

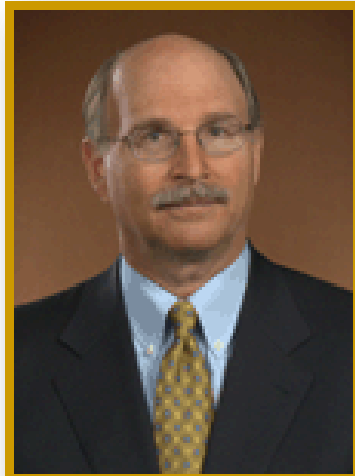
Fraud in the COVID Ecosystem

Survive and Thrive Guide™



July 7, 2022 - Webinar 189

Welcome



Charles Denham, MD

Chairman, TMIT Global
Founder Med Tac Bystander Rescue Care

**Med Tac Bystander Rescue Care
July 7, 2022**

***CareUniversity* Webinar 189**



Who You Gonna Call?



U.S. Department of Health and Human Services
Office of Inspector General

Search: [Submit a Complaint](#)

[About OIG](#) [Reports](#) [Fraud](#) [Compliance](#) [Exclusions](#) [Newsroom](#) [Careers](#) [COVID-19 Portal](#)

[Home](#) > [Fraud](#) > [Consumer Alerts](#) > Fraud Alert: COVID-19 Scams

Fraud Alert: COVID-19 Scams

i COVID-19 fraud is rapidly evolving. This page is frequently updated.

Last updated: **January 4, 2022**

1.1K

The U.S. Department of Health and Human Services Office of Inspector General is alerting the public about fraud schemes related to the novel coronavirus (COVID-19).

5 Things About COVID-19 Health Care Fraud

Watch later Share

5 THINGS About COVID-19 FRAUD

Report the Scam

HHS OIG Hotline

[TIPS.HHS.GOV](https://tips.hhs.gov)

[1-800-447-8477](tel:1-800-447-8477)

TTY: [1-800-377-4950](tel:1-800-377-4950)

Federal Trade Commission

[1-877-FTC-HELP](https://www.ftc.gov/whistleblower)

Related Information

- [Coronavirus.gov](https://www.cdc.gov/coronavirus)
- [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus)
- [USA.gov/coronavirus](https://www.usa.gov/coronavirus)
- [DOJ: Report COVID-19 Fraud](#)
- [Senior Medicare Patrol Information on COVID-19 Fraud](#)
- [HHS-OIG COVID-19 Portal](#)

Alert from Health & Human Services

- Fraudulent Tests
- HHS Grants
- Medicare Prescription Cards
- Identity Theft
- Fraudulently Bill Medicare



Fraud Definition

In law, fraud is intentional deception to secure unfair or unlawful gain, or to deprive a victim of a legal right. Fraud can violate civil law (e.g., a fraud victim may sue the fraud perpetrator to avoid the fraud or recover monetary compensation) or criminal law (e.g., a fraud perpetrator may be prosecuted and imprisoned by governmental authorities), or it may cause no loss of money, property, or legal right but still be an element of another civil or criminal wrong.

Source: <https://en.wikipedia.org/wiki/Fraud>

U.S. Department of Health and Human Services
Office of Inspector General

Search: [Submit a Complaint](#)

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- [USA.gov/coronavirus](https://www.usa.gov/coronavirus)
- [DOJ: Report COVID-19 Fraud](#)
- [Senior Medicare Patrol Information on COVID-19 Fraud](#)
- [HHS-OIG COVID-19 Portal](#)

1

Scammers are out there preying on COVID-19 fears.

2

Scammers can cause harm. They can fraudulently bill federal health care programs or commit identify theft.

3

COVID-19 fraud is rapidly evolving. Be cautious of unsolicited requests for personal information.

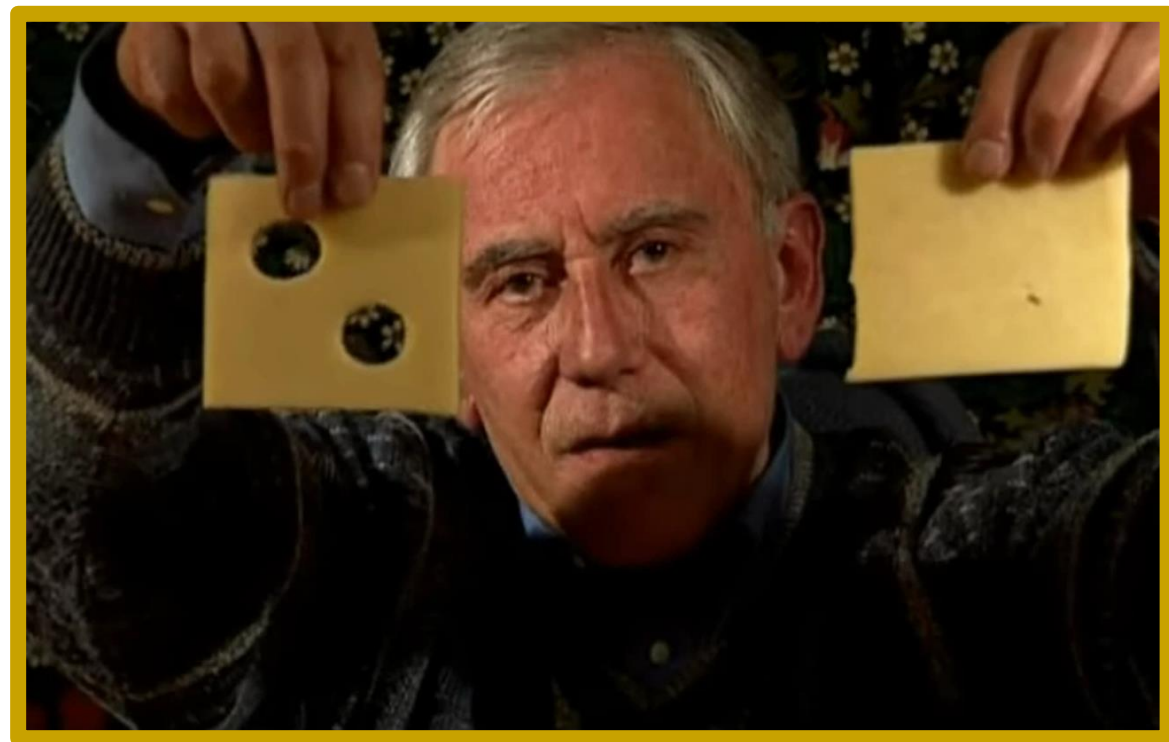
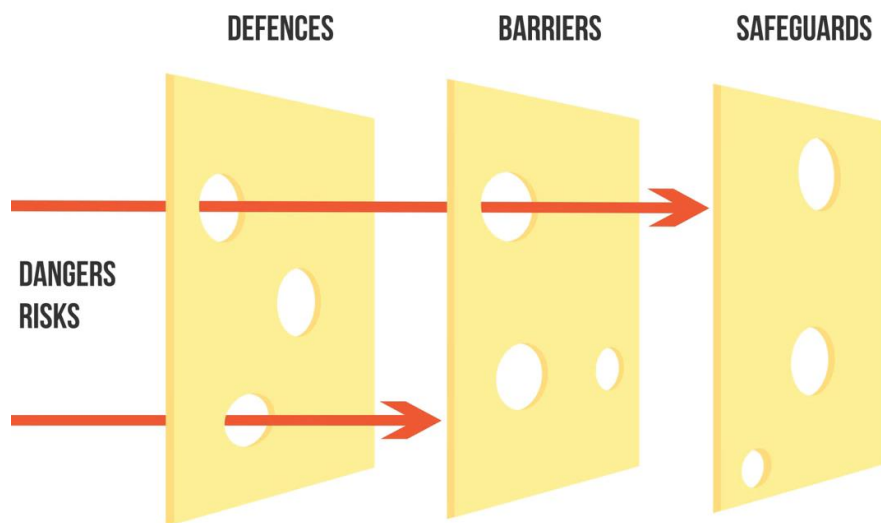
4

Talk to your doctor to get COVID-19 testing or treatments.

5

If you suspect fraud, take action.

SWISS Cheese Model

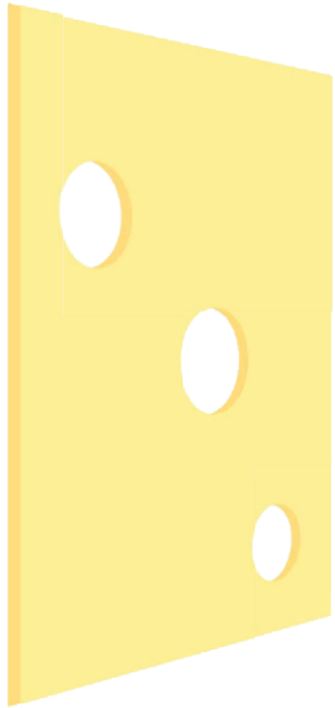


Professor James Reason

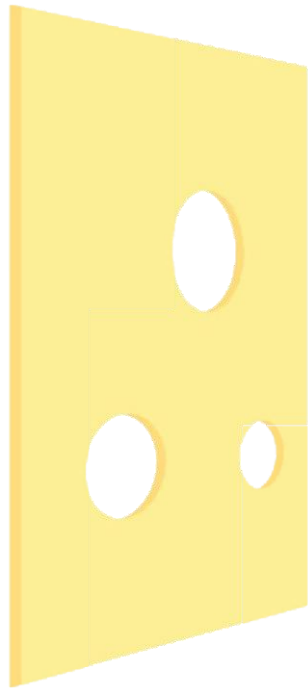
Source: <https://www.youtube.com/watch?v=KND5py-z8yl>

COVID Defense Strategies are Layers

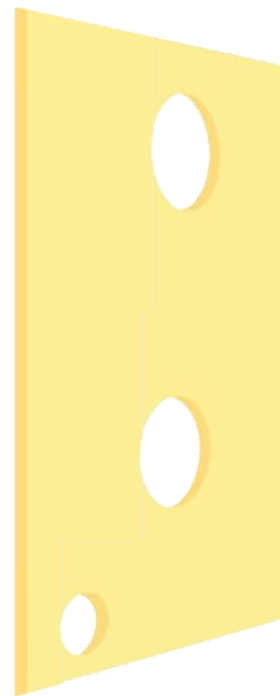
Distancing



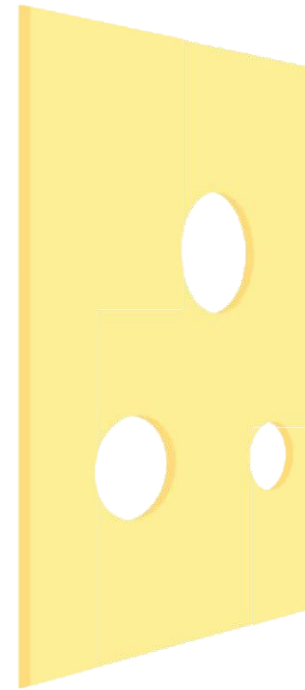
Masks



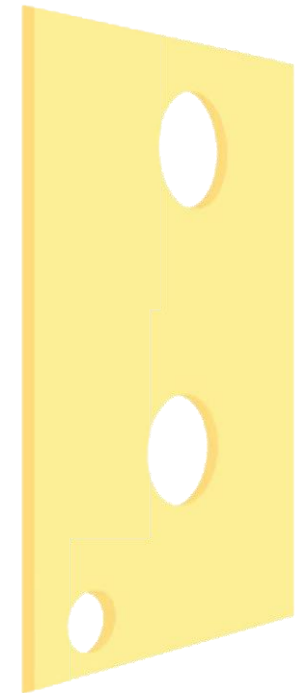
Disinfecting



Ventilation

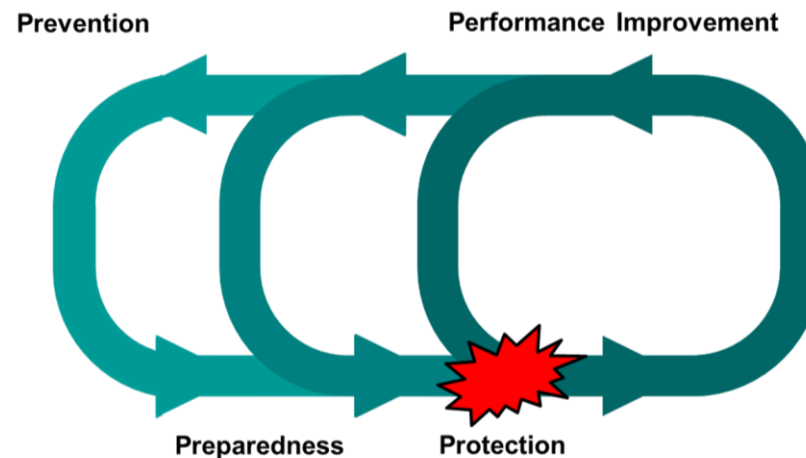


Testing



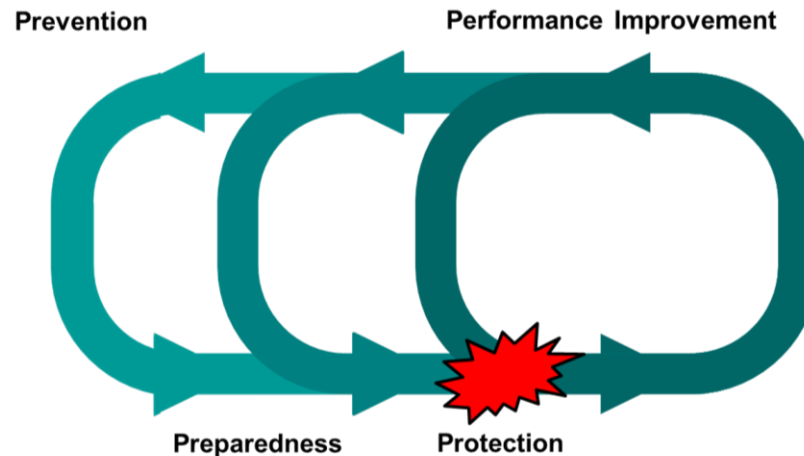
Fraud in the COVID Ecosystem

- Prevention: How to prevent harm from fraudsters



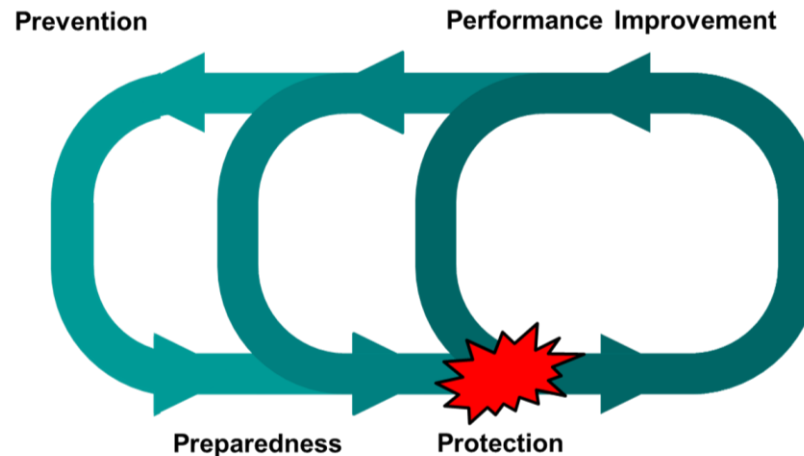
Fraud in the COVID Ecosystem

- ❑ Prevention: How to prevent harm from fraudsters
- ❑ Preparedness: How to be prepared for fraud



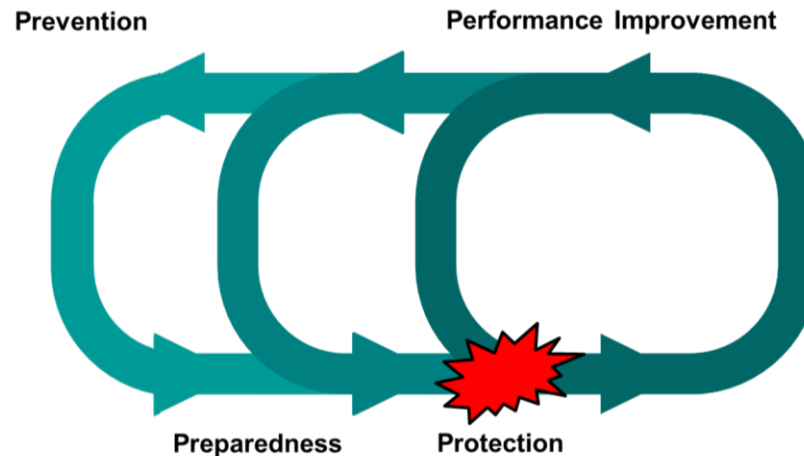
Fraud in the COVID Ecosystem

- ❑ Prevention: How to prevent harm from fraudsters
- ❑ Preparedness: How to be prepared for fraud
- ❑ **Protection: How to reduce harm if deceived**



Fraud in the COVID Ecosystem

- ❑ Prevention: How to prevent harm from fraudsters
- ❑ Preparedness: How to be prepared for fraud
- ❑ Protection: How to reduce harm if deceived
- ❑ **Performance Improvement: Learning from others**



Speakers & Reactors



Bill Adcox



Dr. Gregory Botz



Dr. Christopher Peabody



Charlie Denham III



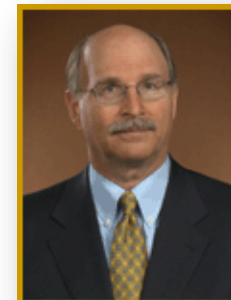
Jennifer Dingman



Heather Foster RN



David Beshk



Dr. Charles Denham



Our Purpose, Mission, and Values



Our Purpose:

We will measure our success by how **we protect and enrich the lives of families...patients AND caregivers.**

**EMERGING THREATS
COMMUNITY OF PRACTICE**

Our Mission:

To accelerate performance solutions that **save lives, save money, and create value** in the communities we serve and ventures we undertake.

CAREUNIVERSITY®

Our **ICARE** Values:

Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.



Disclosure Statement

The following panelists certify that unless otherwise noted below, each presenter provided full disclosure information; does not intend to discuss an unapproved/investigative use of a commercial product/device; and has no significant financial relationship(s) to disclose. If unapproved uses of products are discussed, presenters are expected to disclose this to participants. None of the participants have any relationship pharmaceutical or device companies discussed in their presentations. The funding of the program is from the Denham Family fund of TMIT Global, a 501c3 Medical Research Organization

- Dr. Gregory H. Botz has nothing to disclose.
- Chief William Adcox has nothing to disclose.
- David Beshk has nothing to disclose.
- Charlie Denham III has nothing to disclose.
- Heather Foster RN has nothing to disclose.
- Jennifer Dingman has nothing to disclose.
- Dr Charles Denham has nothing to disclose.

Charles Denham, MD, is the Chairman of TMIT Global; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for *Chasing Zero* documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for *Surfing the Healthcare Tsunami* documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonics, which produces a sterilization device, Trophon. HCC is a former contractor with Senior Care Centers. HCC is a former contractor for ByoPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company. His current area of research is in threat management to institutions including conflict of interest, healthcare fraud, and continuing professional education and consumer education including bystander care. Dr. Denham is the developer and producer of CareUniversity™, the learning management system providing continuing education materials for TMIT Global.

MED TAC Global About Values & Team Coronavirus Response Recorded Broadcasts Specialty Programs Student Outreach Research & Development CAREUNIVERSITY

MED TAC Global Coronavirus Care Community of Practice **Bystander Rescue Care CareUniversity Series**

June 2, 2022

REGISTER **JOIN EVENT**

Faith-based COVID Leadership: What We Have Learned to Serve Others

Session Overview

Join us to learn from faith-based leaders about how they have best served their memberships and flocks:

- Support of loved ones in hospital
- Best Practices in Long COVID Care
- Dealing with grief during the pandemic
- Delivering SAFE Good Samaritan Care
- Loving Friends and Family through Division

Hear from our faith-based leaders from multiple faiths and world class clinical experts of faith who are caring for families, friends, and patients.

Go to <https://www.medtacglobal.org/coronavirus-response/> for short videos covering the critical topics. Join as we focus on family Readiness, Response, Rescue, Recovery, and Resilience.

We offer these online webinars at no cost to our participants.

Webinar Video, and Downloads

The webinar video will be available within five (5) business days after the webinar.

Speaker Slide Set:

The slides will be posted here before the webinar begins.

Date, Time, Dial-in Information, & Objectives

June 2, 2022

- 01:00 PM to 2:30 PM Eastern Time
- 12:00 PM to 1:30 PM Central Time
- 11:00 AM to 12:30 PM Mountain Time
- 10:00 AM to 11:30 AM Pacific Time

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Dial-in Info: Audio will be provided through your computer (VoIP) at no cost to you. If VoIP is not an option on your computer, or if you choose to join by phone only, you can use either of the following numbers to dial-in: 1-669-900-6833 OR 1-646-876-9923 Webinar ID: 894 0794 1578. If you use this dial-in number, you will be charged by your local phone company or long-distance provider for the call.

Learning Objectives:

- **Awareness:** Participants will be made aware of the opportunities for improvement of dealing with COVID from a 1,000 household 24 month study.
- **Accountability:** Participants will understand who can be accountable for improving COVID safety in the home and in the community.
- **Ability:** Participants will learn about the know-how necessary for improving COVID safety in the home and in the community.
- **Action:** Participants may understand what line-of-sight actions may be taken to improve COVID safety in the home and in the community.

To request a Participation Document, please [click here](#).

The CAREUniversity Team of TMIT Global, approved by the California Board of Registered Nursing, Provider Number 15996, will be issuing 1.5 contact hours for this webinar. TMIT Global is only providing nursing credit at this time.

Session Speakers and Panelists

Charles Denham, MD

BIO

Lacey Hart, M.B.A., D.D. h.c.

BIO

Christopher R. Peabody, MD, MPH

BIO

Jennifer Dingman

BIO

Charlie Denham

BIO

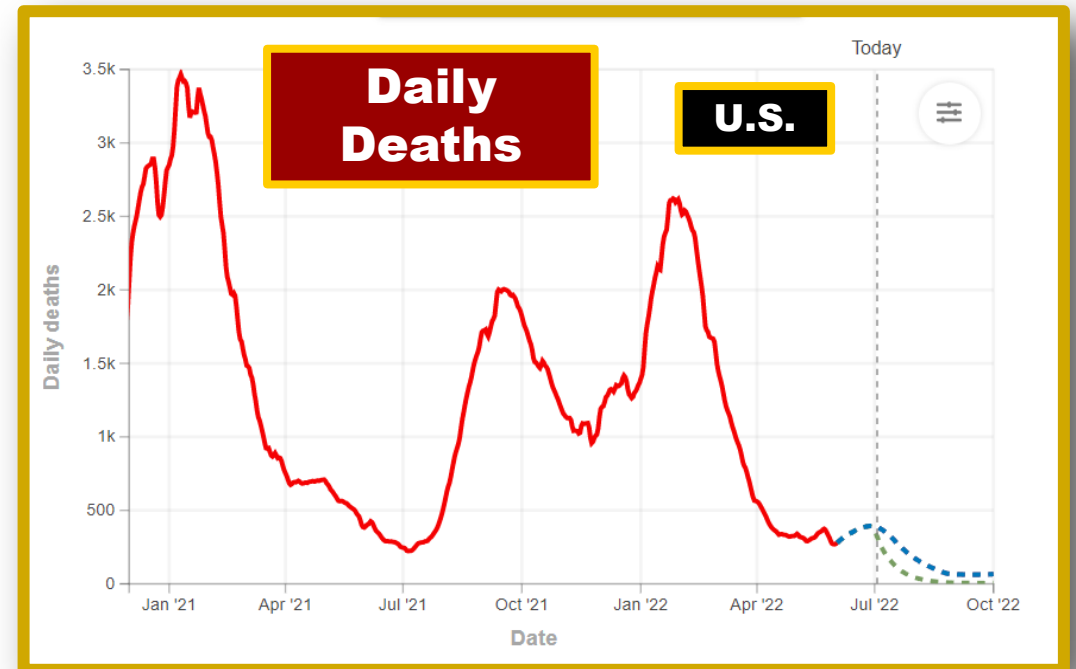
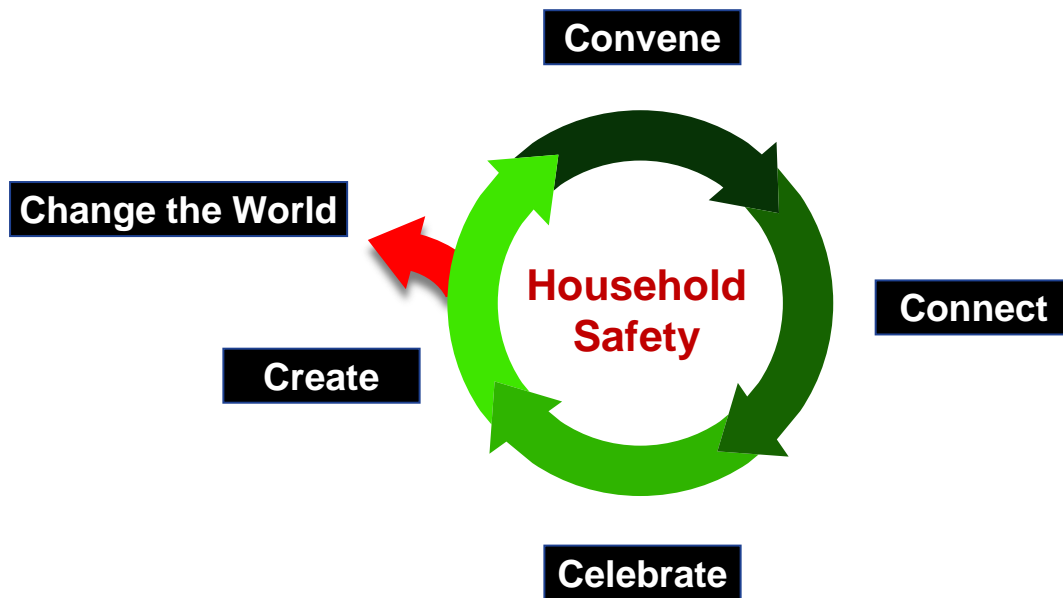
David Beshk

BIO

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Austin, Texas

Coronavirus Care Community of Practice

2022 Q3 Progress Report



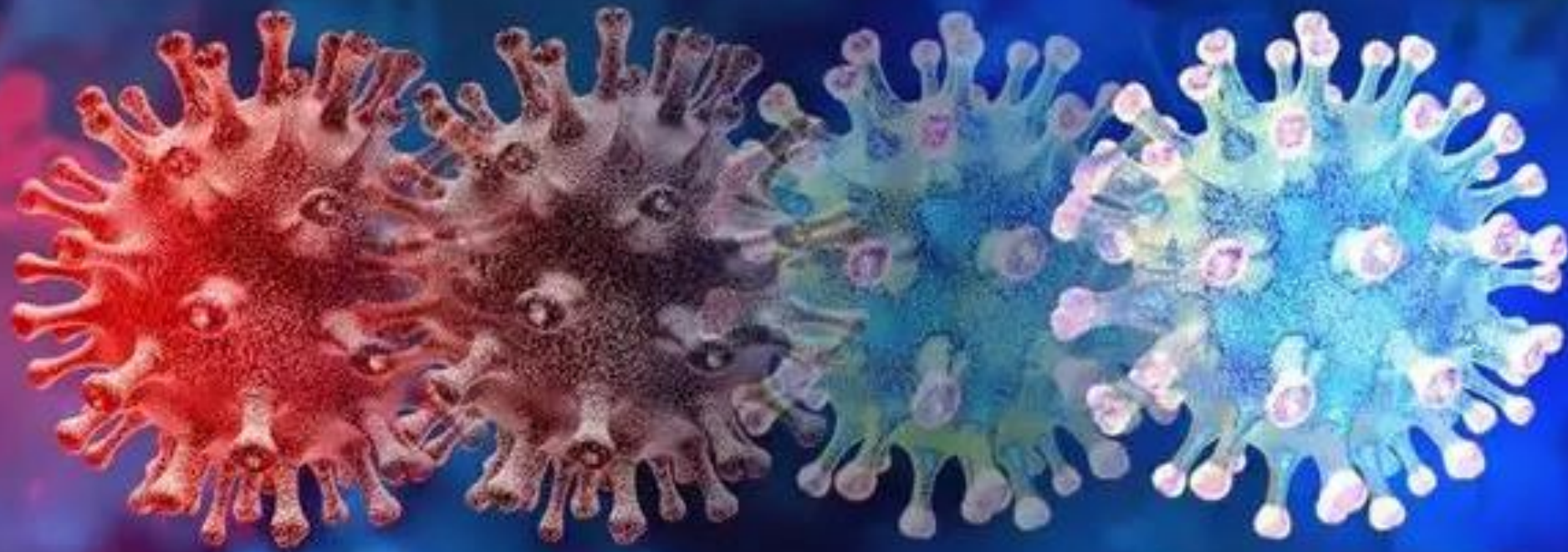
Coronavirus Care Community of Practice

2022 Q3 Progress Report



www.medtacglobal.org/coronavirus-response/

Coronavirus: Not Done Yet!



