

COVID-19: Everything for Our Health & Safety April 6, 2020

800 Tydings Lane | Havre de Grace, MD 21078
800.799.4673 | 410.273.6600

Everything for Recovery | AshleyTreatment.org



Ashley
Everything for Recovery

Ashley

EVERYTHING FOR RECOVERY

The purpose of this slide deck is to provide the public with an overview of our response efforts and detail how we're caring for our patients, families, and staff in the "COVID-19 era."



Introduction

Our mindset is “when not if,” as in we want to prepare as though a case will occur at our inpatient facility. That’s how serious our response has been and will remain.

We are relying on agencies like Center for Disease Control (CDC), World Health Organization (WHO), Harford County Health Department, and nearby medical systems, to help us tailor our response.

Disclaimer: *More will be revealed...*This is a rapidly changing situation and our preparedness and response will change accordingly.

Our “why”

- **Civic duty**
 - **Patients continue to need treatment for SUD – if anything, the need is growing.**
 - **We want to reduce the burden on the health care system – we want people, who we can safely treat, to rely on us, so as to preserve hospital beds, supplies, etc. for the COVID-19 specific response.**
- **Organizational Benefit**
 - **We want to continue our mission to transform and save lives.**

Preparedness

Pre-COVID-19, Ashley employed an Infection Prevention Specialist, Dir. Of Corporate Compliance, Quality & Risk Management, a Safety & Security Officer, and ample Medical & Nursing staff, all of whom possess very relevant knowledge bases and skill-sets, which position us well to navigate this health crisis.

The past few flu seasons have been rather challenging, so it was very advantageous for us to adjust our existing influenza protocols in response to COVID-19.

Prevention

We mobilized quickly when it became apparent that COVID-19 was a real threat.

Our environmental care staff is well-trained in infection-control, prevention practices, as well as disinfection routines.

We suspended Visitation and Family Wellness Program (FWP) until further notice. Family services are now available virtually.

We advised managers to monitor the health of our workforce and asked employees to be mindful of their own health and stay in place, as needed. In addition, we are screening all employees for symptoms including fever when they arrive to the facility.

Response

We formed an Incident Command Center (ICC) on March 20th and dedicated certain staff to work on this issue full-time.

We created algorithms to address patient and staff safety – continually adjusting as needed.

We are issuing daily internal briefings and offering updates on 1) internal/external news 2) supply inventory 3) IP programming 4) OP programming 5) patients in observation.

We are continuing to monitor guidelines issued by CDC and are in regular communication with the Harford County Health Department to get accurate, real-time data and advisement.

COVID-19 Rule-outs for admission

** In addition to symptom screening*

- **Over 60 years of age**
- **Pregnant**
- **Respiratory illness**
- **Major medical co-morbidity (case by case review by Dr. Canter)**
- **Plane, train, or ship in past 14 days**
- **Lacking an actionable discharge plan (any ppt who lives a distance greater than 100 miles is subject to review)**

We are reviewing these guidelines regularly and updating as appropriate.

Any change in the rate of admissions is dependent on our staff and environmental readiness and is dictated by our Medical providers.

Before PPT Arrival RIST & Algorithm

Continue to assess for influenza immunization. All potential patients (ppts) are notified that admissions are scheduled between 9am to 5pm, Monday through Friday. Ppts must have a stated contingency plan to return home with a listed emergency contact if they develop respiratory illness symptoms during treatment.

Refer out pregnant women and individuals 60 years old or older.

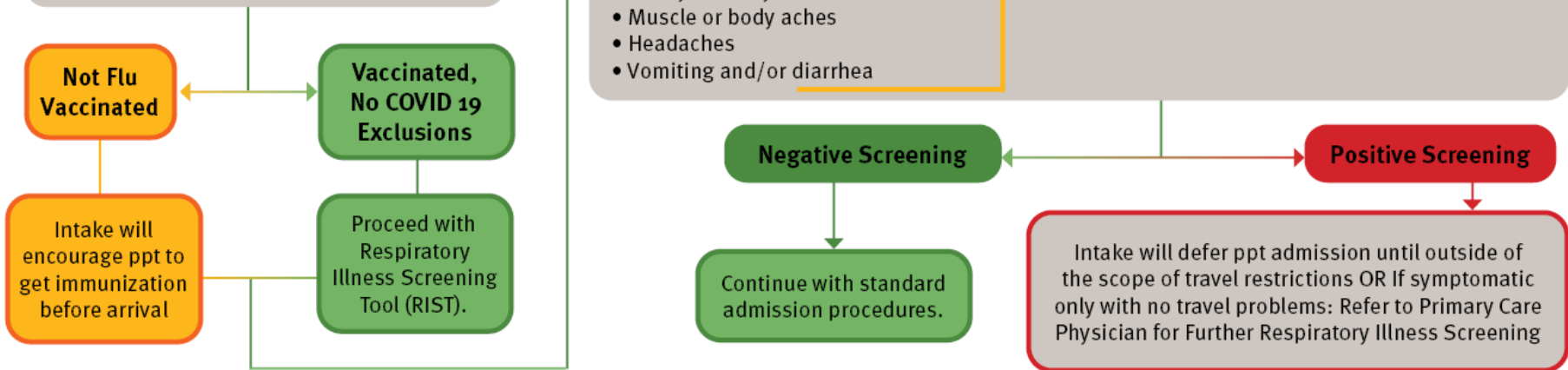
Intake will consult with Dr. Canter or Dr. Hobelmann before scheduling any patients for admission.

