

Fraud in the COVID Ecosystem

Survive and Thrive Guide™



July 7, 2022 - Webinar 189



**Coronavirus Care
Community of Practice**

Bystander Rescue Care
CareUniversity Series

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?







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>

Fraud Alert: COVID-19 Scams

- 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 identity 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=KND5pv-z8Y>

COVID Defense Strategies are Layers

Fraud in the COVID Ecosystem

- Prevention: How to prevent harm from fraudsters

The diagram features a central cycle of four teal arrows forming a square. The top arrow is labeled 'Prevention', the right arrow 'Performance Improvement', the bottom arrow 'Protection', and the left arrow 'Preparedness'. A red starburst is positioned at the bottom of the cycle, overlapping the 'Protection' and 'Preparedness' arrows. Surrounding the cycle are four icons: a building (top-left), an airplane (top-right), a house with people (bottom-left), and a house with a wheelchair (bottom-right).

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Fraud in the COVID Ecosystem

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

The diagram features a central cycle of four teal arrows forming a square. The top arrow is labeled 'Prevention', the right arrow 'Performance Improvement', the bottom arrow 'Protection', and the left arrow 'Preparedness'. A red starburst is positioned at the bottom of the cycle, overlapping the 'Protection' and 'Preparedness' arrows. Surrounding the cycle are four icons: a building (top-left), an airplane (top-right), a house with people (bottom-left), and a house with a wheelchair (bottom-right).

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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

The diagram features a central cycle of four teal arrows forming a square. The top arrow is labeled 'Prevention', the right arrow 'Performance Improvement', the bottom arrow 'Protection', and the left arrow 'Preparedness'. A red starburst is positioned at the bottom of the cycle, overlapping the 'Protection' and 'Preparedness' arrows. Surrounding the cycle are four icons: a building (top-left), an airplane (top-right), a house with people (bottom-left), and a house with a wheelchair (bottom-right).

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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

The diagram features a central cycle of four teal arrows forming a square. The top arrow is labeled 'Prevention', the right arrow 'Performance Improvement', the bottom arrow 'Protection', and the left arrow 'Preparedness'. A red starburst is positioned at the bottom of the cycle, overlapping the 'Protection' and 'Preparedness' arrows. Surrounding the cycle are four icons: a building (top-left), an airplane (top-right), a house with people (bottom-left), and a house with a wheelchair (bottom-right).

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Speakers & Reactors



Bill Adcox



Dr. Gregory Botz



Dr. Christopher Peabody



Charlie Denham III



Jennifer Dingman



Heather Foster RN



David Beshk



Dr. Charles Denham



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Our Purpose, Mission, and Values




CAREUNIVERSITY

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

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

Our ICARE Values:
Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.



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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 BioPlanet, 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.



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<https://www.medtacglobal.org/webinarjune2022/>



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Coronavirus Care Community of Practice

2022 Q3 Progress Report

Household Safety

Daily Deaths U.S.

Coronavirus Care Community of Practice

2022 Q3 Progress Report

Household Safety

Daily Deaths U.S.

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

JOHNS HOPKINS UNIVERSITY OF MEDICINE | CORONAVIRUS RESOURCE CENTER

Home Topics By Region Events & News About Search Data by Region...

Tracking Home Data Visualizations Global Map U.S. Map Data in Motion Tracking FAQ

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

SHARE [Facebook] [Twitter] [LinkedIn] [YouTube]

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](#)

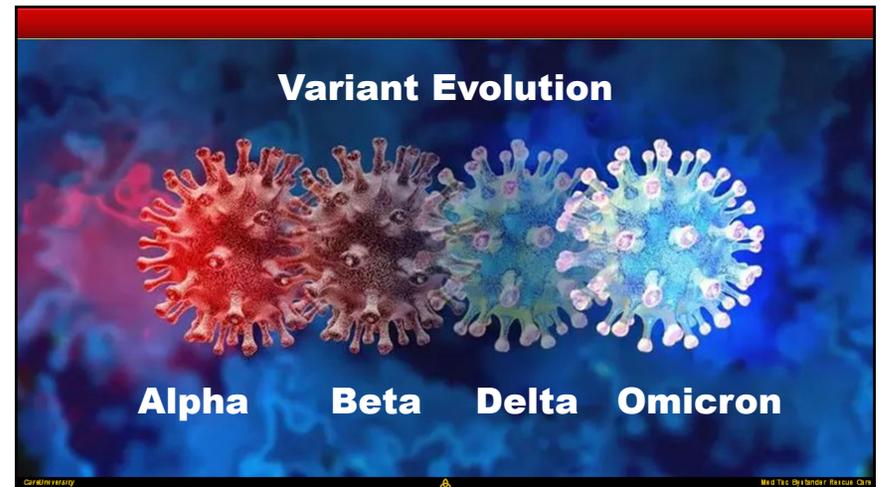
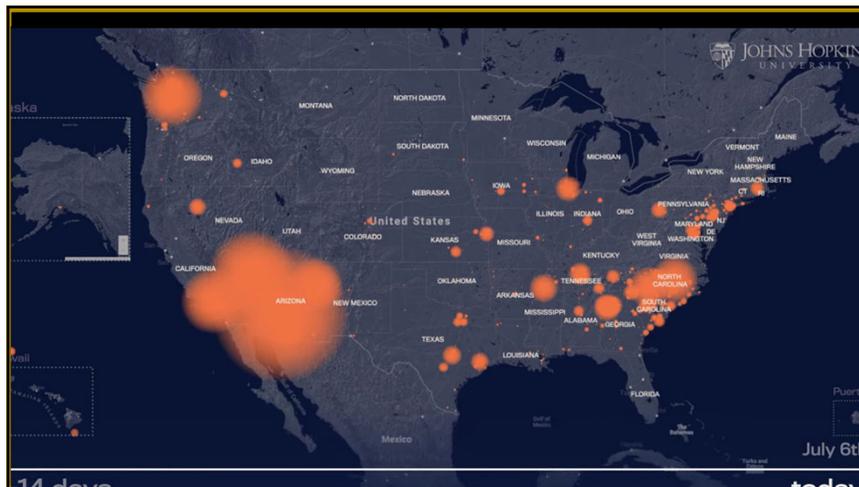
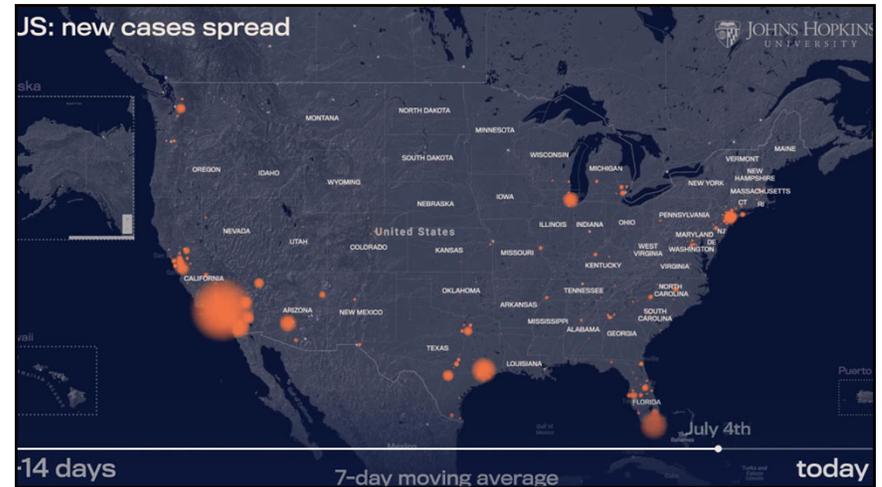
JHU's Daily COVID-19 Data in Motion: July 7, 2022

