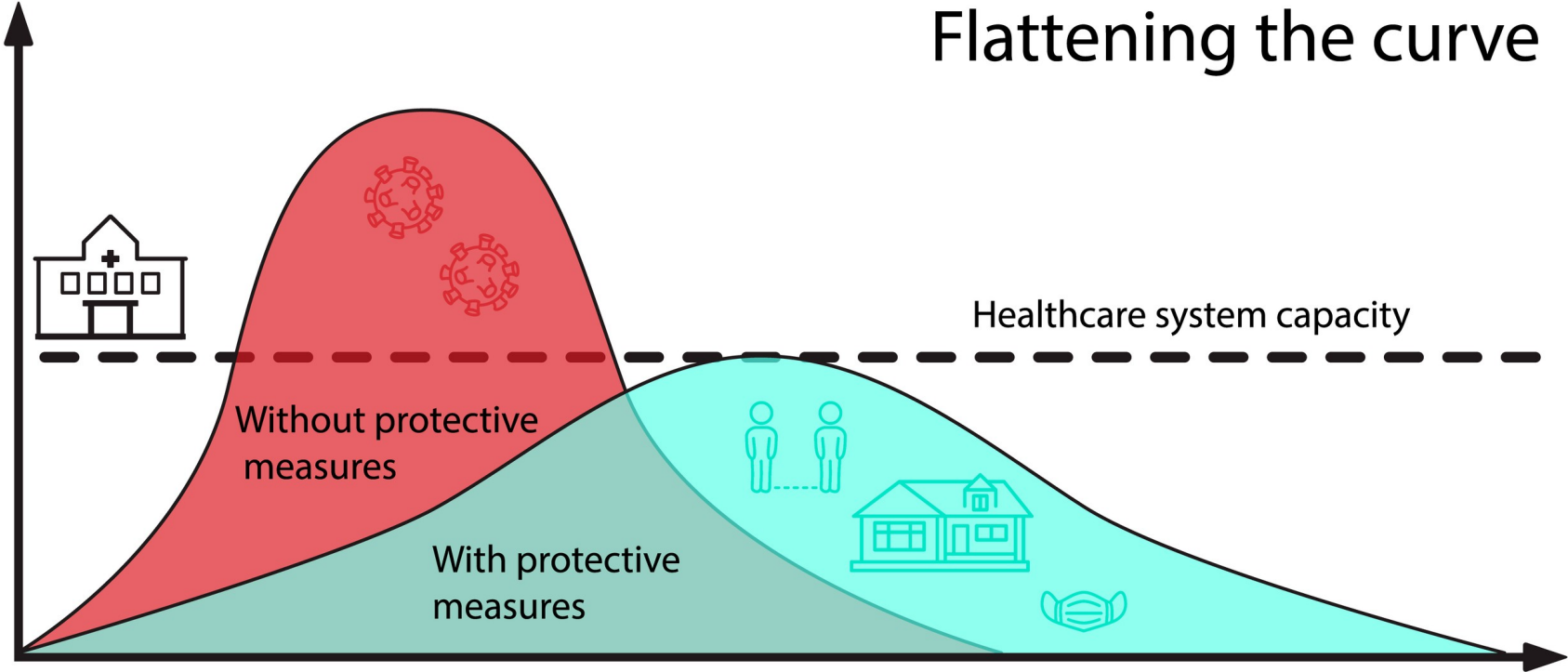


Flattening the curve



Hospitals Empty & Going Bankrupt



Stay Home and Be Afra



No Visitors, No Witnesses

THRILL KILL
MEDICAL CULT



No Visitors, No Witnesses



Dying Alone



Dying Alone



\$ DRG

\$\$ DRG with CC

\$\$\$ DRG with MCC

\$20% Remdesivir

<i>Group 1:</i>	DRG with MCC, DRG with CC, and DRG without CC.
<i>Group 2:</i>	DRG with CC or MCC and DRG without CC.
<i>Group 3:</i>	DRG with MCC and DRG without MCC.