Alpha

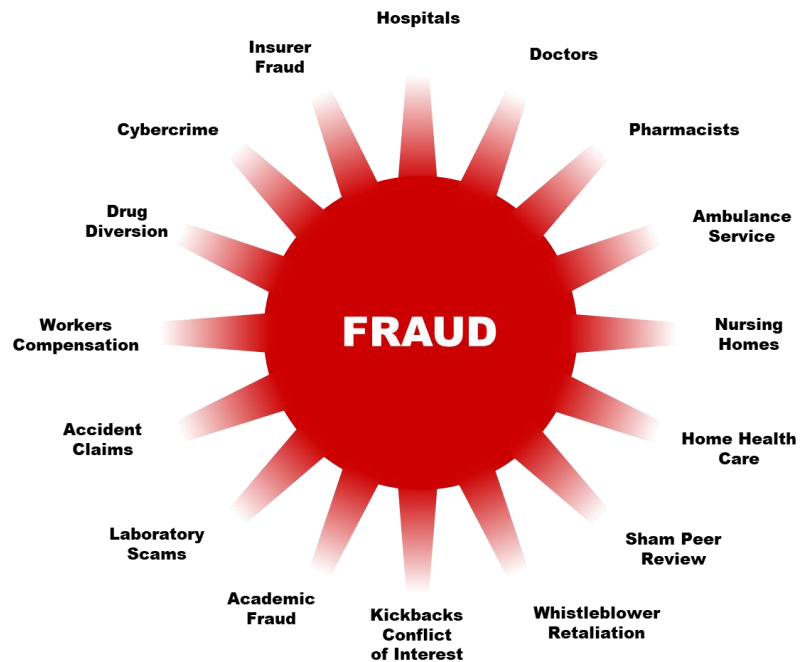
Beta

Delta

Omicron

Fraud Status and The Basics

- Coronavirus - where are we...BA 4, BA 5
- Swiss Cheese Model
- 4 P's: Prevention, Preparedness, Prevention, Performance Improvement
- Left of Boom
- Supplier, Provider, and Purchaser Value Chain
- The Narratives: Competing Stories
- Misinformation, Disinformation, and Malinformation
- Emerging Threats
- 5 Rights of Medical Records
- 5 R Family Plan: Readiness, Response, Rescue, Recovery, and Resilience





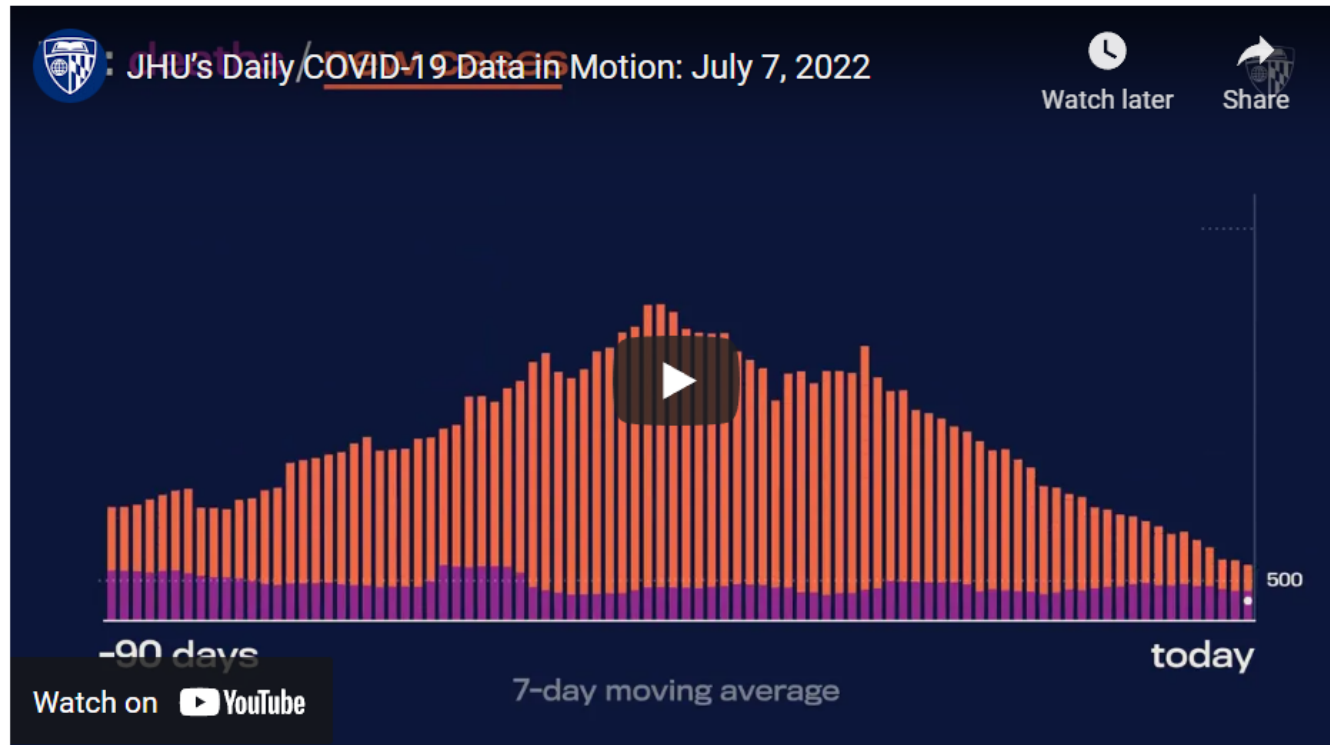
COVID-19 DATA IN MOTION: THURSDAY, JULY 7, 2022

SHARE

Friday COVID-19 Expert Briefing

Please watch and participate in the Johns Hopkins 30-minute COVID-19 briefing on Fridays, from noon to 12:30pm to get expert insights on what you need to know now.

Visit



More Information

[JHU's Daily COVID-19 Data in Motion](#) report shares critical data on COVID-19 from the last 24 hours. Explore COVID-19 trends around the world with our in-depth data tracking:

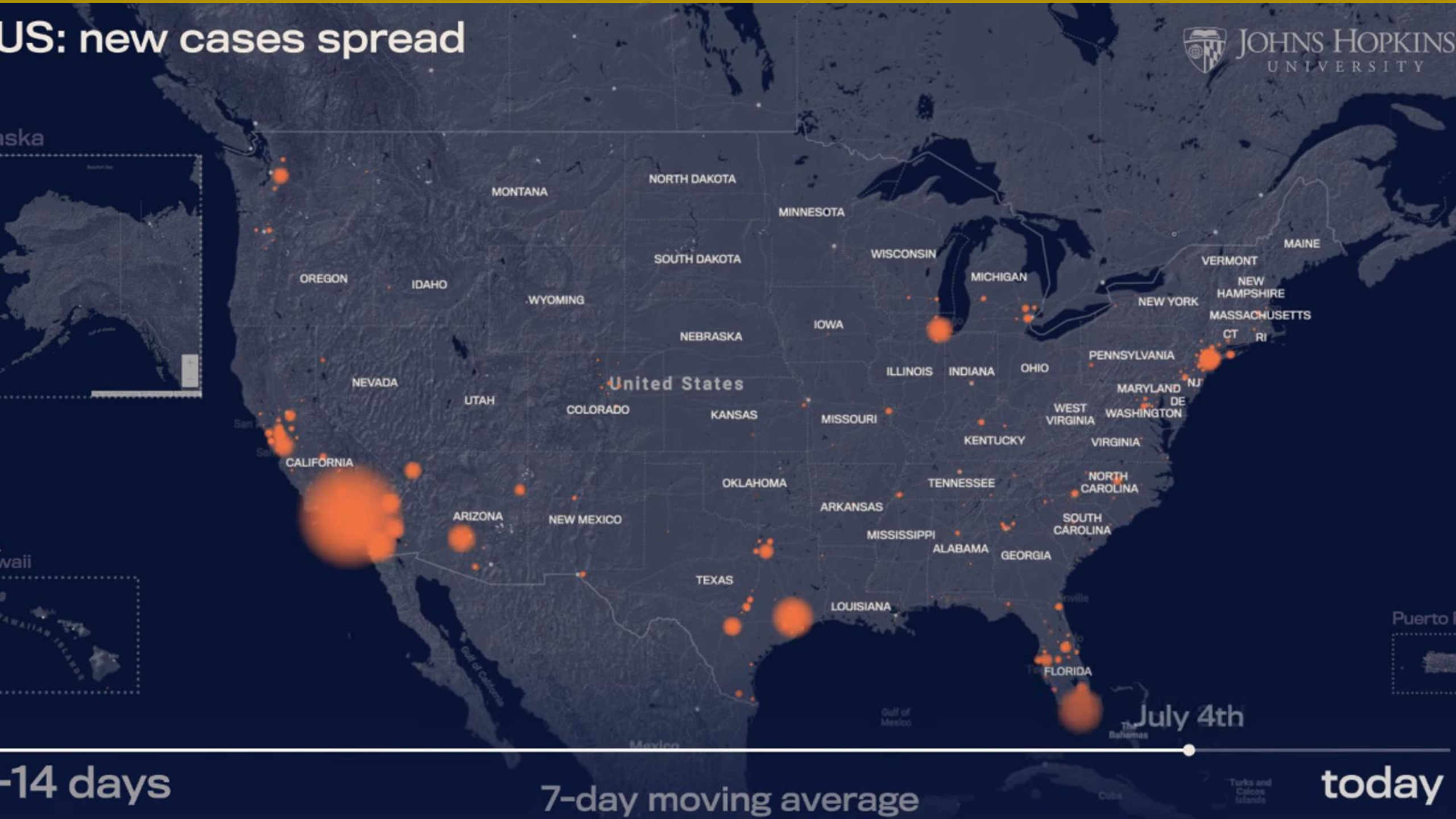
[New cases and cumulative cases](#)

[US New deaths and cumulative deaths](#)

[US Daily new cases, testing, and positivity ratio by US state](#)

[New cases by country](#)

US: new cases spread



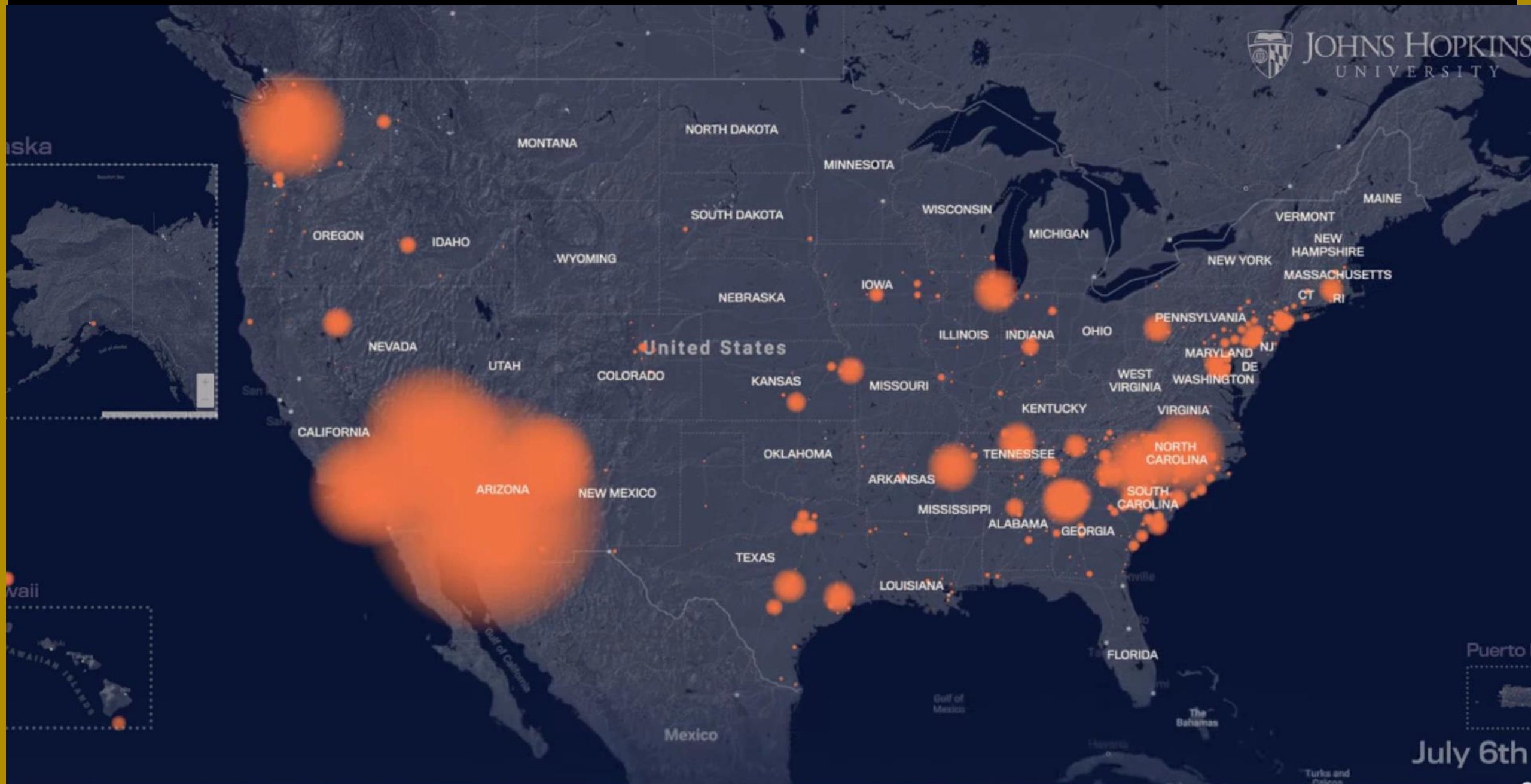
-14 days

7-day moving average

today



JOHNS HOPKINS UNIVERSITY

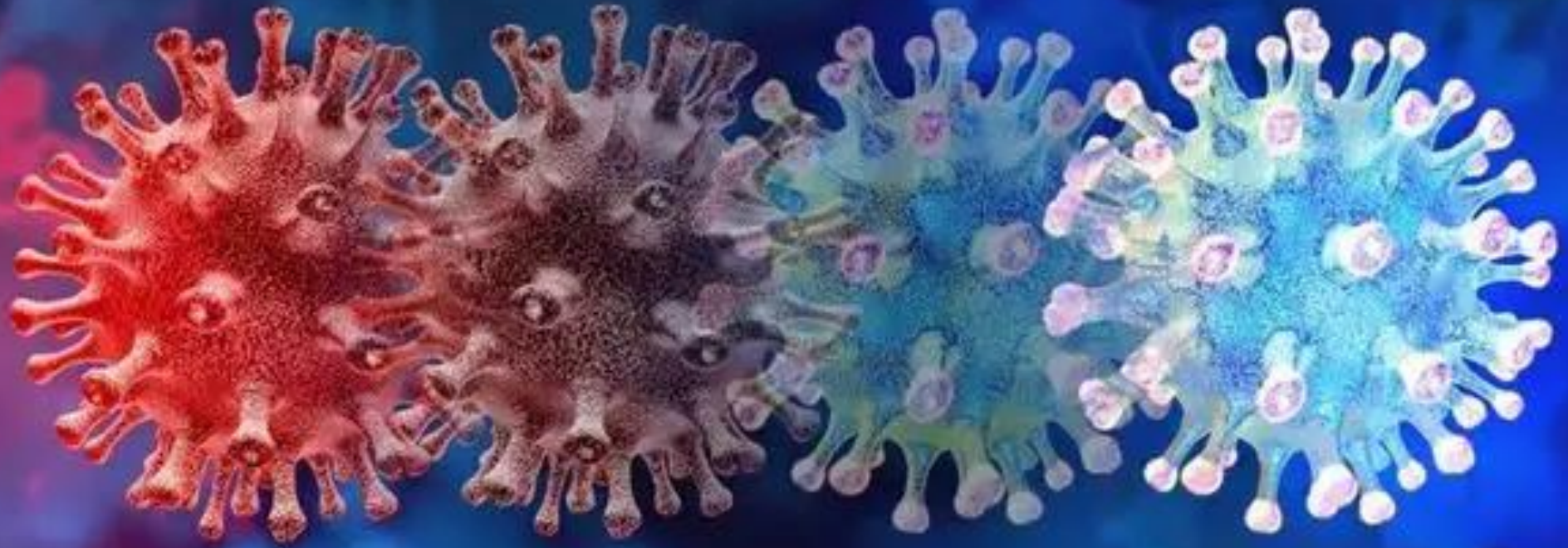


-14 days

today

July 6th

Variant Evolution



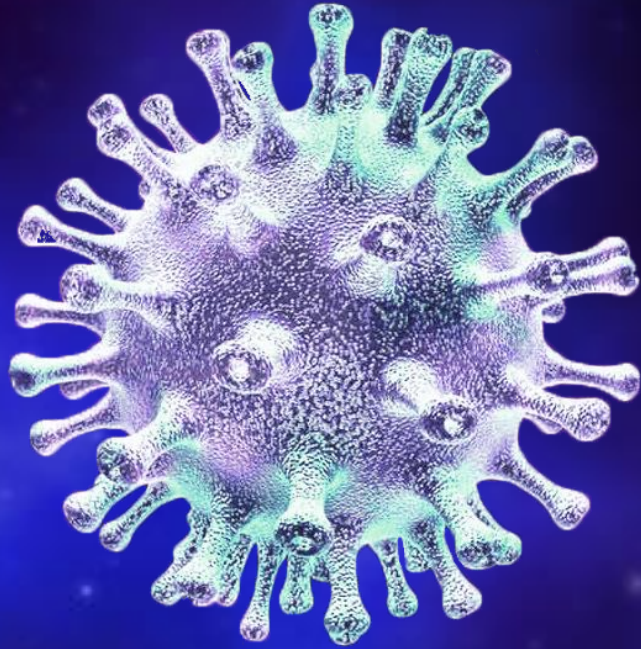
Alpha

Beta

Delta

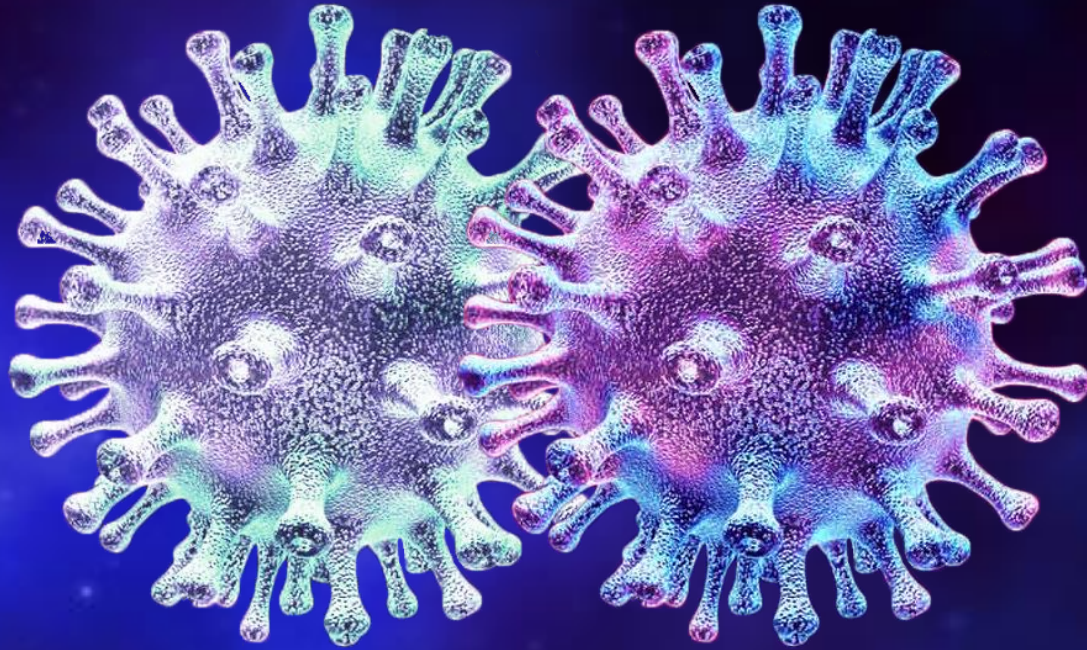
Omicron

Variant Evolution



Alpha

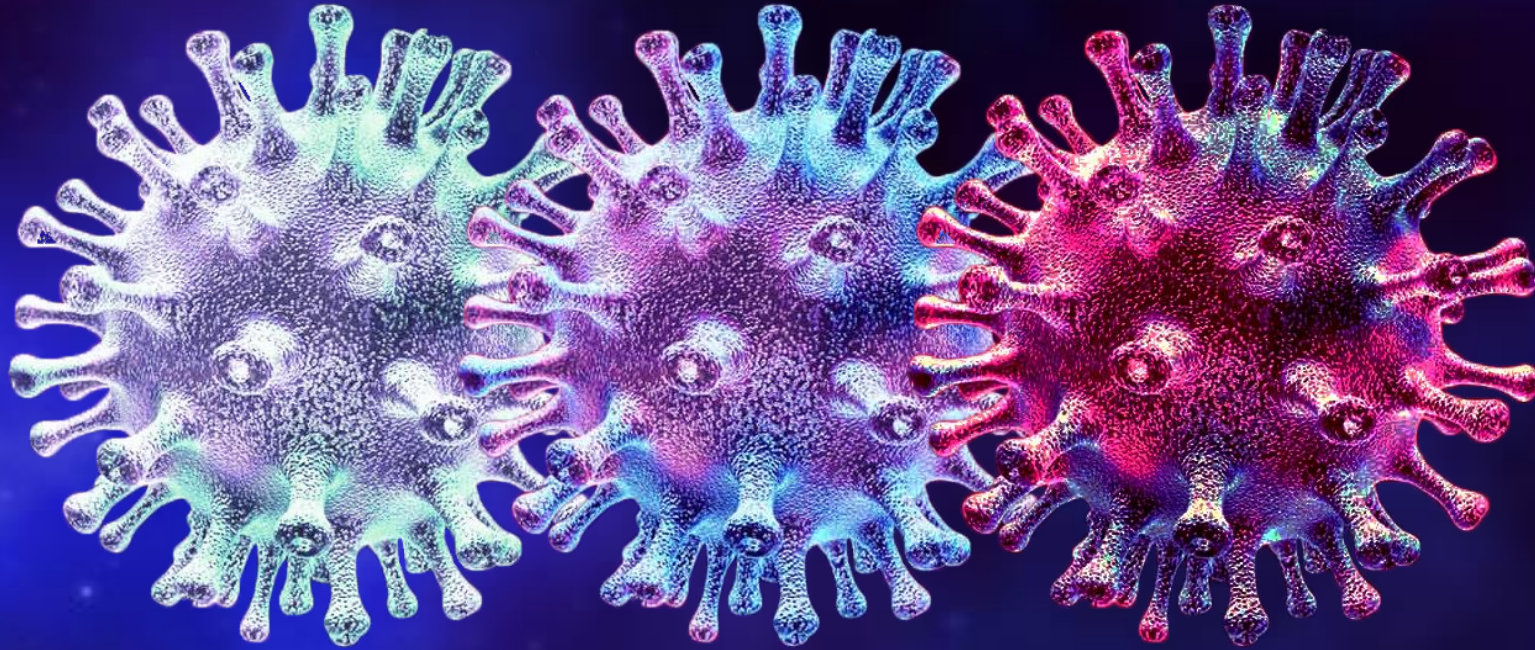
Variant Evolution



Alpha

Beta

Variant Evolution

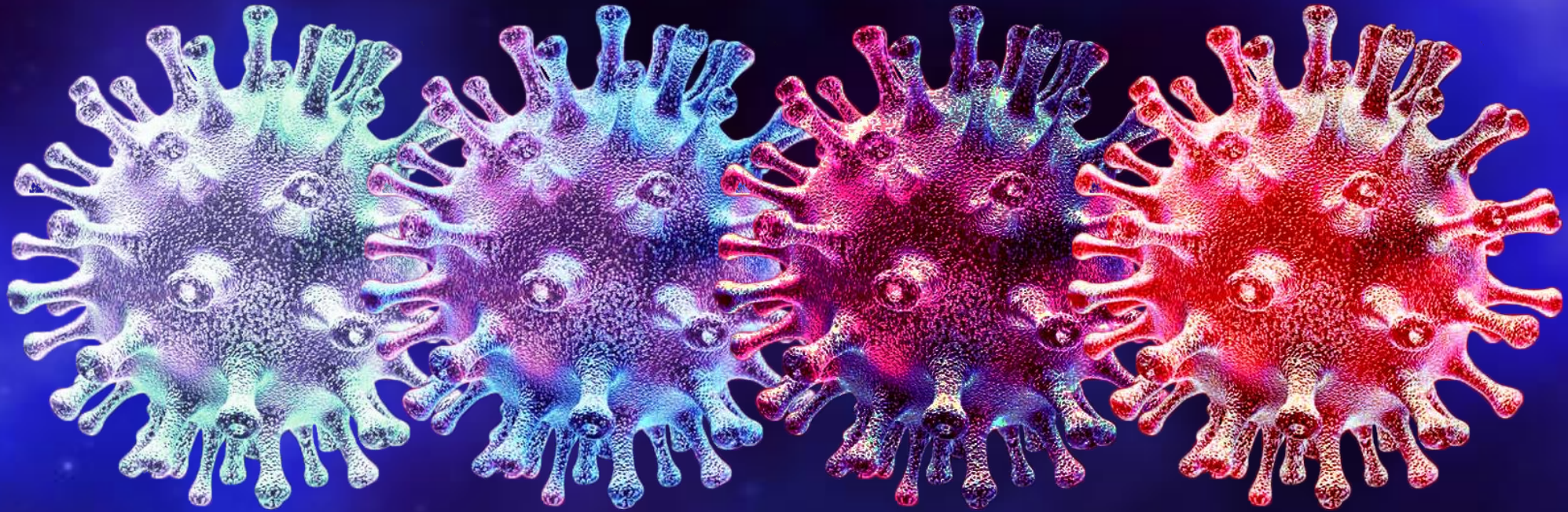


Alpha

Beta

Delta

Variant Evolution



Alpha

Beta


Delta

Omicron

TMIT Global Research Test Bed & 500 Subject Matter Expert Pool

Survive & Thrive Guide: Keeping Your Family Safe

TMIT Global Research Test Bed
3,100 Hospitals in 3,000 Communities
500 Subject Matter Expert Pool Developed over 35 Years



