

**WELL SCREEN**

14 STEPS TO BUILDING AN  
**INTELLIGENT ENTRANCE  
MANAGEMENT STRATEGY**  
*IN A CHANGED WORLD*



**COVID-19 WAS  
HEALTHCARE'S 9/11  
MOMENT.**

**WELL  
SCREEN™**  
*Pioneering Safe Entry*

# AN OVERVIEW



## Section One WHY STRATEGY?

COVID-19 is Healthcare's 9/11	3
Emerging Consensus	4
Pressure from Regulators	5
The Future	6
Healthcare Worker Fatigue	9
ROI Considerations	10

## Section Two BUILDING YOUR STRATEGY

#1 Scope	13	#8 Vendor Credentialing	20
#2 Entrances	14	#9 Vaccination Verification	21
#3 Workflow Design	15	#10 Notifications	22
#4 Integration Considerations	16	#11 Evacuation Management	23
#5 Equipment	17	#12 PPE	24
#6 Wellness Screening	18	#13 Regulatory	25
#7 Visitor Management	19	#14 Dashboards/Reports	26



## Section Three REVIEW & FAQ

14-Step Review	28
FAQs	29
Start Now	30

# SECTION ONE

## THE PRESSING NEED FOR A COMPREHENSIVE ENTRANCE MANAGEMENT STRATEGY

### 01 COVID-19 IS HEALTHCARE'S 9/11 MOMENT

When the recent pandemic devastated communities across the globe, the need for heightened entrance management became clear. We can look to another industry faced with the same level of threat: airport security following the 9/11 attack.

***Much like TSA screenings*** before boarding a plane, healthcare entry standards have permanently changed following the COVID-19 pandemic.

Identical to airports, it is imperative to provide the appropriate protection to everyone entering any healthcare facility.

***We can look at it this way;*** while the post-9/11 airport security checks can be a nuisance, none of us would tolerate security checks being removed from airports.

***Why wouldn't we implement the most rigorous and thorough processes as possible at our healthcare entrances as well?***

# PROTECTION PROCESSES AGAINST INFECTIOUS DISEASE ARE HERE TO STAY

## 02 EMERGING CONSENSUS

We're often asked, *"Can vaccines get us back to how it used to be?"* There are a lot of different answers to this question, simply because it is still unknown. Side effects are still being tested. Impact on subgroups are yet unknown. Duration of protection is unknown. Ability to control mutations is unknown. New variants continue to emerge.

***What we do know is there is an emerging consensus that the significantly enhanced protection processes designed to protect people entering our facilities are here to stay.***

### ***What is your organization's current strategy?***

If the answer is anything other than a ***comprehensive, sustainable entrance management strategy***, it's not enough.

That being said, wherever you are currently, take a look at the following 14 strategies and see where you can begin implementing or continue heading towards the new standard in entrance control.

# THE PRESSURE FROM REGULATORS IS RISING



## 03 ARE YOU READY FOR REGULATORS?

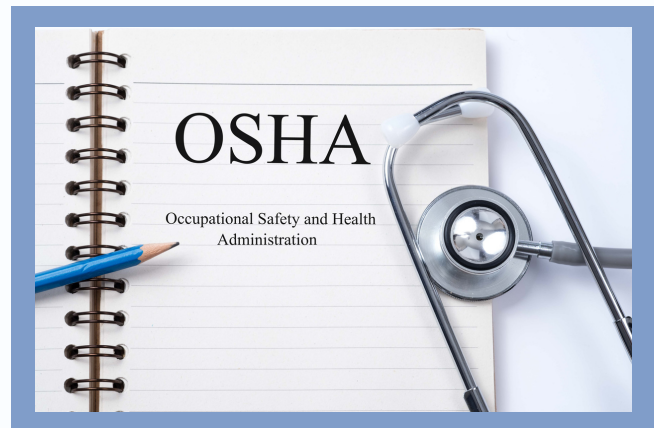
It is no secret that the regulators will continue to have a very focused interest in the protections and processes in place.

Deploying significant automation is the only sustainable approach to meeting what will continue to be a wide variety of requirements.