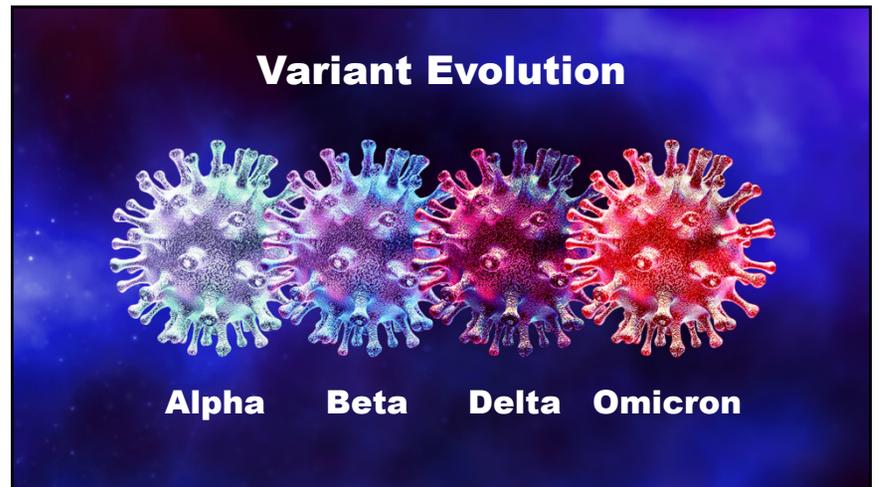
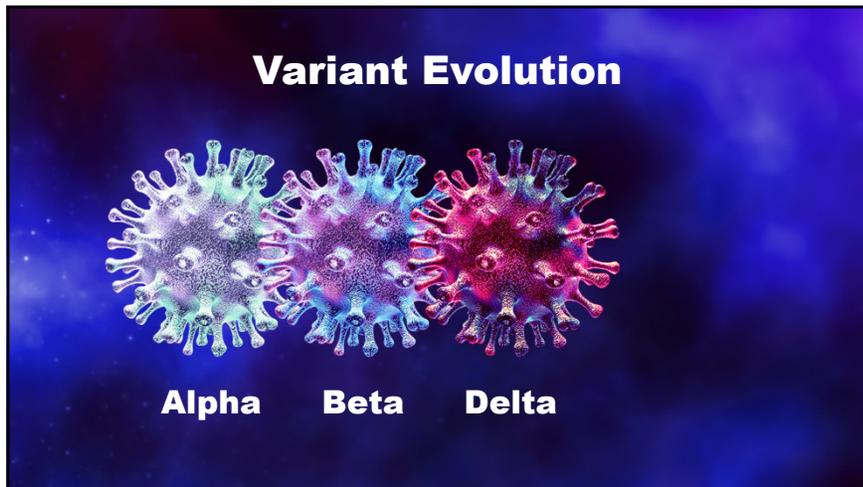
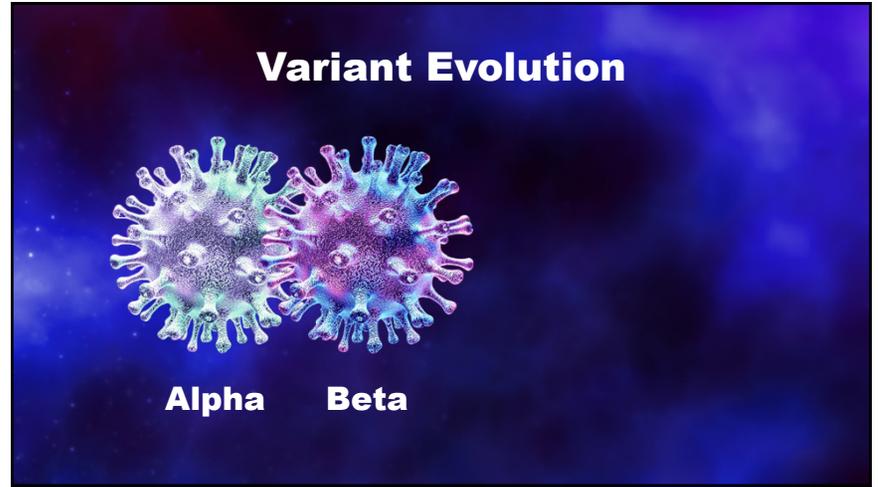
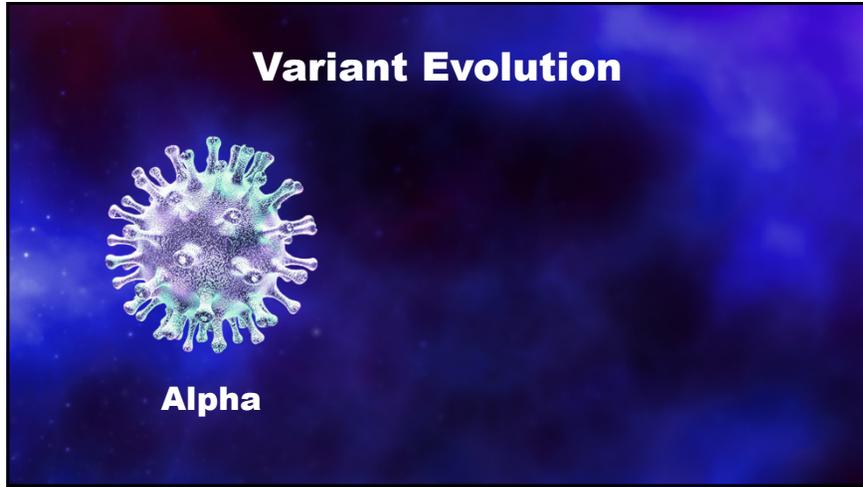
Watch on YouTube

