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2. Tap the at the bottom of the screen.
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Creating Physical & Psychological Safety for Resumption of Routine Patient Care

Michael Schlosser, CMO National Group, VP Clinical Excellence
Ken Sands, Chief Epidemiologist and Chief Patient Safety Officer
Heather Signorelli, VP and Chief Laboratory Officer
Sandra Morgan, SVP, Physician & Provider Relations
Epidemiology update
State Recommendations on Adult Elective Surgeries

- The purpose of the state executive orders and CMS recommendations on deferring adult elective surgeries was to conserve PPE, preserve hospital (and specifically ICU) capacity, and limit spread of COVID-19

- As of April 27th, 2020
  - Orders have successfully created excess capacity in the healthcare system
  - Modeling of disease spread has been updated based on actual experience and suggests much more mild growth of cases
  - PPE supply chains have hardened and conservation efforts have succeeded in creating adequate supply to treat COVID and resume deferred care
  - Testing capability has dramatically improved
The problems to solve

1) We need to create an environment that is safe and allows for the resumption of scheduled medical and surgical care.

2) Consumers are nervous about COVID-19 exposure in healthcare facilities

Common questions social media, Press Ganey, Google search analytics:
• Am I more likely to be exposed at a healthcare facility than other locations?
• How can I be sure my care team doesn’t have COVID-19?
• Can I limit my time at the hospital before, during, and after surgery?

Actions:
• Create a COVID-safe environment
• Communicate expanded universal protections to all stakeholders
Universal Protection Framework Development
Creating Safety for Resumption of Routine Patient Care:
Universal Protection Framework Development

Universal Protection: A new standard that promotes patient safety & confidence across all sites of care

**Infection Prevention**
- Areas of Focus:
  - Universal Masking
  - Personal Protective Equipment
  - Policies & Procedures

**Access Control**
- Areas of Focus:
  - Separate Entrances
  - Screening: Colleagues & Patients
  - Visitation Policies

**Distancing**
- Areas of Focus:
  - Social Distancing
  - Patient Cohorting

**Patient Flow**
- Areas of Focus:
  - Workflow
  - Wayfinding & Signage

Comprehensive Communications & Marketing Strategies Across All Sites of Care
### Universal Protection Framework: Infection Prevention

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>House-wide Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Masking</td>
<td>• Continue house-wide, universal masking including level 1 masks for all patients, visitors, contractors, and colleagues</td>
</tr>
<tr>
<td></td>
<td>• ER patients must maintain masks until admitted IP, obs, or discharged</td>
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<tr>
<td></td>
<td>• Patients can remove mask once inside enclosed treatment areas (patient rooms)</td>
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<tr>
<td></td>
<td>• Visitors can bring and utilize personal masks</td>
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<tr>
<td></td>
<td>• Masks are required within all common areas</td>
</tr>
<tr>
<td>Personal Protective Equipment</td>
<td>• Continue execution of current PPE guidance and policies</td>
</tr>
<tr>
<td></td>
<td>• Maintain PPE czars and current PPE processes (Supply chain to re-evaluate current practices as we continue reboot)</td>
</tr>
<tr>
<td></td>
<td>• Expand PPE guidance &amp; policies to include:</td>
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<tr>
<td></td>
<td>• All respiratory viruses regardless of the season (includes flu, COVID-19)</td>
</tr>
<tr>
<td>Infection Prevention Policies</td>
<td>• Notify infection prevention of the development of respiratory symptoms in any patients in the hospital immediately and begin droplet precautions</td>
</tr>
<tr>
<td></td>
<td>• Continue execution of existing hand hygiene policies</td>
</tr>
<tr>
<td></td>
<td>• Zero tolerance for violation of key infection prevention policies:</td>
</tr>
<tr>
<td></td>
<td>• No food or drinks on clinical units, no toys, magazines in waiting areas</td>
</tr>
<tr>
<td></td>
<td>• Remove/deactivate high-touch items (e.g. vending machines, coffee makers, and water machines)</td>
</tr>
<tr>
<td></td>
<td>• Ensure cleanliness of all public spaces, particularly restrooms</td>
</tr>
<tr>
<td></td>
<td>• Confirm your local infection prevention policies meet or exceed the above recommendations</td>
</tr>
</tbody>
</table>
## Universal Protection Framework: Access Control