Clearly all of the key regulatory players have and will continue to evolve their reviews and requirements

Be sure your facility is ready for

- Centers for Medicare & Medicaid Services (CMS)
- Occupational Health & Safety Administration (OSHA)
- Department of Health (DOH)
- Accreditation Surveyors
  - The Joint Commission (TJC)
  - Det Norske Veritas (DNV)



## HISTORY WILL REPEAT ITSELF

Bubonic Plague		1347
Small Pox		1520
17th Century Great Plagues		1600
18th Century Great Plagues		1700
Cholera 6		1817
Third Plague		1855
Yellow Fever		1800s
Russian Flu		1889
Spanish Flu		1918
Asian Flu		1957
Hong Kong Flu		1968
HIV/AIDS		1981
SARS		2002
Swine Flu		2009
MERS		2012
Ebola		2014
Covid-19		2019
Covid-19		2020
Covid-19		2021
Covid-19		2022

# WHAT DOES THE FUTURE HOLD?

## 04 LOOKING AT THE FUTURE AND BEYOND

The truth is, we're no longer asking the question if. The question becomes, "*When the next virus or variant comes, are we going to be ready?*"

## WHY HAVE WE CONTINUED TO ALLOW SICK PEOPLE TO ENTER OUR FACILITIES?





# OUR NATION'S FUTURE HEALTH DEPENDS ON PROTECTIVE MEASURES

The vaccines are making a big difference, but they aren't fully adopted.

***Nationally, there is a wide disparity on protective approaches,*** which seems likely to work against any sustained reduction. Protective measures then must be an important part of a ***healthcare access design.***

You will need sustainable protective measures firmly in place to contribute to the management of this virus and future ones.

***We know protective measures work!***

# THE CDC'S PLEA

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**Dr. Rochelle Walensky, MD, CDC Director** and former Chief of the Division of Infectious Diseases at Massachusetts General Hospital, **addresses how the pandemic will end:**

*"We have a lot of the science right now; we have vaccines. What we can't really predict is human behavior. And human behavior in this pandemic hasn't served us very well . . .*

*That means we need a lot of protection in the community to not have disease . . .*

*And the problem is . . . some communities have high vaccination rates and are very well protected, but there are pockets of places that have very little protection."*

**"The toll that the COVID-19 pandemic has had on America is truly heartbreaking — for the loss of our loved ones and our beloved ways of life."**



*(Centers for Disease Control and Prevention, 2021)*





*Healthcare workers have moved from functioning on adrenaline to operating in exhaustion.*

# 05

## FATIGUE

Streamlining entrance processes will free up staff to be utilized in high-demand areas.

This is not a solution for ongoing staffing issues, but it will help. In a well-designed strategy, we typically see about a **50% reduction in staff needed at entrances**, which reduces overall staffing strain.



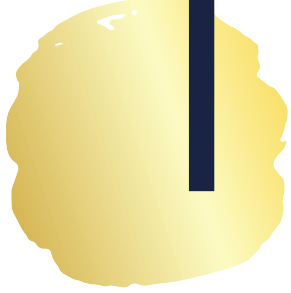
# 06 RETURN ON INVESTMENT

## ROI IS VAST IF A STRATEGY IS WELL EXECUTED

RETURN ON INVESTMENT CONSIDERATIONS	
STAFFING	Can reduce staffing up to 50%.
EQUIPMENT	Requires initial capital and support fees.
COMMUNITY PERCEPTION	Significantly impacts revenue when your community feels more comfortable returning for treatment, especially elective and outpatient procedures. Carefully consider the significance of any pushback and how you'll address it as an organization.
EMPLOYEE & PROVIDER PERCEPTION	Has a direct positive impact on morale when efforts to provide a safer environment are visible.
PATIENT EXPERIENCE	Maximizing visitation opportunities improves patient morale and assists in recovery.
LIABILITY	Provides significant protection demonstrated through sustainable processes. Lawsuits happen, but this is going to lift the bar to a much higher standard.
REGULATORY	Answers any possible regulatory request and creates a great first impression when regulators visit.