7-day moving average

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](#)





Survive & Thrive Guide: Keeping Your Family Safe

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



Survive & Thrive Guide: Protecting Your Family



**500 Subject
Matter Experts**

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 <small>John Nance JD</small>	 <small>Dr. Gregory Botz</small>	 <small>Chief William Adcox</small>	 <small>Heather Foster</small>	 <small>Dr. Charles Denham</small>	 <small>Dr. Casey Clements</small>	 <small>Beth Ullem</small>	 <small>Dr. McDowell</small>	 <small>Dennis Quaid</small>	 <small>Preston Head III</small>
 <small>Fred Halse</small>	 <small>Dr. Steve Swensen</small>	 <small>Tyler Sant</small>	 <small>Avarie Pettit</small>	 <small>Dr. Mary Foley</small>	 <small>Bob Chapman</small>	 <small>Perry Bechtie III</small>	 <small>Becky Martins</small>	 <small>Betsy Denham</small>	 <small>Charlie Denham III</small>
 <small>Dr. C Peabody</small>	 <small>Dr. Chris Fox</small>	 <small>Randy Styner</small>	 <small>Tom Renner</small>	 <small>David Beshk</small>	 <small>Ann Rhoades</small>	 <small>Nancy Conrad</small>	 <small>Dr. Chopra</small>	 <small>John Little</small>	 <small>Debbie Medina</small>

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 <small>Matt Horace</small>	 <small>John Tomlinson</small>	 <small>Dan Ford</small>	 <small>Ariene Salamendra</small>	 <small>Jennifer Dingman</small>	 <small>Bill George</small>	 <small>Penny George</small>	 <small>Hilary Schmidt PhD</small>	 <small>Paul Bhatia EMT</small>	 <small>Dr. McDowell</small>
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Contributions Through Segments of our *Discovery Channel* Documentaries

 <small>Prof Christensen</small>	 <small>Jim Collins</small>	 <small>C Sullenberger</small>	 <small>Charlotte Guglielmi</small>	 <small>Dr. Don Berwick</small>	 <small>Dr. Howard Koh</small>	 <small>Dr. Jim Baglan</small>	 <small>Dr. Harvey Fineberg</small>
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**Chasing
Zero**



**Surfing
the
Healthcare Tsunami**



**3 Minutes & Counting
Bystanders Care!**

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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 Safety
- Keeping Our Kids Safe
- Creating Your Family Safety Plan
- Safety Plan Templates for Everyone
- Providing Care at Home
- 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
- 10 Best Practices for Reopening
- The New Normal & The 4 P's

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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

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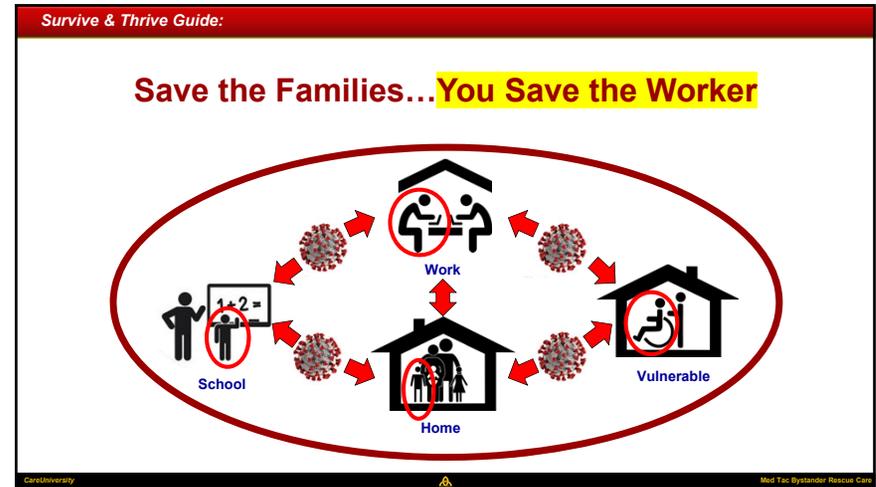
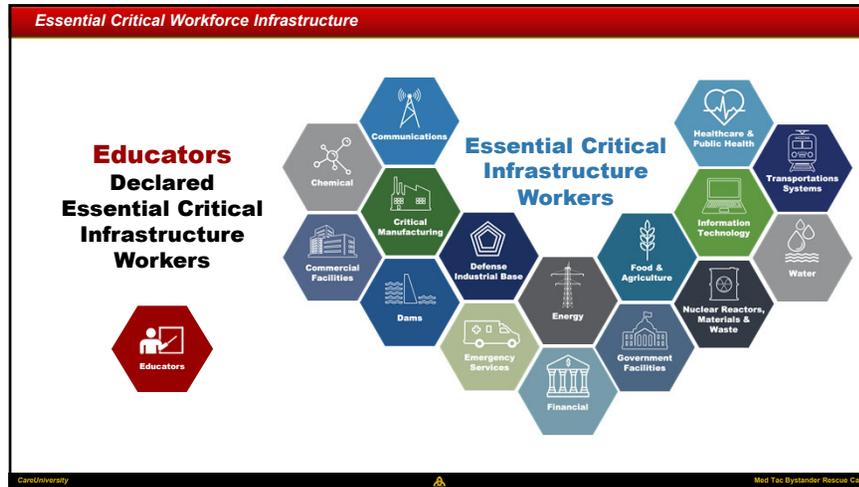
Youth & Young Adult Team

