

**NAATP**

WEBINAR **SERIES**

Medical Best  
Practices and  
Business  
Considerations  
During an  
Outbreak



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Treatment



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# Objectives and Considerations

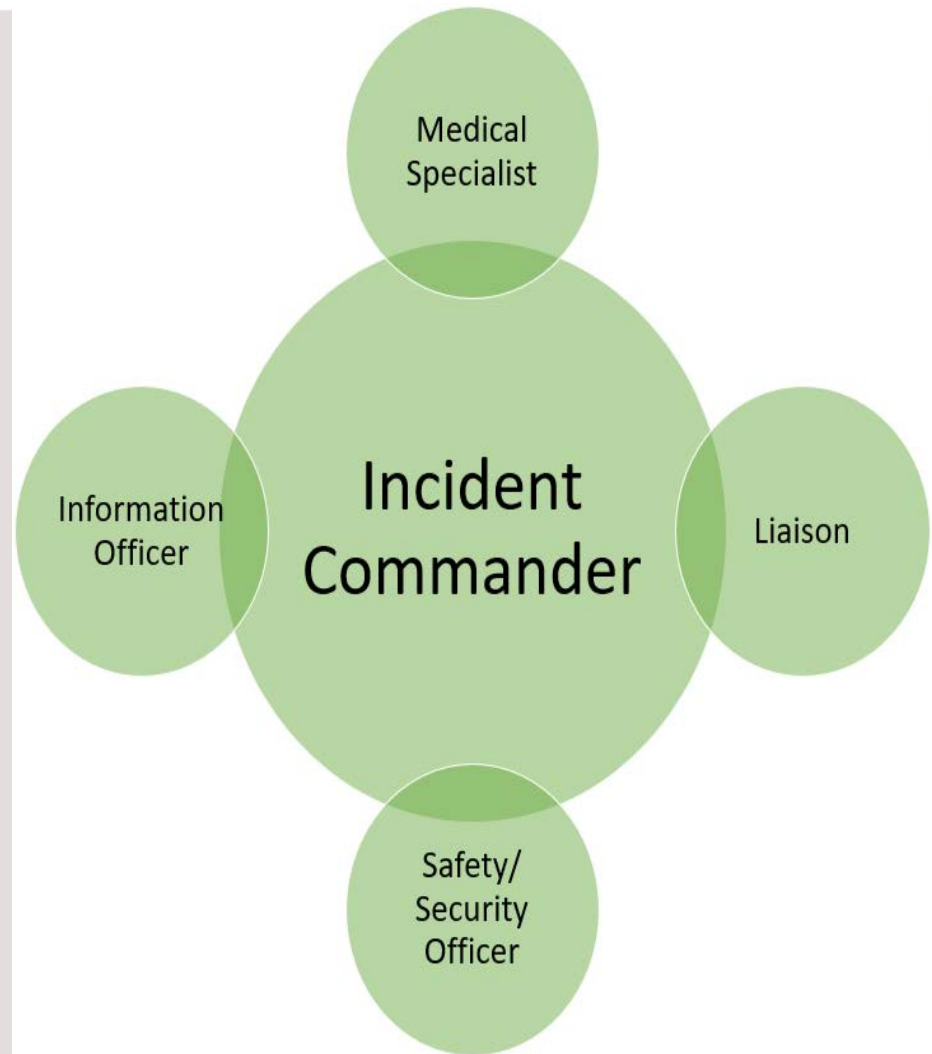
- “When not if...”
- Review our preparation and response efforts
- Discuss our approach to patients and staff in the COVID-19 era
  - Review our algorithms
- Benefits of continuing to provide patient care
- Disclaimer: ***More will be revealed***