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>House-wide Strategies</th>
</tr>
</thead>
</table>
| **Separate Entrances**| • Continue to limit number of entrances into facilities  
• Guidance recommends controlled access to allow separate screening of 3 unique populations: 1) scheduled, elective patients, 2) urgent patients, & 3) all colleagues  
  • Number of access points should be governed by facility size  
  • Colleagues include staff, physicians, volunteers, nursing students, residents, vendors, and contractors in clinical areas |
| **Screening: Colleagues & Patients** | • Continue with screeners at each facility entrance and execute the following processes:  
  • All: Questionnaire: 1) symptoms: cough, shortness of breath, or fever; Consider positive with 2 symptoms or close proximity to a person that tested positive for COVID  
  • Colleagues & Physicians: Temperature Screening  
  • Utilize provided signage to reinforce screening upon entry  
  • Limit the facility to personnel supporting essential clinical care only |
| **Visitation Policies** | • Scale back to Level 2 which permits 1 visitor (screened negative and masked) to accompany all patients  
• Positive screened visitors are not allowed to visit a patient excluding the following considerations: 1) end of life situations, 2) medical decision making responsibility  
  • Screened positive visitors who are required to enter the facility must be escorted  
• Ensure policies and procedures for virtual visitation exist for all facilities |
### Universal Protection Framework:

**Distancing**

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>House-wide Strategies</th>
</tr>
</thead>
</table>
| **Social Distancing** | • Masking is required in all areas  
  • Execute social distancing guidance including:  
    • Common Areas (lobbies, cafes, & staff lounges)  
    • Ensure station areas and tables are 6 feet apart  
    • Remove public coffee and water stations  
    • Utilize wrapped food or dedicated servers only (no self serve soup/salad bar/etc)  
    • Social distancing policies are in effect when masks are taken off  
  • Signage: Ensure visible signage is present to reinforce masking and social distancing requirements |
| **Patient Cohortng** | • Develop dedicated units and/or areas within Med Surg/ICU/Units/ER for COVID patients  
  • Execute cohorting for outpatient settings and shared resources (e.g. MRI scanners)  
    • For example, schedule all COVID-19 patients at specific times during the day.  
  • Cohort and other non-cohort units should utilize dedicated colleagues as much possible  
    • Ensure no overlap with high risk populations incl: oncology, pediatrics,  
      • PCT, RN, RT dedicated  
  • ER: Continue to cohort until patients are admitted to obs or inpatient |
# Universal Protection Framework:

## Patient Flow

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>House-wide Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Workflow</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• ER: Continue current workflow and cohorting process</td>
</tr>
<tr>
<td></td>
<td>• Surgery:</td>
</tr>
<tr>
<td></td>
<td>• Emergency: Continue to follow COVID treatment guidance within OR</td>
</tr>
<tr>
<td></td>
<td>• Inpatient &amp; Elective, Non-Emergent: Patients will be screened to determine if they are high risk or low risk, symptomatic or asymptomatic and will fall into a defined treatment algorithm (NOTE: pg. 10 in appendix).</td>
</tr>
<tr>
<td></td>
<td>• Non-Emergent Patient Visits (includes IP &amp; OP care sites):</td>
</tr>
<tr>
<td></td>
<td>• If positive screen, facility colleague escorts patient to registration to reschedule appointment.</td>
</tr>
<tr>
<td></td>
<td>• If clinically urgent, follow all COVID treatment guidance within OR &amp; Imaging. Implement an expedited process to accelerate these patients to the front of the line.</td>
</tr>
<tr>
<td></td>
<td>• If negative screen, patient proceeds into facility independently.</td>
</tr>
<tr>
<td></td>
<td>• Pre-Registration/Pre-Appointment Calls (includes IP &amp; OP care sites):</td>
</tr>
<tr>
<td></td>
<td>• Temperature Screening: Add guidance for patients to take their temperature prior to arriving for their appointment and additional questioning including:</td>
</tr>
<tr>
<td></td>
<td>• If negative (normal temperature), patient proceeds to their scheduled appointment.</td>
</tr>
<tr>
<td></td>
<td>• If positive (high temperature), patient calls and reschedules appointment if possible. Temperature will be checked again upon arrival.</td>
</tr>
<tr>
<td></td>
<td>• Known or Suspected COVID Positive Patient Upon Arrival:</td>
</tr>
<tr>
<td></td>
<td>• Utilize ER entrance, execute PUI level PPE/treatment guidelines</td>
</tr>
<tr>
<td></td>
<td>• Facility colleague escorts patient to place of destination</td>
</tr>
<tr>
<td></td>
<td>• At destination, implement expedited process to accelerate these patients to the front of the line.</td>
</tr>
<tr>
<td><strong>Wayfinding &amp; Signage</strong></td>
<td>Evaluate wayfinding and signage at all entrances to assure patients are moving in a manner consistent with guidance</td>
</tr>
</tbody>
</table>
COVID-19 Testing Update
Short Term Strategies