Screen all individuals for the following:

- Travel via plane, train, or cruise ship over the past 14 days
- Patient traveled internationally or from areas in the United States reported to have high incident rates of COVID 19 including the New York Metropolitan area within the last 14 days
- History of contact with individuals who traveled internationally or from areas in the United States reported to have high incident rates of COVID 19 including the New York Metropolitan area within the last 14 days
- History of COVID 19 testing or referral for testing by their primary care provider (PCP)
- Contact with individuals who have been tested for or been referred for COVID 19 testing by their PCP

Any signs of respiratory illness symptoms including:

- Fever of 100°F or higher
 - Feeling Feverish
 - Cough or sore throat
 - Shortness of Breath
- Common Coronavirus Symptoms**
- Runny or stuffy nose
 - Muscle or body aches
 - Headaches
 - Vomiting and/or diarrhea
- Common Influenza Symptoms**



At Arrival of PPT RIST & Algorithm

A nurse will don the appropriate Personal Protective Equipment (PPE) and greet the potential patient and their loved ones while still in their vehicle at the circle of Skips Hall. *A nurse will complete the Respiratory Illness Screening Tool (RIST) on each individual in the vehicle.*

Screen all individuals for the following:

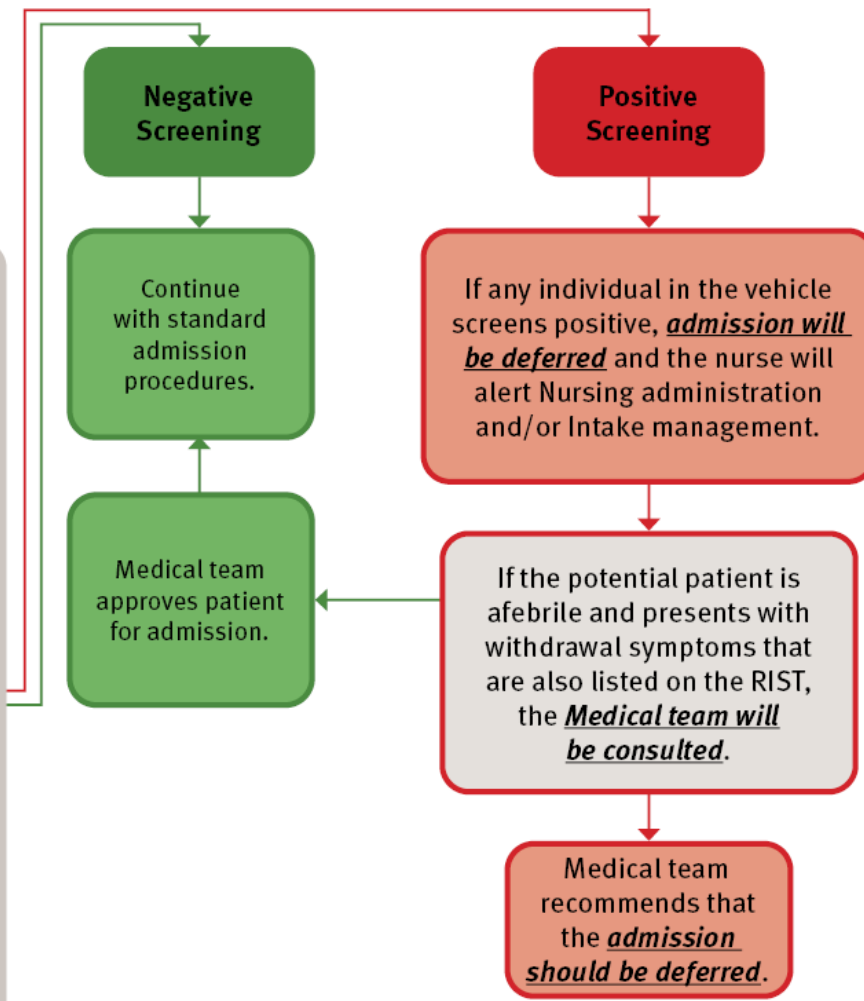
- Travel via plane, train, or cruise ship *over the past 14 days*
- Patient traveled internationally or from areas in the United States reported to have high incident rates of COVID 19 *including the New York Metropolitan area within the last 14 days*
- History of contact with individuals who` traveled internationally or from areas in the United States reported to have high incident rates of COVID 19 *including the New York Metropolitan area within the last 14 days*
- History of COVID 19 testing or referral for testing by their primary care provider (PCP)
- Contact with individuals who have been tested for or been referred for COVID 19 testing by their PCP