# Our Preparation and Response to COVID-19

- Pre-COVID-19: Infection prevention specialist, Director of Quality, Risk & Compliance, full medical and nursing staff
- Utilized existing flu protocols
- Mobilized quickly when COVID-19 became a clear threat
- Dedicated staff to working on the issue full-time
  - Ongoing monitoring of local and federal recommendations
- Created algorithms for addressing patients and staff
- Communicated regularly to current patients, staff, referral sources, alumni, and other key stakeholders

# Command Center

- **Incident Commander** – In charge of on-scene response. Appoints others to incident command positions. Determine incident objective and strategy. Terminate response when incident stabilizes.
- **Safety/Security Officer** – Identify and assess hazardous situation. Monitor safe and consistent use of appropriate PPE.
- **Medical Specialist** – Provide expert input; Provide guidance on appropriate PPE, isolation requirements; Collaborate with Medical Team and Infection Preventionist.
- **Liaison** – Point of contact with outside agencies; Monitor media and government updates.
- **Information Officer** – Develop all communication for staff, patient, families, media etc.; Point person for any media requests.



# Before Patient Arrives at Ashley

Continue to influenza immunization. All potential patients (ppts) are notified that admissions are scheduled M-F, 9am to 5pm.

- Ppts are asked to have a plan to possibly discharge, if they develop respiratory illness symptoms during treatment.
- Ppts are expected to live within a 100-mile radius.
- Ppts who are pregnant or over the age of 60 will be referred out until further notice

*Intake will consult with Dr. Canter or Dr. Hobelmann before scheduling any patients for admission.*

## Screen all individuals for the following:

- Any travel via plane, train, or cruise ship in the past three weeks
- Any contact with someone who has recently traveled internationally or to places domestically with high-incident rates and/or community transmission according to the CDC (Washington, California, New York, etc.)
- Any contact with persons who have been tested for or recommended to be tested by their physician for COVID-19

## Any signs of respiratory illness symptoms including:

- Fever 100.4°F or higher
- Chills
- Cough or sore throat
- Shortness of Breath
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Vomiting and/or diarrhea

Common  
Coronavirus  
Symptoms

Common  
Influenza  
Symptoms

Negative Screening

Positive Screening

Continue with standard admission procedures.

Intake will defer ppt admission until outside the scope of travel restrictions, or; if symptomatic only and with no travel issues, will refer to Primary Care Physician for further RIST and possible testing.

Not Vaccinated

Vaccinated,  
No Exclusions

Intake will encourage ppt to get immunization before arrival

Proceed with Respiratory Illness Screening Tool (RIST).

## Ruled Out for Admission

- Over 60 years old
- Pregnant
- Respiratory illness
- Major medical comorbidity
- Lives too great a distance from our facility (100 miles)

# Patient Arrives at Ashley for Intake

An Intake Nurse will don the appropriate Personal Protective Equipment (PPE) and greet the patient and their loved ones in their vehicle in the circle of Skip's Hall. The nurse will obtain the temperature of the patient and anyone accompanying them as well as complete the Respiratory Illness Screening Tool (RIST).