• Reference Lab bulk purchase of 60,000 COVID-19 tests to ensure a quick turnaround time

• Inpatient Prioritization
  o Identify inpatient COVID-19 samples to expedite testing
  o Moved both national reference labs, LabCorp and Quest, to a new model that prioritized the testing of our inpatients and healthcare workers

• Developed a comprehensive list of other local and regional laboratories

• Quest and LabCorp have expanded their daily testing capacity from 19,000/day to 70,000/day
  o Turnaround times for reference lab is < 48 hours for prioritized patients
Turnaround time has improved substantially

[Graph showing improvement in turnaround time for American and National groups from Apr 3 to Apr 13, with percentage of tests completed within 48 hours increasing.]
Long Term Strategies

• Designated a coordinated approach to leverage in-house equipment capacity to support division hospitals as testing reagents begin to arrive
• Validated alternative swab and media specimens to deal with national shortages
  o Healthtrust actively engaged in sourcing all potential options
• Worked with vendors to procure test kits as they became available
• Transferred equipment and kits around HCA to help spread testing capability
• Expanding testing to ED patients getting discharged
• Building capacity to begin offering testing for appropriate pre-surgical patients
# COVID-19 Testing Summary

<table>
<thead>
<tr>
<th>Test</th>
<th>Type of Test</th>
<th>Measure</th>
<th>Value</th>
<th>Dependencies</th>
<th>Examples</th>
<th>Limits/Features</th>
</tr>
</thead>
</table>
| PCR           | Nucleic acid amplification to detect presence of COVID-19 virus RNA          | Reflects current virus infection with SARS-CoV-2 | • Used to diagnose and treat  
• Denotes infection status to take actions and prevent transmission  
• May be positive 1-2 days before symptoms | Requires respiratory sample (nasopharyngeal swab) and supplies  
• PPE and safe sampling of patient  
• Sample swabs  
• Sample media  
• Machines  
• Reagents | High volume  
• Cepheid  
• Abbott M200  
• Diasorin  
Rapid Point of Care  
• Abbott ID Now  
• Mesa  
• E25 Bio | • Only available in CLIA certified labs*  
• False negative rate on rapid point of care platforms  
• Turn around time (TAT) typically longer |
| Serology or Antibody | Detection of human antibodies (IgA, IgM, IgG) against COVID-19 virus RNA | Reflects past infection with SARS-CoV-2 | • Detect those with past exposure for epidemiology  
• Contact tracing  
• Public health | Requires blood draw or finger stick sample | Approved under FDA emergency use:  
• Cellex  
• Chembio  
• Healgen | • Cannot be used in acute management  
• Antibodies delayed in acute infection 7-11 days  
• May not infer true immunity  
• Cannot be used to change in employee PPE  
• May cross react to other coronaviruses  
• Point-of-care not widely available |

*CLIA: FDA/CMS/CDC related certification, typically hospital-based labs
PCR Clinical Performance

**What do we know?**

- Analytic sensitivity is excellent
- LOD is 100-500 viral copies/mL for most vendors
- Viral shedding is reported to be $2.2-4.7 \times 10^5$ copies/mL for symptomatic patients in OP and NP specimens