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CareUniversity Med Tac Bystander Rescue Care

Survive & Thrive Guide: Protecting Your Family



500 Subject Matter Experts

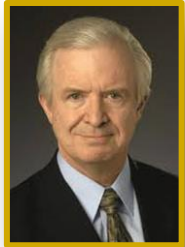
Graphic Representation to Protect Expert Privacy

CareUniversity Med Tac Bystander Rescue Care



Coronavirus Care Community of Practice

Bystander Rescue Care *CareUniversity Series*



John Nance JD



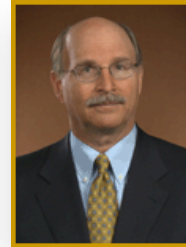
Dr. Gregory Botz



Chief William Adcox



Heather Foster



Dr. Charles Denham



Dr. Casey Clements



Beth Ullem



Dr. McDowell



Dennis Quaid



Preston Head III



Fred Haise



Dr. Steve Swensen



Tyler Sant



Avarie Pettit



Dr. Mary Foley



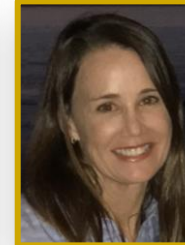
Bob Chapman



Perry Bechtle III



Becky Martins



Betsy Denham



Charlie Denham III



Dr. C Peabody



Dr. Chris Fox



Randy Styner



Tom Renner



David Beshk



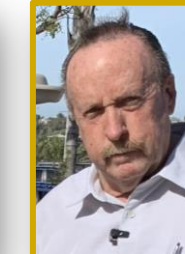
Ann Rhoades



Nancy Conrad



Dr. Chopra



John Little



Debbie Medina





Coronavirus Care Community of Practice

Bystander Rescue Care *CareUniversity Series*



Matt Horace



John Tomlinson



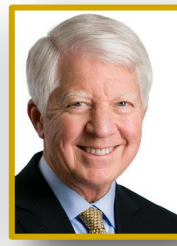
Dan Ford



Arlene Salamendra



Jennifer Dingman



Bill George



Penny George



Hilary Schmidt PhD



Paul Bhatia EMT



Dr. McDowell

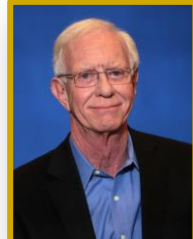
Contributions Through Segments of our *Discovery Channel* Documentaries



Prof Christensen



Jim Collins



C Sullenberger



Charlotte Guglielmi



Dr. Don Berwick



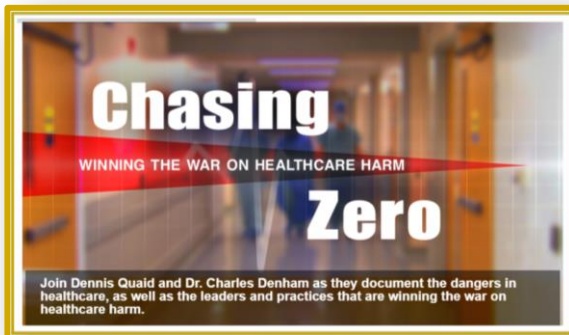
Dr. Howard Koh



Dr. Jim Bagian



Dr. Harvey Fineberg



Coronavirus Care Results

- **Established National Community of Practice**
- **Launched Multi-center 1,000 Family Household R&D Study**
- **50 Ninety Minute Broadcasts and Online Programs**
- **26 *Survive & Thrive Family Training* Programs**
- **Produced a National Campus Safety Summit**
- **Published Multiple Articles Providing Guidance**
- **Established Student Led College & Alumni Programs**
- **Delivered Free Continuing Education for Caregivers**
- **Short Videos for Mobile Viewing**
- **Rapid Response to Family Gatherings**
- **National Vaccine Hesitancy Student Outreach**
- **Smart Phone Mobile Applications**

Survive & Thrive Guide™ Program Road Map

Survive & Thrive Guide Series: Coming Home Safely

Hot Zone
Public & Work Exposure



Warm Zone
Disinfection Area



Safe Zone
Home with Family



August 6, 2020

Keeping Our Kids Safe



LEAD

Creating Your Family Safety Plan



Safety Plan Templates for Everyone



- Awareness
- Accountability
- Ability
- Action

Providing Care at Home



Home Care

- Seniors
- Care Team
- Care Room Set Up
- Supplies

Updating Your Family Safety Plan



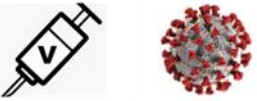

Emergency Rescue Skills



What To Do – They're in the ICU



Vaccines, Variants, and Victory





Long Haulers & Severe COVID Recovery

PACS
Post-Acute COVID-19 Syndrome

MIS-C
Multisystem Inflammatory Syndrome in Children

MIS-A
Multisystem Inflammatory Syndrome in Children




10 Best Practices for Reopening



The New Normal & The 4 P's

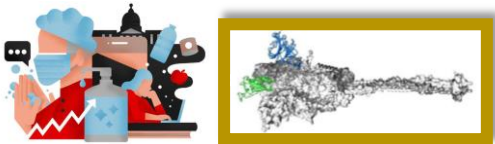
Prevention Performance Improvement



Preparedness Protection

Survive & Thrive Guide™ Program Road Map

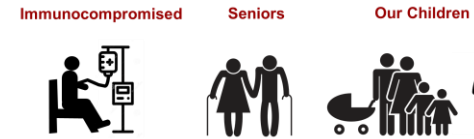
Dealing with Delta: The Critical FAQs



Essential Worker Toolbox



Special Care for Special Populations



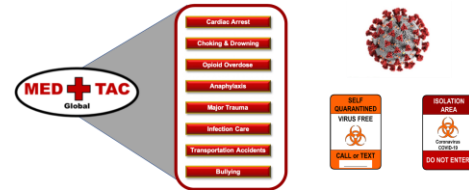
Safer Holidays & Safer Families



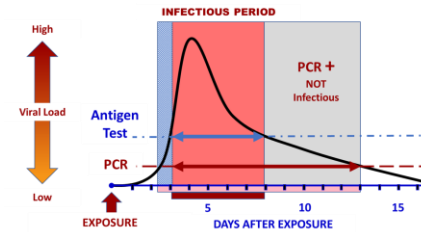
Omicron and Back to Work



Bystander Rescue Care & Omicron



Testing to Navigate Care



Our Stressed Emergency Safety Net



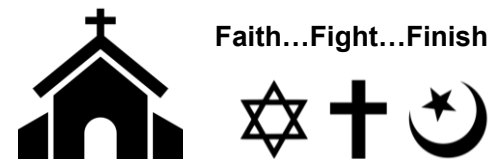
The Next Normal



1,000 Household COVID Study



Faith-based COVID Leadership



Fraud in the COVID Ecosystem



Youth & Young Adult Team



D Contreras EMT
Harvard



Ivy Tran EMT
Harvard



Nick Scheel
UCSB



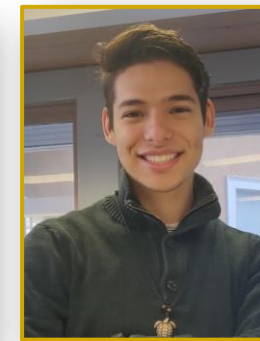
Sophia McDowell
California Inst. of Arts



Audrey Lam EMT
USC



Jacqueline Botz
Chapman



Luis Licon
UCI Alum



Melanie Rubalcava
UCSD



Charlie Denham III
High School Lead



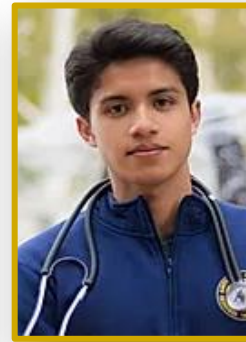
Charlie Beall
Stanford Alum



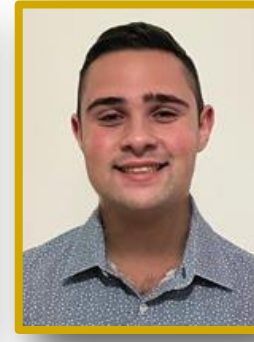
Marcus McDowell
U of Cincinnati



Jaime Yrastorza
UCSD Pre-med



Paul Bhatia EMT
UCI Pre-med



D Policichio
NYU Film



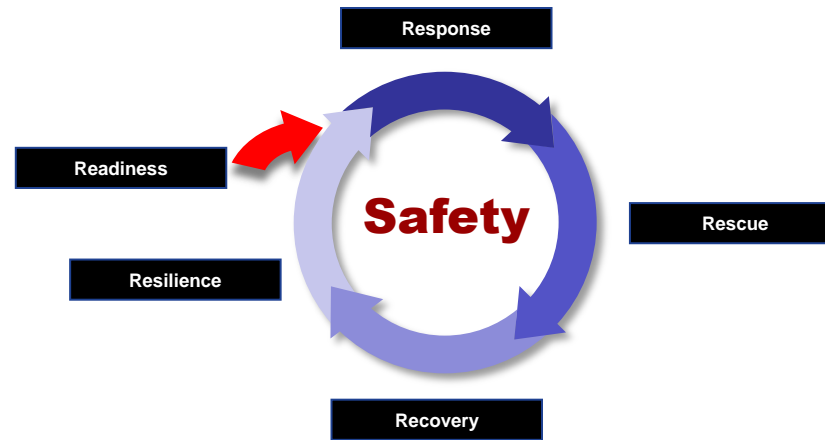
Manue Lopez
Berkeley Alum



Preston Head III
UCLA Alum



Family Rescue R&D



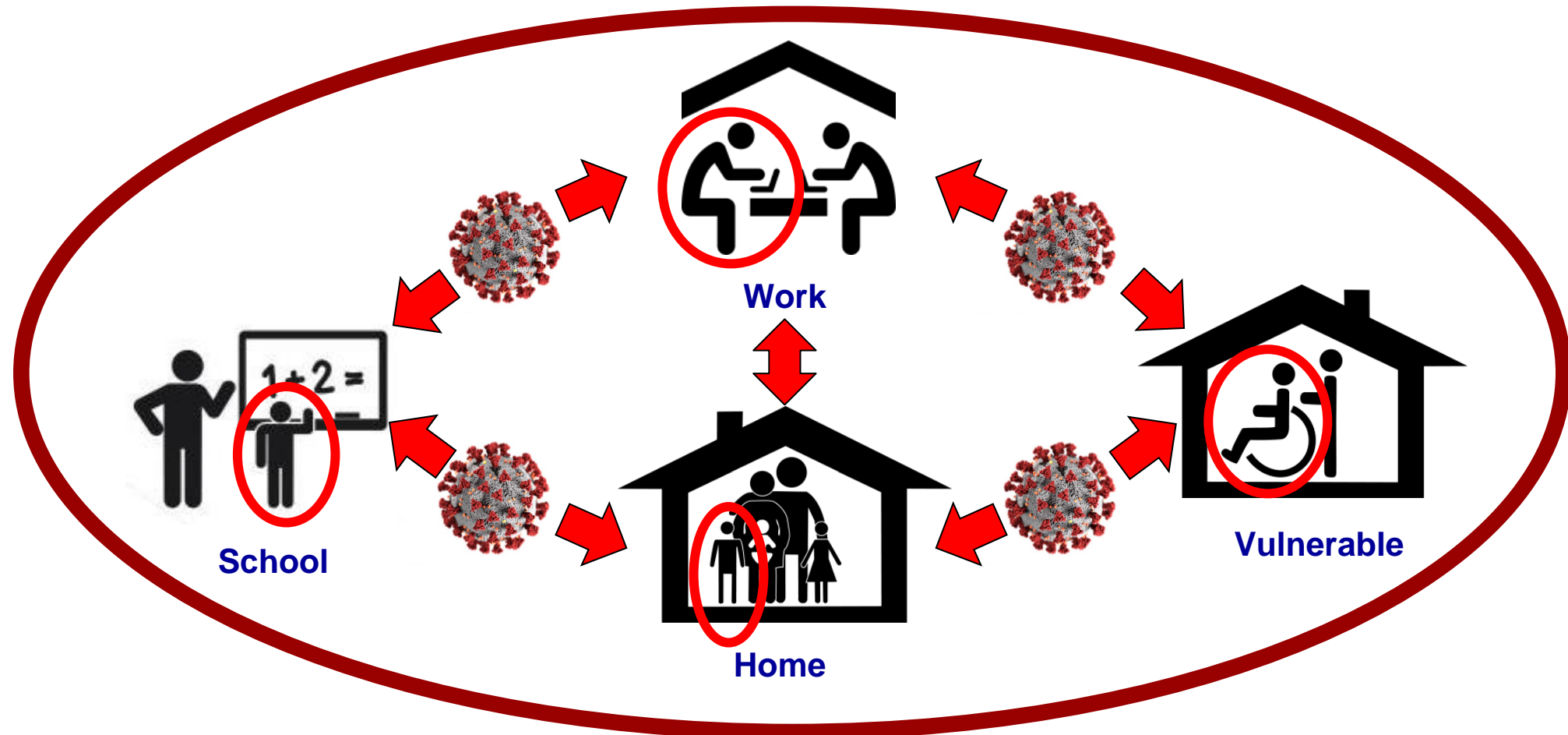
The 5 R's of Safety



**Educators
Declared
Essential Critical
Infrastructure
Workers**



Save the Families... You Save the Worker



Monthly Webinars every first Thursday of the month at 1PM ET (Noon Central and 10AM PT). Free, video, and resources posted.

Navigation menu: About, Values & Trust, Coronavirus Response, Recorded Broadcasts, Specialty Programs, Student Outreach, Research & Development, CareUniversity. Short Videos, Survive and Thrive Guide™ Courses, Resources, Certificate Course, Caregiver/CME/CEU Courses, Care at Home Courses.

Text: This webpage and videos have been produced for essential infrastructure workers and general public families. We have drawn on our network of 500 subject matter experts and a patient safety community of practice of 3,100 hospitals in 3,000 communities to tackle the Coronavirus Crisis.

Section: Protecting You & Your Family

- September 2021 Progress Report
- View 10 Minute Programs Online
- View Short Video Summaries

Coronavirus Care Community of Practice | Bystander Rescue Care CareUniversity Series

We have organized important information into Short Video Topics and longer Survive & Thrive Guide™ Courses below.

Short Video Topics

Masks: Filter, Fit, and Finish

- Hand Washing & DISINFECTANTS
- CLEAN High Contact Surfaces
- Building a FAMILY SAFETY PLAN
- If we NEED Emergency Care
- Why ICU, Respirators, and ECMO
- Family Lifeguard Program
- Vaccination Conversation

Survive and Thrive Guide™ Courses

Program Road Map

This short clip provides the highlights of the courses that have been developed for Essential Worker Families and the Public.

The following Survive and Thrive Guide™ Courses are organized in reverse chronological order to allow you to review the latest information first. They have been produced since March of 2020.

Dealing with Delta: The Critical FAQs	10 Best Practices For Reopening
Long Haulers & Severe COVID Recovery	Vaccines, Variants, and Victory
What To Do - They're in the ICU	Emergency Rescue Skills
Your 2021 Family Safety Plan	Providing Care at Home
Safety Plan Templates for Everyone	Creating Your Family Safety Plan
Keeping Our Kids Safe	Coming Home: Safety

The table below provides resource articles that may be downloaded and links to video assets provided to help viewers understand the science behind the COVID Safe Practices.

Title	Date	Description
Delta Surge Means Reopening, Articles, and Video	10/15/21	This article addresses a surge in the rate of the delta variant of COVID-19. It includes information on the delta variant, why it is a worry, and how to protect yourself.
Comparison of two highly-effective mRNA vaccines for COVID-19 during periods of Delta and Delta variant exposure posted 08-08-21	08/08/21	This article for readers at the Med+TAC is prepared to help you understand the science behind the COVID-19 vaccines from the Delta variant. The authors' assessment explains monitoring effectiveness with the COVID-19 variants.
Delta is Bad News for Kids, Adults 06-15-21	06/15/21	This article addresses the explosive growth of COVID-19 and the development of RSV. The seriousness of the Delta variant is described.

Short Video Topics

Masks: Filter, Fit, and Finish

- Hand Washing & DISINFECTANTS
- CLEAN High Contact Surfaces
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- If we NEED Emergency Care
- Why ICU, Respirators, and ECMO
- Family Lifeguard Program
- Vaccination Conversation

- SHORT TOPIC:
- Short Videos 4-10 min
 - Critical Information
 - Hits Pillars of Prevention

Survive & Thrive Guide™ Program Road Map

- Survive & Thrive Guide Series: Coming Home Safety
- Keeping Our Kids Safe
- Creating Your Family Safety Plan
- Safety Plan Templates for Everyone
- Providing Care at Home
- Your 2021 Family Safety Plan
- Emergency Rescue Skills
- What To Do - They're in the ICU
- Vaccines, Variants, and Victory
- Long Haulers & Severe COVID Recovery
- 10 Best Practices for Reopening
- The New Normal & The 4 P's

- SURVIVE & THRIVE 90 MINUTE COURSES:
- Longer more detailed
 - Webinar Recordings
 - Technical Information

Related Resources

Resources:

Care of the At Risk & Seniors at Home

www.medtacglobal.org/coronavirus-response/

1,000 Worker Study

The 5 R's of Safety



HEAD



HEART



HANDS



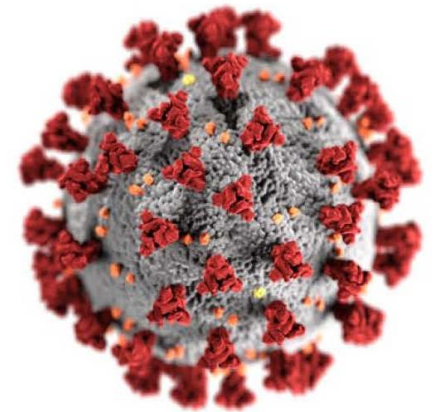
VOICE

Voice of the Patient

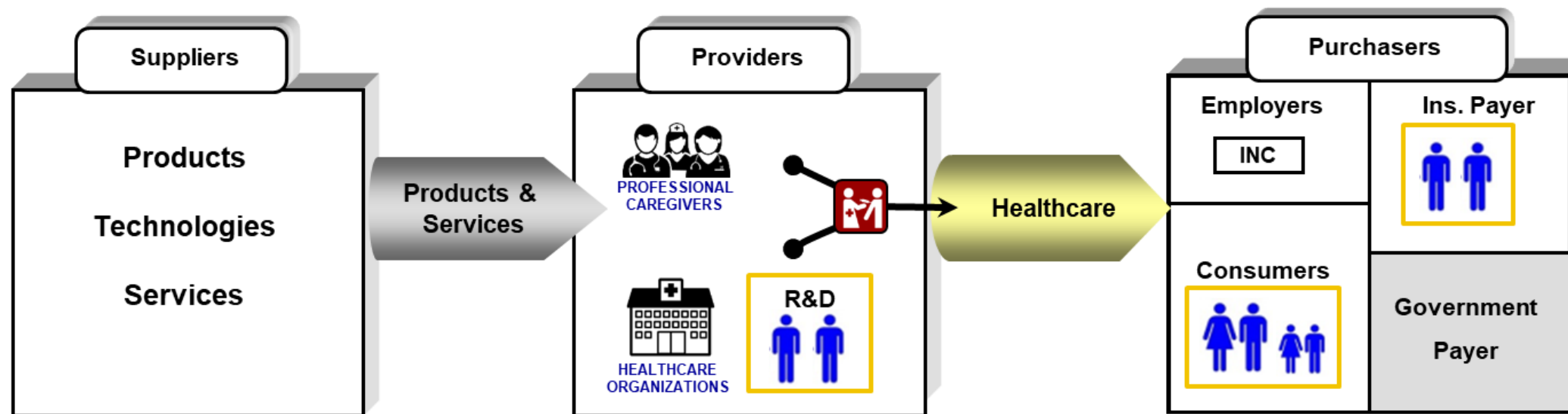


Jennifer Dingman

**Founder, Persons United Limiting
Substandard and Errors in Healthcare
(PULSE), Colorado Division
Co-founder, PULSE American Division
TMIT Patient Advocate Team Member
Pueblo, CO**

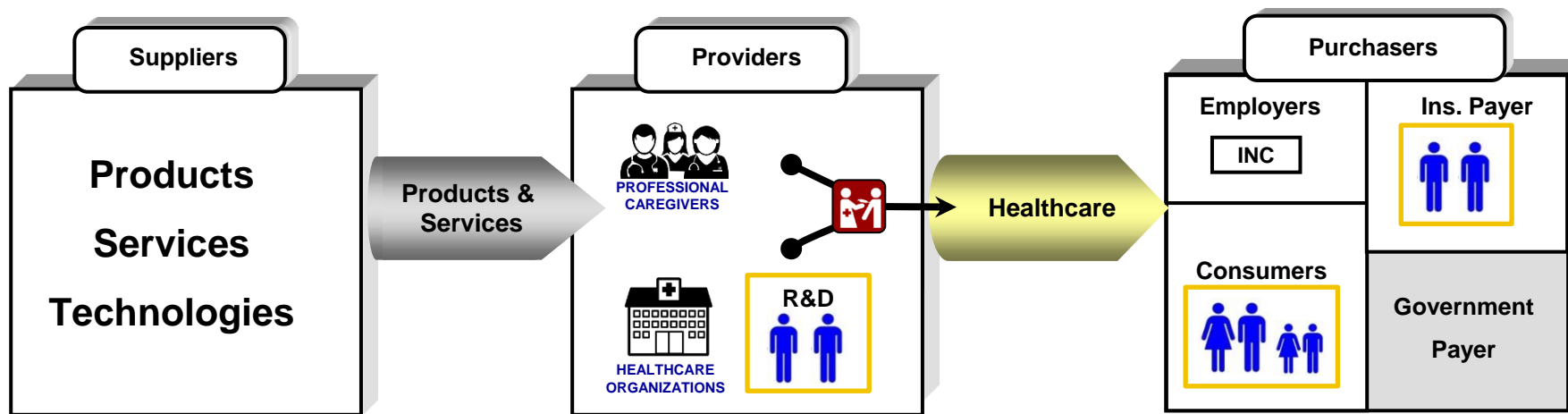


Healthcare Value Chain: Suppliers, Providers, and Purchasers





Fraud Examples Along Value Chain



Suppliers

- Counterfeit Masks
- Counterfeit Tests
- Counterfeit Medications
- Misinformation & Disinformation

Providers

- Price Gouging & Conflicts
- Surprise Billing
- Lawsuits Against Patients
- Counterfeit Testing

Purchasers

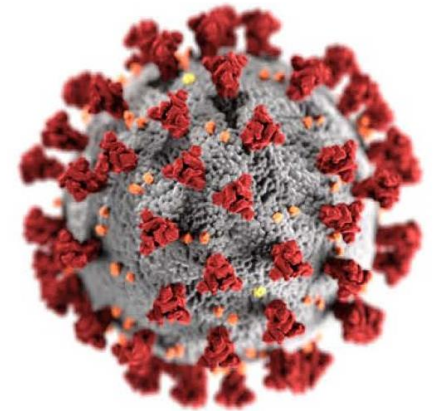
- Denial of Coverage
- Denial of Disability Benefits
- COVID Timebomb
- Identity Theft Cybercrime

The Next Normal: Left of Boom & 4P's



William Adcox MBA

**Chief Security Officer
and Vice President
MD Anderson Cancer Center
Chief of Police,
University of Texas at Houston
Med Tac Lead Threat
Safety Scientist**