SECTION

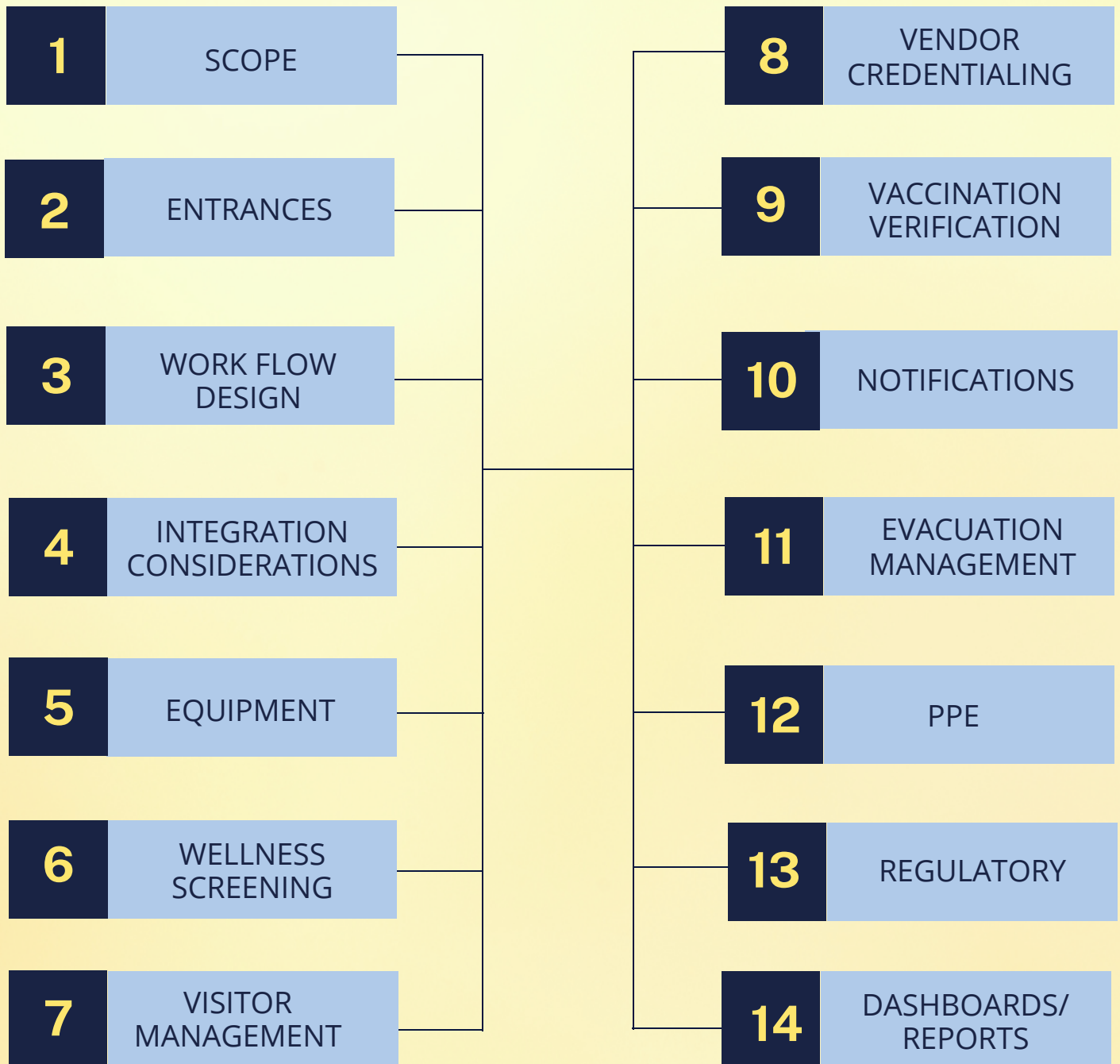
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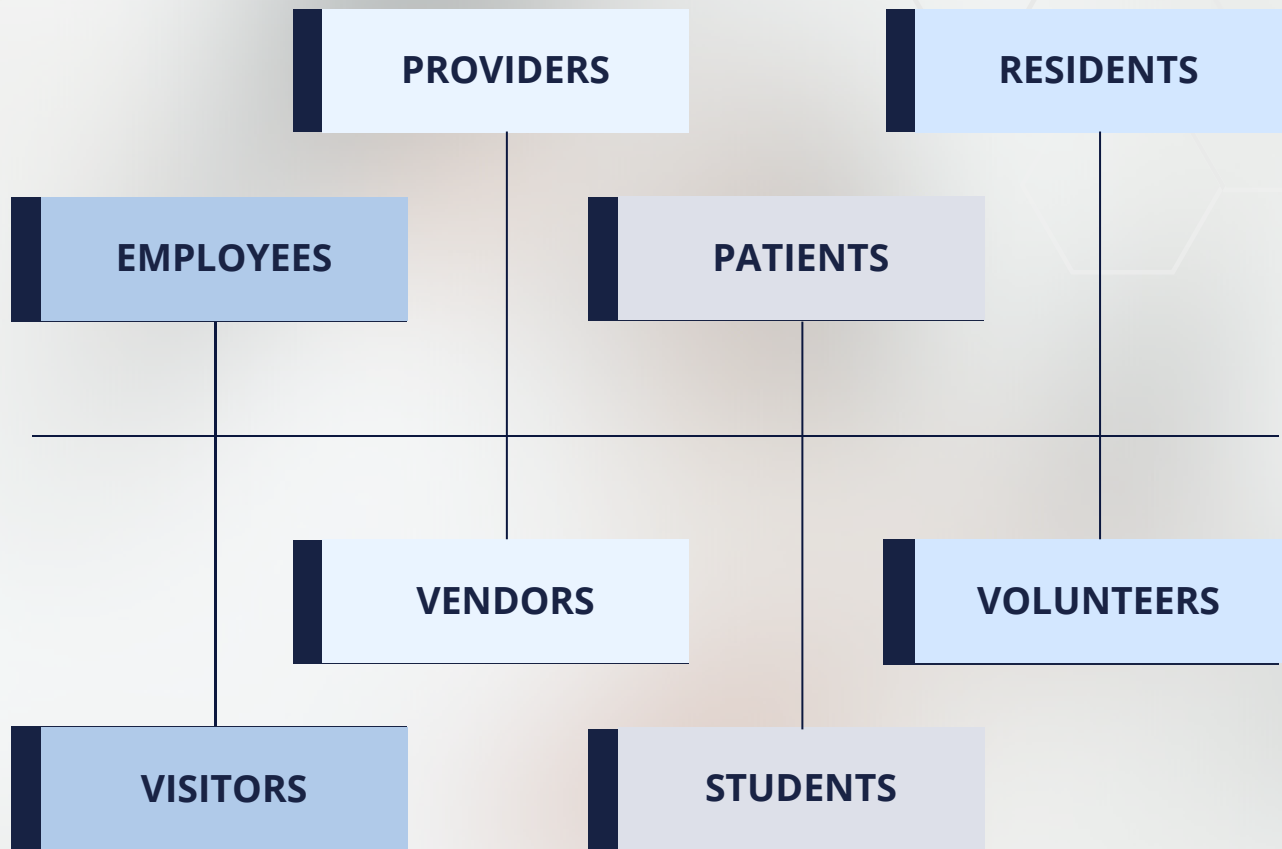
BUILDING  
YOUR  
ENTRANCE  
MANAGEMENT  
STRATEGY

