use them if the situation doesn’t warrant it, but the flexibilities are there if it does. In a time of crisis, no regulatory barriers should stand in the way of patient care.”

If an organization decides to take a waiver they should have documentation to justify taking that waiver. This could include staffing plans, census sheets and emergency department logs, etc. [CMS’s COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#) contains more information.

New Hampshire rolls out measures to curb COVID-19 Deaths in nursing homes.

Nursing home residents are among the hardest hit victims of the COVID-19 pandemic. State and federal governments are taking action to reduce the spread of the virus in this vulnerable population.

[New Hampshire Public Radio](#) reports that New Hampshire’s governor Chris Sununu has taken positive steps to address outbreaks in NH nursing homes.

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For additional information, ECRI has available on their website a Centers for Disease Control resource, [COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings](#).

Your underwriting questions answered.

Many organizations have questions about changes to their medical staff during the pandemic. Questions have included emergency credentialing of physicians and healthcare professionals who want to volunteer their services. Get answers to these pressing questions below.

Emergency Credentialing of Physicians during the Pandemic

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Organizations should keep in mind that waivers for emergency credentialing of physicians are designed to assist in dealing with a surge in patients with the coronavirus. The waivers are not meant to allow organizations to sidestep their credentialing process if they are not facing a crisis. If your organization decides to use the emergency credentialing waiver, it is important to document the processes or protocols that were put in place including the dates the waiver was used and how long the process was in place. The following references can assist your organization in emergency credentialing of physicians.

Secretary of Health and Human Services
[Waiver or Modification of Requirements Under Section 1135 of the Social Security Act](#)

Centers for Medicare and Medicaid Services (CMS)
[CMS Issues Blanket 1135 Waivers](#)

Federation of State Medical Boards (FSMB)
[Statement on Supporting States in Verifying Licenses for Physicians Responding to COVID-19 Virus](#)

Office of the Assistant Secretary for Preparedness and Response (ASPR)
[COVID-19 Healthcare Planning Checklist](#)

Volunteers

The Federal Stimulus Package affords immunity to healthcare professionals who volunteer their services except in cases of gross negligence or willful misconduct.

View the amendment regarding volunteer immunity in the [Coronavirus Aid, Relief, and Economic Security Act](#)

Physicians Acting Outside of their Scope of Practice and/or Privileges

If an organization authorizes privileged practitioners to provide care beyond his or her delineated scope of practice, the organization must assure that such providers are competent to perform the assigned tasks. Although these are unprecedented times, it is important to reinforce that the organization will be held to industry standards. The focal point will be education, training, experience and current competency.

Checklists and drills: Valuable patient safety tools for COVID-19 preparedness.

Patient safety checklists and drills are two well-known tools from the patient safety toolbox, which can assist organizations in meeting the challenges associated with providing care in the present environment of COVID-19.

Significant successes in patient safety have been attributed to the use of the simple checklist. The Agency for Healthcare Research and Quality states “checklists are theoretically sound and have contributed to advances in patient safety.” Use of the checklist provides a sense of confidence that all processes will be followed and no critical steps will be forgotten.

Two tier benefits in patient safety preparedness have been attributed to the safety drill. An article in the International Journal of Disaster Risk Reduction identified important benefits at the staff level and the organization level. Significant improvement in staff competence, confidence, policies, procedures, equipment and teamwork were identified. On an organizational level process gaps, protocol limitations, training needs, supply chain and communication weakness were identified.

Here are some checklists you may find beneficial as you continue to meet the ongoing challenges of COVID-19.

[CDC Healthcare Professional Preparedness Checklist For Transport and Arrival of Patients With Confirmed or Possible COVID-19](#)

[AAFP Checklist to Prepare Physician Offices for COVID-19](#)

[MGMA Checklist to Prepare Physician Offices for COVID-19](#)

Consent process during the COVID-19 pandemic.

Have you changed your process for obtaining consent during the COVID-19 pandemic? We have received several questions asking if verbal consent is acceptable and how it should be documented. Whatever approach your organization takes, here are some important guidelines to follow.

Several organizations have temporarily halted requiring signatures on the general consent forms related to treatment, HIPAA, and billing. Instead, they have created phrases that reference the COVID pandemic and verbal consent obtained. If your organization has chosen this route, ensure registrars are following the process your organization has outlined in a policy.

Informed consent requires a thoughtful approach when deviating from your standard process. It is more than just a form; it is a conversation between a healthcare provider and the patient or surrogate decision-maker. Documenting this conversation in the medical record is crucial to demonstrate that the patient or surrogate decision-maker made an informed decision and gave their permission to proceed. A signed form is an easy way to document the patient's consent. However, if you are providing the conversation remotely, a signed consent form is harder to obtain.

[Vanderbilt University Medical Center](#) has a process to capture

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this. After the discussion, document on the form: verbal consent received and have a witness sign the form. Your clinical documentation should have specifics about the informed consent before conducting the procedure. If the patient signs the form when they present in person on the day of the procedure, they should sign the form with the current date and time.

Whatever process your organization has adopted or developed during this challenging time, it is important to have the process outlined in a policy which is followed in a consistent manner.

Our practice tip on [Informed Consent Guidelines](#) can help guide you on what should be included in the discussion and documented in the medical record.

Is your organization considering resuming elective surgeries? Are you ready?

The Centers for Medicare and Medicaid Services (CMS) and many medical specialties recommended temporary cancellation of needed, but not essential surgeries. Healthcare organizations have reacted accordingly. With the pandemic slowing in some areas, some healthcare organizations are preparing to begin scheduling those procedures.

The American Hospital Association (AHA), the American College of Surgeons (ACS), the American Society of Anesthesiologists (ASA) and the Association of Perioperative Registered Nurses (AORN) developed a roadmap to guide readiness, prioritization and scheduling, which includes timing, COVID-19 testing, PPE, case prioritizing and scheduling, and assessment processes. See more in the [Roadmap from AHA, Others for Safely Resuming Elective Surgery as COVID-19 Curve Flattens](#).

The [Patient-Centered Outcomes Research Institute has an archived panel session](#), Part 3 – Elective and Urgent Surgeries amid COVID-19, related to processes that have been used in Toronto and LA around temporary cancellations.

Free webinars and other resources that you may not know about.

Many organizations, such as the Medical Group Managers Association (MGMA) and the American Society for Healthcare Risk Managers (ASHRM) are offering free webinars and other resources to help small practices navigate the ever-changing world of COVID-19.

Below is a listing of some useful resources.

[Maine Medical Group Managers Association](#)

[American Society for Healthcare Risk Management](#)

[ECRI](#)