Remdesivir Bonuses & Kidney Failure

Modern Healthcare

NEWS BLOGS OPINION EVENTS & AWARDS MULTIMEDIA DATA & INSIGHTS NEWSLETTERS

November 19, 2020 05:26 PM

Gilead applied for hospital add-on payment for remdesivir

RACHEL COHRS

TWEET SHARE IN SHARE EMAIL

REPRINTS



Modern Healthcare Illustration / Getty Images



Acute kidney injury (AKI)



COVID-19 patients at significant risk of AKI

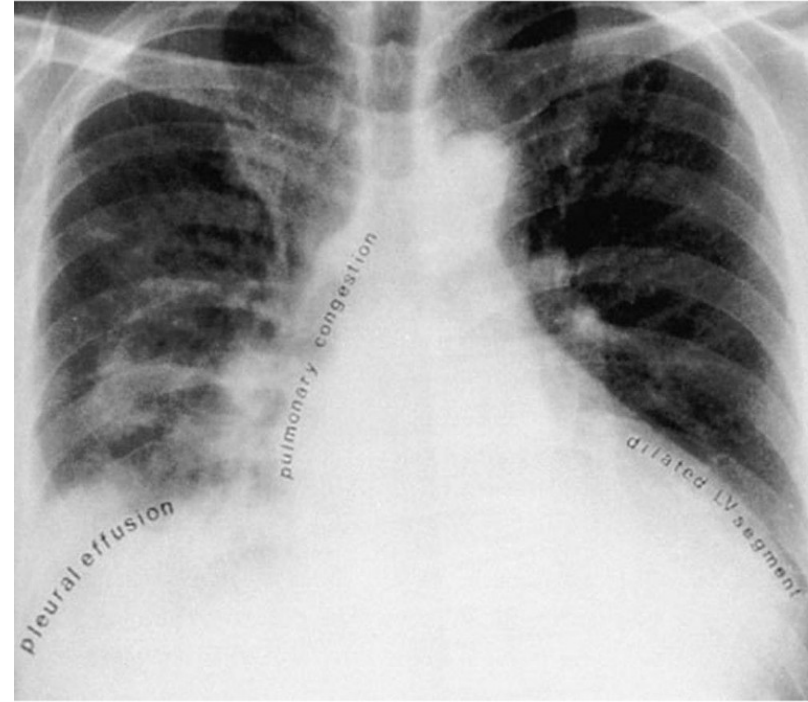
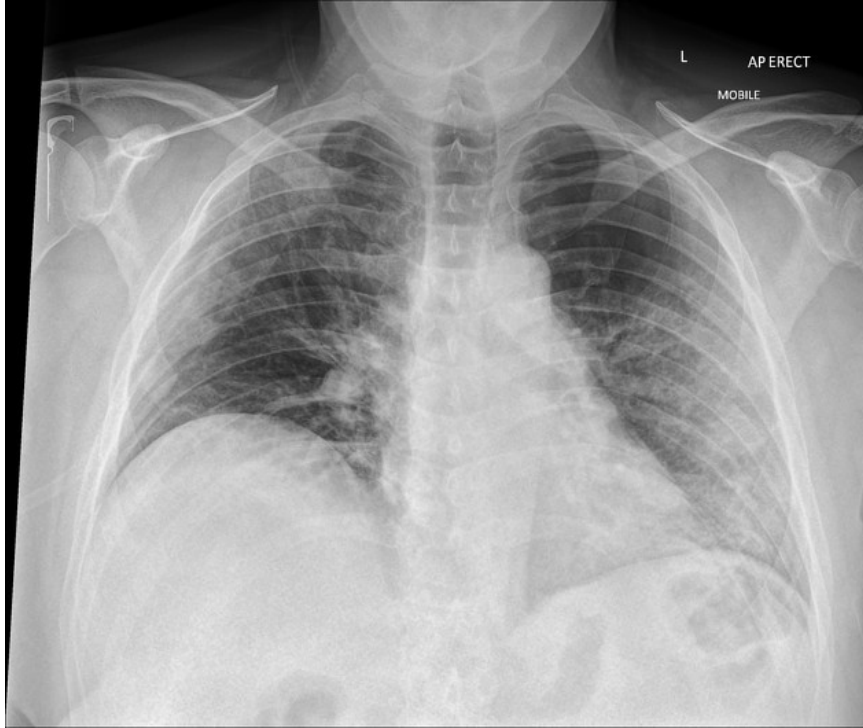
A new comprehensive report shows that people hospitalized with COVID-19 are at significant risk of AKI, which can lead to serious illness, dialysis, and even death. The study found patients with COVID-19, who were hospitalized between March 11 and April 26, were twice as likely to develop AKI as compared to non-COVID patients who developed AKI during the same time period in 2019 – 56.9% versus 25.1% respectively. AKI appears to be a marker of COVID-19 infection severity and the mortality rate is higher for these patients.

Various COVID-19-related effects that are thought to contribute to AKI include kidney tubular injury (acute tubular necrosis) with septic shock, microinflammation, increased blood clotting, and probable direct infection of the kidney. Most patients with COVID-19-related AKI who recover continue to have low kidney function after discharge from the hospital.