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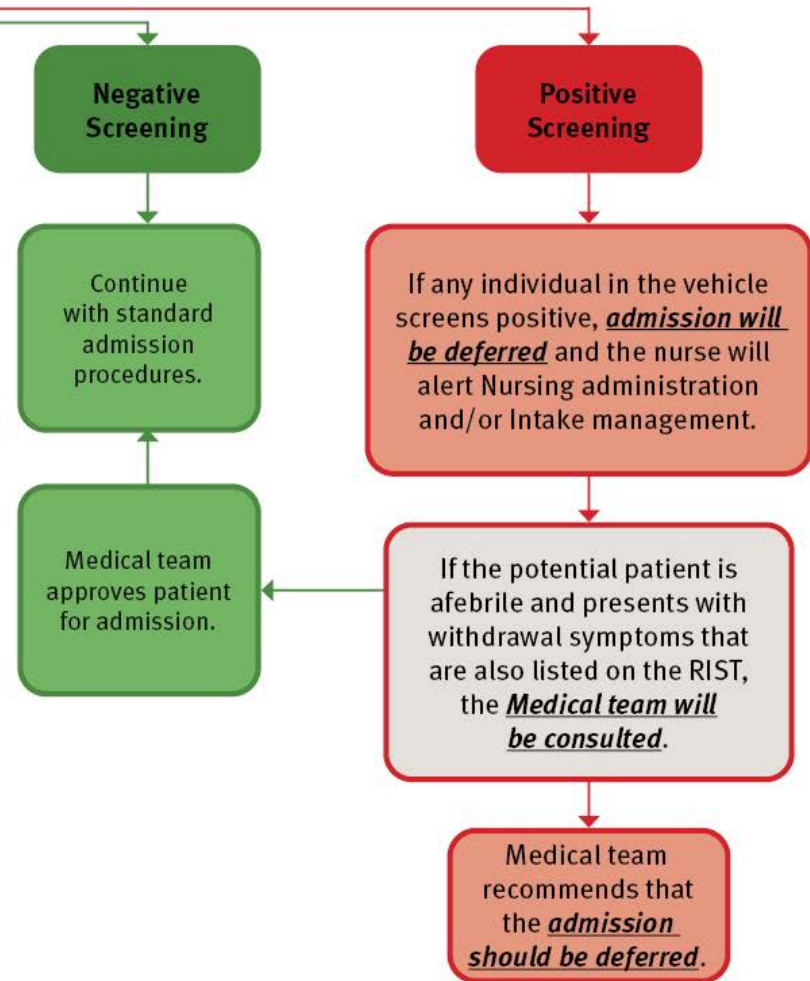
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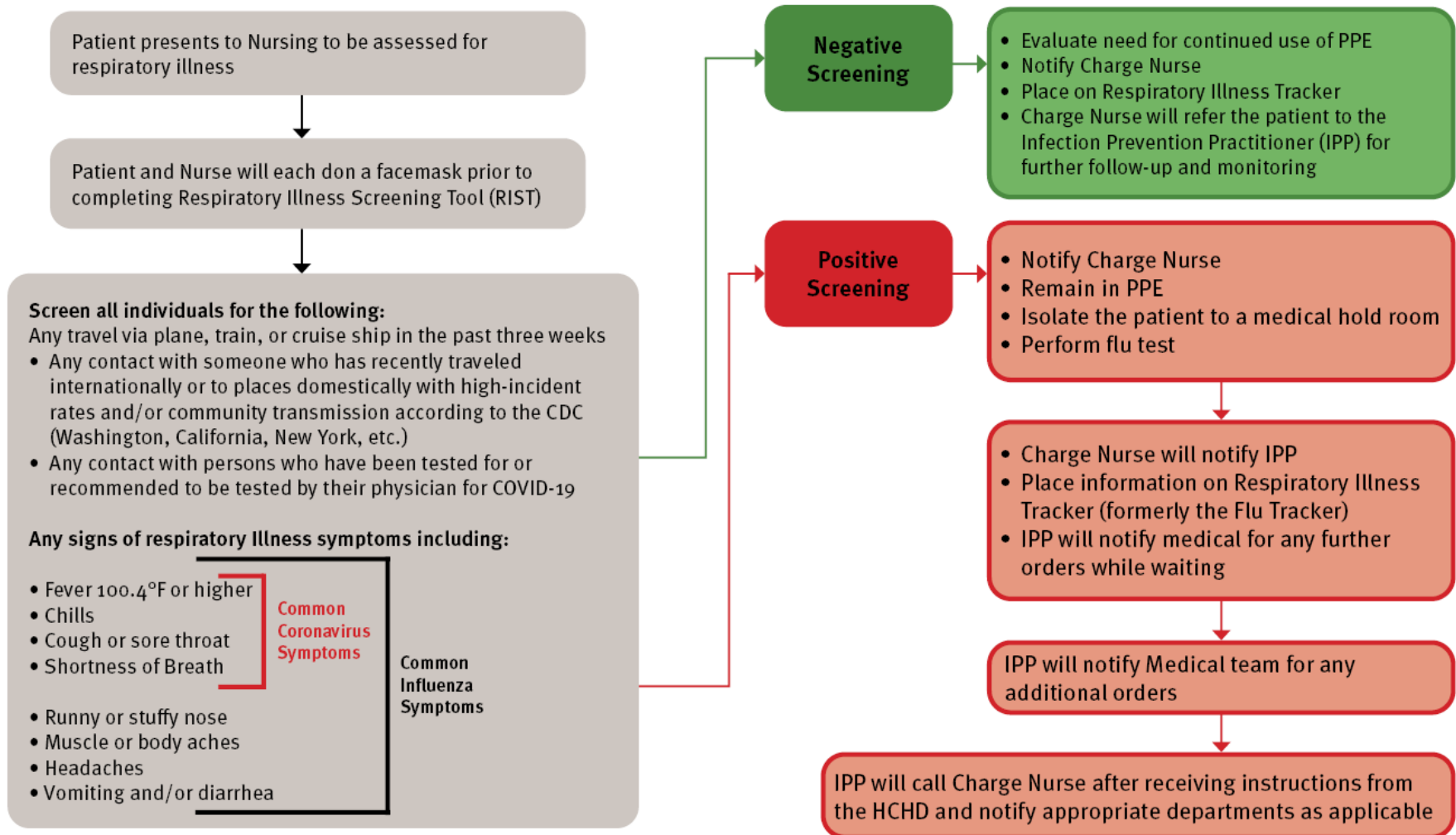
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# Current Ashley Patient