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Family Rescue R&D

The 5 R's of Safety

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

Short Video Topics

- Hand Washing & Disinfectants
- OSHA High Contact Surfaces
- Building a FAMILY SAFETY PLAN
- If not WEED Emergency Care
- Why N95, Respirators, and AHEC
- Family Labeled Program
- Vaccination Conversation

Masks: Filter, Fit, and Finish

SHORT TOPIC:

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

Survive & Thrive Guide Program Road Map

SURVIVE & THRIVE 90 MINUTE COURSES:

- Longer more detailed
- Webinar Recordings
- Technical Information

Related Resources

Care of the At Risk & Seniors at Home

www.medtacglobal.org/coronavirus-response/

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Survive & Thrive Guide

1,000 Worker Study

The 5 R's of Safety

- Readiness
- Residence
- Recovery
- Response
- Rescue

HEAD

HEART

HANDS

VOICE

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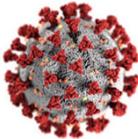
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Voice of the Patient



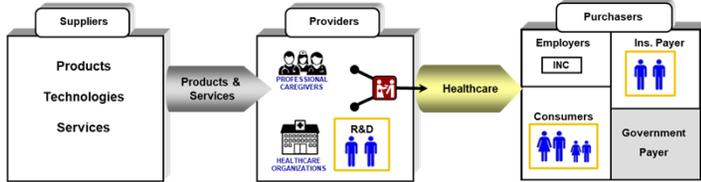
Jennifer Dingman
 Founder, Persons United Limiting Substandard and Errors in Healthcare (PULSE), Colorado Division
 Co-founder, PULSE American Division
 TMIT Patient Advocate Team Member
 Pueblo, CO



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Healthcare Value Chain

Healthcare Value Chain: Suppliers, Providers, and Purchasers



Suppliers: Products, Technologies, Services

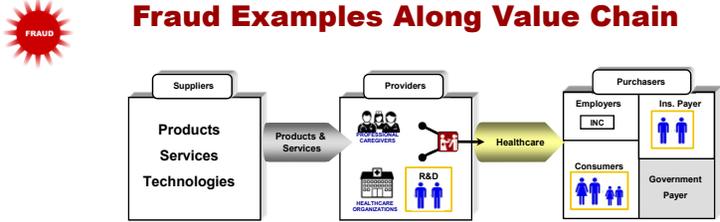
Providers: Professional Caregivers, R&D, Healthcare Organizations

Purchasers: Employers (INC), Ins. Payer, Consumers, Government Payer

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Healthcare Value Chain

Fraud Examples Along Value Chain



<p>Suppliers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Counterfeit Masks <input type="checkbox"/> Counterfeit Tests <input type="checkbox"/> Counterfeit Medications <input type="checkbox"/> Misinformation & Disinformation 	<p>Providers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Price Gouging & Conflicts <input type="checkbox"/> Surprise Billing <input type="checkbox"/> Lawsuits Against Patients <input type="checkbox"/> Counterfeit Testing 	<p>Purchasers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Denial of Coverage <input type="checkbox"/> Denial of Disability Benefits <input type="checkbox"/> COVID Timebomb <input type="checkbox"/> Identity Theft Cybercrime
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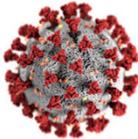
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The Next Normal: Left of Boom & 4P's

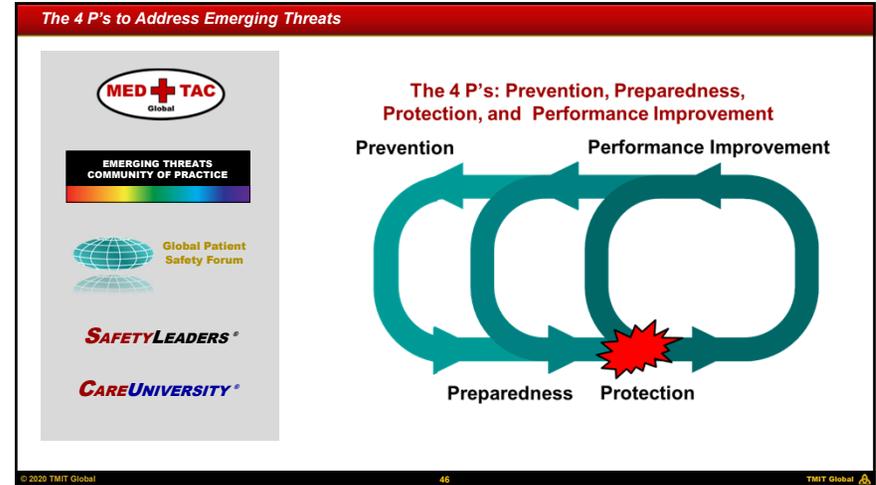
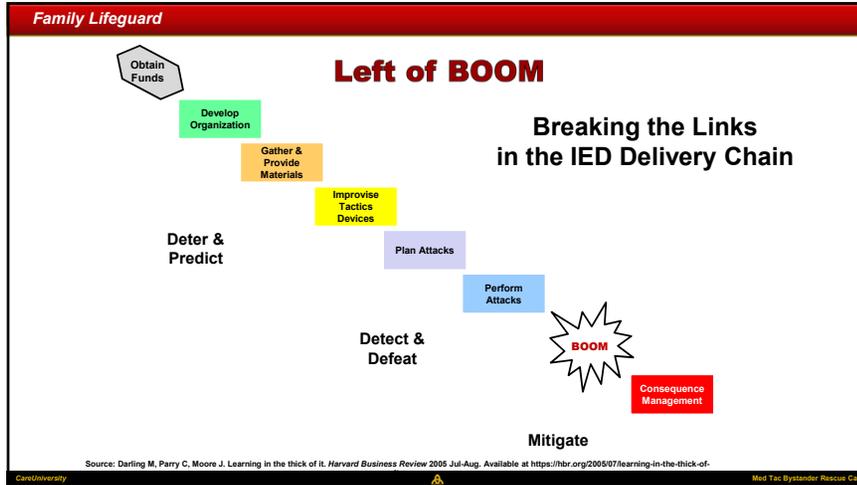