Obtain Funds

Develop Organization

Gather & Provide Materials

Improvise Tactics Devices

Plan Attacks

Perform Attacks

Consequence Management

Left of BOOM

Breaking the Links in the IED Delivery Chain

Deter & Predict

Detect & Defeat



Mitigate





**EMERGING THREATS
COMMUNITY OF PRACTICE**

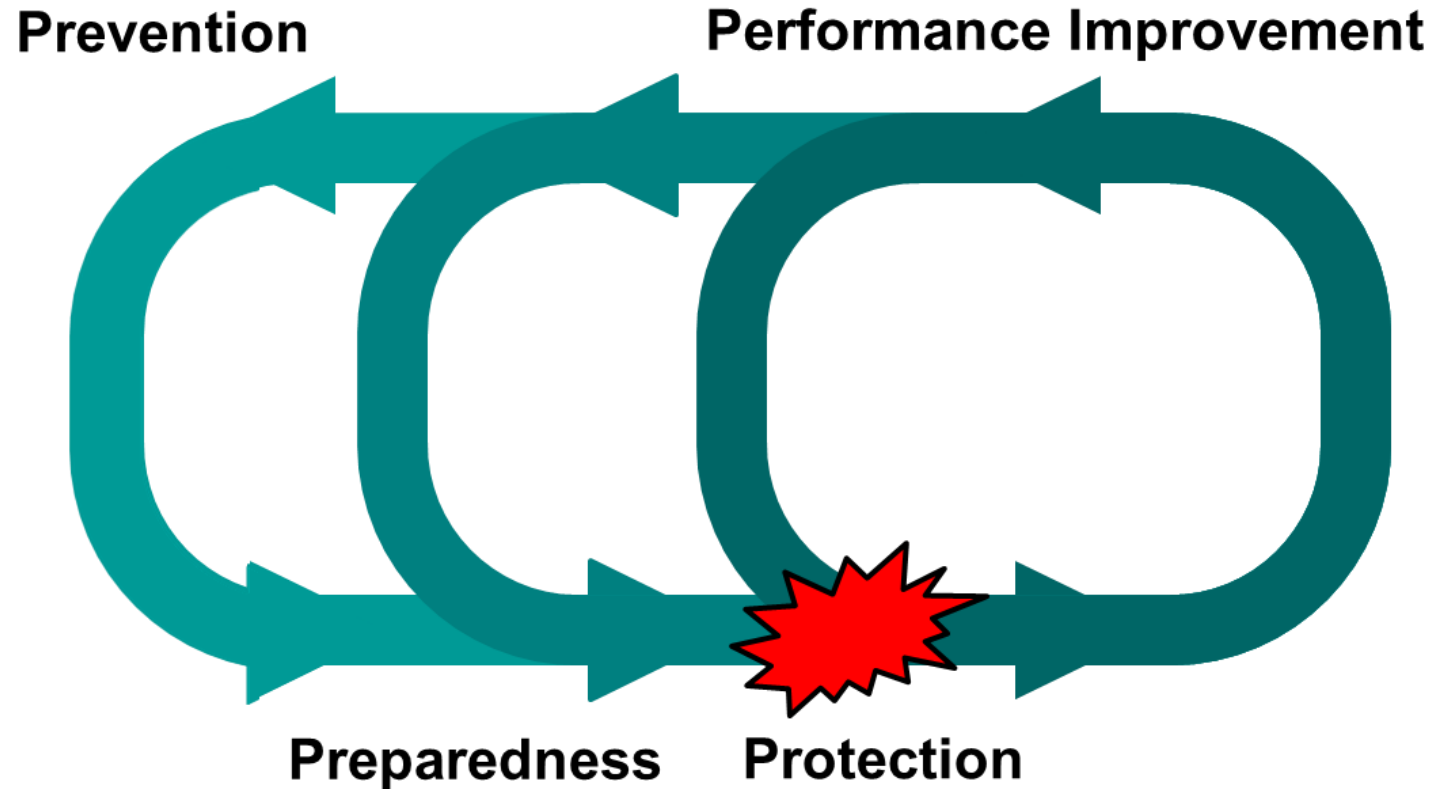


**Global Patient
Safety Forum**

***SAFETY*LEADERS®**

***CARE*UNIVERSITY®**

The 4 P's: Prevention, Preparedness, Protection, and Performance Improvement





Global Patient Safety Forum

Global Patient Safety Forum

The GPSF is a convening alliance with a mission to save lives, save money, and build value in the community it serves. The Forum was expressly founded to make available important content that the collaborators want to share more broadly. This website is not intended to compete with any other initiative and will meet its objectives if collaborators and those interested in the topics share the information with their communities. There are no financial requirements of users of the site. Certain communities are private in order to protect those we serve and those who serve. Those we serve are patients and their families. Those who serve are the caregivers, administrators, researchers, educators, and staff in the healthcare industry.

Global Innovators Network

We are a global network of leaders from academic, NGOs, philanthropy, and faith-based organizations. We share best practices in leadership of innovation. Some of our members are innovators in healthcare and patient safety. We work in multiple sectors with a focus on mentoring and developing leaders. There is no specific commercial purpose for this website. There is no financial relationship between the members. No direct financial support of any type is provided to the healthcare industry or communities of practice serving patients. The information on this website is entirely free.



The private community of practice addresses a number of sensitive topics and subject matter that should not be made public for security reasons.

- Featured Leaders
- Global Webinars & Summits
- Patient Safety Community Of Practice
- Med Tac Bystander Care Program
- Emerging Threats Community Of Practice**
- CareUniversity & Continuing Education



Thomas Zeltner, MD
 Expert leader in Public Health
 Former Special Envoy of the WHO
 Former Secretary of State for Health
 Swiss Federal Office of Public Health, Bern, Switzerland

[Read bio...](#)

[View video clip](#)

- **Brand Damage** from Outside, Inside, and or Mixed Outside-Inside Threats including cyberterrorism.
- **Workplace Violence** including physical, verbal, sexual, or emotional harassment, bullying or harm to caregivers, staff, students, or patients.
- **Active Shooter, Violent Intruder, and Deadly Force Incidents** including events causing physical harm to staff, caregivers, students, or patients.
- **Domestic Terrorism** such as organized attacks using chemical, biologic, radiologic, nuclear, and explosive weapons. Also weaponization of transportation & vehicles (CBRNET)
- **Violent Acts Against Leadership** where administrative, clinical, or governance leaders are specifically targeted by insiders or outsiders.
- **Intentional Harm of Patients** by caregivers who commit harmful acts against patients with or without enablers who do not report such harm.
- **Unintentional Patient Harm** through errors of omission from systems failures identified by mortality reviews such as diagnostic errors.
- **Failure to Rescue** in pre-hospital, hospital, and post-hospital continuity of care.
- **Hospital Optimization & Flow** with overcrowding & boarding/transfer issues.
- **Readiness for Epidemics** including preparedness for testing and volume surges.
- **Sexual Misconduct** including sexual harassment, abuse of power, and or harm to caregivers, staff, students, or patients.
- **Racial and or Sexual Discrimination** against those we serve including patients and their families and or those who serve in the organization.
- **Cybersecurity Patient Records Issues** including breach, theft, and contamination of medical records leading to patient and caregiver harm.
- **Cybersecurity Operation Issues** including breach, theft, and contamination of operational records, invasion of data systems, and ransom crimes.
- **Theft of Intellectual Property** by insiders, outsiders, or nation-states.
- **Sabotage** of service, information systems, clinical care, and property.
- **Employee Fraud** including misrepresentation of identity or qualifications, safety related issues such as vaccination and testing status, and attestations of truth.
- **Patient Fraud** including misrepresentation of identity, safety related issues such as vaccination and testing status, and attestations of truth.
- **Nation State Influence** through academic espionage, financial conflicts of interest, or other means.
- **Drug Diversion** by staff including caregivers and pharmacists who divert medications for themselves or others.
- **Conflict of Interest** of staff including physicians, researchers, and administrators including disclosed and undisclosed financial relationships.
- **Conflict of Interest of Governance** including undisclosed financial relationships and disclosed financial relationships.
- **Academic Fraud** including fabrication, falsification, plagiarism, or dishonest grant documentation including applications and reports.
- **Defamation or Unfair Press** by investigative reporting or false whistleblowers.
- **Burn-out** of caregivers, leadership, and staff.
- **Critical Drug and Supply Shortages** such as I.V. fluids, medications, and key supplies.
- **Regulatory Compliance Issues** including new risk for non-compliance.

THE UNIVERSITY OF TEXAS
**MD Anderson
Cancer Center**

MAYO
CLINIC

Emerging Threats Community of Practice

Stanford
University

The Healthcare Threat Safety Spectrum



HARVARD
UNIVERSITY

UCSF

University of California
San Francisco

UCI

UF UNIVERSITY of
FLORIDA

USC University of
Southern California



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- **Brand Damage** from Outside, Inside, and or Mixed Outside-Inside Threats including cyberterrorism.
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Readiness for Epidemics including preparedness for testing and volume surges.

- **Hospital Optimization & Flow** with overcrowding & boarding/transfer issues.

Cybersecurity Patient Records Issues including breach, theft, and contamination of medical records leading to patient and caregiver harm.

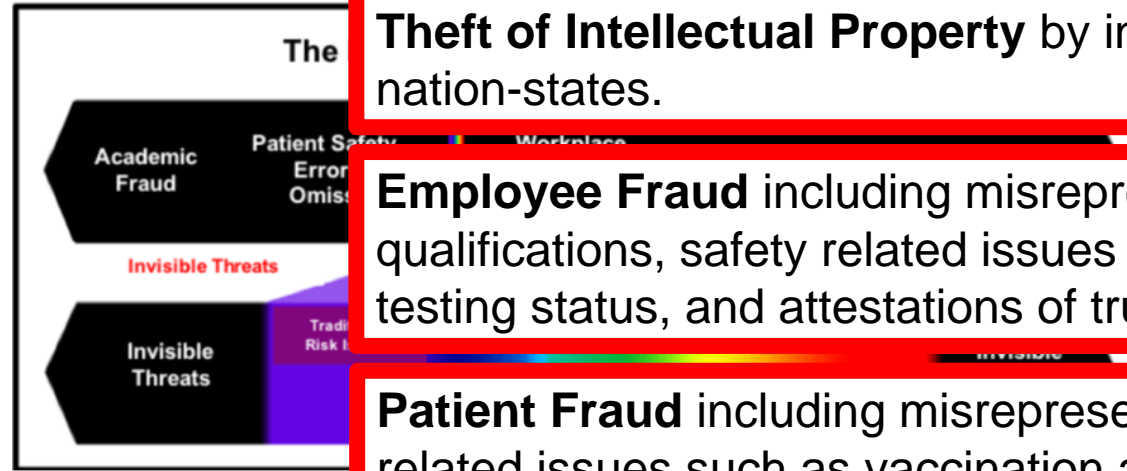
- **Financial** including undisclosed financial relationships and disclosed financial relationships.

- **Academic Fraud** including fabrication, falsification, plagiarism, or misrepresentation in including applications and reports. This includes issues such as falsified data by investigative reporting or false

relationship, and staff.

• **Supply Chain** issues such as I.V. fluids, medications,

and other issues including new risk for non-



Theft of Intellectual Property by insiders, outsiders, or nation-states.

Employee Fraud including misrepresentation of identity or qualifications, safety related issues such as vaccination and testing status, and attestations of truth.

Patient Fraud including misrepresentation of identity, safety related issues such as vaccination and testing status, and attestations of truth.

Conflict of Interest of staff including physicians, researchers, and administrators including disclosed and undisclosed financial relationships.

Conflict of Interest of Governance staff including disclosed and undisclosed financial relationships.

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The private community of practice addresses a number

- **Brand Damage** from Outside, Inside, and or Mixed Threats including cyberterrorism.
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- **Readiness for Epidemics** including preparedness for volume surges.
- **Sexual Misconduct** including sexual harassment, abuse, or harm to caregivers, staff, students, or patients.

• Patient Fraud including misrepresentation of identity, safety related

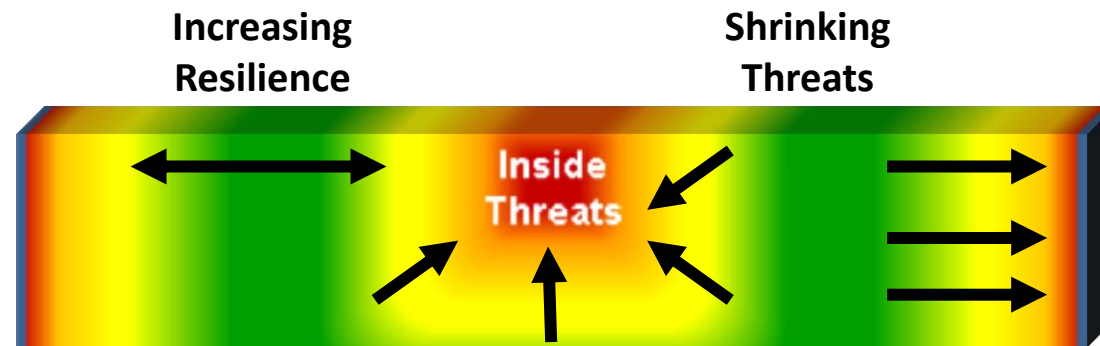
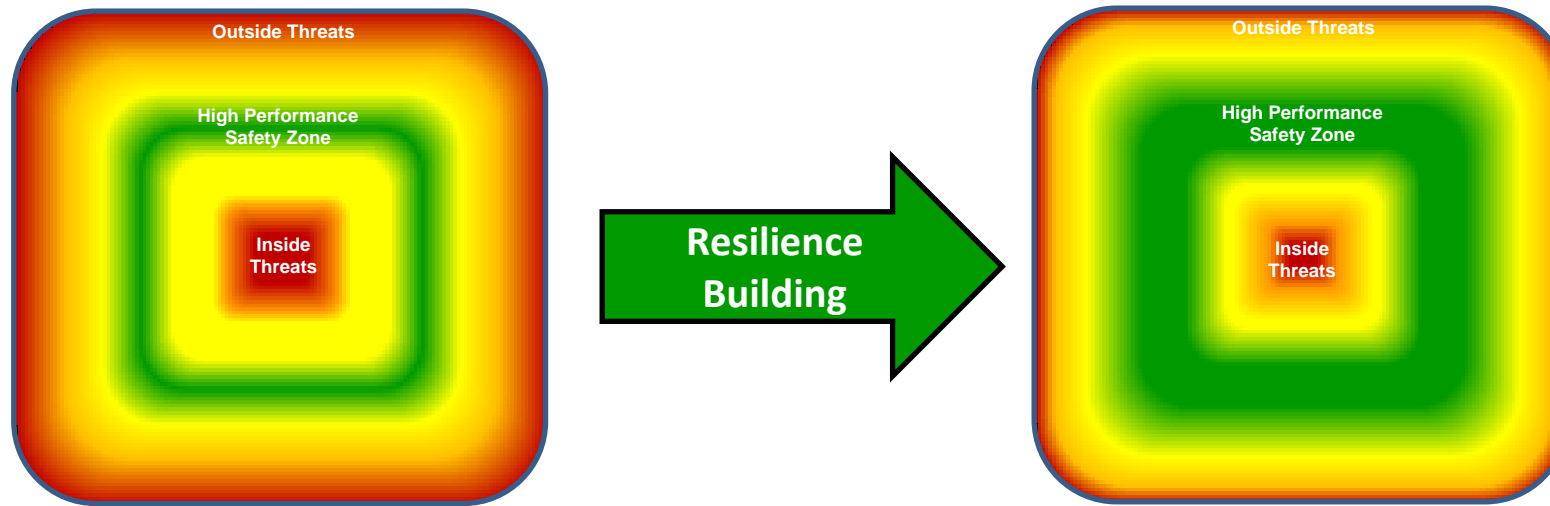
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• Shortages such as I.V. fluids, medications,

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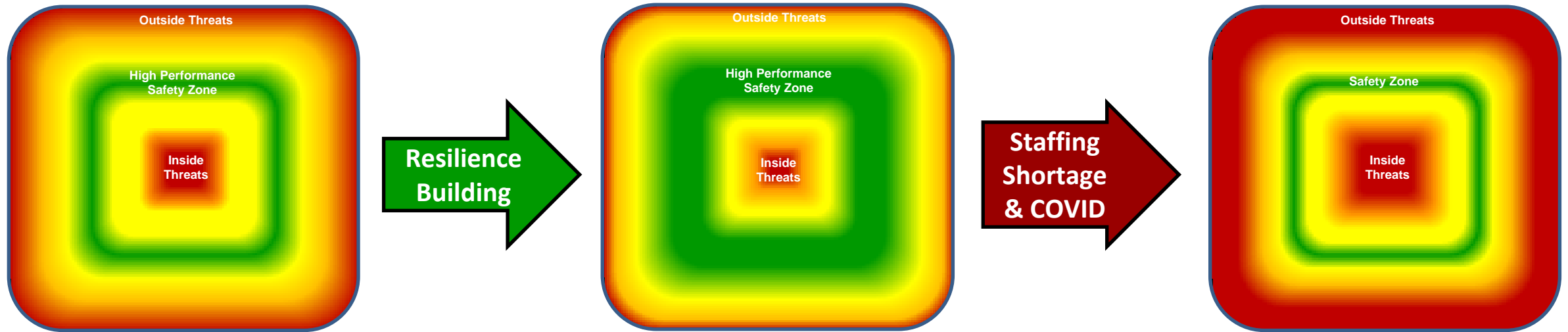
Inside & Outside Threats and Resilience Building



© Denham



Inside & Outside Threats and Resilience Building



© Denham





The Narrative and Competing Narratives

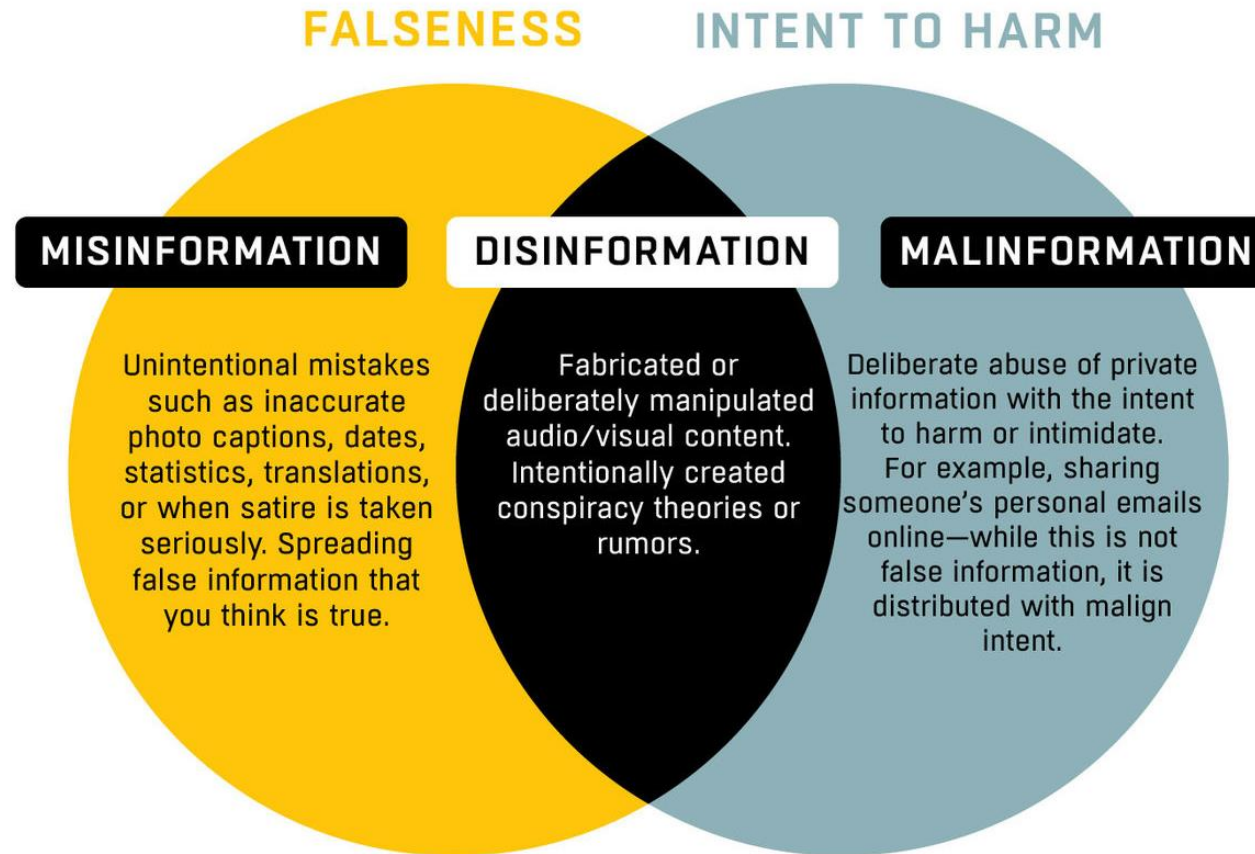


The **NARRATIVE** is the story that is told that makes sense of a version of the facts that support the argument made by an organization or individual. Attorneys will take advantage of the existence or absence of documentation to support their clients. It is critical that patients manage their medical documentation and supplement it to protect themselves.



The Narrative

Misinformation – Disinformation - Malinformation



Turn the Science into Safety™

Misinformation – Disinformation - Malinformation

FALSENESS

INTENT TO HARM

MISINFORMATION

Unintentional mistakes such as inaccurate photo captions, dates, statistics, translations, or when satire is taken seriously. Spreading false information that you think is true.

DISINFORMATION

Fabricated or deliberately manipulated audio/visual content. Intentionally created conspiracy theories or rumors.

MALINFORMATION

Deliberate abuse of private information with the intent to harm or intimidate. For example, sharing someone's personal emails online—while this is not false information, it is distributed with malign intent.

Turn the Science into Safety™

Misinformation – Disinformation - Malinformation

FALSENESS

INTENT TO HARM

MISINFORMATION

DISINFORMATION

MALINFORMATION

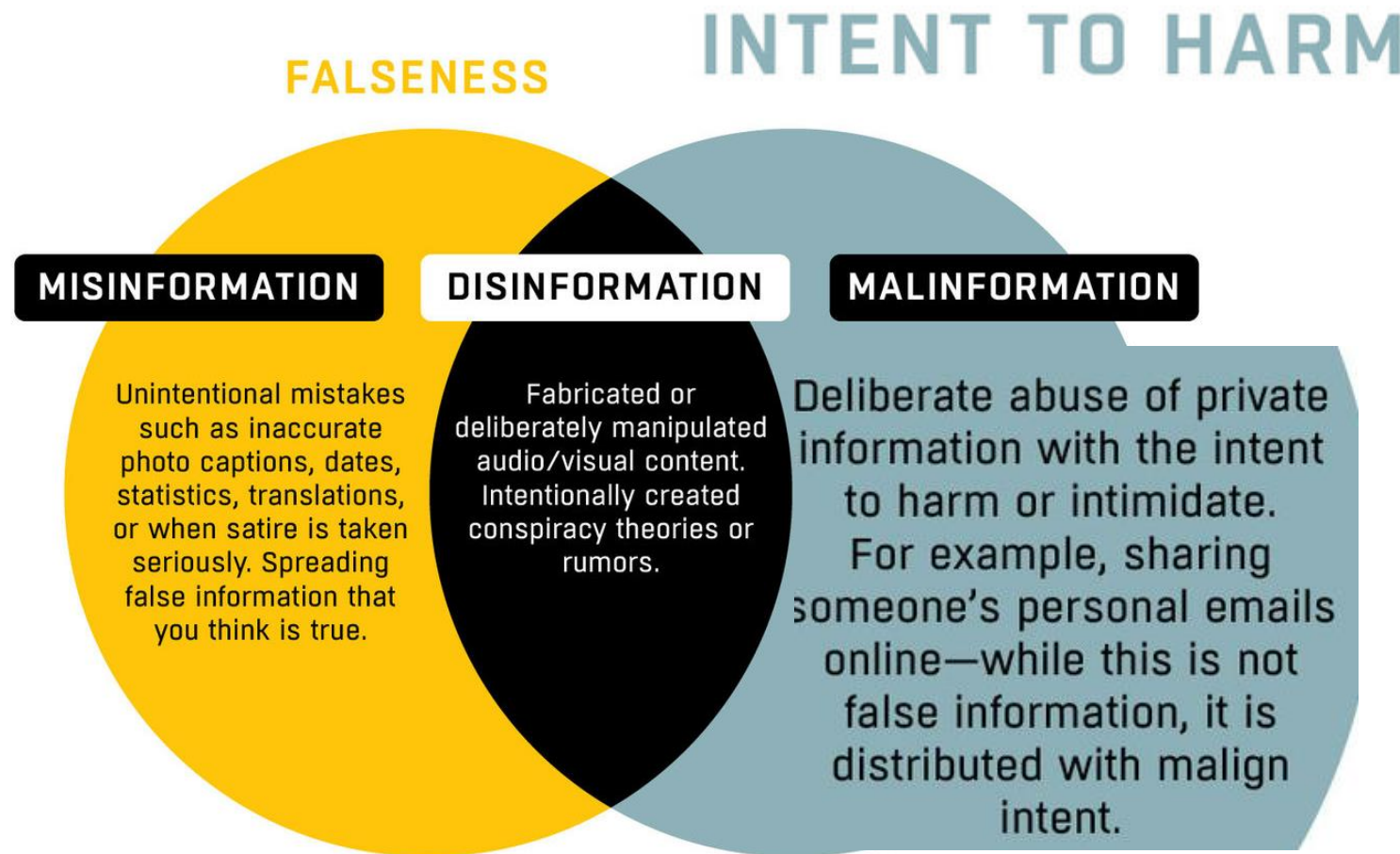
Unintentional
such as
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seriously
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you think

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abuse of private
information with the intent
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For example, sharing
someone's personal emails
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Turn the Science into Safety™

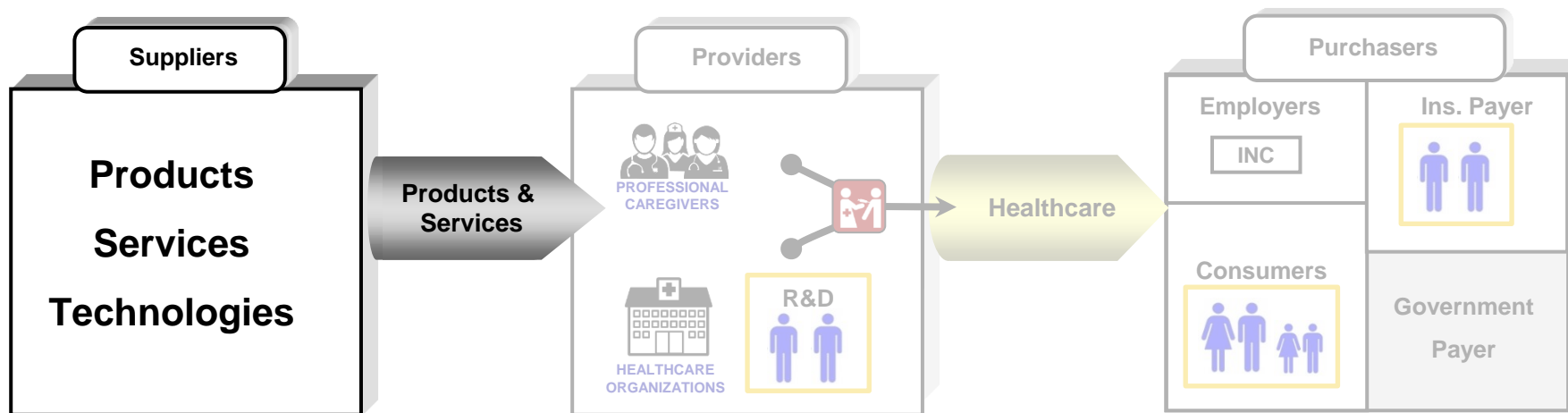
Misinformation – Disinformation - Malinformation



Turn the Science into Safety™



Fraud Examples Along Value Chain



Suppliers

- Counterfeit Masks
- Counterfeit Tests
- Counterfeit Medications
- Misinformation & Disinformation

Providers

- Price Gouging & Conflicts
- Surprise Billing
- Lawsuits Against Patients
- Counterfeit Testing

Purchasers

- Denial of Coverage
- Denial of Disability Benefits
- COVID Timebomb
- Identity Theft Cybercrime

Masks: Filter, Fit, and Finish



N95 Mask



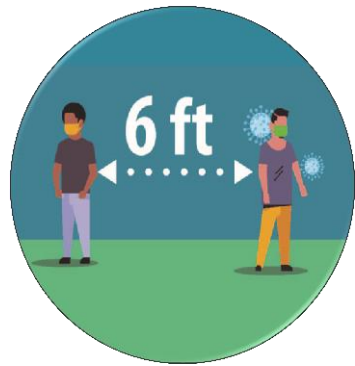
Surgical Mask



Cloth Mask



CDC Guidelines



**Social
Distancing**



**Disinfecting
Surfaces**



**Hand
Washing**



**Use of
Masks**

SOURCE: Centers for

Why Mask...Vaccinated or Not?

