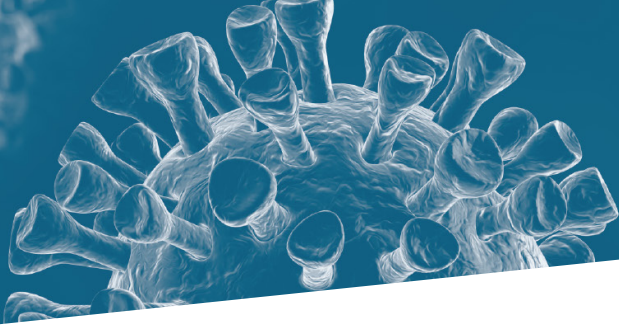




**NATIONAL EMERGENCY  
CROSS-SPECIALTY DEPLOYMENT  
PLAYBOOK**



Updated: MARCH 22, 2020



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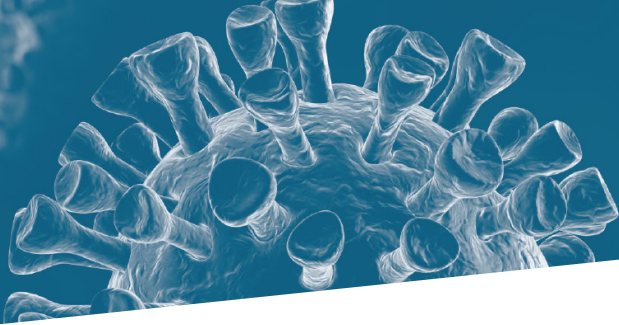
## PURPOSE

The following standard operation procedure (SOP) will enable teams to operationalize the deployment of providers across specialty and service lines in response to a national emergency or disaster. These guidelines are designed to manage team restructuring and organization for rapid mobility; appropriately allocate support resources with capacity (e.g., anesthesia clinicians because of elective surgery cancellations), and effectively establish workforce management to assist our hospital partners facing significant surge volumes in intensive care (ICU), emergency medicine (EM), hospital medicine (HM), occupational medicine, telemedicine and other areas.

Recommendations offered in this document are not intended to replace the medical judgment and/or discretion of the individual Provider, but are offered as a tool to enhance diagnosis and treatment for optimal patient safety.

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## QUICK GUIDE FOR DEPLOYMENT AND EMERGENCY DISASTER RESPONSE:

### Preparedness:

- 1) Identify Clinicians
- 2) Work with Hospital C-Suite
- 3) Align Clinician Preferences with Facility Needs
- 4) Assess PPE Availability
- 5) Complete Recommended Training: (see “Resources” below)

### Response Mode:

- 1) Execute Letter Agreement
- 2) Manage Scheduling Process
- 3) Continue PPE Assessment
- 4) Track Patient Encounters
- 5) Identify Communication and Peer Support Options

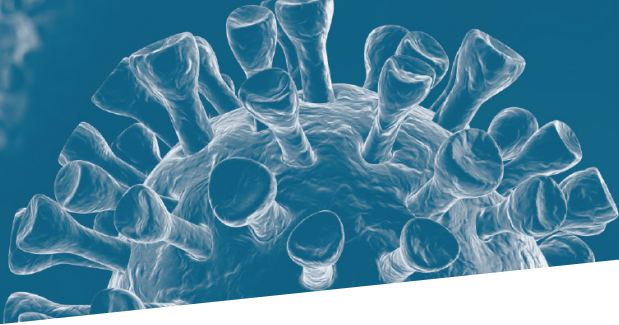
## RESOURCES

COVID-19 (the disease caused by SARS-CoV-2 virus) continues to spread throughout the world and is now demonstrating community spread throughout the United States. We ask that you read this information and take precautions to ensure the safety of yourself and your patients. Please continue to check the Clinical Updates section of Envision’s Coronavirus website ([EnvisionHealth.com/coronavirus](https://www.envisionhealth.com/coronavirus)) for the latest updates and new resources including patient care protocols and personal safety advice. Additionally, if you are an Envision clinician and have general questions about COVID-19, email [Coronavirus@EnvisionHealth.com](mailto:Coronavirus@EnvisionHealth.com).