Covid-19 Pneumonia

Vs.

Pulmonary Edema



Pulmonary Edema

This upright chest x-ray demonstrates features of acute pulmonary edema, including cardiac dilatation, pulmonary congestion, edema, and vascular redistribution, as well as pleural effusions. LV = left ventricle.

Courtesy of Wada T: Basic Anesthesia Case Report Multi-Media Application. By permission of the editor and JG Reeves. Philadelphia.

PCR Test Was Never Required For Covid-19 Diagnosis

THRILL KILL
MEDICAL CULT



Hush Money to Hide Bodi



SEC. 3710. MEDICARE HOSPITAL INPATIENT PROSPECTIVE PAYMENT SYSTEM ADD-ON PAYMENT FOR COVID-19 PATIENTS DURING EMERGENCY PERIOD.

(a) IN GENERAL.—Section 1886(d)(4)(C) of the Social Security Act (42 U.S.C. 1395ww(d)(4)(C)) is amended by adding at the end the following new clause:

“(iv)(I) For discharges occurring during the emergency period described in section 1135(g)(1)(B), in the case of a discharge of an individual diagnosed with COVID-19, the Secretary shall increase the weighting factor that would otherwise apply to the diagnosis-related group to which the discharge is assigned by 20 percent. The Secretary shall identify a discharge of such an individual through the use of diagnosis codes, condition codes, or other such means as may be necessary.

AMA Journal of Ethics®

Illuminating the Art of Medicine

Neither of these conditions for compelling treatment is met in the case of influenza vaccination. HCWs have decision-making competency, and, absent an established infection, it is difficult to make the case that an individual HCW poses an imminent threat to the safety of others. The case for compelling vaccination is particularly hard to make given that overall vaccination rates among the public do not approach levels necessary to achieve herd immunity [8, 9].

We should also look at a World Health Organization (WHO) report on ethical public health responses to influenza pandemic, which proposes some principles that might restrain mandated vaccination [10]. Individual human rights and civil liberties may have to be limited in emergency situations in the public interest, the report says, but “measures that limit individual rights and civil liberties must be necessary, reasonable, proportional, equitable, non-discriminatory, and in full compliance with national and international laws” [10].

The principles of “necessity” and “reasonableness” are difficult to satisfy in the case of mandated



H. CMS Authority To Require Staff Vaccinations

CMS has broad statutory authority to establish health and safety regulations, which includes authority to establish vaccination requirements. Section 1102 of the Act grants the Secretary of Health and Human Services authority to make and publish such rules and regulations, not inconsistent with the Act, as may be necessary to the efficient administration of the functions with which the Secretary is charged under the Act. Section 1871 of the Act grants the Secretary of Health and Human Services authority to prescribe regulations as may be necessary to carry out the administration of the Medicare program. The statutory authorities to establish health and safety requirements for COVID-19 vaccination for each provider and supplier included in this IFC are listed in Table 1 and discussed in sections II.C. through II.F. of this IFC.



FEDERAL REGISTER

The Daily Journal of the United States Government




Ⓡ Rule

Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination

A Rule by the [Centers for Medicare & Medicaid Services](#) on [11/05/2021](#)



PUBLISHED DOCUMENT	
 	AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.
	ACTION:

DOCUMENT DETAILS
Printed version: PDF
Publication Date: 11/05/2021

C. Enforcement

As we do with all new or revised requirements, CMS will issue interpretive guidelines, which include survey procedures, following publication of this IFC. We will advise and train State surveyors on how to assess compliance with the new requirements among providers and suppliers. For example, the guidelines will instruct surveyors on how to determine if a provider or supplier is compliant with the requirements by reviewing the entity's records of staff vaccinations, such as a list of all staff and their individual vaccination status or qualifying exemption. The guidelines will also instruct surveyors to conduct interviews staff to verify their vaccination status. Furthermore, the entity's policy and procedures will be reviewed to ensure each component of the requirement has been addressed. We will also provide guidance on how surveyors should cite providers and suppliers when noncompliance is identified. Lastly, providers and suppliers that are cited for noncompliance may be subject to enforcement remedies imposed by CMS depending on the level of noncompliance and the remedies available under Federal law (for example, civil money penalties, denial of payment for new admissions, or termination of the Medicare/Medicaid provider agreement). CMS will closely monitor the status of staff vaccination rates, provider compliance, and any other potential risks to patient, resident, client, and PACE program participant health and safety. □

Vaccine Drive Through



Standing Up To Mandate & Hospital Protocols



THRILL KILL
MEDICAL CULT