William Adcox MBA
 Chief Security Officer and Vice President
 MD Anderson Cancer Center
 Chief of Police, University of Texas at Houston
 Med Tac Lead Threat Safety Scientist



04-07-22 Community of Practice Webinar <https://www.medtacglobal.org/webinarapril2022/> Video 6 Minutes

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www.GlobalPatientSafetyForum.org

Emerging Threats Community of Practice

The Healthcare Threat Safety Spectrum

Academic Fraud	Patient Safety Errors/Omission	Workplace Employee Bullying	Administrative Misconduct	Cyber & I.P. Theft
Invisible Threats	Visible Threats	Visible Threats	Visible Threats	Invisible Threats

- Brand Damage from Outside, Inside, and/or Mixed Outside-Inside Threats including Counterfeits.
- 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, biological, radiologic, nuclear, and explosive response force.
- Cybersecurity Operation Issues including breach, theft, and compromise of operational records, mission of data systems, and ransom crimes.
- Theft of Intellectual Property by insiders, outsiders, or sub-contractors.
- Sabotage of service, information systems, clinical care, and property including events causing physical harm to staff, caregivers, students, and ambulances of staff.
- Patient Fraud including misrepresentation of identity, safety related issues such as vaccination and testing status, and alterations of truth.
- Patient State Influence through academic espionage, financial contributions, safety related issues such as accreditation and testing status, and alterations of truth.
- Drug Diversion by staff including caregivers and pharmacies who cause harm to patients or others.
- Conflict of Interest of staff including physicians, researchers, and students including undisclosed financial relationships.
- Conflict of Interest of Governance including undisclosed financial relationships and undisclosed financial relationships.
- Deliberate or Unfair Press by investigative reporting or false information.
- Academy Fraud including fabrication, falsification, plagiarism, or improper grant documentation including applications and reports.
- 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

Stanford University

UCSF University of California San Francisco

UFI UNIVERSITY of FLORIDA

USC University of Southern California

HARVARD UNIVERSITY

UCI

Emerging Threats Community of Practice

The Healthcare Threat Safety Spectrum

Academic Fraud	Patient Safety Errors/Omission	Workplace Employee Bullying	Administrative Misconduct	Cyber & I.P. Theft
Invisible Threats	Visible Threats	Visible Threats	Visible Threats	Invisible Threats

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The Healthcare Threat Safety Spectrum

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, biological, 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.
- 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.
- 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.

Readiness for Epidemics including preparedness for testing and volume surges.

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

The Healthcare Threat Safety Spectrum

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- Domestic Terrorism** such as organized attacks using chemical, biological, 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 do not follow safety protocols.
- Failure to Rescue** in pre-hospital, hospital, and post-hospital settings.
- Hospital Optimization & Flow** with overcrowding & boarding/transfer issues.
- Readiness for Epidemics** including preparedness for testing and volume surges.
- Sexual Misconduct** including sexual harassment, or harm to caregivers, staff, students, or patients.

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.

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

Readiness for Epidemics including preparedness for testing and volume surges.

Inside & Outside Threats and Resilience Building

Resilience Building

Staffing Shortage & COVID

Increasing Resilience **Shrinking Threats**

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Inside & Outside Threats and Resilience Building

Resilience Building

Staffing Shortage & COVID

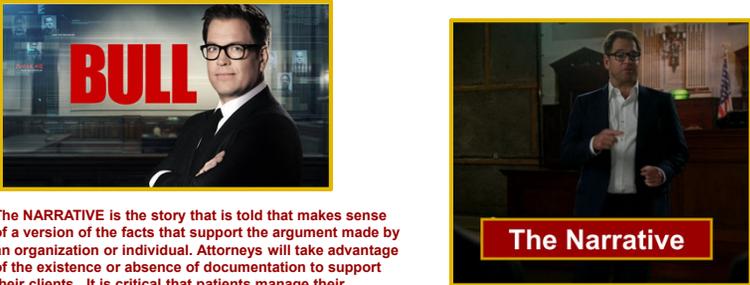
Increasing Resilience **Shrinking Threats**

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Misinformation, Disinformation, and Malinformation

FRAUD

The Narrative and Competing Narratives

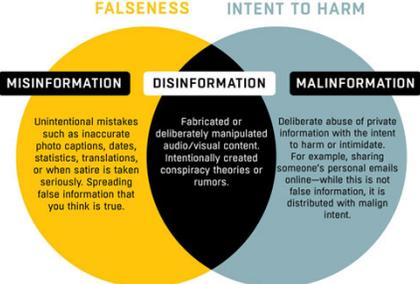


The **NARRATIVE** is the story that is told that makes sense of a version of the facts that support the argument made by an organization or individual. Attorneys will take advantage of the existence or absence of documentation to support their clients. It is critical that patients manage their medical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

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Misinformation – Disinformation - Malinformation

FALSENESS **INTENT TO HARM**



MISINFORMATION **DISINFORMATION** **MALINFORMATION**

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

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

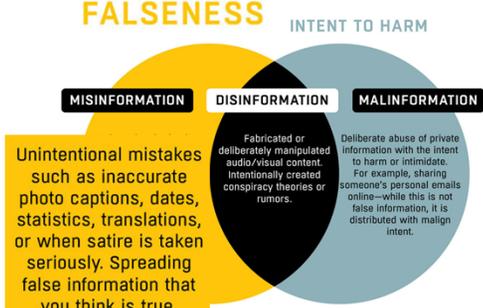
Deliberate abuse of private information with the intent to harm or intimidate. For example, sharing someone's personal emails online—while this is not false information, it is distributed with malign intent.