Any signs of respiratory illness symptoms including:

- Fever of 100°F or higher
- Feeling Feverish
- 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



Already Admitted Patient RIST & Algorithm

Patient presents to Nursing to be assessed for respiratory illness and/or fever.

The patient will don a flat mask and the nurse will don a N95 prior to completing Respiratory Illness Screening Tool (RIST)

Screen all individuals for the following:

- Travel via plane, train, or cruise ship over the past 14 days
- Patient traveled internationally or from areas in the United States reported to have high incident rates of COVID 19 including the New York Metropolitan area within the last 14 days
- History of contact with individuals who traveled internationally or from areas in the United States reported to have high incident rates of COVID 19 including the New York Metropolitan area within the last 14 days
- History of COVID 19 testing or referral for testing by their primary care provider (PCP)
- Contact with individuals who have been tested for or been referred for COVID 19 testing by their PCP

Any signs of respiratory illness symptoms including:

- Fever of 100°F or higher
- Feeling Feverish
- 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**

- Evaluate need for continued use of PPE
- Notify Charge Nurse
- Place on Respiratory Illness Tracker
- Charge Nurse will refer the patient to the Infection Prevention Practitioner (IPP) for further follow-up and monitoring

**Positive
Screening**

- Notify Charge Nurse
- Remain in PPE
- Isolate the patient to a medical hold room
- Perform flu test

Charge Nurse will

- Notify Infection Prevention Practitioner (IPP)
- Place information on Respiratory Illness Tracker
- Notify the Medical Team and Carry Out any Further Orders
- An email will be sent to COVID19_group

- IPP will notify Harford County Health Department (HCHD) if a COVID-19 Test has been ordered and Performed

The contingency discharge plan will be reviewed by the Medical Team and a Patient Care Coordinator for fast actionability or the need for revisions to ensure safe d/c

Isolating Patients with Symptoms

- Put patient in single room and use droplet precautions
- Administer a COVID-19 test
- Keep patient quarantined until we receive a negative test result
- Regular Nursing care continues by identified staff
 - Clinical programming occurs to whatever extent possible
- Generally, if a patient shows symptoms, we will discharge the person to their home ASAP

Risk Mitigation at OP Locations

- **Patients are being screened upon entry to the suite. Those who screen with any concerning symptoms are directed to see the nurse immediately.**
- **Patients who are considered at risk, are asked to return home and self-quarantine for 14 days and/or to provide medical documentation which supports them reengaging in treatment.**