- Can I CATCH it?
- Can I SPREAD it?
- Can I GET SICK NOW?
- Can I GET LONG HAUL?

Why Mask?

Vaccination Status	CATCH it?	SPREAD It?	GET SICK NOW?	GET LONG HAUL?
Unvaccinated	Yes	Yes	Yes	Yes
Vaccinated	Yes	Yes	Yes	Yes
Youth 12-17	Yes	Yes	Yes	Yes
Children Ages 2-12	Yes	Yes	Yes	Yes

The National Personal Protective Technology Laboratory (NPPTL)

[NIOSH](#) > [NPPTL](#) > [Respirator User Notices](#)



 NPPTL

What's New on the NPPTL Website +

A to Z Index

Respiratory Protection Videos

Resources for Mine Workers

Resources for Emergency Responders

Respirator Approval Program +

Respirator Assessments to Support COVID-19 Response +

Protective Clothing and Ensembles



Counterfeit Respirators / Misrepresentation of NIOSH-Approval

Notice on NIOSH ownership of respirator certification marks

NIOSH has successfully recorded the NIOSH stylized logo with and without text, as well as the certification marks N95, N99, N100, P95, P100, and the term "NIOSH Approved", with the U.S. Patent and Trademark Office (USPTO). NIOSH, as the certifying federal entity for the N95 Respirator Approval Program, owns these certification marks, meaning that NIOSH controls who can use these marks. Accordingly, NIOSH will let manufacturers use these certification marks only if they become NIOSH-approval holders because of their products satisfying the NIOSH's regulatory standards set forth in 42 C.F.R. Part 84. While these marks have historically been protected under common law (as opposed to a trademark registration) since they were established by the program regulations, these marks are now registered with the USPTO as federal registrations, as well as in various foreign countries, and are subject to additional protections under the Lanham Act, 15 U.S.C. §§ 1051 et seq. and foreign trademark laws. Thus, any misuse of these marks, including on respirators that have failed to satisfy NIOSH's regulatory requirements or have not received a NIOSH approval, is a direct violation of applicable trademark laws and NIOSH may pursue action as necessary. This also applies to approval holders that misuse or misplace the marks or terms against the regulations, specifically outlined in 42 C.F.R. § 84.33.

<https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html>

Counterfeit respirators are products that are falsely marketed and sold as being NIOSH-approved and may not be capable of providing appropriate respiratory protection to workers. **When NIOSH becomes aware of counterfeit respirators or those misrepresenting NIOSH approval on the market, we will post them here to alert users, purchasers, and manufacturers.**

How to identify a NIOSH-approved respirator:

NIOSH-approved respirators have an approval label on or within the packaging of the respirator (i.e. on the box itself and/or within the users' instructions). Additionally, an abbreviated approval is on the FFR itself. You can verify the approval number on the [NIOSH Certified Equipment List \(CEL\)](#) or the [NIOSH Trusted-Source](#) page to determine if the respirator has been approved by NIOSH. NIOSH-approved FFRs will always have one of the following designations: N95, N99, N100, R95, R99, R100, P95, P99, P100.

Signs that a respirator may be counterfeit:

- No markings at all on the filtering facepiece respirator
- No approval (TC) number on filtering facepiece respirator or headband
- No NIOSH markings
- NIOSH spelled incorrectly
- Presence of decorative fabric or other decorative add-ons (e.g., sequins)
- Claims for the of approval for children (NIOSH does not approve any type of respiratory protection for children)
- Filtering facepiece respirator has ear loops instead of headbands

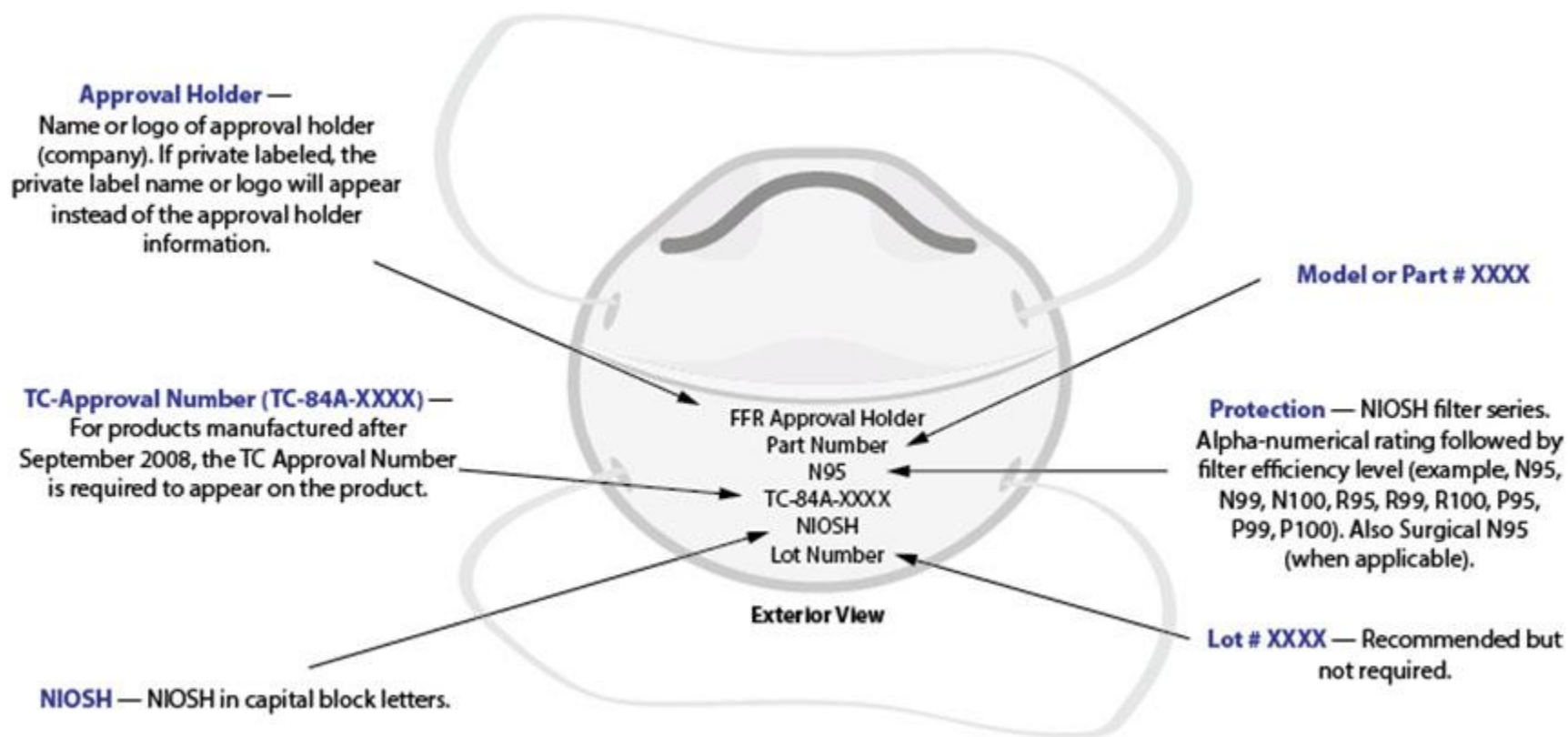
Check the respirator approval markings using the [Example of Correct Exterior Markings on a NIOSH-Approved Filtering Facepiece Respirator](#) graphic.

Signs that a respirator may be counterfeit:

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- Claims for the of approval for children (NIOSH does not approve any type of respiratory protection for children)
- Filtering facepiece respirator has ear loops instead of headbands

Check the respirator approval markings (graphic below) or the [Certified Equipment List](#) to verify your respirator is NIOSH-approved. Additional information is available on the NIOSH [Trusted Source page](#).

Example of the Correct Exterior Markings on a NIOSH-Approved Filtering Facepiece Respirator



<https://www.cdc.gov/niosh/npptl/usernotices/counterfeitResp.html>

2022 List of Counterfeit Masks



Prior Lists of Counterfeit Masks

View Additional Counterfeit Respirators Listed in 2019 to 2021

Counterfeit Respirators Listed in 2021

MISREPRESENTATION

Guangzhou Zhen Tao Culture Media Co., Ltd. is marketing Benehal Model 8865 as a NIOSH approved unit for kids. NIOSH does not approve filtering facepiece respirators for children. Although Suzhou Sanical Protective Product Manufacturing Co. Ltd. manufactures Benehal Model 8865, under NIOSH approval number TC-84A-7449, this unit is not NIOSH approved as a filtering facepiece respirator for children. (12/17/2021)

NOT NIOSH-APPROVED

This is an example of a misrepresentation of NIOSH approval. SafeShield's marketing of model FS-N95 is misleading and may cause users to believe it is NIOSH approved. SafeShield references certification to NIOSH CFR 42.84 180-181 and TEB-APR-STP-0059. This information is inaccurate. SafeShield is not a NIOSH approval holder or private label assignee, and model FS-N95 is NOT NIOSH approved. (12/17/2021)

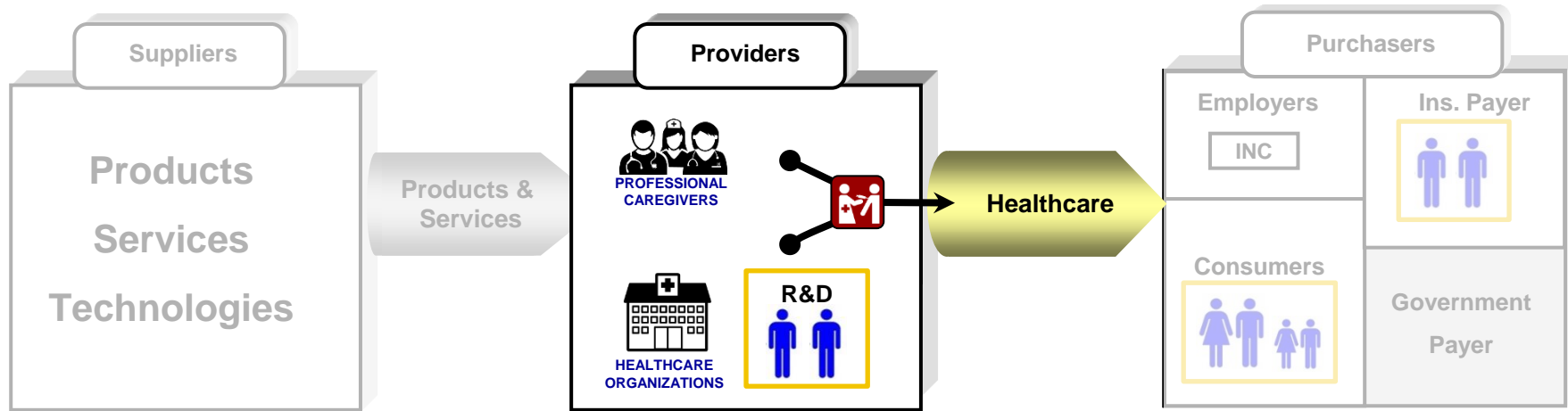
NOT NIOSH-APPROVED

This is an example of a misrepresentation of a NIOSH approval. Megha International is marketing the Feel Safe Mask N95 in a package marked NIOSH Certification. Megha International is not a NIOSH approval holder or private label assignee. Feel Safe Mask N95 is NOT NIOSH approved. (11/5/2021)

<https://www.cdc.gov/niosh/nppt/usernotices/counterfeitResp.html>



Fraud Examples Along Value Chain



Suppliers

- Counterfeit Masks
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- Counterfeit Medications
- Misinformation & Disinformation

Providers

- Price Gouging & Conflicts
- Surprise Billing
- Lawsuits Against Patients
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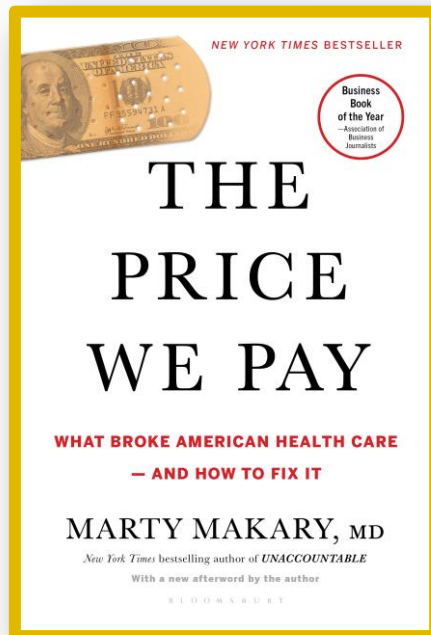
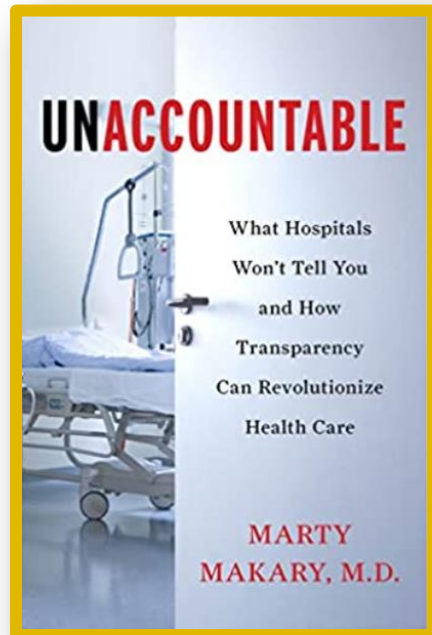
Purchasers

- Denial of Coverage
- Denial of Disability Benefits
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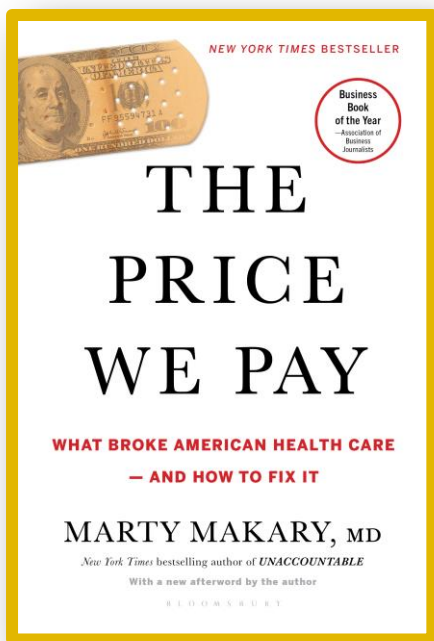
Martin Adel Makary MD MPH

Chief, Islet Transplant Surgery
Professor of Surgery
Johns Hopkins Medical School





Martin Makary MD MPH



Billing Quality Measures

JAMA Network™

JAMA® Search All Enter Search Term

Opinion | July 5, 2022

This Issue Views **9,762** | Citations **8** | Altmetric **227** | Comments **1**

Viewpoint

February 4, 2020

Billing Quality Is Medical Quality

Simon C. Mathews, MD¹; Martin A. Makary, MD, MPH^{2,3}

» Author Affiliations

JAMA. 2020;323(5):409-410. doi:10.1001/jama.2019.19648



Martin Makary MD MPH

February 4, 2020

Billing Quality Is Medical Quality

Simon C. Mathews, MD¹; Martin A. Makary, MD, MPH^{2,3}

» [Author Affiliations](#)

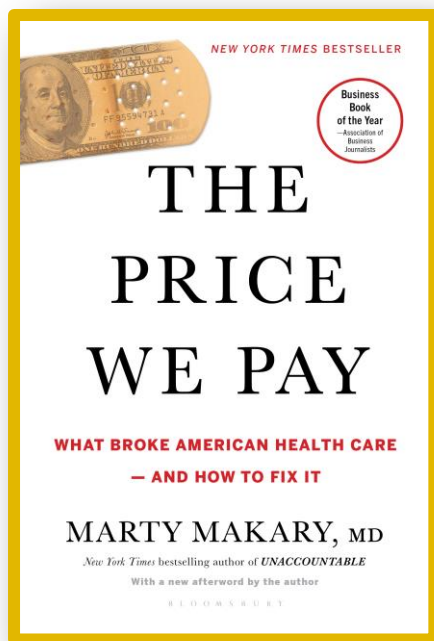
JAMA. 2020;323(5):409-410. doi:10.1001/jama.2019.19648

Billing Quality Measures

- **Itemized bills:** Are patients routinely provided an itemized bill with items explained in plain English?
- **Price transparency:** Are patients provided real prices for common "shoppable" services when they ask?
- **Service quality:** Can patients speak with a billing representative promptly about a concern they have about their bill and be informed of a transparent review process?
- **Suing patients:** For patients who have not entered into a written agreement specifying a price for a medical service, does the institution sue patients to garnish their wages, place a lien on their home or involuntarily withdraw money from a patient's income tax return?
- **Surprise bills:** Are out-of-network patients paying out of pocket expected to pay more than the region-specific, reference-based price [a price outside of that set by traditional insurance carriers]?and
- **Are patients billed for complications:** stemming from National Quality Forum (NQF) serious reportable events?



Martin Makary MD MPH



JAMA Network™

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Research Letter FREE

June 25, 2019

Prevalence and Characteristics of Virginia Hospitals Suing Patients and Garnishing Wages for Unpaid Medical Bills

William E. Bruhn, BS¹; Lainie Rutkow, JD, PhD, MPH²; Peiqi Wang, MD, MPH¹; [et al](#)

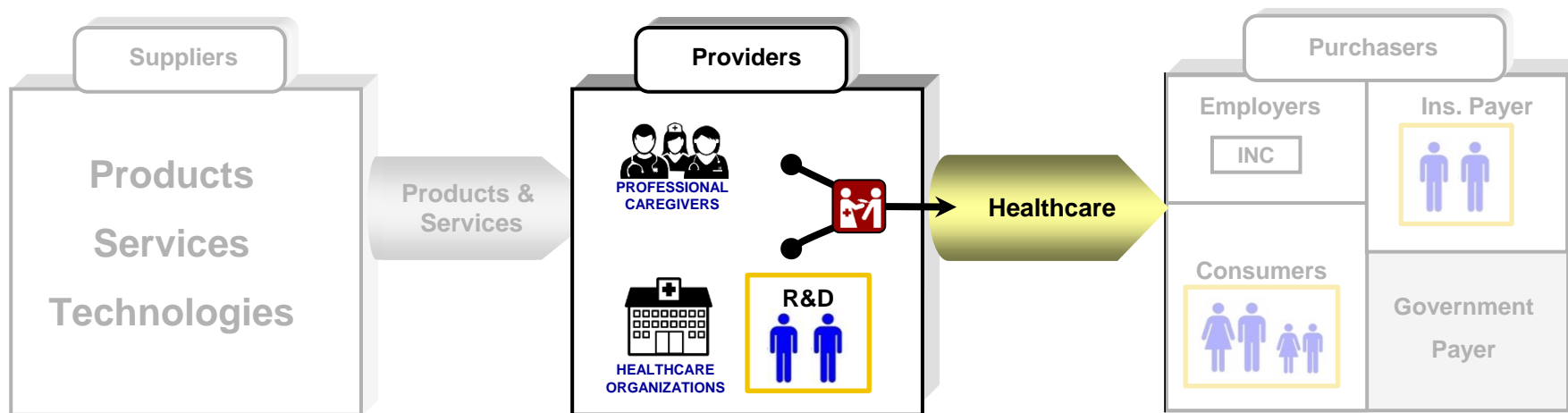
» [Author Affiliations](#) | [Article Information](#)

JAMA. 2019;322(7):691-692. doi:10.1001/jama.2019.9144

- **25,400 lawsuits at one non-profit hospital**
- **Garnishment revenue = 0.01% of total Revenue**
- **Most common employee sued: Walmart Workers**



Fraud Examples Along Value Chain



Suppliers

- Counterfeit Masks
- Counterfeit Tests
- Counterfeit Medications
- Misinformation & Disinformation

Providers

- Price Gouging & **Conflicts**
- Surprise Billing
- Lawsuits Against Patients
- Counterfeit Testing

Purchasers

- Denial of Coverage
- Denial of Disability Benefits
- COVID Timebomb
- Identity Theft Cybercrime



The private community of practice addresses a number of sensitive topics and subject matter that should not be made public for security reasons.

- **Brand Damage** from Outside, Inside, and or Mixed Outside-Inside Threats including cyberterrorism.
- **Workplace Violence** including physical, verbal, sexual, or emotional harassment, bullying or harm to caregivers, staff, students, or patients.
- **Active Shooter, Violent Intruder, and Deadly Force Incidents** including events causing physical harm to staff, caregivers, students, or patients.
- **Domestic Terrorism** such as organized attacks using chemical, biologic, radiologic, nuclear, and explosive weapons. Also weaponization of transportation & vehicles (CBRNET)
- **Violent Acts Against Leadership** where administrative, clinical, or governance leaders are specifically targeted by insiders or outsiders.
- **Intentional Harm of Patients** by caregivers who commit harmful acts against patients with or without enablers who do not report such harm.
- **Unintentional Patient Harm** through errors of omission from systems failures identified by mortality reviews such as diagnostic errors.
- **Failure to Rescue** in pre-hospital, hospital, and post-hospital continuity of care.
- **Hospital Optimization & Flow** with overcrowding & boarding/transfer issues.
- **Readiness for Epidemics** including preparedness for testing and volume surges.
- **Sexual Misconduct** including sexual harassment, abuse of power, and or harm to caregivers, staff, students, or patients.
- **Racial and or Sexual Discrimination** against those we serve including patients and their families and or those who serve in the organization.
- **Cybersecurity Patient Records Issues** including breach, theft, and contamination of medical records leading to patient and caregiver harm.
- **Cybersecurity Operation Issues** including breach, theft, and contamination of operational records, invasion of data systems, and ransom crimes.
- **Theft of Intellectual Property** by insiders, outsiders, or nation-states.
- **Sabotage** of service, information systems, clinical care, and property.
- **Employee Fraud** including misrepresentation of identity or qualifications, safety related issues such as vaccination and testing status, and attestations of truth.
- **Patient Fraud** including misrepresentation of identity, safety related issues such as vaccination and testing status, and attestations of truth.
- **Nation State Influence** through academic espionage, financial conflicts of interest, or other means.
- **Drug Diversion** by staff including caregivers and pharmacists who divert medications for themselves or others.
- **Conflict of Interest** of staff including physicians, researchers, and administrators including disclosed and undisclosed financial relationships.
- **Conflict of Interest of Governance** including undisclosed financial relationships and disclosed financial relationships.
- **Academic Fraud** including fabrication, falsification, plagiarism, or dishonest grant documentation including applications and reports.
- **Defamation or Unfair Press** by investigative reporting or false whistleblowers.
- **Burn-out** of caregivers, leadership, and staff.
- **Critical Drug and Supply Shortages** such as I.V. fluids, medications, and key supplies.
- **Regulatory Compliance Issues** including new risk for non-compliance.



Wrongful Termination and Harm to Caregivers and Staff

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- **Sexual Misconduct** including sexual harassment, assault or harm to caregivers, staff, students, or patients.
- **Racial and or Sexual Discrimination** against those including patients and their families and or those within organization.
- **Cybersecurity Patient Records Issues** including breach, theft, and contamination of medical records leading to patient and caregiver harm.

Conflict of Interest of staff including physicians, researchers, and administrators including disclosed and undisclosed financial relationships.

Conflict of Interest of Governance staff including disclosed and undisclosed financial relationships.

Academic Fraud including fabrication, falsification, plagiarism, or dishonest grant documentation including applications and reports.