# THE STRATEGY

## 14 Steps to Safeguard Your Facility with a Comprehensive Secure Entrance Management Plan



# 01



## STEP ONE SCOPE

The first consideration in building your entrance management strategy is scope. It is imperative to the success of the design that ***you consider every group who may enter your facility.***

02



PARKING  
LOCATIONS



MINIMUM  
ENTRANCES

EXAMPLES



EMPLOYEE-ONLY  
ENTRANCE

## STEP TWO

# ENTRANCES

Entrances require a number of considerations as you build your strategy.

### Examples include:

1. **Keeping entrances to a minimum.** Many facilities have permanently closed some entrances.
2. **Considering the locations of garages** or car parks, as they are a significant determining factor of secure entrance management.
3. If possible, **designing an employee-only entrance** that can be set-up with no attendant staff needed.

## STEP THREE

# WORKFLOW CONSIDERATIONS

03

Workflow design considerations begin first with analyzing volume by type of entrance. Followed by the additional considerations below.

### EMPLOYEE/PROVIDER WORKFLOW

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Account for shift changes and busy hours.

### OUTPATIENT ADMISSION FLOW

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Consider outpatient admission visitor flow.

### INVOLVE FRONT-LINE SCREENERS

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Involve front-line screeners in planning for first-hand experience

### LAYOUT IMPROVEMENTS

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Be prepared to improve on initial design based on relevant feedback.

### EQUIPMENT LOCATION

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Evaluate equipment location for at least 60 days to determine effectiveness before permanent installation.

### UTILIZE EXISTING STAFF

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Train existing admitting and reception staff to achieve best savings.

04



## STEP FOUR

# INTEGRATION

Integrations with your current systems will greatly improve the capability and flexibility of your entrance management strategy.