Turn the Science into Safety.

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Misinformation – Disinformation - Malinformation

FALSENESS **INTENT TO HARM**



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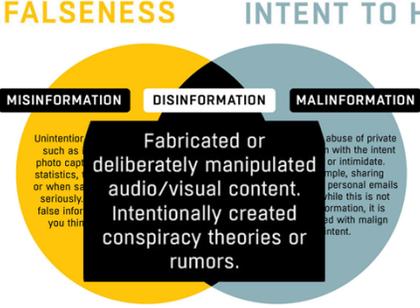
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Misinformation – Disinformation - Malinformation

FALSENESS **INTENT TO HARM**



MISINFORMATION **DISINFORMATION** **MALINFORMATION**

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

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

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.

CareUniversity Med Tac Bystander Rescue Care

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Turn the Science into Safety.

CaroUniversity Med Tac Bystander Rescue Care

Healthcare Value Chain

Fraud Examples Along Value Chain

Suppliers	Providers	Purchasers
<ul style="list-style-type: none"> ❑ Counterfeit Masks ❑ Counterfeit Tests ❑ Counterfeit Medications ❑ Misinformation & Disinformation 	<ul style="list-style-type: none"> ❑ Price Gouging & Conflicts ❑ Surprise Billing ❑ Lawsuits Against Patients ❑ Counterfeit Testing 	<ul style="list-style-type: none"> ❑ Denial of Coverage ❑ Denial of Disability Benefits ❑ COVID Timebomb ❑ Identity Theft Cybercrime

CaroUniversity Med Tac Bystander Rescue Care

Masks: Filter, Fit, and Finish

N95 Mask

Surgical Mask

Cloth Mask

CaroUniversity Med Tac Bystander Rescue Care

Survive & Thrive Guide: Protecting Your Family

CDC Guidelines

Social Distancing

6 ft

Disinfecting Surfaces

Hand Washing

Use of Masks

SOURCE: Centers for Disease Control and Prevention

CaroUniversity Med Tac Bystander Rescue Care

Take the Shot – Save a Life

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

Counterfeit Masks

The screenshot shows the CDC website page titled "Counterfeit Respirators / Misrepresentation of NIOSH-Approval". The notice states: "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 NIOSH 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/usenotices/counterfeitResp.html>

Counterfeit Masks

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.

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

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 user's 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.

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

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

Counterfeit Masks

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

The diagram shows a respirator with the following markings labeled:

- Approval Holder** — Name or logo of approval holder (company). If private labeled the private label name or logo will appear instead of the approval holder information.
- TC-Approval Number (TC-84A-XXXX)** — For products manufactured after September 2008, the TC Approval Number is required to appear on the product.
- FFR Approval Holder Part Number** — NIOSH Lot Number
- NIOSH** — NIOSH in capital block letters.
- Model or Part # XXXX**
- Protection** — NIOSH filter series. Alpha-numerical rating followed by filter efficiency level (example, N95, N99, N100, R95, R99, R100, P95, P99, P100). Also Surgical N95 (when applicable).
- Lot # XXXX** — Recommended but not required.
- Exterior View**

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

Counterfeit Masks

2022 List of Counterfeit Masks

NOT NIOSH-APPROVED

NOT NIOSH-APPROVED

NOT NIOSH-APPROVED

NOT NIOSH-APPROVED

NOT NIOSH-APPROVED

Prior Lists of Counterfeit Masks

View Additional Counterfeit Registrations Listed in 2019 to 2021

NOT NIOSH-APPROVED

NOT NIOSH-APPROVED

NOT NIOSH-APPROVED

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

Healthcare Value Chain

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

Martin Adel Makary MD MPH

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

Billing Quality Measures

Martin Makary MD MPH



Billing Quality Measures



Martin Makary MD MPH

February 4, 2020

Billing Quality Is Medical Quality

Simon C. Mathews, MD¹; Martin A. Makary, MD, MPH^{1,2}

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

- **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?



JAMA Network

Search All Enter Search Term

Research Letter

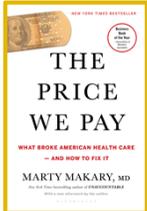
June 25, 2019

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

William E. Bruhn, BS¹; Laine Rutkow, JD, PhD, MPH¹; Peiqi Wang, MD, MPH¹; et al.

> Author Affiliations | Article Information

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



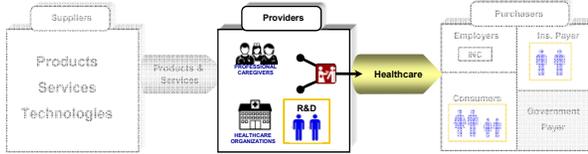
- **25,400 lawsuits at one non-profit hospital**
- **Garnishment revenue = 0.01% of total Revenue**
- **Most common employee sued: Walmart Workers**

Healthcare Value Chain



FRAUD

Fraud Examples Along Value Chain



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The Healthcare Threat Safety Spectrum



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 Incidents, 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 medical 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 ransomware 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.

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.