**What we do not know?**

- Clinical sensitivity is still largely unknown
- Claims of 70% sensitivity in OP/NP specimens are unsubstantiated
- Comparing the Flu/RSV clinical sensitivity
  - Sensitivity for Flu A 98.1% Flu B 100% RSV 98.4%
  - Specificity for Flu A 98.8% Flu B 99.1% RSV 99.3%

**What can we control?**

- Ensure that samples are collected appropriate, getting a good NP or OP specimen is extremely important
- Appropriate specimen collection and handling
- Get the sample to the lab ASAP; < 48 hours ideal if room temp
Asymptomatic Testing Pilot

• Testing all non-PUI admissions at three East Florida Division hospitals
• Adult and pediatric

Asymptomatic testing pilot was performed to evaluate COVID-19 in all patients presenting to three East Florida hospitals which was approximately 2%. This unpublished data will be analyzed and shared at a later date.
## Serology (IgA, IgM, IgG) Testing

<table>
<thead>
<tr>
<th>What serology tells us</th>
<th>What serology won’t tell us</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to COVID-19 or other cross reactive organism</td>
<td>How to manage acute care or if SARS-CoV-2 can be ruled out</td>
</tr>
<tr>
<td>(non-COVID coronaviruses)</td>
<td></td>
</tr>
<tr>
<td>Immune response (typically 7-11 days)</td>
<td>If antibodies are protective (fully or partially)</td>
</tr>
<tr>
<td></td>
<td>How long immunity may last</td>
</tr>
<tr>
<td></td>
<td>If immunity changes EH protection or RTW guidance</td>
</tr>
</tbody>
</table>
Surgical Algorithm for Universal Protection

Urgent or non-urgent/elective

Low or High risk procedure?

Emergency procedures
Follow COVID + OR procedures and PPE. Includes all patients with unknown COVID status at time of surgery

Low Risk
Symptom and contact screening

High Risk
Consider surgical delay and monitoring. If unable to delay, test

PCR testing within 48 hours of surgery

Consider surgical delay and monitoring. If unable to delay, PCR test within 48h

Standard Risk Proceed with standard surgical processes

*High risk procedures include:
- Lung/bronchoscopy
- Surgery of the bowel with gross contamination
- Nasopharyngeal/ENT
- Trachea
- Endoscopy of the GI tract
- Other open procedures on the aerodigestive track

For cases requiring COVID positive protocols and PPE:
- For COVID-19 + patients use COVID PPE
- COVID PPE use for all intubations
- COVID PPE use for emergency cases where COVID testing cannot be completed prior to surgery

Patients with delayed procedures due to positive symptoms or COVID tests should be enrolled in VivifyGo monitoring program

Additional testing in asymptomatic patients outside this algorithm, is at the discretion of the treating physician.

Notes: 1) PCR: Polymerase Chain Reaction, 2) Laparoscopic/Robotic surgery & procedures that need smoke evacuation are not considered high risk
Sandra Morgan, SVP, HCA Healthcare
Physician & Provider Relations
## Consumer Confidence

Key findings and actions regarding consumer confidence about future healthcare services

<table>
<thead>
<tr>
<th>Finding</th>
<th>Consumers are nervous about COVID-19 exposure in healthcare facilities</th>
<th>Consumers desire emotional support at a higher level than pre-COVID</th>
<th>Consumers are prioritizing economic considerations over health needs</th>
</tr>
</thead>
</table>
| Patient Concerns | Am I more likely to be exposed at a healthcare facility than other locations?  
How can I be sure my care team doesn’t have COVID-19?  
Can I limit my time at the hospital before, during, and after surgery? | Will I be able to have a family member present for the surgery? If so, how will you keep them safe?  
Have others had this procedure done since the pandemic started?  
What should I expect on surgery day?  
Will they understand I am more scared than ever? | Does my pre-authorization still apply or do I have to go through that again?  
My income level has changed, I’m not sure I can afford to have the surgery.  
What’s the downside of waiting for the surgery? My surgery was considered “elective”, doesn’t that mean “optional”. |
| Actions | Create a COVID-safe environment  
Communicate expanded universal protections | Create emotional safety mechanisms for patients  
Adjust operations and train staff accordingly | Establish financial counseling and navigation for patients  
Address benefits of surgery versus risk of health considerations at an individual patient level |

Findings are a culmination of research from internal digital and social media platforms and various external consulting firms and industry experts including McKinsey, Press Ganey, NRC Health, Publicis Health Media, Binary Fountain, Google, and Facebook.
Forward.