### Examples include:

1. Importing inpatient population from your **Electronic Health Record** into the visitor management system.
2. Accessing **human resources software** for employee lists to set up department allocations of entry scanning lists.
3. Importing **employee ID badge numbers** for entry scanning.
4. Uploading **payroll daily attendance** to compare with employees who have been screened.



## STEP FIVE

# EQUIPMENT

As you consider touchless processes for preventing the spread of infections, **integrating all functionality into a single system**, rather than using multiple systems, is a best practice.

Can your system be **adapted easily for future compliance** as requirements for healthcare entry change?

Temperature screening is a relatively small part of the process; it's important to **avoid diverting your resources** into researching countless options. It's the software that will really make the difference, again insisting on a single integrated system.

TEMPERATURE SCREENING IS A RELATIVELY SMALL PART OF THE PROCESS. IT'S THE **SOFTWARE AND PROCESS DESIGN** THAT WILL REALLY MAKE THE DIFFERENCE.

## STEP SIX

# WELLNESS SCREENING

**Temperature scans are only the beginning of wellness screening.**

For efficiency, it is imperative that the temperature scanner measures only one person's temperature at a time and can take a photo of visitors without a government-issued ID when needed.

Health attestation records, changes in protocols, and notifications to secondary screening resources should occur automatically and in real time.

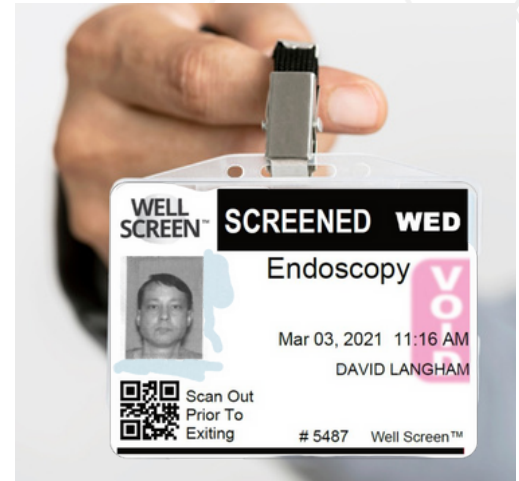


## STEP SEVEN

# VISITOR MANAGEMENT

07

As you plan your visitor management system, **insist on best-in-class software** that performs a wide variety of functions in various situations and allow you to easily and effectively manage visitor volume within each department.



***The visitor management software should effectively perform the following functions:***

Automate check-in for vendors & visitors

Provide clear visual ID with time-expiring badges

Allow publication of announcements to stations

Variable visiting hours by room

Manage visitor volume by department

Check-out via text message, QR Code or manually

Eliminate duplicate processes like vendor credentialing

Simplify & customize vaccination status verification

Provide immediate visibility of visitor status facility-wide

Support emergency evacuation

Use banned entry list to keep designated people OUT of your facility

Proven EHR integration capability

# 08

## STEP EIGHT VENDOR CREDENTIALING



Vetting vendors coming into your facility is often a requirement for compliance & accreditation. Using **integrated vendor credentialing** creates a smoother, easier experience. It produces a frictionless experience by:

Allowing vendors to efficiently screen using a QR code

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Eliminating need for separate vendor kiosks & duplicate processes

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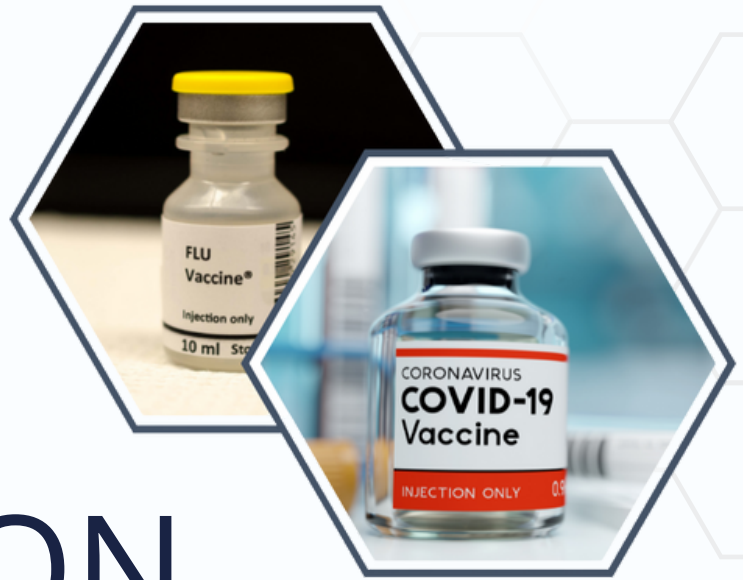
Decreasing the time spent screening