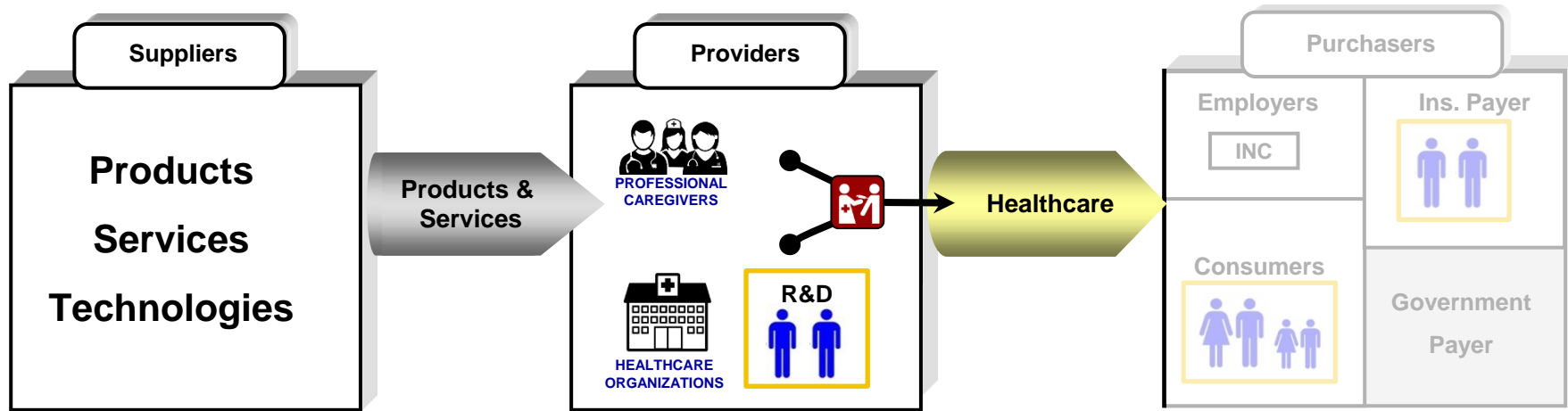
- **Qualifications, safety related issues** such as vaccination and testing status, and attestations of truth.
- **Patient Fraud** including misrepresentation of identity, safety related.
- **Conflict of Interest** of staff including physicians, researchers, and administrators including disclosed and undisclosed financial relationships.
- **Conflict of Interest of Governance** including undisclosed financial relationships.
- **Regulatory Compliance Issues** including new risk for non-compliance.

The Right Test at the Right Time





Fraud Examples Along Value Chain



Suppliers

- Counterfeit Masks
- Counterfeit Tests
- Counterfeit Medications
- Misinformation & Disinformation

Providers

- Price Gouging & Conflicts
- Surprise Billing
- Lawsuits Against Patients
- Counterfeit Testing

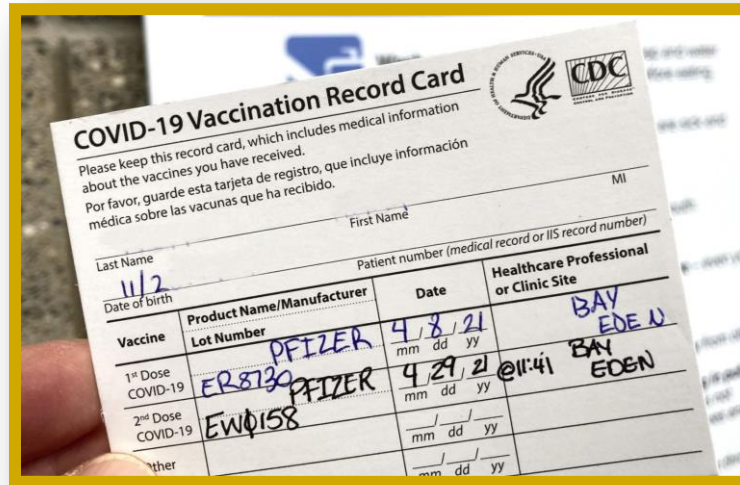
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- Identity Theft Cybercrime



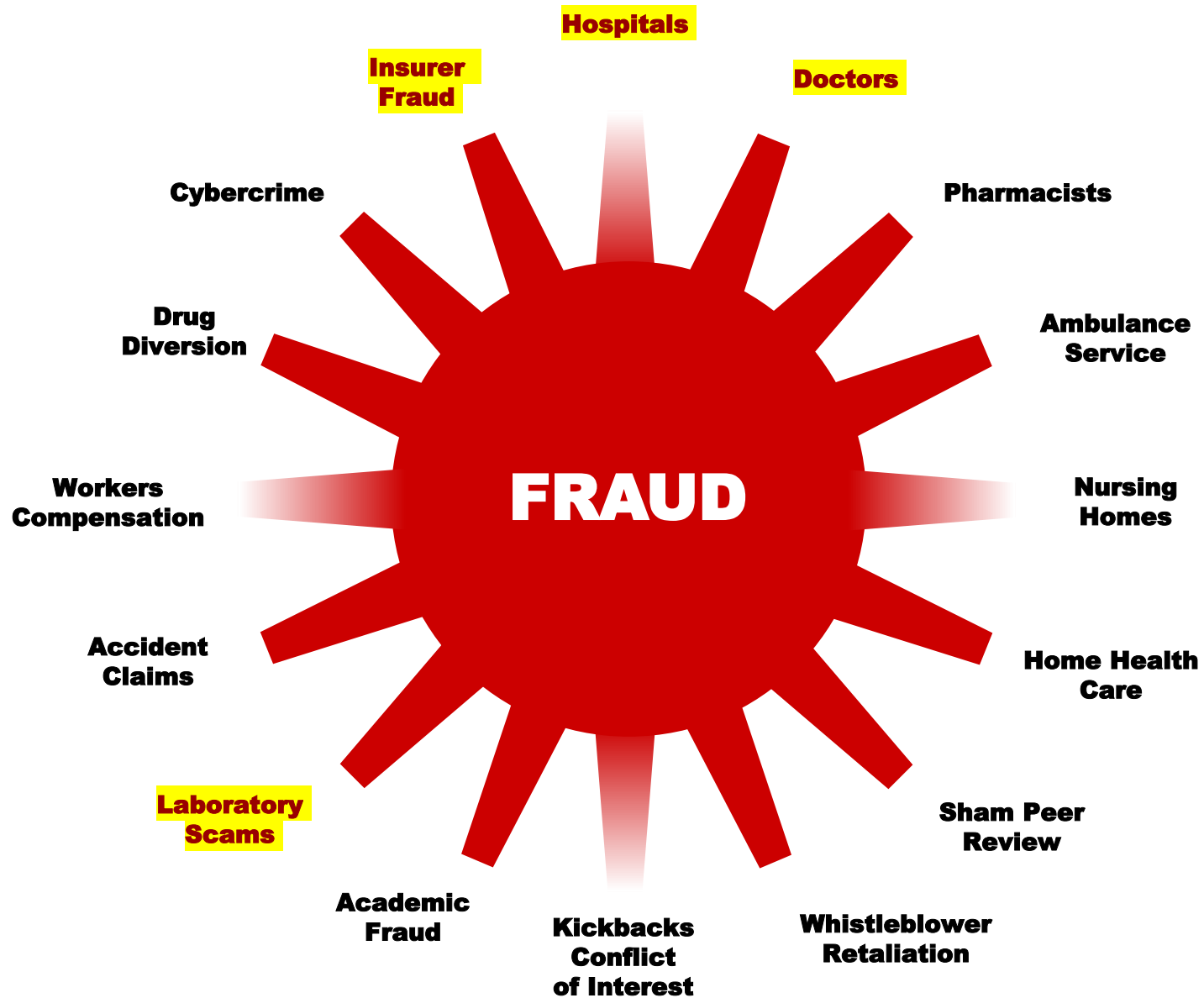


Med Record Fraud: Vaccinations, Tests, and Medical Records



www.SafetyLeaders.org December 16, 2021

<https://www.safetyleaders.org/webinardecember2021/>



Testing

Fraudulent testing issues include suppliers who have produced testing devices which do not work and thus provide false negative results AS WELL AS dishonest providers of PCR test services who either do not run tests at all or do so in such knowingly incompetent ways that they can harm patients. Also providers who may provide legitimate tests may price gouge patients and their insurance companies.

In law, fraud is intentional deception to secure unfair or unlawful gain, or to deprive a victim of a legal right. Fraud can violate civil law (e.g., a fraud victim may sue the fraud perpetrator to avoid the fraud or recover monetary compensation) or criminal law (e.g., a fraud perpetrator may be prosecuted and imprisoned by governmental authorities), or it may cause no loss of money, property, or legal right but still be an element of another civil or criminal wrong.

Source: <https://en.wikipedia.org/wiki/Fraud>

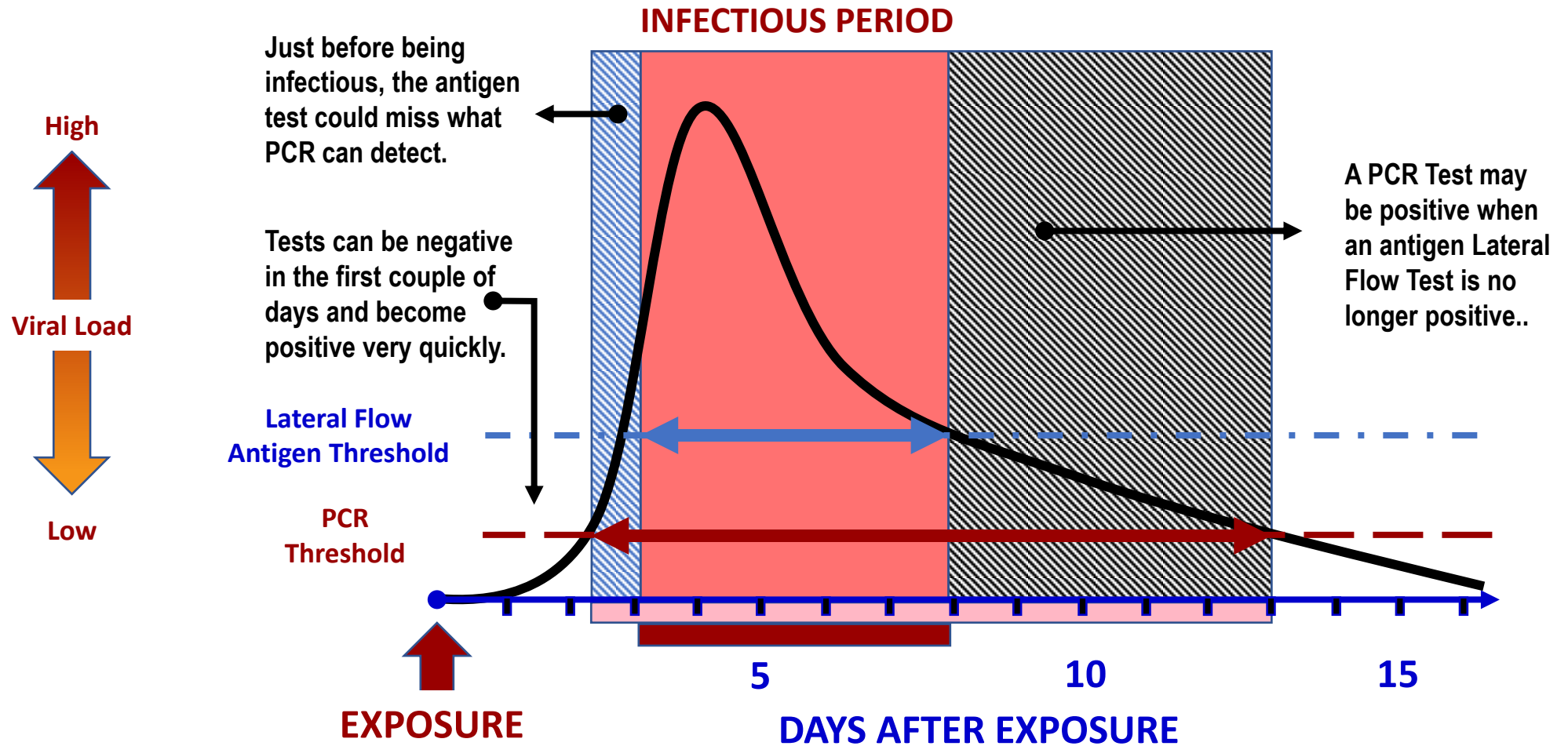
COVID Testing to Navigate Care

- ❑ VIRAL LOAD – why is it important?
- ❑ What is the RIGHT TEST at the RIGHT TIME?
- ❑ QUARANTINE: How does testing impact it?
- ❑ ISOLATION: How does testing impact it?
- ❑ Can testing make FAMILY GATHERINGS SAFER?
- ❑ How does TEST-TO-STAY work?
- ❑ How do I best TEST-TO-TRAVEL?



Turn the Science into Safety™

The WHO, WHAT, WHEN, and HOW to TEST



Most Important Tests: PCR & Rapid Antigen

RT-PCR



Rapid Antigen



Pros and Cons of Tests

PCR



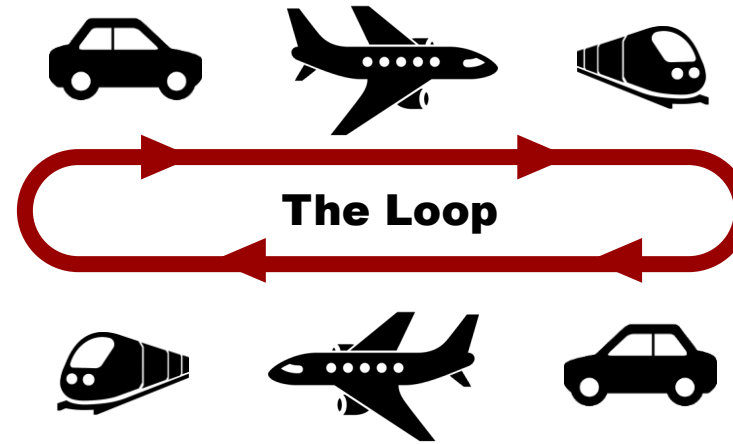
- Gold Standard for Diagnosis
- Detects Virus Before Infectious
- Detects Virus Debris after Infectious
- Tie Breaker if Antigen Tests Unclear

Rapid Antigen



- Inexpensive
- Can be done At Home
- Positive when Infectious
- Risk of False Negative Result

Test to Travel Safer



- Assess Threats, Vulnerabilities and Risks
- Test Before Departure
- Maintain Safe Practices in Cars
- Practice Airport & Boarding Safety
- Practice Enroute Safety
- Repeat Airport Safety Practices
- Repeat Safe Practices in Cars
- Test Before Meeting
- Repeat Processes Going Home
- Test Upon Return Home

Save the Family...and You Save the Worker

COVID Testing Fraud & Scams

- Test Site Scams
- False Results
- Identity Theft

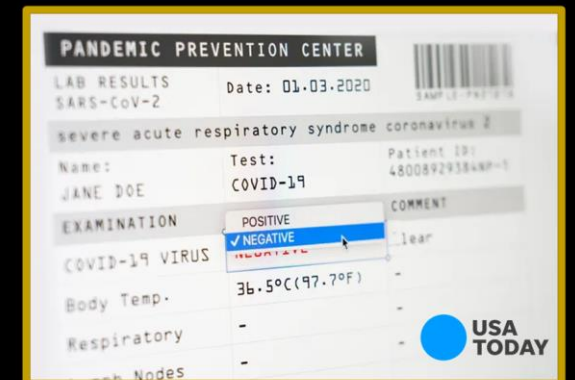
Fraudulent Test Sites



Defrauding Seniors



Travelers Buy Negative Test Results



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- **Test Site Scams**
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Fraudulent Test Sites



COVID Testing Fraud & Scams

- Test Site Scams
- False Results
- Identity Theft

Travelers Buy Negative Test Results

PANDEMIC PREVENTION CENTER

LAB RESULTS SARS-CoV-2 Date: 01.03.2020

severe acute respiratory syndrome coronavirus 2

Name: JANE DOE Test: COVID-19 Patient ID: 48008929384WP-1

EXAMINATION COVID-19 VIRUS

Body Temp. 36.5°C (97.7°F)

Respiratory

Drop Nodes

COMMENT Clear

USA TODAY

COVID Testing Fraud & Scams

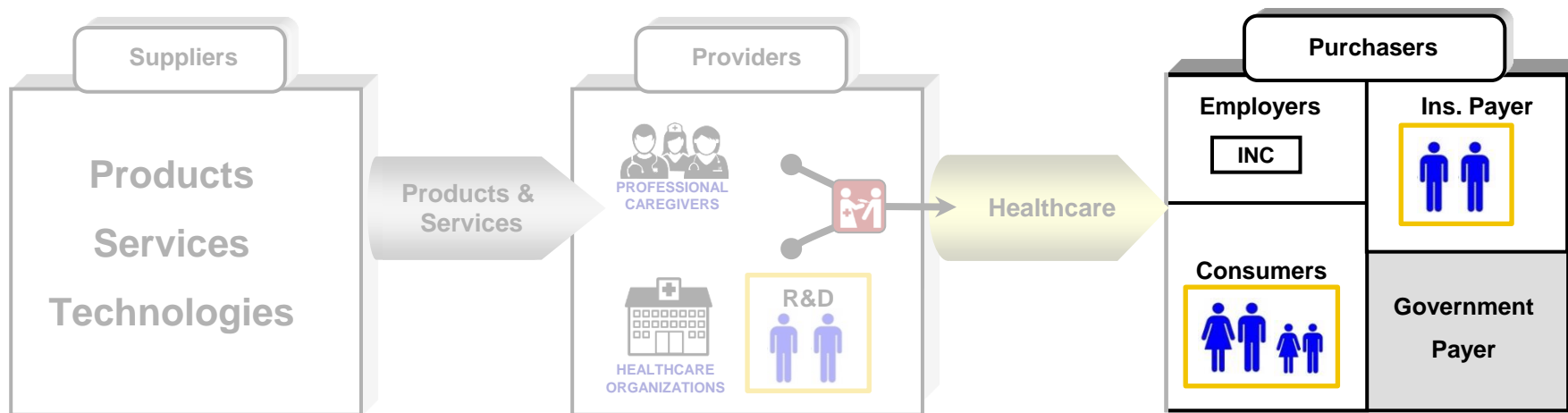
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Defrauding Seniors





Fraud Examples Along Value Chain



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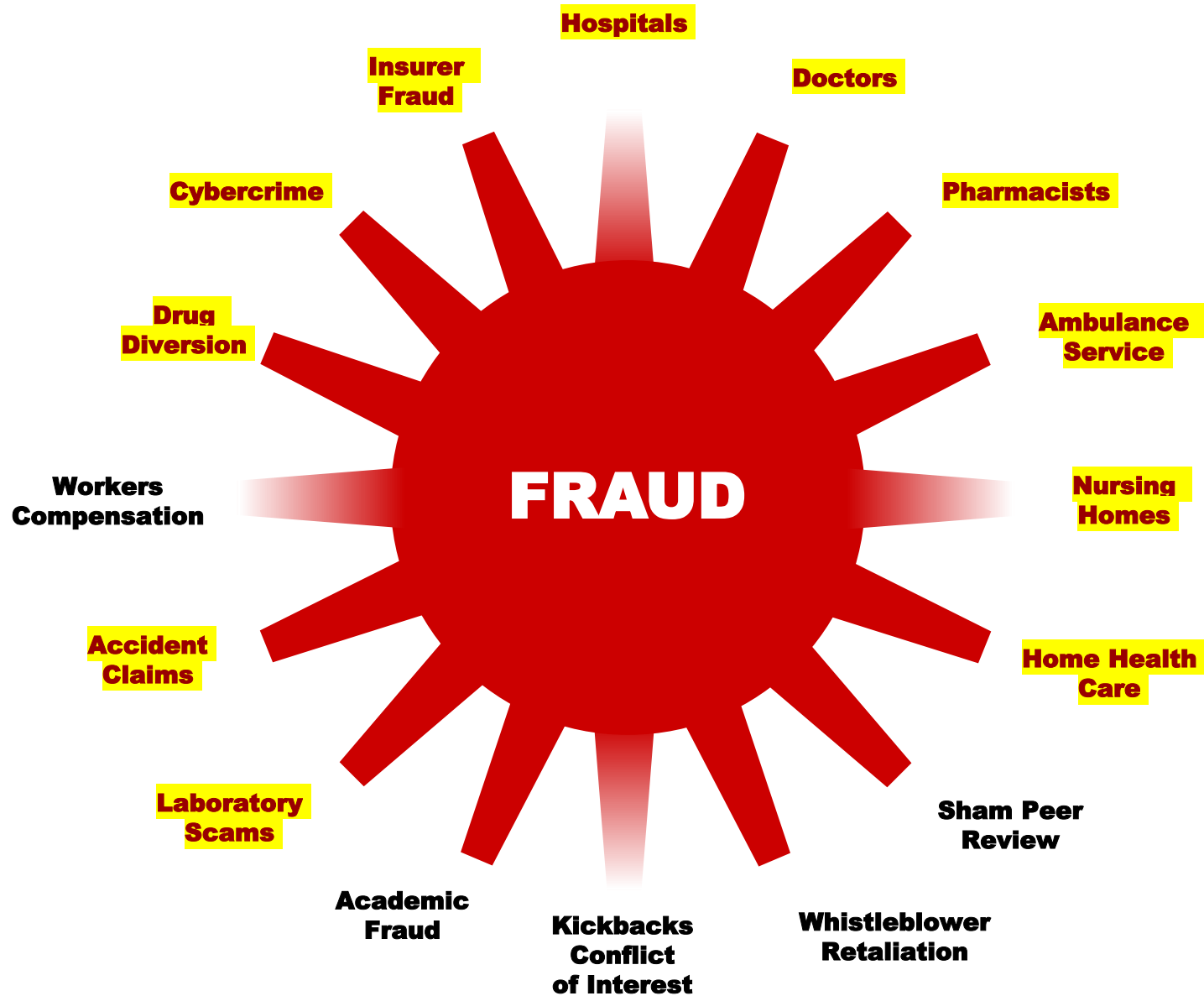
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Medical Records

Medical Identity Theft and contamination are an enormous problem and getting worse. The value of one's medical record information can be 10x to 100x the value of one's credit card information sold on the dark web.

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Source: <https://en.wikipedia.org/wiki/Fraud>

Medical Identity Theft

According to the Federal Trade Commission (FTC), medical identity theft happens when:

Someone uses your personal information — like your name, Social Security number, health insurance account number or Medicare number — to see a doctor, get prescription drugs, buy medical devices, submit claims with your insurance provider, or get other medical care.