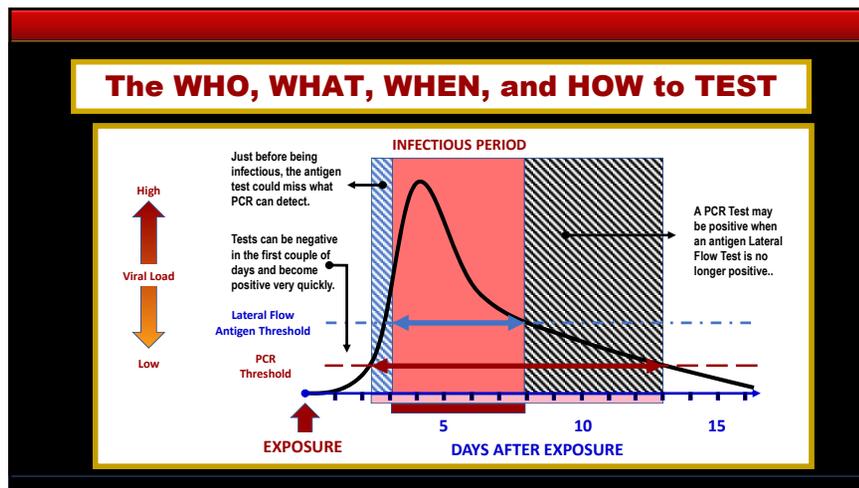
In law, fraud is intentional deception to secure unfair or unlawful gain, or to deprive a victim of a legal right. Fraud can violate civil law (e.g., a fraud victim may sue the fraud perpetrator to avoid the fraud or recover monetary compensation) or criminal law (e.g., a fraud perpetrator may be prosecuted 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..



Most Important Tests: PCR & Rapid Antigen

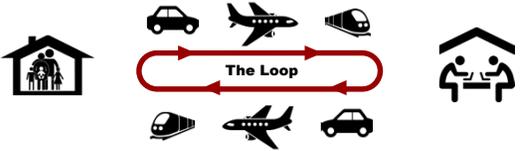
RT-PCR

Rapid Antigen

Pros and Cons of Tests

PCR	Rapid Antigen
	
<ul style="list-style-type: none"> Gold Standard for Diagnosis Detects Virus Before Infectious Detects Virus Debris after Infectious Tie Breaker if Antigen Tests Unclear 	<ul style="list-style-type: none"> Inexpensive Can be done At Home Positive when Infectious Risk of False Negative Result

Test to Travel Safer



<ul style="list-style-type: none"> Assess Threats, Vulnerabilities and Risks Test Before Departure Maintain Safe Practices in Cars Practice Airport & Boarding Safety Practice Enroute Safety 	<ul style="list-style-type: none"> 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



PUSH TO CRACKDOWN ON FAKE COVID TESTING SITES

Defrauding Seniors



Travelers Buy Negative Test Results



COVID Testing Fraud & Scams

- Test Site Scams
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Fraudulent Test Sites

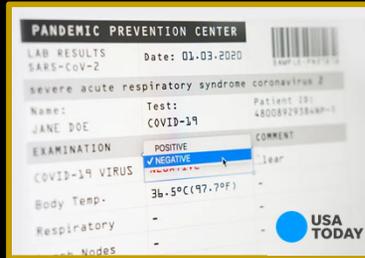


PUSH TO CRACKDOWN ON FAKE COVID TESTING SITES

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Travelers Buy Negative Test Results



COVID Testing Fraud & Scams

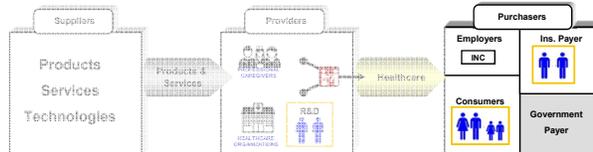
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Defrauding Seniors



Healthcare Value Chain

Fraud Examples Along Value Chain



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- Counterfeit Tests
- Counterfeit Medications
- Misinformation & Disinformation

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- Surprise Billing
- Lawsuits Against Patients
- Counterfeit Testing

Purchasers

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

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.

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>

Survive & Thrive Guide:

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>

Survive & Thrive Guide:



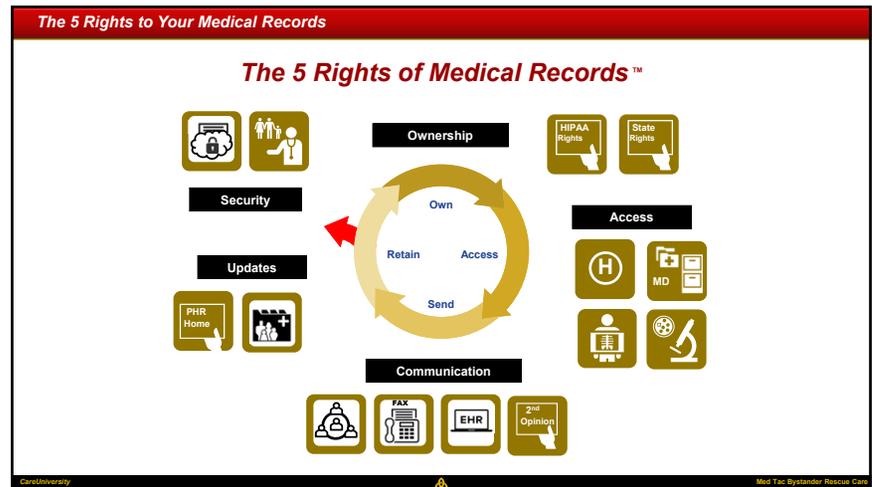
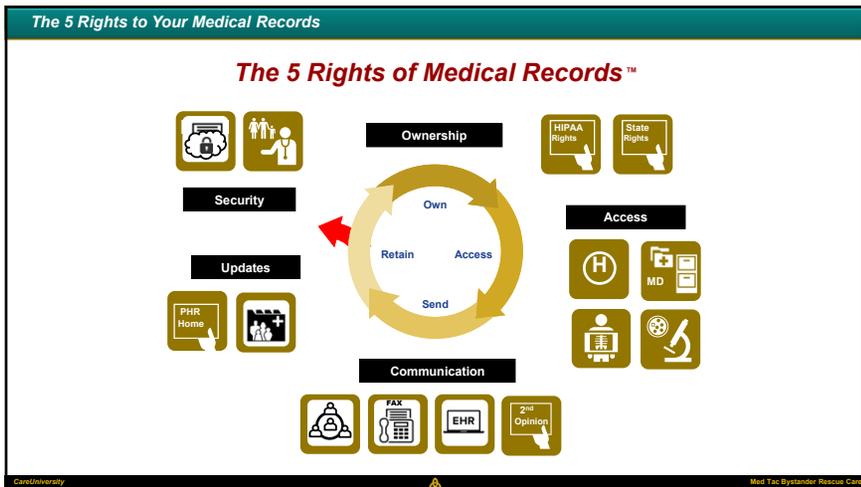
March 15, 2021

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 to Your 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.