## PREPAREDNESS FOR DEPLOYMENT:

### 1) Clinical Leadership

- a) **Role of Clinical SVP:** Collaborate with operational vice president and report to the Anesthesia Center of Excellence and appropriate Group President (National/Regional/Local).
- b) **Role of Regional Medical Director:** Collaborate with DOO and report to Clinical SVP.
- c) **Role of Clinical Site Medical Director (SMD):** Responsible for Anesthesia Resource Clinical Command and Control 24-hours a day. In this capacity:
  - i. Collaborate and report to regional medical director (RMD) and director of operations (DOO).
  - ii. Partner with Chief CRNA, Program Coordinator (PC) and Program Manager (PM) to delegate appropriate responsibilities, scheduling and reporting authority as needed to execute cross-specialty deployment.
  - iii. Monitor and report facility activity: Performance of elective cases, daily case volumes and fluctuations of resource capacity (i.e. personnel, PPE, facility supplies and equipment).
  - iv. Primary point of contact and resource for all clinicians under their direction.
  - v. Manage additional tasks delegated by RMD or Clinical SVP.
- d) **Role of Operational Leadership (VP, DOO, PM):** Responsible for all business operations and existing practices (in consultation with clinical dyad partner as needed).
- e) **Role of Additional Non-Clinical / Support Personnel (RSC):** Be available to function as operational and logistical support is needed.
- f) **Contact information for the national disaster deployment playbook coordination team:**
  - i. **James E. Johnson, M.D., SVP, Central Group** at [James.Johnson@shcr.com](mailto:James.Johnson@shcr.com) or 214.470.4706
  - ii. **Laurie Hogue, VP Group Operations, West Group** at [Laurie.Hogue@shcr.com](mailto:Laurie.Hogue@shcr.com) or 602.245.2320
  - iii. **Barbara Virt, VP, Integration Management Office** at [Barbara.Virt@shcr.com](mailto:Barbara.Virt@shcr.com) or 954.235.8119



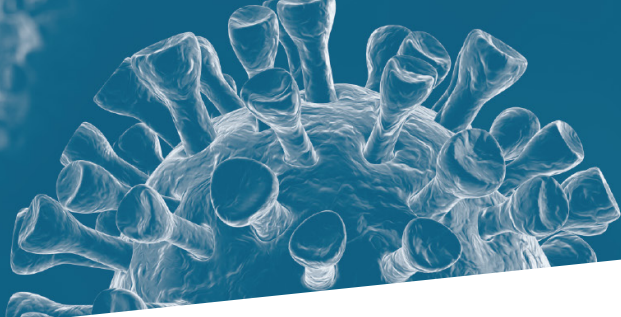
## 2) Clinician Recruitment Process

- a) **SMD:** Coordinate efforts to identify and recruit clinicians for deployment to EM, HM, ICU, and telemedicine in priority order. Clinicians may be assigned within their same facility, other facilities within their system or region or locations facing staffing shortages outside of the providers home region.
- b) **Redeployment Identification Process**
  - i. Cross-Specialty Coverage Survey: <https://www.surveygizmo.com/s3/5515160/Envision-Cross-Specialty-Coverage-Survey-week-of-3-22>
  - ii. Goals of Survey:
    - 1) Assess clinician interest, ability and availability to provide services outside of their region (including willingness to travel).
    - 2) Gauge provider comfort level outside of their primary services.
    - 3) Establish emergency support personnel for practices facing surges and staffing shortages in the areas of ICU, ED, telemedicine and as hospitalists.
- c) **Clinical Expectations**
  - i. ICU:
    - 1) Clinicians will staff an anesthesia critical care backup service. They will serve as a supporting role and assist the incumbent intensivists. Anesthesiologists' essential role is airway, ventilator management and cardiorespiratory support. Ventilator management will be evidence-based and protocolized for ARDS by the incumbent intensivists. Other extended responsibilities can include COVID-19 medication management per local therapeutic guidelines and protocol recognized for COVID-19 cardiac complications among other areas of care.
    - 2) Hospitalists will serve as the primary attending. They will be responsible for H&P, family meetings and overall coordination of care.
    - 3) Clinicians will receive constant oversight and support from the incumbent intensivists. Assistance beyond the above outlined roles will very much depend on your level of desire and level of interest in involvement.
    - 4) Clinician will work a pre-assigned shift within a 24-hour period.
    - 5) We are exploring the creation and ability to expand into telemedicine and remote ICU monitoring capacity.