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Including a surgical scheduling option to further save time & resources

### ***Thorough vendor credentialing should include the following verifications:***

- COVID-Vaccine Verification/Neg Test
- General Liability Insurance
- Employer Drug Screen
- Criminal Background Check
- MMR Vaccine - if born after 1956
- Hepatitis B Booster or Declination form
- Annual Influenza Vaccine or Declination Form
- Annual Tuberculosis Screening
- Varicella Vaccine
- Annual HIPAA Training
- Annual Bloodborne Pathogen Training
- Annual OR Protocol Training
- Product Competency Training
- Vendor/Facility BAA or HIR Policy Agreement



## STEP NINE

# VACCINATION VERIFICATION

*The ability to "easily" sustain vaccination records on everyone entering buildings may be an operational requirement*

### **Employees/ Providers**

Robust automated vaccination verification efforts must record status by attestation and update in real time. If an employee is not vaccinated, it must give the option for both medical and religious exemptions.

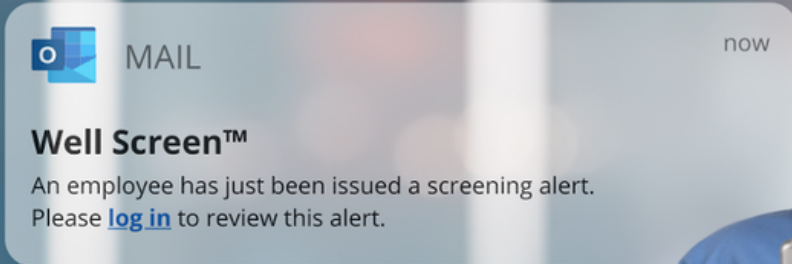
### **Visitors**

After an entrant attests to being vaccinated, the system should exclude the question from the attestation during future entries. Once their status is recorded as 'vaccinated', it's stored for subsequent visits.

### **Vendors**

For vendors, the system should deny entry if not vaccinated, per policy. Once positive confirmation of vaccination is recorded, the question will not appear again for that vendor representative.

# 10



## STEP TEN NOTIFICATIONS

First and foremost, **notifications must be in real time**. Additionally, it is advised to consider the following scenarios in terms of notification communication:

### EMPLOYEE FLAG-OUTS

They must advise secondary screeners via text or email whenever an employee flags out.

### PROCEDURE NOTIFICATIONS

When flagged-out, text instructions must be sent to employees and providers on how to proceed.

### VISITOR TEXT NOTIFICATIONS

Similarly, visitors must also be sent text instructions when they are flagged out.



MESSAGES

11

## Well Screen™

An alert has been issued.

### STEP ELEVEN

# EVACUATION MANAGEMENT

**Safety & security of everyone inside the facility is paramount.** This includes unforeseen incidents over which we have little control. In the event of an emergency – weather, fire, active shooter, etc. – staff can quickly produce a real-time list of everyone in the facility, including visitors, vendors and outpatients.

Mass text capabilities (to checked-in visitors) make evacuation and transmission of crucial information alerts fast and effective.





## STEP TWELVE PPE

PPE tracking should involve essential tasks, such as issuing masks upon entry, allocating to employees by type and frequency, and recording PPE issues from any storage location.



# 13

## STEP THIRTEEN

# REGULATORY REQUIREMENTS



### BENEFITS OF AN INTEGRATED SYSTEM

As noted under a strategy's ROI potential, **an integrated system automatically meets many regulatory requirements**. Regulators are likely to require you to produce an entry list, proof of screening, designated destination verification, and documentation of any follow-ups for those flagged out at an entrance. As a side effect, you will have a much improved emergency evacuation resource.

# STEP FOURTEEN

# DASHBOARDS & REPORTING

## USEFUL REPORTS

### VOLUMES BY ENTRANCE

See volumes by entrance and persona (employee, visitor, patient, vendor, student, etc.).

