



2022 Fall Conference

Friday, October 7th, 2022



FIRST ONSITE TEAM



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WHO IS FIRST ONSITE?

- ✔ National contractor that specializes in Healthcare restoration.
- ✔ Over 90 brick and mortar offices.
- ✔ Team of subject matter experts.
- ✔ Unmatched pool of resources.
- ✔ Dedicated to being a “partner” to our clients.
- ✔ Committed to the health and safety of our employees.



FIRST ONSITE CORE VALUES

✔ Patient, employee and visitor safety:

- All activities within a healthcare facility are performed with occupant safety first and foremost in our minds.

✔ Employee Training:

- Standard industry and OJT
- ICRA, ILSM, HIPAA

✔ The only partner you will ever need:

- Client specific solutions to difficult situations



DISASTER RISK MANAGEMENT

❖ Left of Boom

Before an event
Pre-planning stage

❖ Boom

The event and shortly after the event
Ensuring patients, employees and visitors are out of harms way

❖ Right of Boom

The response and recovery stage
Minimizing business interruption and continuity of operations

Our Focus Today: RIGHT OF BOOM

What is important during recovery?

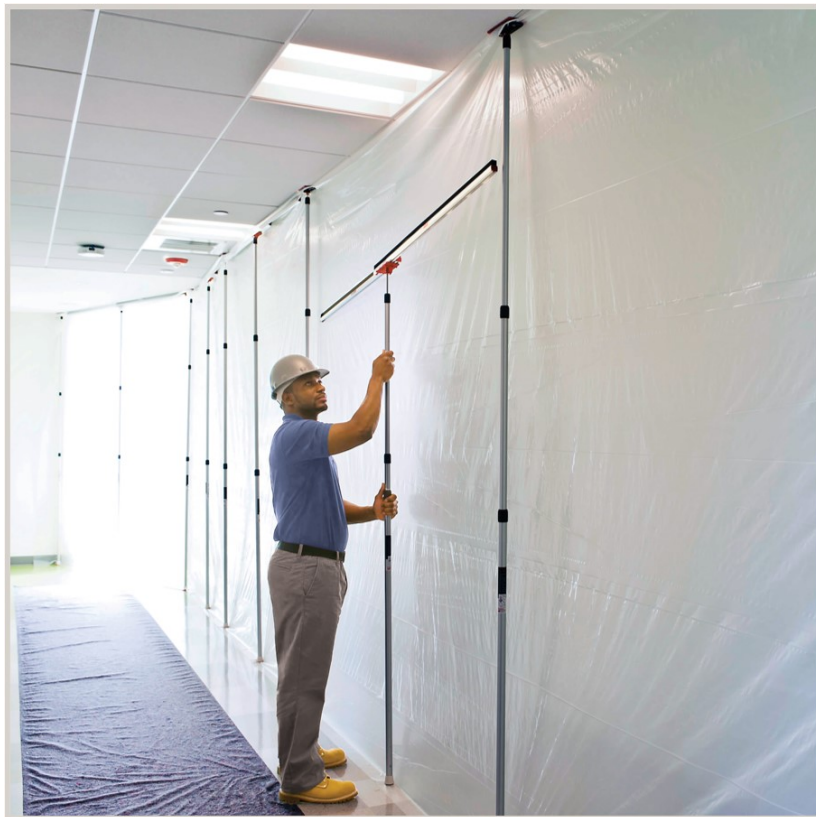
- Occupant Safety (human aspect)
- Business Interruption (financial aspect)
- Continuity of Operations (mission and goal)



OCCUPANT SAFETY

Does your contractor understand these topics and adhere to best practices???

- ICRA, ILSM, HAI's, HIPAA
- Reducing liability: To facility and themselves
- Meet or exceed the required documentation for maintaining accreditation and good standing with CMS



WHEN OCCUPANT SAFETY ISN'T TOP OF MIND...

According to Centers for Disease Control (CDC):

Healthcare Associated Infections (HAI's) - Direct medical cost of over \$28 Billion per year. Additional \$13 Billion per year in lost productivity and early deaths.

Lawsuits:

Texas – Amputee awarded \$18 mil for HAI.

Canada - \$150 million class action suit for HAI's

Florida – 3 cancer patients die from a mold outbreak (undisclosed settlement)

Pennsylvania – 4 transplant patients die mold outbreak (undisclosed settlement)

BUSINESS INTERRUPTION



B.I. is the driver of schedules and timelines

- The cost of restoration activities is typically a fraction of the actual cost of a claim.
- Revenue producing areas of the facility should be the priority for recovery.
- Contractor should work with the facility, consultant and carrier to ensure work is being performed in the desired order to reduce B.I.



WHAT DOES IT COST A HOSPITAL FOR LOSS OF USE?

Scenario: CVOR out of use due to damage. Elective surgeries and/or emergent cannot be performed for one day.