Source: <https://www.idx.us/knowledge-center/medical-identity-theft-in-the-new-age-of-virtual-healthcare>



March 15, 2021



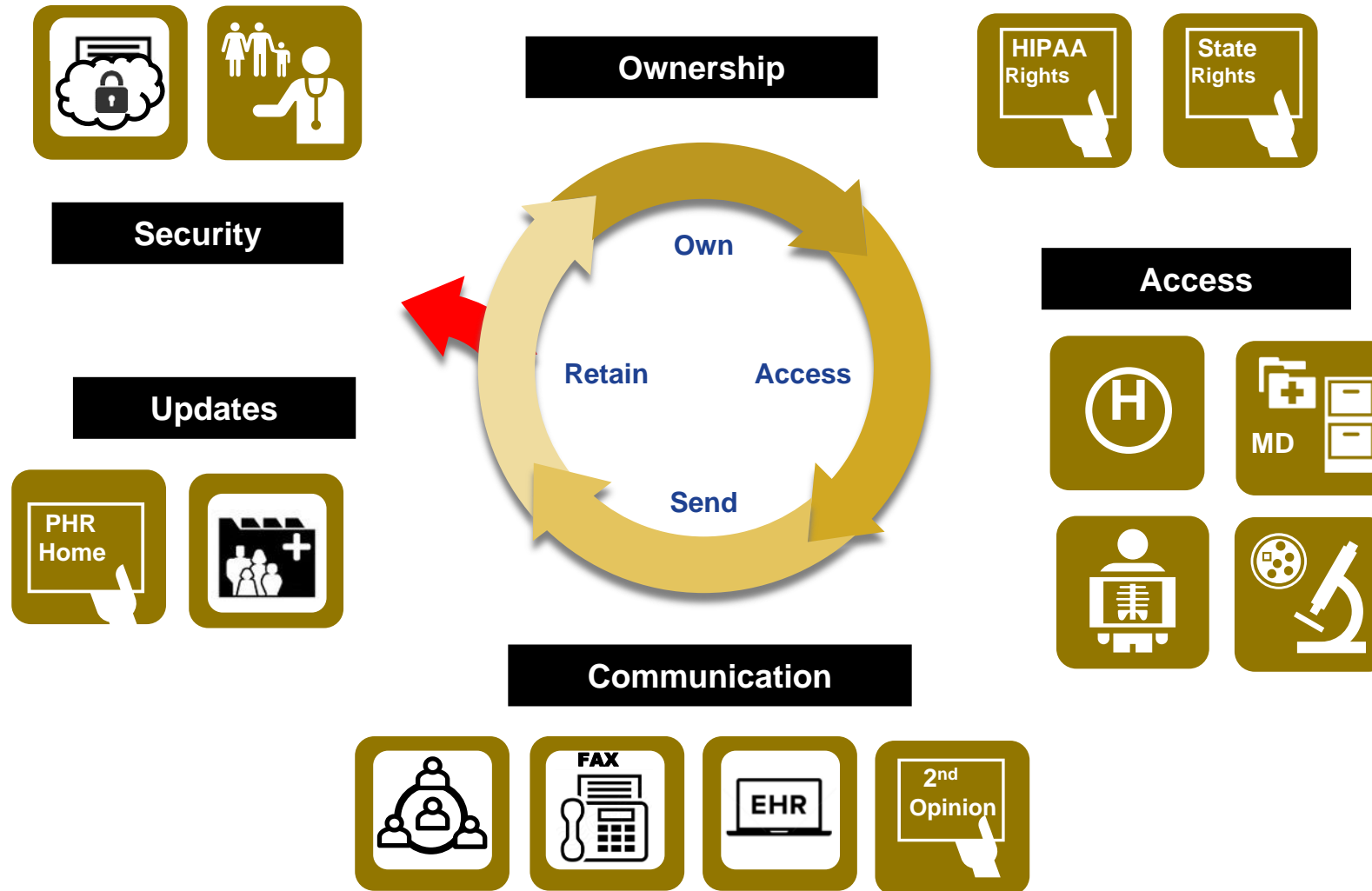
Medical Identity Theft in the New Age of Virtual Healthcare

The impact of this criminal activity isn't only felt by the victim. Both individuals and healthcare providers suffer when thieves make fraudulent medical claims. **Studies in previous years have estimated that medical identity theft costs the healthcare industry \$30 billion a year, and an average of \$13,500 for each victim to resolve the issue.**

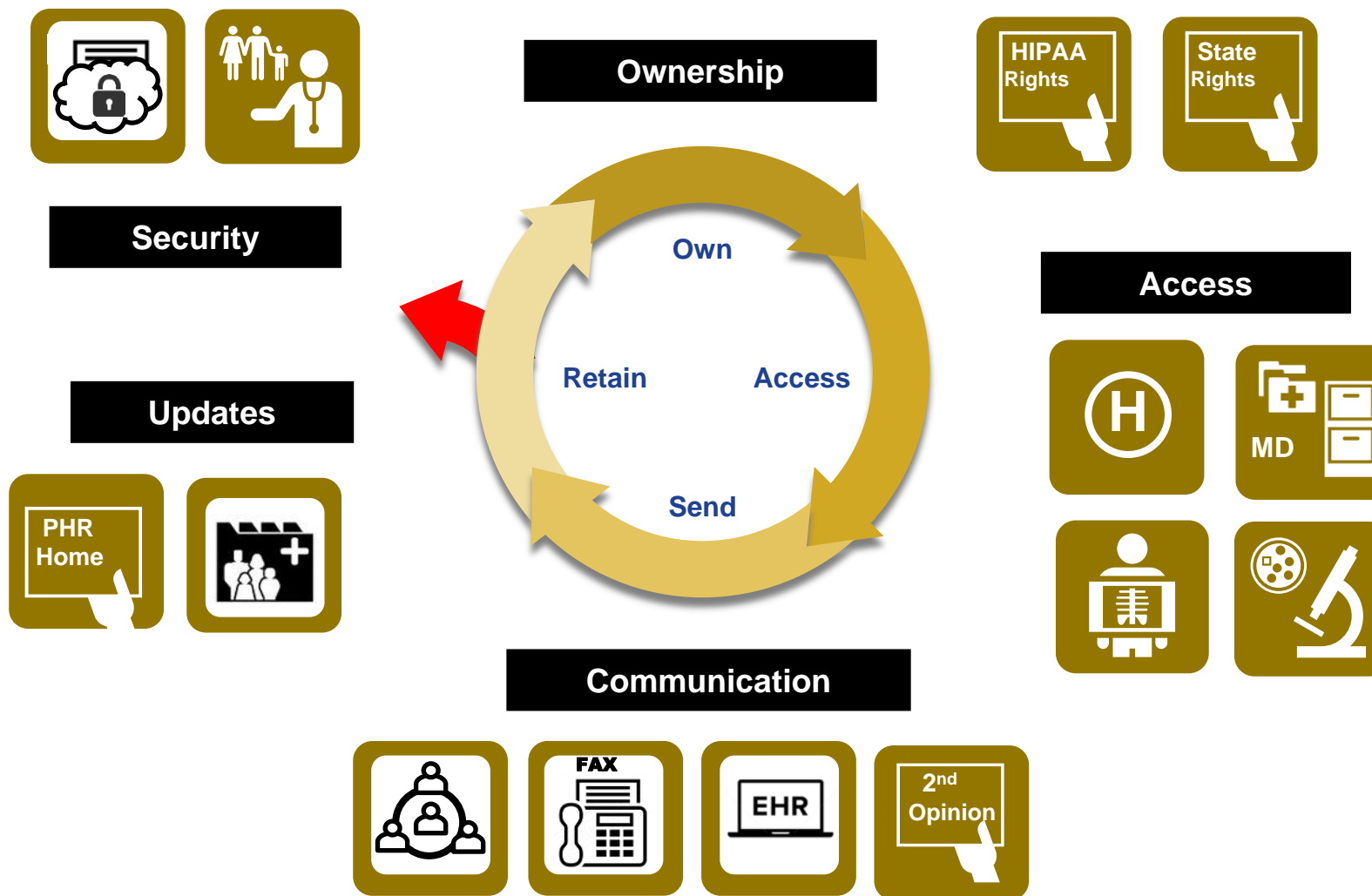
Valued at 20 to 50 times more than financial identities on the black market, confidential records with sensitive health data and personal identifying information are prime targets for criminals. Today, the industry stands at a crossroads as we continue into the digital future of healthcare – will we succeed in mounting a strategic defense against these attacks, or will we always remain one step behind?

Source: <https://www.idx.us/knowledge-center/medical-identity-theft-in-the-new-age-of-virtual-healthcare>

The 5 Rights of Medical Records™



The 5 Rights of Medical Records™



The 5 Rights of Medical Records™

Security: Insurance fraud is a major source of errors in medical records. Disruption of medical facility record access due to ransomware is an issue for both inpatients and outpatients.

Security

Updates

Updates: Accurate and timely updates to medical records including tests and medication lists are critical to safety.

Ownership

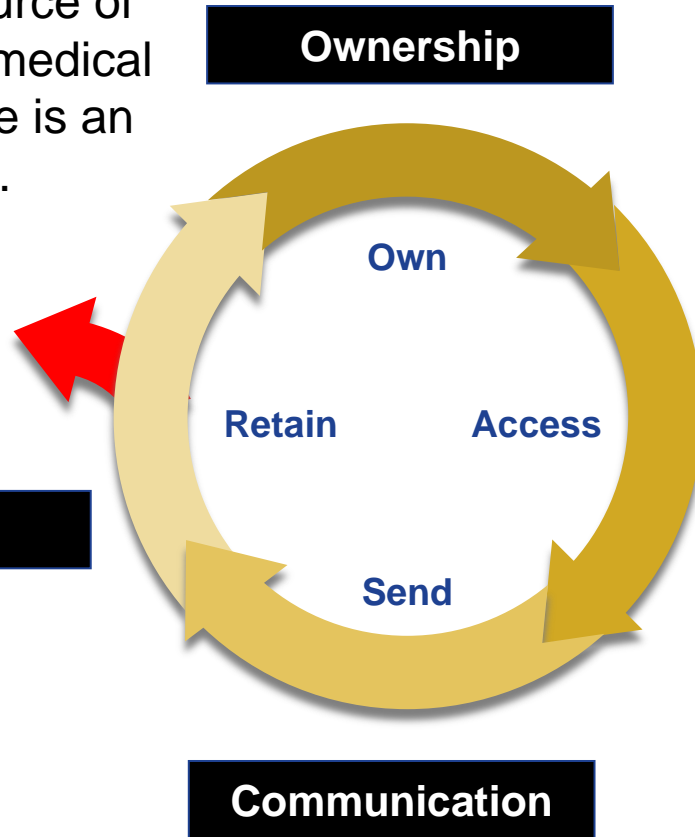
Ownership: Patients are entitled to the ownership of a copy of their medical records. Providers often presume since they are the owners of the records that they do not need to provide them to patients and families.

Access

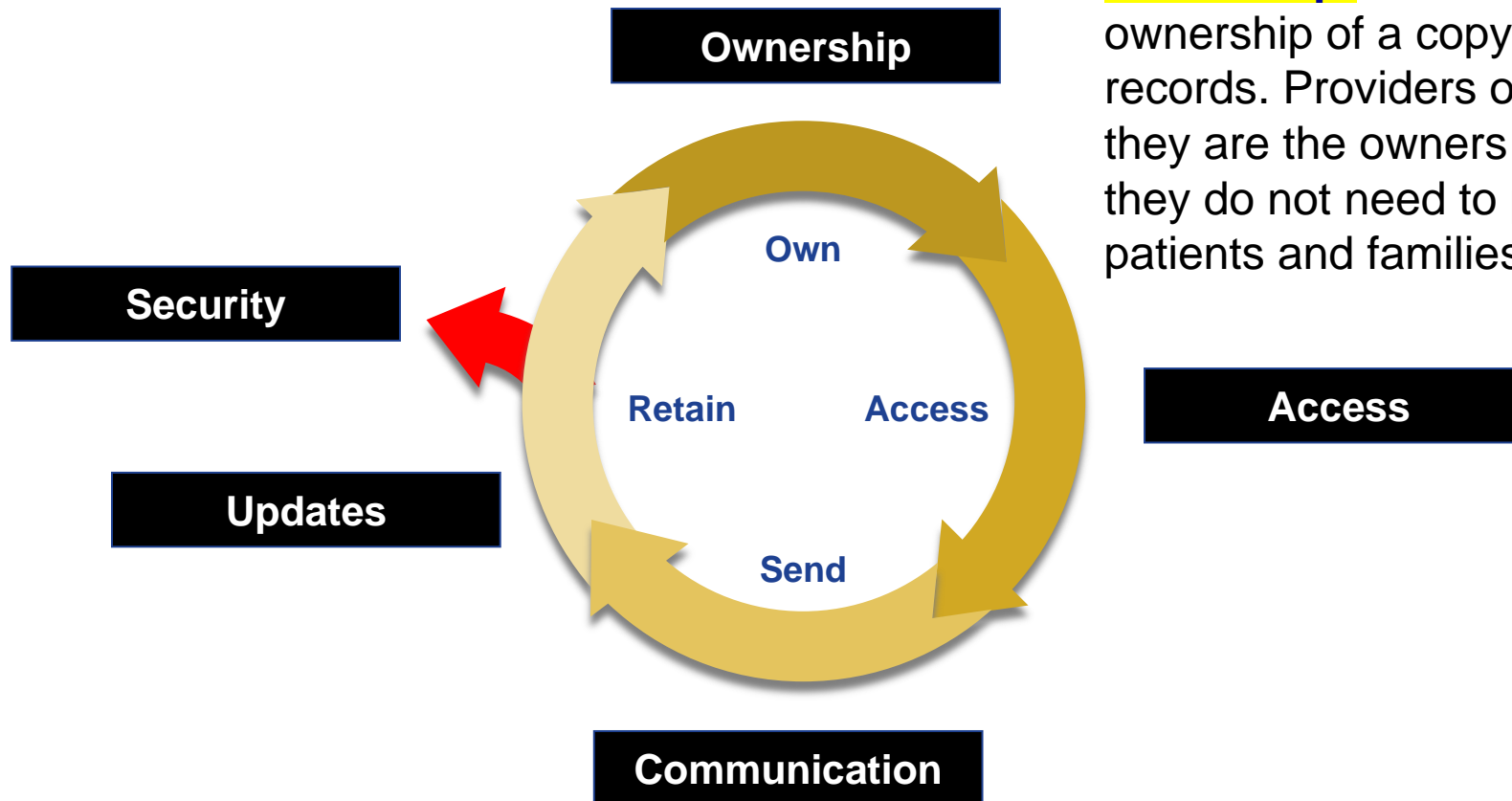
Access: The safety and quality of care is directly related to the access of all medical records to the patient and to all care providers. Ideally there should be minimal lag in availability.

Communication

Communication: Breakdown in the transmission of medical records is a major source of adverse events causing preventable harm and expense. Patients must ensure transmission.

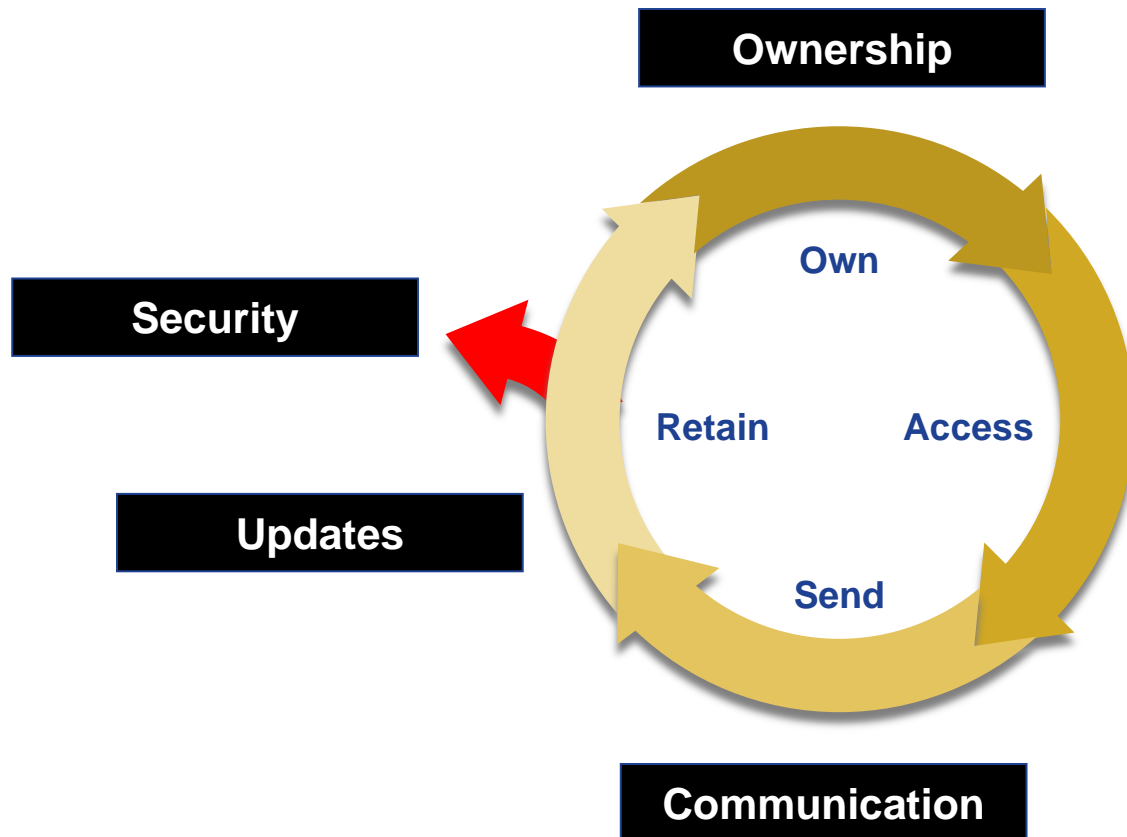


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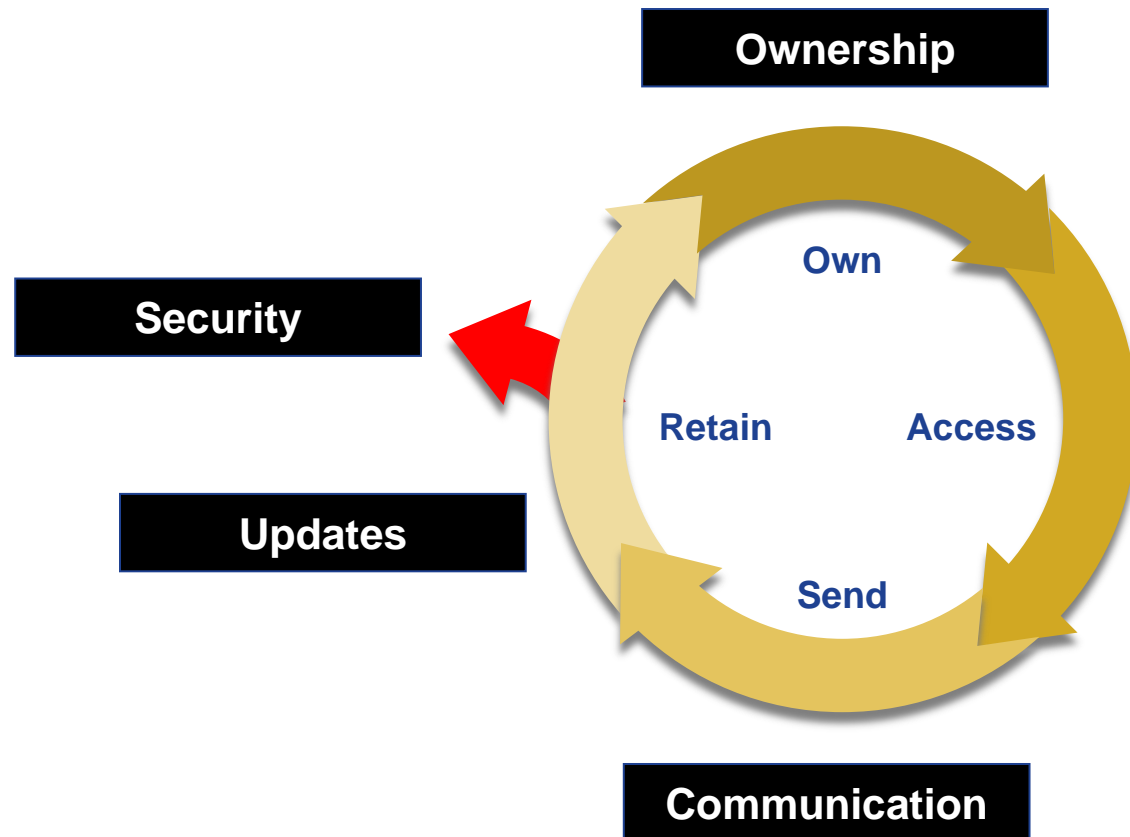


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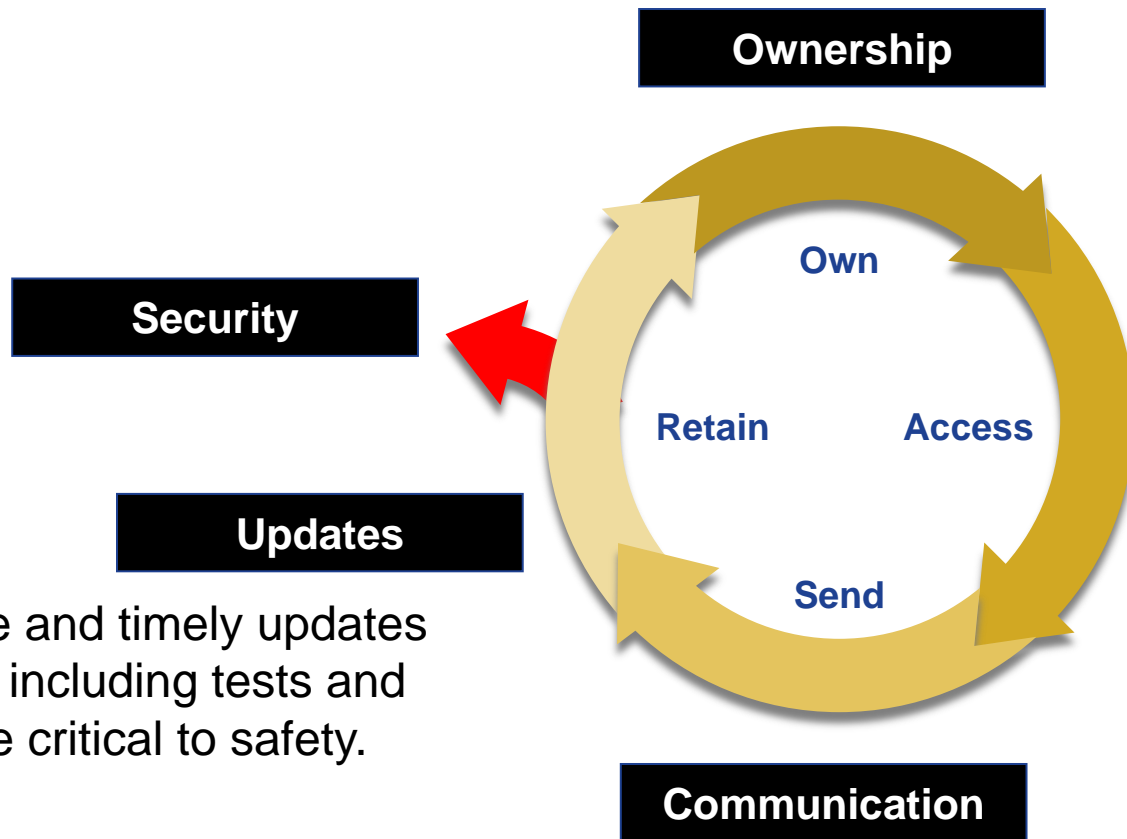
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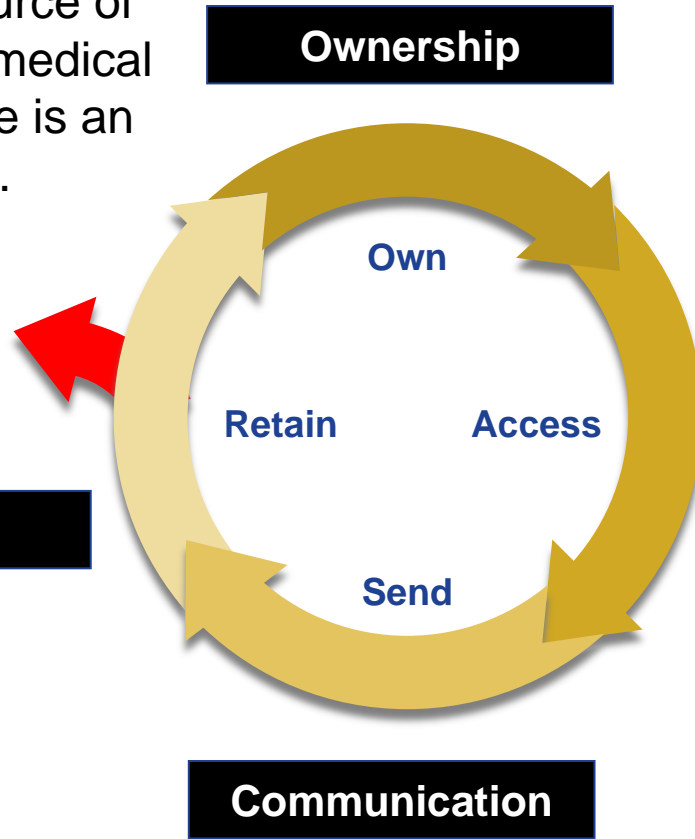
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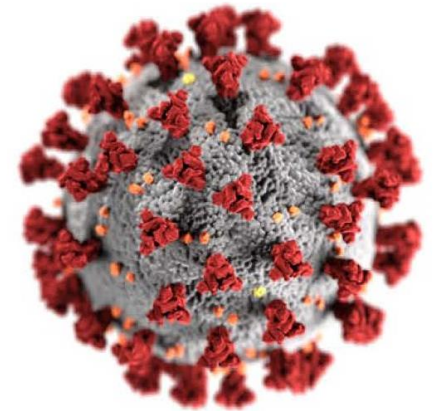


The Next Normal: Our Family Safety Plan



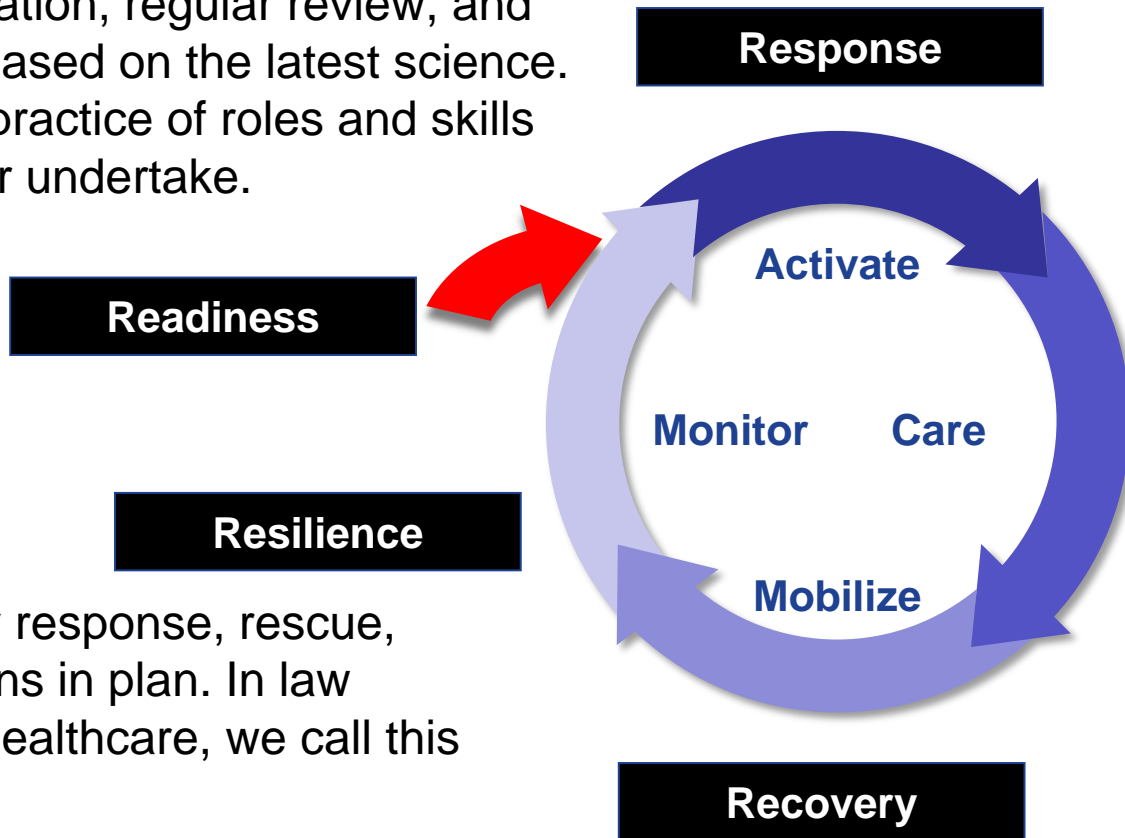
Gregory H. Botz, MD, FCCM

**Professor of Anesthesiology and Critical Care
UT MD Anderson Cancer Center, Houston, TX
Adjunct Clinical Professor, Department of
Anesthesiology
Stanford University School of Medicine,
Stanford, CA**



Family Health Safety Plans

Readiness: Preparation, regular review, and updating of a plan based on the latest science. Regular deliberate practice of roles and skills each family member undertake.



Response: Family moves to action to respond to an emergency. Safeguards are put in place. The family may respond to a member being infected or exposed to someone infected.

Resilience: Fortify response, rescue, and recovery actions in plan. In law enforcement and healthcare, we call this “target hardening”.

Rescue: Regular deliberate practice of roles and skills to take a loved one to the Emergency Department if they have severe symptoms. This means having records and medications ready go with the patient.

Recovery: Follow up care of the family member after an event. Returning to normal family activities after a family member is infected and isolated, hospitalized, or under quarantine.”