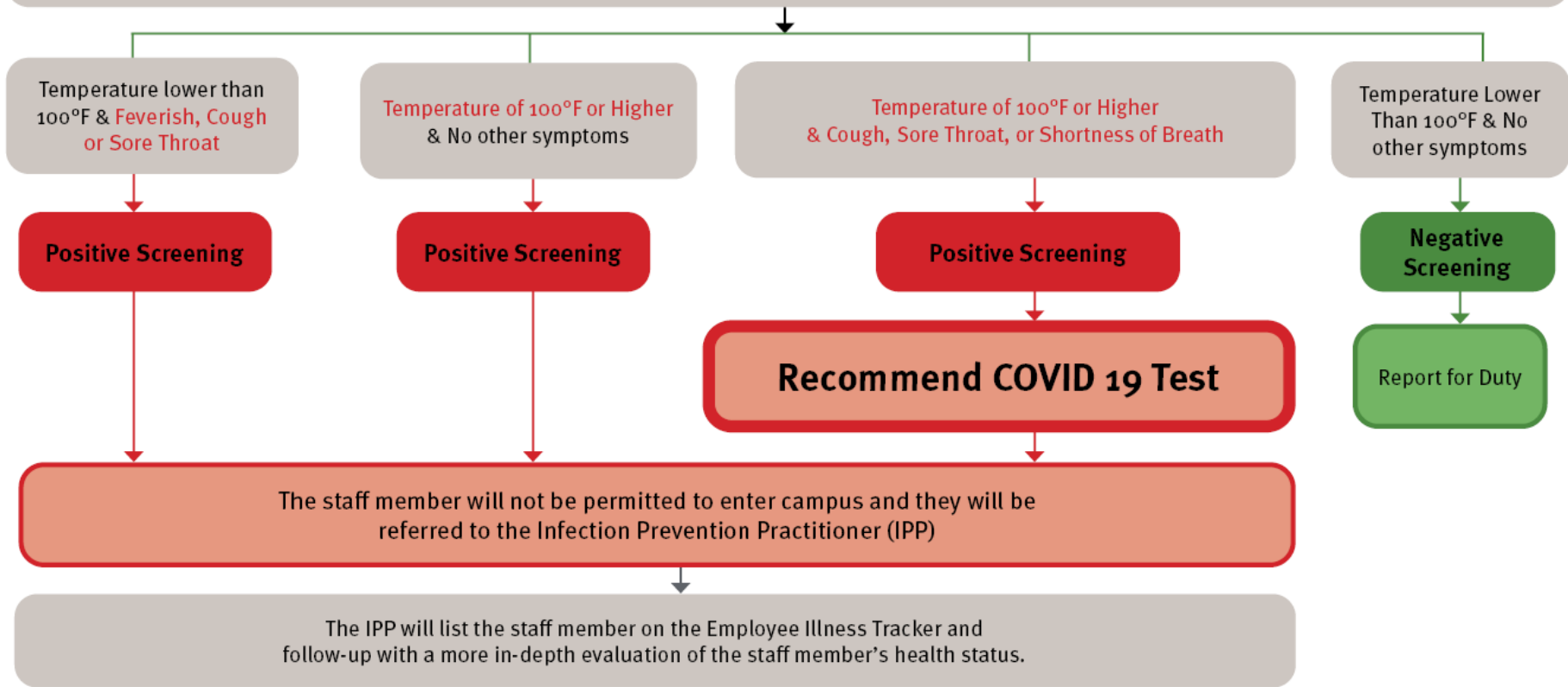
Upon Employee Arrival Algorithm

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).

Signs or symptoms of respiratory illness including:

Fever of 100°F or higher

Feeling Feverish • Cough or Sore throat • Shortness of Breath



A patient is in isolation – what does that mean?

That patient has some concerning symptoms, so they have been removed from the patient population to reduce the risk of transmission to other patients or staff.

A patient is removed from isolation – what does that mean?

That patient is reintegrated to the patient population because there's no concern that they have the virus.

Key takeaways regarding Ashley's preparedness and response levels:

- **We take the health and safety of our patients, families, and staff very seriously. At this time, both are our primary considerations.**
- **The situation is rapidly evolving and we are relying on our recently appointed Incident Command Center, which is a team of COVID-19 dedicated staff, to track guidelines issued by CDC and our county health department.**
- **Ashley was well-prepared for this crisis based on our staffing and existing flu protocol.**
- **To mitigate risk and/or potential spread, we've: 1) implemented strict screening guidelines for incoming patients 2) developed detailed algorithms to shape our response and campus readiness 3) reduced our census by approximately 30% to relieve the strain on our staff and support social distancing measures.**
- **Ashley is as well-prepared as possible for an unprecedented crisis.**

What is the threat level to you or your loved one?

- **We can't say that our environment poses no threat but we can confidently say that Ashley is taking any and all steps to ensure a safe environment for our patients and staff.**
- **We've vetted the screening protocols and operational response enacted by like residential providers and our approach to both meets or exceeds everything we've found.**
- **Ashley is operating as a health care provider would, meaning we are reaching for the highest possible standard in terms of environmental response and overall safety.**

Specific to IOP:

- **We reduced group size to 8 (will reduce to 6 on March 30th).**
- **Effective March 30th, we began offering telehealth IOP, OP, and medical services and, as a result, will offer significantly fewer in-person services.**
- **We are screening all patients upon arrival to the clinic.**