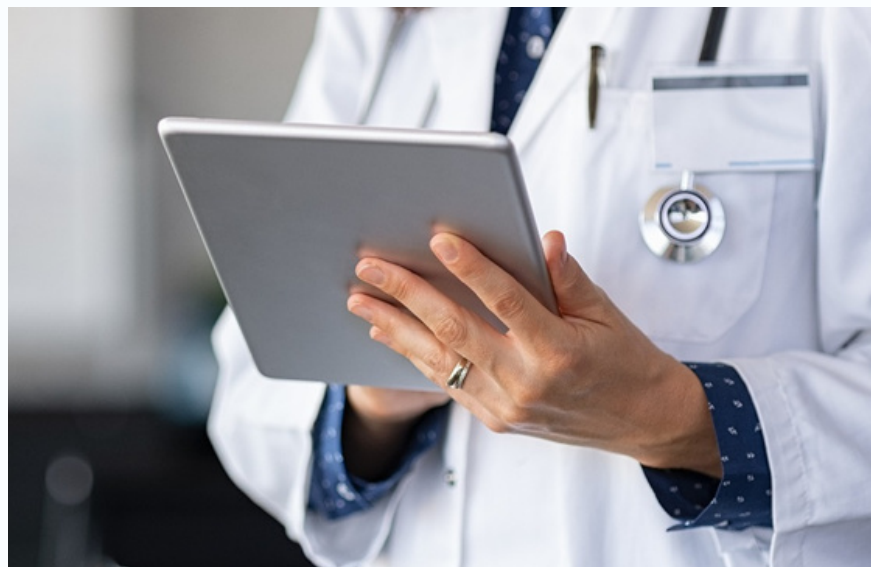
### VOLUMES BY HOUR

See volumes by hour. Peaks in volume could identify "rush hours."

### TEMPERATURE

See a distribution of temperatures of those entering your building.

*Dashboards must use push-technology.* Reporting frequency must be variable by day, week, or month to meet your internal requirements. Also, it is necessary that dashboards allow unlimited users.



SECTION

# THREE



# REVIEW & FAQ



## OVERVIEW

# 14 STEPS TO A **SECURE ENTRANCE MANAGEMENT SYSTEM**

## 1 SCOPE

Solve for **every group** who may enter your facility.

## 2 ENTRANCES

Consider **minimum** entrances, **parking** locations, **employee-only** entrances.

## 3 WORKFLOW

Integrate into **existing processes and systems**.

## 4 INTEGRATION

Integrate **other data-collecting** interfaces.

## 5 EQUIPMENT

Adopt a **single system** that tackles more than temperature screening.

## 6 WELLNESS SCREENING

Select **screening instruments** to scan people individually, take real-time health attestations, automatically update regulations & push live notifications to other departments.

## 7 VISITOR MANAGEMENT

Invest in software that provides a **wide variety of functionalities** & has expiring visitor badge capability.

## 8 VENDOR CREDENTIALING

Integrate the vendor vetting process into your screening tool for **one-stop** efficiency.

## 9 VACCINATION VERIFICATION

Verify vaccination status of all entrant types per facility policy.

## 10 NOTIFICATIONS

Insist on notifications with **real-time access** to employee flag-outs, procedure notifications, and visitor text instructions.

## 11 EVACUATION MANAGEMENT

Know who is checked into the building in real-time & have **mass texting capabilities** for alerts.

## 12 PPE

**Track** mask issuance from any location, and allocate by type and frequency.

## 13 REGULATORY REQUIREMENTS

Have the ability to **produce entry info** by name and verification of destination for regulators.

## 14 DASHBOARD & REPORTING

Take advantage of **push technology** in multiple frequencies (daily, weekly, monthly) as warranted.