- ii. ED - Front-End Process:
  - 1) Following COVID-19 algorithms, screening exams will determine “sick vs not sick.” This could occur within the EDs and/or outdoor tents in an effort to reduce contagion risk.
  - 2) Clinician will work pre-assigned shifts within a 24-hour period.
- iii. ED - ICU Holds/Critical Area:
  - 1) In the event that the EDs are holding ICU patients, anesthesiologists will assume care of these patients and possibly even continue care as they move to PACU or other alternative ICU sites being managed.
  - 2) Both of these scenarios would only be utilized once ED staff resources are either depleted or require time off.
- d) **Clinical redeployment identification should be an ongoing process.** Staff communications and emergency support requests should be sent to providers at least once per week.
  - i. Please refer to redeployment workflow chart: [CLICK HERE](#).

### 3) Facility Assessment, DoPs and FPPE

- a) **SMD / RMD:** Collaborate with facility leadership for Cross-Specialty Deployment.
  - i. Please contact SVP to discuss
  - ii. Business Development can assist with facility negotiations.  
Please contact **Brian Hoffson, Director, Business Development** at [Brian.Hoffson@shcr.com](mailto:Brian.Hoffson@shcr.com) or 954.804.6278
- b) **Legal Letter Agreement with Facility**
  - i. The legal team will draft a letter agreement to confirm key terms. Please submit all requests to **Raffaella Coelho, VP, Legal** at [Raffaella.Coelho@shcr.com](mailto:Raffaella.Coelho@shcr.com) or 954.939.5549.
  - ii. Please refer to letter agreement draft – FOR REVIEW PURPOSES ONLY: [CLICK HERE](#).
- c) **Facility Emergency Privileges and DoP**
  - i. Once facility has activated disaster response plans, please request a copy of emergency medical staff privileging requirements and procedures.
    - 1) If facilities have activated disaster response plans, there is potential for an expedited process.



- a. **Michael Foster, SVP, RSC, Southeast Group** will maintain an updated list of facilities that have active disaster response plans and procedures. This will be filtered and managed by the operating group contract list.
- b. **SMD / RMD:** Offer example emergency DoPs and FPPE documentation assistance to facility executives and medical service organizations (MSOs) to address the details of training, areas of expertise and the options for safely utilizing clinicians in primary or supporting roles in the ICU, ED and as hospitalists.
  - Please refer to the FPPE: [CLICK HERE](#).
- c. Once approvals have been received, the facility is responsible for all privileging activities. Envision Physician Services will assist with OPPE and FPPE as needed.

#### 4) Onboarding and Training

##### a) Medical Records / EMR

- i. May require additional training on hospital EMR system.
- ii. Preference: Keep clinicians within their primary facility or health system.

##### b) Peer Support

- i. Identify ICU experienced clinicians (“super users”) to train, orient and consult onboarding clinicians.
- ii. Complimentary online training: Society of Critical Care Medicine
  - 1) Critical Care for Non-ICU Clinicians: <https://sccm.org/covid19>

##### c) Credentialing

- i. Envision Physician Services credentialing department will prepare and provide paper or electronic documents at the request of hospital credentialing requirements.
- ii. SMDs: Request that clinicians prepare printed and digital copies of all standard privileging forms including a photo ID and medical license(s).

##### d) Billing Provider Enrollment and Revenue Cycle Management

- i. No enrollment required.
- ii. Procedural billing may be allowed for procedures performed at home site and fall within the scope of standard anesthesia practice (regional blocks, lines, intubation). **Note: This is not expected to be material or offset expense.**



- iii. Separately identify collections for the above procedures performed.
- iv. EM and critical care codes will not be billable.
- e) **Malpractice Coverage**
  - i. Envision Physician Services: Provides professional liability insurance coverage to W2 employees.
    - 1) Employees:
      - a. Physicians will be covered by existing certificate of insurance.
      - b. CRNAs will be covered by existing insurance if acting within the scope of practice as set out in state guidelines.
      - c. If a certificate of insurance is needed for clinical scope beyond anesthesia, EVPS' insurance carrier will require provider's name and a signed copy of Letter Agreement.
      - d. Contact **Eric Gardzina, VP of Insurance and CRM** if you need certificates of insurance at [Eric.Gardzina@EnvisionHealth.com](mailto:Eric.Gardzina@EnvisionHealth.com) or 615.240.3817.
    - 2) Independent Contractors (IC):
      - a. ICs who have not opted into our captive through payroll deduction may not be covered by our malpractice.
      - b. ICs **should inquire** with their own malpractice carriers to confirm this coverage.
    - 3) Record Patient Encounters:
      - a. Clinicians: Track encounters through logbook or other documentation.