# Isolating Patients with symptoms

- Single room, droplet precautions
- COVID-19 test performed
- Isolated until we receive negative test result
  - Regular nursing care by identified staff
  - Continue programming as possible
- If positive, individual decision is made to discharge or remain in treatment

# Staff Screening

A designated Ashley employee will don the appropriate Personal Protective Equipment (PPE) and greet each staff member at the gatehouse. While still in their vehicle, the staff member and anyone accompanying them will be screened using the Employee Respirator Illness Screening Tool (E-RIST).

Temperature of 100°F or Higher & No other symptoms

**Positive Screening**

The staff member will not be permitted to enter campus and they will be referred to the Infection Prevention Practitioner (IPP)

Temperature Lower Than 100°F & Cough, Sore Throat, or Shortness of Breath

**Positive Screening**

The IPP will list the staff member on the Employee Illness Tracker and follow-up with a more in-depth evaluation of the staff member's health status.

Temperature of 100°F or Higher & Cough, Sore Throat, or Shortness of Breath

**Positive Screening**

The staff member will not be permitted to proceed to their work area and instead they will be directed to pull to the side of the road.

An Ashley designee from the Nursing or Medical Team will respond and, with the staff member's consent, perform a COVID-19 specimen collection.

Temperature Lower Than 100°F & No other symptoms

**Negative Screening**

Report for Duty

# Programmatic Considerations

- Visitation
- Family programming
- Group size/social distancing
- Alumni support
- Staffing adjustments

# Outpatient Considerations

- Plan for closure of the physical site to patients
- Prioritize
  - Medication
  - Programming/patient engagement
- Limit group size – practice social distancing
  - Maximum of 6 patients per group
- Regularly assess staffing capabilities
- Prepare for telehealth
  - Intake evaluations, group/individual therapy, medication management
  - Current regulations
  - IT capabilities

# Why Continue to Operate

- Civil Duty
  - Patients continue to need treatment for SUD
  - Reduce burden on health care system
- Organizational Benefit
  - Continue mission
  - Maintain revenue to allow continued operations
- Individual Benefit
  - Meaningful work
  - Job security

*Thank you*