The human race has faced an enemy like no other these last few months, one that has made time stand still for our nation and our world. Never in our lifetimes have we faced a crisis like this one. Homes have turned into offices, schools, sanctuaries. Social distancing has become common language. We have been stretched to imagine a new way of life, a new normal. Stretched, but not broken. Each day that passes brings the hope of a healthier tomorrow.

Through it all, HCA Healthcare has remained focused on one thing – the care and improvement of human life. It’s what we do. It’s who we are. In times of uncertainty, our people show up. When faced with a challenge, we see the path forward.

Joining our colleagues and our physicians, we are taking action to ensure – now more than ever – that you are in safe hands. We have established enhanced protections throughout our sites of care to create a safe environment for everyone who walks through our doors. There’s a lot to worry about in these uncertain times – getting healthcare shouldn’t be one of them.

In front of us all is the chance to move forward. To move beyond fear. To define our new normal. To find our healthier tomorrow. To fix broken hearts and broken bones. To lessen the pain and cure disease. To tend to the ailments so that you can find peace of mind. We will walk alongside you as you step back into your life, starting with your health.

Care is the foundation of our values and the core of our mission. HCA Healthcare will, one step at a time, help you move forward.

We are here to ensure you receive the care you need today, for a healthier tomorrow.
Our commitment as we resume elective surgeries

As we continue to monitor the dynamic shifts of the COVID-19 pandemic, HCA Healthcare has begun to thoughtfully re-introduce elective procedures and surgeries at our facilities. Our commitment to safety protocols has us uniquely prepared, and we remain vigilant when it comes to sanitation, screening, visitor restrictions, masking as well as guidelines from the Center for Disease Control (CDC).

**Elective Surgeries**

- Initial focus will be on resuming elective surgeries or procedures that were deferred or canceled during the initial COVID-19 response phase.
- Elective procedures will take place as clinically appropriate, and on an outpatient basis at facilities that adhere to guidelines established by Centers for Medicare and Medicaid Services (CMS), as well as state and local health officials.
- In analyzing the risk and benefit of any planned procedure, the clinical circumstances will be evaluated.
- Elective procedures have been classified within tiers of urgency and acuity, allowing for prioritization of services.
- We continue to have adequate supply of personal protective equipment (PPE) for patients, visitors, clinicians, caregivers and staff. We have implemented science-based and thoughtful procedures to help maintain appropriate PPE for all who enter our care facilities.

**Our willingness to adapt is a direct reflection of our commitment to providing the highest caliber care.**

We are providing additional information you may share with your patients about our hospital safety precautions and if you have questions or need assistance in rescheduling your cases, please contact your Physician and Provider Relations Representative or Department of Surgery at (215-867-8610).
Taking extra precautions to keep you safe.

Here's what we're doing to keep our patients and our clinical teams safe.

The health and safety of our patients, caregivers and communities is our top priority. We have been and will continue to collaborate with the Centers for Disease Control and Prevention (CDC), maintaining and often exceeding the strictest of standards.

- **Screening** for all patients, visitors and staff before entering facilities.
- **Separate areas and staff for COVID-19 positive patients** and those who are under investigation.
- **All of our caregivers wear masks** throughout our facilities, which exceeds CDC guidelines.
- **Heightened Infection prevention policies**, including the removal of high-touch items such as magazines. Food and drinks are prohibited to prevent the spread of illness.

It is imperative that you continue to follow the current guidance from the CDC, regarding social distancing and hand hygiene. Please continue to exercise infection prevention measures for yourself and your household.

**We remain focused on providing you with exceptional care.**

Visit our website at [WebsiteAddress.com](WebsiteAddress.com) to find out more about our safety measures.
Questions?

The link to the recording is [here](#). Use passcode Tmj dynq2 to unlock.