Cardiovascular Operating Room

• OR Room Charges per day	
• 4 patients @ \$ 78,000.00	\$ 312,000.00
• Anesthesiologist x 4:	\$ 18,000.00
• Recovery Room/PACU x 4:	\$ 11,200.00
• Hospital Inpatient Room x 2 x 3days:	\$ 27,000.00
• Intensive Care Room x 2 x 3 days:	\$ 57,000.00
• Assorted Supplies x 4:	\$ 24,000.00
• Misc Laboratory Charges x 4:	\$ 12,000.00
	\$ 461,200.00

- Pricing based off of US average for non-emergent CV surgery per median CMS reimbursement rates 2020

WHY DO HOSPITALS NEED ROOMS BACK SO QUICKLY?

Scenario: Trauma Bay in Level 1 Trauma Center has broken pipe. Facilities said they can only have that bay down for 2 days tops.

Trauma Bay

• 12 patients per day	
• 12 patients @ \$ 8,500.00	\$ 102,000.00
• Admitting x 4:	\$ 16,000.00
• Surgery x 4:	\$ 120,000.00
• Transport X 4:	\$ 8,000.00
• Hospital Inpatient Room x 5 x 3days:	\$ 45,000.00
• Intensive Care Room x 3 x 3 days:	\$ 85,000.00
• Assorted Supplies x 12:	\$ 24,000.00
• Misc Laboratory Charges x 12:	\$ 48,000.00
	\$ 448,000.00

• Pricing based off of US average for Trauma Cost Centers median CMS reimbursement rates 2020

CONTINUITY OF OPERATIONS

Elements of COOP

Reconstitution – process by which surviving and/or replacement agency and organizational personnel resume normal agency operations from the original or replacement primary operating facility

The facility should be able to continue to operate and sustain their mission

- Provide a high quality of care.
- Retain staff
- Provide a safe environment for patients and employees
- Reduce risk and exposure for the organization
- Maintain CMS compliance and good standing



THE CRITICAL PATH



How all of the pieces of disaster restoration fit together...

- Pre-planning: Have the right contractor in place. Someone who understand the Healthcare environment as well as the consultant and carrier arena.
- Have a good working relationship with your broker/carrier/consultants.
- Have an advocate: Claim preparation services for YOU do exist. Don't just rely on the carrier's consultant.
- Stick to the plan: Occupant safety can be solidified, business interruption reduced, and continuity of operations achieved.

A photograph of three men on a construction site. The man on the left is wearing a blue hard hat and a dark jacket, pointing towards the left. The man in the middle is wearing a white hard hat and a dark jacket, looking towards the left. The man on the right is wearing a white hard hat, a dark jacket, and a high-visibility yellow safety vest, looking towards the left. They are all holding and looking at a large sheet of paper or blueprint. The background shows a construction site with scaffolding and a yellow caution tape.

**CONNECTING YOUR PROPERTY
INSURANCE ADJUSTMENT TEAM
WITH YOUR EMERGENCY
RESTORATION CONTRACTOR ON
A CLAIM BEFORE IT'S TOO LATE**



PROPERTY INSURANCE ADJUSTMENT TEAM



- Property Claim Examiner/Supervisor
- Lead Adjuster
- Local Adjuster
- Subrogation Attorney
- Cause & Origin Expert
- Building Consultant
- Forensic Accountant
- Clerk-of-the-Works

INITIAL LOSS RESPONSE WITH ACTION ITEMS

Coordinate the site inspection to include following parties:

- Insurance Adjustment Team (adjuster, building consultant, C&O engineer)
- Property Owner Representative (Facility/Operations Manager, Risk Manager)
- Emergency Restoration Contractor (Project Director, Project Manager)

Action Items for Remediation Project to get Agreements up Front:

- Scope of Damages – Identify all affected areas and extent of damage
- Scope of Work (SOW) with a ROM (Rough Order of Magnitude) /Estimate
- Agreed Estimating Format/Software: T&E, Lump Sum, Xactimate, ProCore
- Change Orders - Immediately Identify any Changes on Scope/Unforeseen damages that were not identified during initial walk-through
- Provide Rate Sheet to Adjustment team that Estimate is based

PROTOCOLS/EMERGENCY RESPONSE PLANNING



-
- Work Authorization / PO
 - Insurance Certificates on Contractor
 - Access to Site/Badges/Names for Security gate
 - Adjusters – Account Adjuster assigned/ Independent Adjusting firm represents property insurers
 - Broker – Assigned Claim Advocate from Broker or Client Executive that will need to be copied
 - ACM Testing if any removal of building materials is required.
 - DFRs (Daily Field Reports) Special instructions or data points needed; who needs to copied in
 - Special Concerns
 - Service Agreement with Agreed Pricing/Rate sheet
 - Billing – Requirements; invoicing; W9



PROVIDE RELIABLE INFORMATION

-
- Property address (including zip).
 - Cell phone and email address for on-site contact and decision makers.
 - Approximate size of area damage (two rooms, two floors, 5,000 sq ft, etc.
 - Specifics on cause of damage (pipe break, storm, HVAC unit failure, fire, etc.
 - When did damage occur? Has the source of damage been contained/repaired?
 - Is site accessible? Is the power working?
 - Are there time restrictions we need to know about? (Business hours, no work before 8 am, etc.)
 - If there was a fire, have local authorities performed a cause and origin? If not, when is that expected?
 - Are there any hazardous materials we need to be aware of? Are SDS sheets available?



Q & A



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