## RESPONSE AND IMPLEMENTATION:

### 1) Legal Letter Agreement with Facility

- a) The legal team will draft a letter agreement to confirm key terms. Please submit all requests to **Raffaella Coelho, VP, Legal** at [Raffaella.Coelho@shcr.com](mailto:Raffaella.Coelho@shcr.com) or 954.939.5549.
- b) To the extent a contract is subsidized, we have the ability to add a provision stating amounts paid will offset other financial arrangements.
- c) Travel, food, transportation, and lodging outside of local markets are to be reimbursed by facility.

### 2) Scheduling

- a) Qgenda (anesthesia)
  - i. Build a generic ICU/EM assignment and schedule accordingly.
  - ii. Educate Operations team on tracking and utilizing daily tabs.
  - iii. Please send all questions to **Michael Foster, SVP Regional Support Center**, at [Michael.Foster@shcr.com](mailto:Michael.Foster@shcr.com) or 954.939.6456.
- b) Other non / centralized scheduling systems are to be managed locally.
- c) RMD/SMD: Collaborate with leadership to coordinate proper schedule.

### 3) Timekeeping

- a) Input through Qgenda or Kronos systems if available.
- b) Utilize manual timesheet and submit to front-end payroll.
  - i. Please refer to time record: [CLICK HERE](#).

### 4) Personal Protective Equipment (PPE)

- a) Envision Physician Services will ensure clinicians will have appropriate PPE available if hospital cannot provide.
  - i. Please note that clinicians **must receive hospital approval** before bringing in PPE.

### 5) Documentation

- a) Clinician: Track encounters through logbook or other documentation.
  - i. Please refer to logbook: [CLICK HERE](#).

## OPERATIONAL DETAILS:

### 1) Clinician Compensation

- a) Regular base compensation and/or productivity pay applies in accordance with clinician's employment agreement.
  - i. Premium pay may apply.
- b) ICs will be paid in accordance with their mutually agreed upon hourly rate.
- c) As this work is considered voluntary, no additional clinician contracts are required.

### 2) Payroll

- a) In accordance with regular payroll schedule.

### 3) Accounting

- a) Operations team will report to the subsidy team on a weekly basis regarding each facility's use of Envision Physician Services' clinicians in their region.
  - i. Subsidy team may require timesheets and legal agreements.
- b) Subsidy team to invoice facility for services.
  - i. Hospital may require tracking of hours in support of invoicing.
  - ii. Labor expense allocated to gaining specialty and facility AU (preferred).
  - iii. Revenue will be allocated to home site to offset labor expense.

### 4) Deployment Data

- a) Operations team: Gather daily use of clinicians at facilities and submit to:
  - i. **Michael Foster, SVP, Regional Support Center, Southeast Group** at [Michael.Foster@shcr.com](mailto:Michael.Foster@shcr.com) or 954.939.6456.
- b) SMDs: Refer to deployment survey results for clinician availability in your region. Michael Foster (listed above) and team will disseminate this list on a daily/weekly basis.
- c) SVPs/RMDs: Refer to assistance request tracking for hospitals and groups in your geographic region. Patrick Solomon (listed below) and team will disseminate this list on a daily/weekly basis.
  - i. **Patrick Solomon, Chief Strategy Officer, Business Development** at [Patrick.Solomon@shcr.com](mailto:Patrick.Solomon@shcr.com) or 954.260.2076.

## TRANSITIONING BACK TO STANDARD OF CARE:

### 1) Cross-Specialty Provider "Return to Normal Practice"

- a) Review use of manpower during crisis and determine most accommodating plan to return to normal practice.

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