THE UNIVERSITY OF TEXAS
**MD Anderson
Cancer Center**

Family Rescue R&D



**Stanford
University**



UCSF
University of California
San Francisco

The 5 R's of Safety



UF | UNIVERSITY of
FLORIDA

UT Southwestern
Medical Center



Family Lifeguard Update for 2022



David Beshk

**Award Winning Educator
Med Tac Master Instructor
Eagle Scout Advisor
Merit Badge Counselor**



Charles R. Denham III

**High School Student
Co-founder Med Tac Bystander
Rescue Care Program
Co-lead Lifeguard Surf Program
Junior Med Tac Instructor
Certified Lifeguard**



Be Your Family Lifeguard

90% Prevention and 10% Rescue



Family Huddle Checklist

The Goal - Prevent Bubble Trouble

Maintain the Four Pillars: Distance, Mask Use, Hand Hygiene, and Disinfect Surfaces.

Before Event:

- Consider Rapid Antigen Testing
- Identify how to Optimize Ventilation
- Determine how to protect At-Risk Members
- Assign Tasks to Family Members
- Prepare Separate Family Bubble Portions
- Set Up Handwashing Stations
- Develop a Bathroom Plan
- Prepare Bathroom – Optimize Ventilation
- Maintain Kitchen Hygiene

During Event:

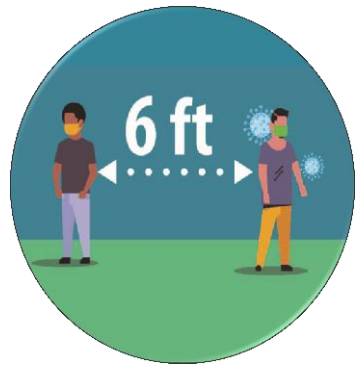
- Convene Holiday Huddle with Guests
- Opening Prayer
- Describe Safe Family Bubbles
- Review Four Safety Pillars
- Provide Restroom Plan
- Describe Eating Plan
- Summarize Clean Up Plan

After Event:

- Glove up to Clean Up
- Soak Plates and Cutlery in Soapy Water
- Wipe down surfaces touched by guests
- Wipe down bathroom used by guests
- Meet to de-brief to be safer next time



Safe Practices



**Social
Distancing**



**Use of
Masks**



**Hand
Washing**



**Disinfecting
Surfaces**

SOURCE: Centers for Disease Control



Holidays, Spring Break, Ski Week, and Vacations



Family Huddle Checklist

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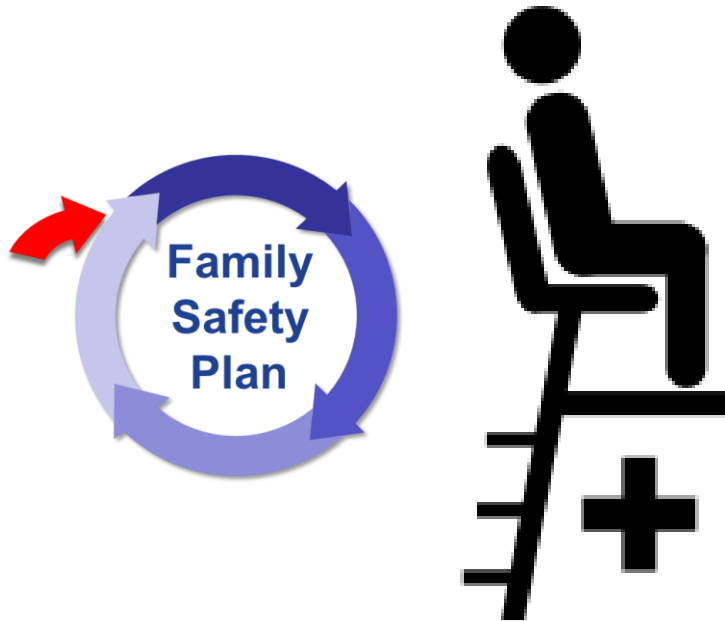
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What's New for 2022

90% Prevention and 10% Rescue

**Community Immunity
& Aerosol Transmission**



Holiday Huddle Checklist

The Goal - Prevent Bubble Trouble

Maintain the Four Pillars: Distance, Hand Hygiene, Disinfect Surfaces, and Mask Use

Before Event:

- Know Vaccination Status of Guests
- Know Threat Status of Guests
- Assign Tasks to Family Members
- Prepare Separate Family Bubble Portions
- Set Up Handwashing Stations
- Develop a Bathroom Plan
- Prepare Bathroom - Optimize Ventilation
- Maintain Kitchen Hygiene

During Event:

- Convene Holiday Huddle with Guests
- Opening Prayer
- Describe Safe Family Bubbles
- Review Four Safety Pillars
- Protect At-risk Guests - Apply the Pillars
- Provide Restroom Plan
- Describe Eating Plan
- Summarize Clean Up Plan

After Event:

- Glove up to Clean Up - Optional
- Soak Plates and Cutlery in Soapy Water
- Wipe down surfaces touched by guests
- Wipe down bathroom used by guests
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Holiday Huddle Checklist

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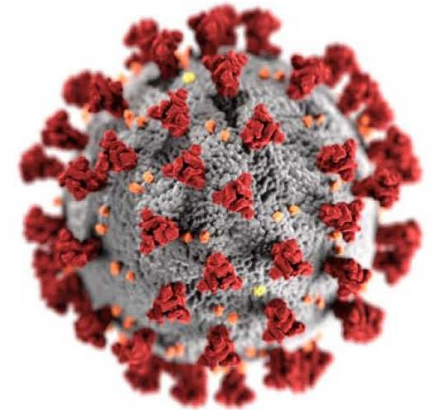
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Voice of the Patient



Jennifer Dingman

**Founder, Persons United Limiting
Substandard and Errors in Healthcare
(PULSE), Colorado Division
Co-founder, PULSE American Division
TMIT Patient Advocate Team Member
Pueblo, CO**



Fight the Good Fight...

Finish the Race...

Keep the Faith...

Everyone is a Patient

and

Everyone CAN BE a Caregiver

Additional Resources

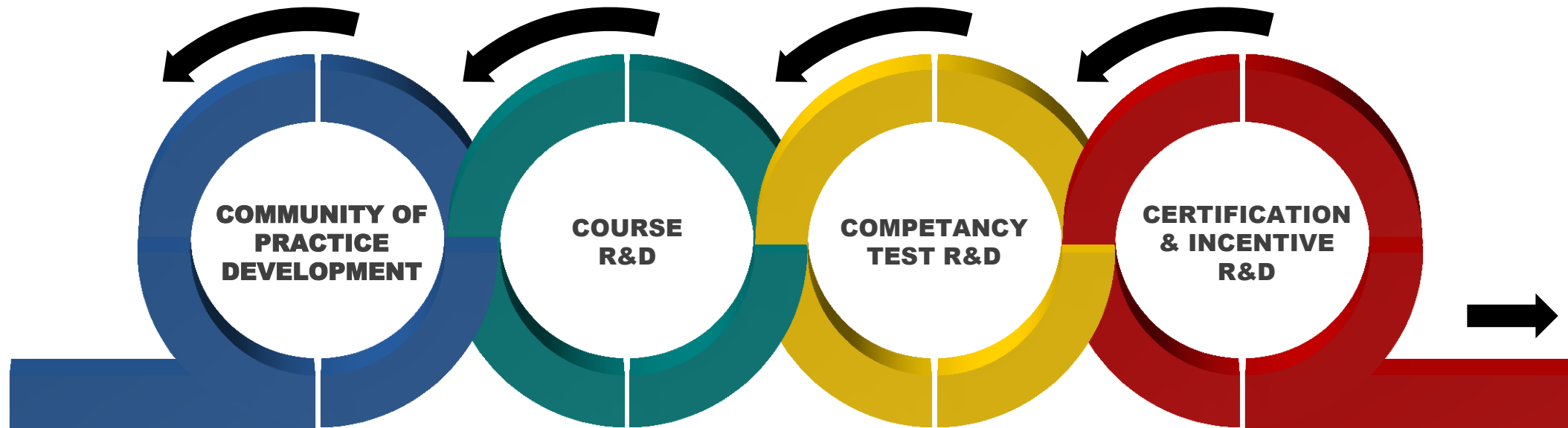


**TMIT Global
Research Test Bed**



SafetyLeaders®

Learning Management System



CareUniversity®



**TMIT Global
Research Test Bed**



SafetyLeaders®

Certificates for Med Tac Program



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

100+years



**American
Heart
Association®**

Heartsaver® First Aid CPR AED

High Impact Care Hazards to Patients, Students, and Employees

MED TAC About Values & Team Coronavirus Response Recorded Broadcasts Specialty Programs R&D Surveys & Innovations CAREUNIVERSITY

Med Tac Bystander Rescue Care

Med Tac is short for "Medical Tactical" and is an advanced first aid platform to battle failure to rescue. The mission is to teach anyone the critical bystander care skills that can save lives during the most common life threatening emergencies. Our focus is to train all ages to provide the greatest help in the first 10 minutes before professional first responders arrive and then assist them when they do. The training includes how to work with professional first responders and how to help families as they proceed through hospital emergency care.

Video Library

Med Tac Story

- Med Tac Leadership Team
- Adopt a Cove Program
- 5 Rights of Emergency Care
- College and Youth Program
- Surf & Lifeguard Program
- 3 Minutes & Counting Trailer
- Opioid Overdose Briefing

The Battle Against Failure to Rescue

The Med Tac Program was developed by a team originally focused on active shooter events. When they found that there at least 8 leading causes of preventable death including severe bleeding and that there was no integrated program to teach the public what they can do to save lives and prevent "failure to rescue" before EMS arrives, Med Tac was born. In many cases bystander rescue care can triple survival if the public knows what to do. The program was funded through 2019 by philanthropy through TMIT Global, a 501(c)3 medical research organization that leads a global patient safety community of practice found at www.SafetyLeaders.org. With the development of the Coronavirus crisis, our rapid response team has prioritized Infection Care as one of our major focus areas. As of January 1st, 2020 the team has published four articles and has developed pilot programs in five states. [Click here](#) to download a PDF of the four articles.

High Impact Care Hazards

- Cardiac Arrest
- Choking & Drowning
- Opioid Overdose
- Anaphylaxis
- Major Trauma
- Infection Care
- Transportation Accidents
- Bullying

Bystander Care Training is a critical need in all communities. The preventable deaths we see in the news are the tip of the iceberg. Our program is a Good Samaritan support system to help everyone learn life-saving actions that will save lives.

High Impact Care Hazards are conditions that are frequent, severe, preventable, and measurable. We have identified the leading causes of death that strike children, youth, and those in their workforce years. We provide evidence-based bystander care training that can have the greatest impact.

Bystander Rescue Skills are the competencies that bystanders can learn that will save lives in the few precious minutes before the professional first responders arrive. Such behaviors can be learned by children, adults, and entire families. We have programs for children, adults, law enforcement, educators, lifeguards, and caregivers.

Med Tac is the only integrated program addressing the top causes of death of otherwise healthy children, youth, and adults in the workforce. Med Tac partners with terrific on-site trainers from great organizations who are already in the community.

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Austin, Texas

<https://www.medtacglobal.org/>

Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infection Care

Transportation Accidents

Bullying

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Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infections

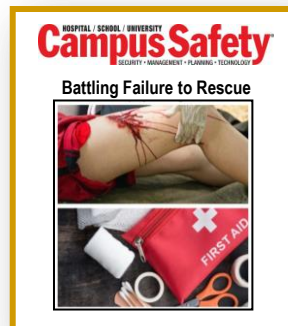
Transportation Accidents

Bullying

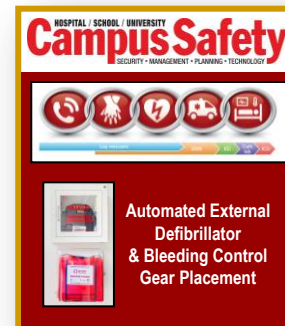
Active Shooter
Healthcare Article



Rapid Response
Teams Article



AED & Bleeding
Control Gear Article

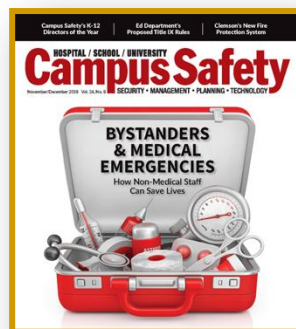


Family Safety
Plan Article



Support today's webinar

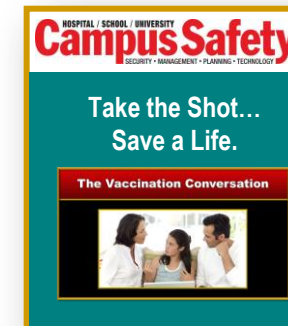
Med Tac
Story Article



A **Medical-Tactical Approach** undertaken by clinical and non-clinical people can have enormous impact on loss of life and harm from very common hazards:

- **High Impact Care Hazards** are frequent, severe, preventable, and measurable.
- **Lifeline Behaviors** undertaken by anyone can save lives.

Take the Shot...
Save a Life



High Impact Care Hazards to Patients, Students, and Employees

The screenshot shows the Med Tac website interface. At the top, there is a navigation bar with the Med Tac logo and links for About, Values & Team, Coronavirus Response, Recorded Broadcasts, Specialty Programs, R&D Surveys & Innovations, and CARE UNIVERSITY. Below this is the title 'Med Tac Bystander Rescue Care'. A paragraph explains that Med Tac is an advanced first aid platform to battle failure to rescue. A 'Video Library' section features a video player for 'The Med Tac Story' with a sidebar menu listing various programs like 'Med Tac Leadership Team', 'Adopt a Cove Program', and 'Opioid Overdose Briefing'. Below the video, there is a section titled 'The Battle Against Failure to Rescue' with a paragraph about the program's development. To the right, a vertical list of red buttons highlights 'High Impact Care Hazards': Cardiac Arrest, Choking & Drowning, Opioid Overdose, Anaphylaxis, Major Trauma, Infection Care, Transportation Accidents, and Bullying. Each button is accompanied by a brief description of the hazard.

<https://www.medtacglobal.org/>

Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infection Care

Transportation Accidents

Bullying

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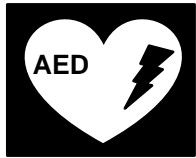
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The Solution: **Bystander Rescue Care**

Cardiac Arrest



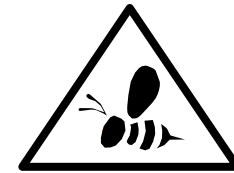
Choking & Drowning



Opioid OD & Poisoning



Anaphylaxis



Major Trauma



Infection Care



Transportation



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The Solution: Bystander Rescue Care

Cardiac Arrest



Sudden Cardiac Arrest: There is an epidemic of SCA with one quarter of the SCA events in children and youth occurring at sporting events. CPR and AED use have a dramatic impact on survival.
Possible Lives Saved in the US: 2 every hour and 3 children per day at a sporting event – 25% of SCA deaths in children occur at such events.

Choking & Drowning



Choking: More than 100,000 lives have been saved with the Heimlich Maneuver. Most choking deaths are preventable.
Possible Lives Saved in the US: 13 per day

Drowning: By population, drowning and near drowning events are very common. Since much of the OC population is near water, the numbers are likely much greater.
Possible Lives Saved in the US: 8 per day

Opioid OD & Poisoning



Opioid Overdose and Poisoning: An exploding opioid OD crisis is gripping our nation with a great toll on families. Narcan opioid reversal agents, rescue breathing and positioning, and rapid EMS response saves lives. Awareness drives prevention.
Possible Lives Saved in the US: There are 197 OD deaths per day. Up to 8 lives may be saved per hour.

Anaphylaxis



Anaphylaxis & Life Threatening Allergies: Many events are unreported; however 22% occur in children without a prior diagnosis of allergies. More than one in twenty adults will have an anaphylactic event in their lifetime. Epinephrine auto-injectors save lives within minutes.
Possible Lives Saved in the US: 1 per day

Major Trauma



Major Trauma & Bleeding: Bystander care especially for major bleeding using Stop-The-Bleed techniques of wound pressure, bandages, and tourniquets can have an enormous impact on survival.
Possible Lives Saved in the US: 1 per hour

Infection Care



Infection Care: Epidemics, pandemics, and seasonal infections are a leading cause of death. Prevention, preparedness, protection, and performance improvement strategies and tactics are critical to save lives and inform all Med Tac efforts. They are a feature of all Med Tac Bystander Rescue Care.
Possible Lives Incalculable

Transportation



Non-traffic Related Vehicular Accidents: The incidence of non-traffic related drive-over accidents near schools and home is greater than 50 per week. More than 60% of the drivers are a parent or friend.
Possible Lives Saved in the US: Including adults, there are 1,900 deaths per year; many are preventable.

Bullying



Bullying & Workplace Violence: Bullying and abuse of power in schools and at work can lead to suicide, workplace violence, violent intruders, and active shooter events.
Possible Lives Saved in the US: Difficult to estimate, however the consensus is that they are likely to be very significant.

Med Tac Rescue Stations



**Soaring Eagle Awards:
David Beshk
Danny Policchichio**

**Lives Saved by Med Tac
Bystander Rescue Care
Trainers in Community**





Rescue Station Stand:

- Treated Wood
- Stainless Steel and Bronze Cleats
- Aluminum Signage
- Quick Release Bungee Cords for easy access

Rescue Gear:

- Dedicated 911 phone
- Soft Rescue Tubes
- Rescue Surfboard
- Spine board



Care Case:

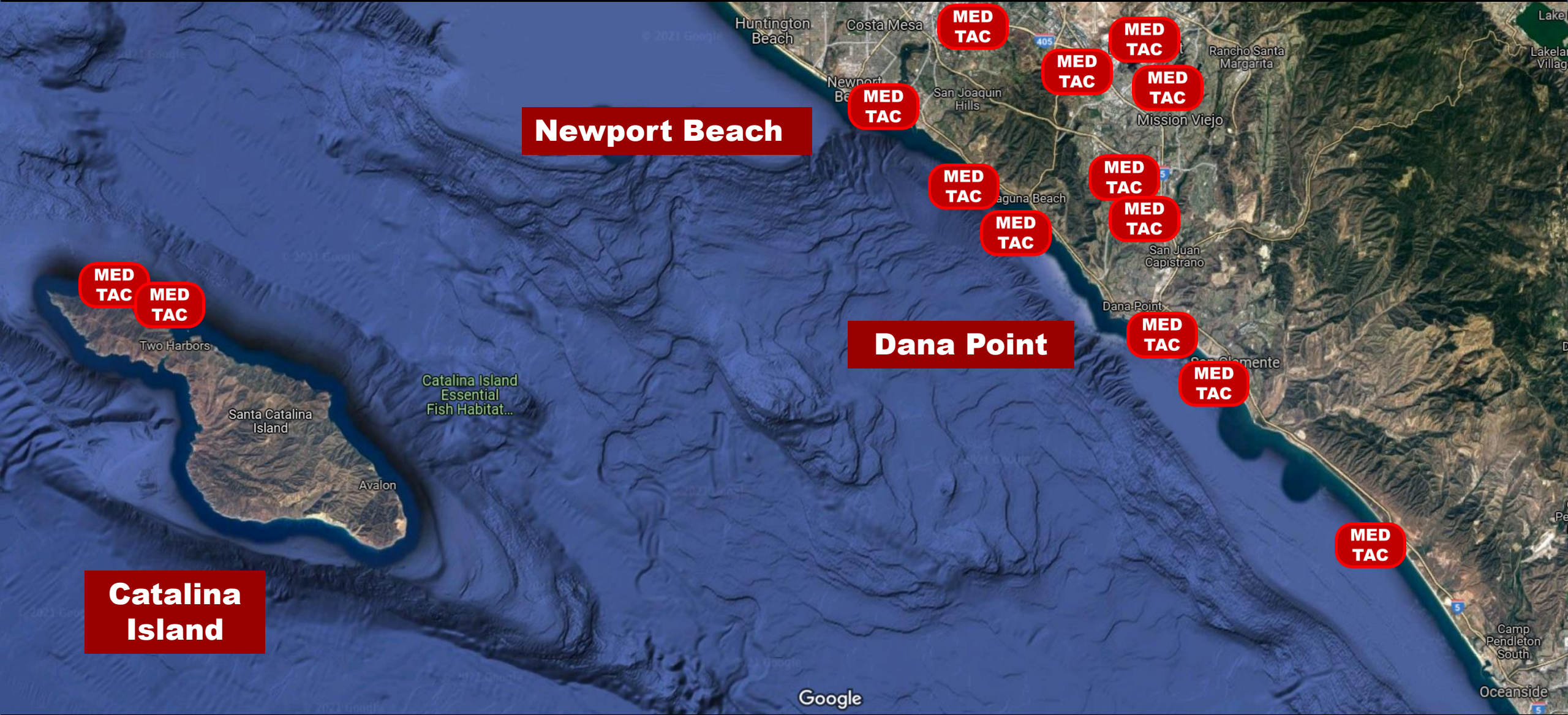
- AED
- Stop the Bleed Kits
- CPR Rescue Masks
- COVID Safety Gear

Approved by Advisors:

- OC Lifeguards
- Laguna Beach Lifeguards
- Emergency Medicine MDs
- Critical Care MDs
- Infection Control Experts

**MED
TAC**

Med Tac Rescue Station Sites



Newport Beach

Dana Point

**Catalina
Island**

Cardiac Arrest



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Possible Lives Saved in the US: 2 every hour and 3 children per day at a sporting event – 25% of SCA deaths in children occur at such events.

COVID-19 and Adult CPR

If an adult's heart stops and you're worried that they may have COVID-19, you can still help by performing Hands-Only CPR.



Step 1



Phone 9-1-1 and get an AED.

Step 2



Cover your own mouth and nose with a face mask or cloth.



Cover the person's mouth and nose with a face mask or cloth.

Step 3



Perform Hands-Only CPR. Push hard and fast on the center of the chest at a rate of 100 to 120 compressions per minute.

Step 4



Use an AED as soon as it is available.

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SAVE A LIFE. GET NALOXONE.

Naloxone stops an overdose caused by opioid pain medication, methadone or heroin.

People at risk for overdose and their family and friends can learn to spot an overdose and respond to save a life.

To get naloxone, present this card to the pharmacy staff.

A



MULTI-STEP NASAL SPRAY

DIRECTIONS: Spray 1 mL (half of the syringe) into each nostril.

NO BRAND NAME/GENERIC

COST: \$-\$\$

B



SINGLE-STEP NASAL SPRAY

DIRECTIONS: Spray full dose into one nostril.

BRAND NAME: Narcan

COST: \$\$\$

C



INTRAMUSCULAR INJECTION

DIRECTIONS: Inject 1 mL in shoulder or thigh.

NO BRAND NAME/GENERIC

COST: \$-\$\$

D



AUTO-INJECTOR

DIRECTIONS: Use as directed by voice-prompt. Press black side firmly on outer thigh.

BRAND NAME: Evzio

COST: \$\$\$\$*

*Coupons available, see evzio.com for more info

FOR ALL PRODUCTS, repeat naloxone administration after 2–3 minutes if there is no response.

Most insurance will cover at least one of these options, or you can pay cash. All products contain at least two doses

For more on opioid safety, videos on how to use naloxone, or to get help for addiction, go to PrescribetoPrevent.org

Used with permission from Boston Medical Center



Anaphylaxis



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Possible Lives Saved in the US: 1 per day

How To Use An EpiPen

EpiPen is used for severe lifethreatening allergic reactions.

Signs & Symptoms

Lungs: Chest tightness, cough that will not stop. Wheezing or shortness of breath.

Heart: Lightheaded feeling, fainting, weak pulse, or low blood pressure

Throat: Tightness of throat, hoarse/scratchy throat or drooling.

Mouth: Swollen tongue or lips

Skin: Swelling or severe itching or hives

1

Form FIST around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2

Place orange end HARD into outer thigh so it 'CLICKS' and HOLD for 10 seconds.



3

Remove EpiPen & massage injection site for 10 seconds.



4

After using EpiPen. MUST seek Medical Attention



References

www.nationwidechildrens.org
www.pharmacydirect.co.nz/epipen-adult.html

By: Manjit Gill RN BSN



Major Trauma



Major Trauma & Bleeding: Bystander care especially for major bleeding using Stop-The-Bleed techniques of wound pressure, bandages, and tourniquets can have an enormous impact on survival.

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STOP THE BLEEDSM SAVE A LIFE

HARTFORD CONSENSUSSM SAVE A LIFE STOP THE BLEEDING

1 APPLY PRESSURE WITH HANDS

2 APPLY DRESSING AND PRESS

3 APPLY TOURNIQUET

WRAP WIND SECURE TIME

CALL 911

The Stop the Bleed campaign was developed by a federal interagency committee led by the National Security Council Staff. The White House. The success of the campaign can be measured in terms of lives saved by using immediate first aid to stop life-threatening bleeding on the battlefield and in civilian settings. Additional lives saved by other nations and groups is being tracked and added to the total. The Stop the Bleed campaign is a national effort to save lives. The use of this website and materials is for informational purposes only. The Department of Defense owns the Stop the Bleed logo and graphics. Additional content.

Infection Care



Infection Care: Epidemics, pandemics, and seasonal infections are a leading cause of death. Prevention, preparedness, protection, and performance improvement strategies and tactics are critical to save lives and inform all Med Tac efforts. They are a feature of all Med Tac Bystander Rescue Care. *Possible Lives Incalculable*

Med Tac Rescue Skill **CLEAN A CUT – SAVE A LIFE**

1 CLEAN ONLY WITH SOAP AND WATER



2 APPLY ANTIBIOTIC OINTMENT TO CUT



3 BANDAGE TO WOUND KEEP CLEAN



4 IF HURTS MORE ON DAY 2 - SEE DOCTOR



Clean A Cut – Save A Life: The pathogens of today are very resistant to antibacterial agents and can progress to life-threatening sepsis. So minor cuts and scrapes must be treated immediately and watched closely. Such wounds need to be cleaned quickly, only with soap and water. Alcohol or hydrogen peroxide will harm healing and they harm the infant cells critical to closing the wound.

Transportation



Non-traffic Related Vehicular Accidents:

The incidence of non-traffic related drive-over accidents near schools and home is greater than 50 per week. More than 60% of the drivers are a parent or friend.

Possible Lives Saved in the US: Including adults, there are 1,900 deaths per year; many are preventable.



Bullying



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