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: 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.

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

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

CareUniversity Med Tac Bystander Rescue Care

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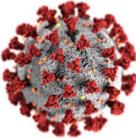
CareUniversity Med Tac Bystander Rescue Care

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

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



CareUniversity Med Tac Bystander Rescue Care

Survive & Thrive Guide: Protecting Your Family

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.

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

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.

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."

CareUniversity © C Denmark 2020 Med Tac Bystander Rescue Care

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center

Family Rescue R&D

Stanford University

UCSF
University of California San Francisco

UF UNIVERSITY OF FLORIDA

MAYO CLINIC

HARVARD UNIVERSITY

UCI

UT Southwestern Medical Center

USC University of Southern California

The 5 R's of Safety

CareUniversity Med Tac Bystander Rescue Care

MED TAC
Global

Coronavirus Care
Community of Practice

Bystander Rescue Care
CareUniversity Series

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

102 Med Tac Bystander Rescue Care

MARCH 2017 - 198B
Without Every Parent's Talking About
parenting OC
FOURTH ANNUAL
TOP 25 TEACHERS

Family 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

Med Tac Bystander Rescue Care

Survive & Thrive Guide: Protecting Your Family



Safe Practices



Social Distancing



Use of Masks



Hand Washing



Disinfecting Surfaces

SOURCE: Centers for Disease Control

Family Lifeguard

Holidays, Spring Break, Ski Week, and Vacations



Family Huddle Checklist

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- 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



Family Lifeguard

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 Events:

- 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:

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MED + TAC
Global

**Coronavirus Care
Community of Practice**

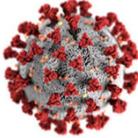
**Bystander Rescue Care
CareUniversity Series**

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



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Fight the Good Fight...

Finish the Race...

Keep the Faith...

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Everyone is a Patient

and

Everyone **CAN BE a Caregiver**

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Additional Resources

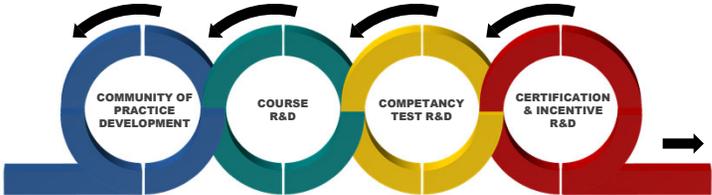
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Learning Management System



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Certificates for Med Tac Program





Heartsaver® First Aid CPR AED



AMERICAN COLLEGE OF SURGEONS
Inspiring Quality:
Highest Standards, Better Outcomes
100+years

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High Impact Care Hazards to Patients, Students, and Employees



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

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.

MedTac 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.

Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infection Care

Transportation Accidents

Bullying

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High Impact Care Hazards to Patients, Students, and Employees





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

Cardiac Arrest

Choking & Drowning

Opioid Overdose

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Major Trauma

Infections

Transportation Accidents

Bullying

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The Solution: Bystander Rescue Care

Cardiac Arrest

Choking & Drowning

Opioid OD & Poisoning

Anaphylaxis

Major Trauma

Infection Care

Transportation

Bullying











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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 150,000 lives have been saved with the Heimlich Maneuver. Most choking deaths are preventable.
Possible Lives Saved in the US: 12 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 driver-over accidents near schools and homes 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 1,800 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.

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Med Tac Rescue Stations




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Soaring Eagle Award



Full Rescue Station



Rescue Station Stand:

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

Rescue Gear:

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

Care Case of Rescue Gear



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 Bystander Rescue Care

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.

Step 3



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

Step 4



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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Possible Lives Saved in the US: 8 per day

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SAVE A LIFE. GET NALOXONE.

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

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

<p>A</p>  <p>MULTI-STEP NASAL SPRAY DIRECTIONS: Spray 1 mL (half of the syringe) into each nostril. NO BRAND NAME/GENERIC COST: \$-\$\$</p>	<p>B</p>  <p>SINGLE-STEP NASAL SPRAY DIRECTIONS: Spray full dose into one nostril. BRAND NAME: Narcan COST: \$\$\$</p>	<p>C</p>  <p>INTRAMUSCULAR INJECTION DIRECTIONS: Inject 1 mL in shoulder or thigh. NO BRAND NAME/GENERIC COST: \$-\$\$</p>	<p>D</p>  <p>AUTO-INJECTOR DIRECTIONS: Use as directed by voice-prompt. Press black spot firmly on outer thigh. BRAND NAME: Evzio COST: \$\$\$</p>
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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



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Anaphylaxis



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Possible Lives Saved in the US: 1 per day

How To Use An EpiPen

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/strabzy throat or drooling.
- Mouth: Swollen tongue or lips.
- Skin: Swelling or severe itching or hives.

EpiPen is used for severe lifethreatening allergic reactions.

1. Remove the cap and hold the EpiPen at arm's length. Push the green button down. (Do not touch the needle.)
2. Massage the injection site for 10 seconds.
3. After using EpiPen, call 911 and seek medical attention.
4. (Do not use a second EpiPen.)

References:
www.aadonline.org/childrens
www.pharmacydirect.co.uk/epipen-what.html

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Major Trauma



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Possible Lives Saved in the US: 1 per hour

STOP THE BLEED SAVE A LIFE

1. APPLY PRESSURE WITH HANDS
2. APPLY DRESSING AND PRESS
3. APPLY TOURNIQUET

WRAP WIND SECURE TIME
CALL 911

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Med Tac Bystander Rescue Care

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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.

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Med Tac Bystander Rescue Care

Transportation



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