# FAQs

## FREQUENTLY ASKED QUESTIONS - ANSWERED

### 01 How long does it take to build a strategy?

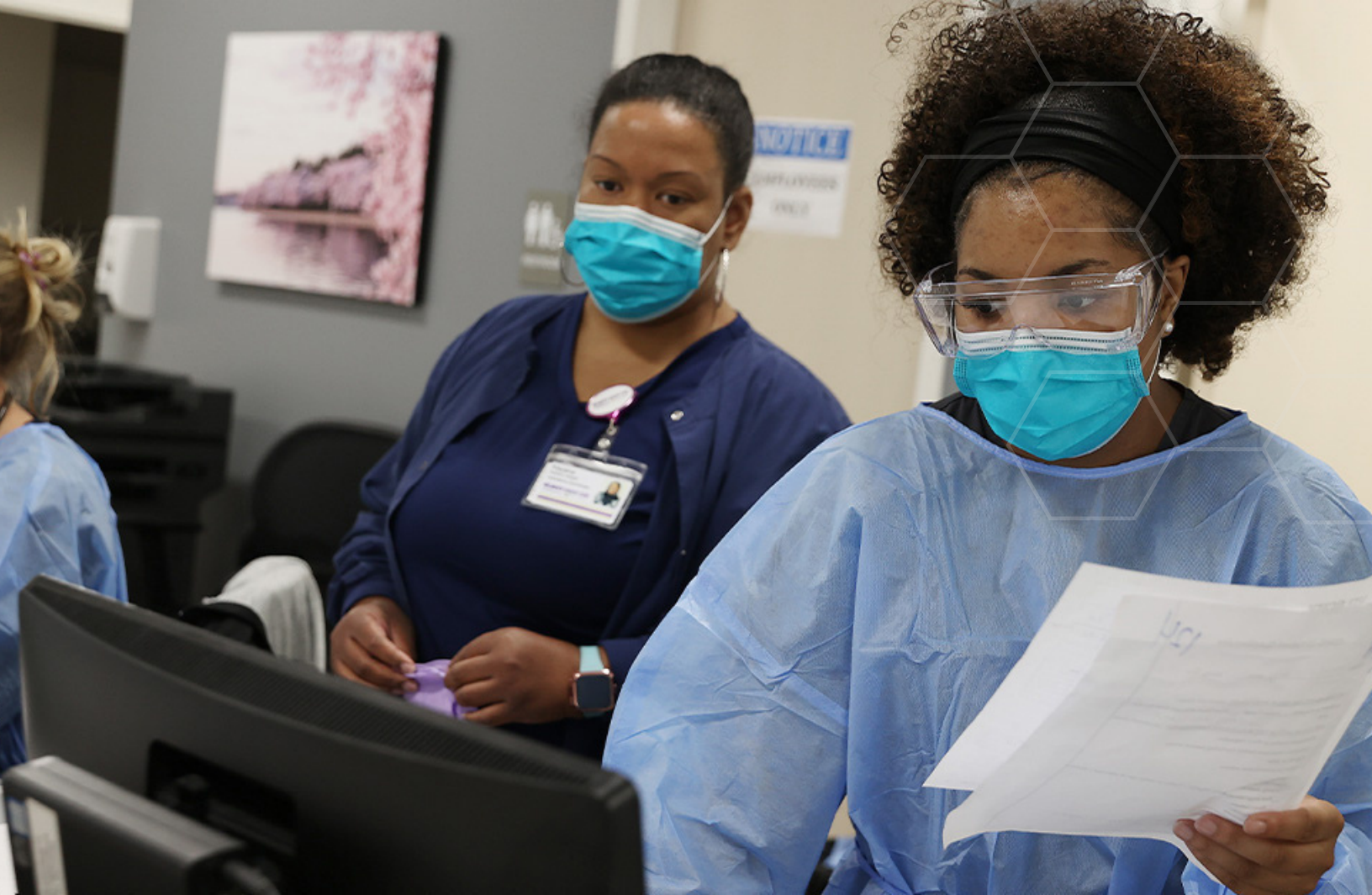
Depending on your sense of urgency and resources available, it typically takes about 30 days. In that timeframe, you can move through the 14-step evaluation, build the strategy, receive approval, and get your deployment plans in place.

### 02 Who should be in charge of the entrance management strategy?

The answer to this will range from your Security Department to Nursing or Patient Experience. Ultimately, it all depends on the internal setup of your facility.

### 03 Why isn't temperature scanning enough of a solution?

It's a component of your entrance management strategy, but it cannot be your exclusive strategy. Wellness attestation, visitor management, and the other 13 elements discussed must also come into play for a successful strategy.



**START  
TAKING  
14 STEPS  
NOW!**

## ENTRANCE MANAGEMENT DESIGN EXPERTS

If you would like help developing a system or strategy, please contact Well Screen today.

**COMPLIMENTARY  
CONSULTATIONS:**

(800) 705-3401

[WELLSCREENUS.COM](http://WELLSCREENUS.COM)

