

HOME CARE 100®

LEADERSHIP CONFERENCE

Home Care 100 Coronavirus Task Force Executive Summary – Call #2

Charting your Course in a Crisis

March 24, 2020

Home Care 100 conducted the second in a recurring weekly series of Task Force conference calls on the topic of the global coronavirus pandemic and its implications for U.S. healthcare providers.

The following summary consolidates the findings from our March 24th call focused on how home care and hospice can best prepare for the upcoming surge and provided firsthand insight into New York City which is currently the epicenter of the U.S. outbreak.

■ Speakers

- **Greg Turchan**, President & COO, Premier Home Health Services
- **Mary Kate Rolf**, CEO, Nascentia Health

■ Context

David Ellis updated audience on Lincoln's COVID Surge Model estimates:

- Suggests surge about 6x normal flu season patients
- COVID patients require heavier use of ICU (2-3 wks vs. 2-3 days for typical flu)
- Surge more likely to feel like 10-20x typical flu, with variations geographically
- NYC already feels like a war zone with hospitals becoming overwhelmed in advance of surge to come in next week or two – tragedy in that city may serve as lightning rod to rest of the country.

■ Key Discussion Points

Preparedness Advice

- Look at infection control policies & update daily as new advisories are issued
- Follow State Department of Health directives & sign up for email updates, alert staff accordingly
- In areas not already seeing acute situation, prep staff for virtual office/work from home
 - Address larger/more complex operations first
 - Set up virtual networks/computers, chrome tablets to use with Citrix (for example)

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- Create phone solutions such as “voice over internet”
 - Incoming calls transferred by general receptionist to appropriate personnel
- Establish protocols for limited office staff in office one day a week to manage:
 - Pick up of mail, PPE deliveries
 - Distribution of PPE (field staff picks up pre-bagged & observes social distancing)
 - Time slips
- Educate and Communicate with Staff Regularly
 - Provide coordinators as well as aides with specific talking points
 - Set up both field staff process as well as office staff process (and unions if applicable)
 - Senior management staff meeting every morning
 - Example: morning text blast to ask staff key questions required per state directives (such as Temperature? Fever? Sore throat?) -- roll this information into Survey Monkey to accumulate data & facilitate tracking.
 - Advise re: PPE distribution, available childcare programs
 - Reassure on measures being taken to protect staff and alleviate anxiety (very important)
 - Human Resource portal for staff to find benefit/support eligibility on a state-by-state basis
- Consumer-direct plan to address staff calling out sick or clients who cancel: train clients’ family members & add to payroll (benefitting the unemployed).
- Provide staff with official travel letters so they can get to and from work without incident, as well as childcare letters (in multiple languages) to facilitate access to government programs

Staffing Concerns:

- Staff generally comfortable caring for COVID patients, more concerned about the unknown.
- Educate staff to treat ALL patients as if they are COVID + and prepare themselves accordingly.

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- Create temp screening database for any possible positives, and for the positives to be tracked in terms of # days on quarantine, paid vs unpaid days. Staff temp checks two times a day.
- Set up Incident Command and Succession Planning: need to have leadership at least two-deep for sick coverage or if someone gets pulled to cover another role due to a specific incident

PPE Management:

- **Conserve what you have: the reality is that 9 out of 10 tests are coming back negative, so don't waste PPE**, however recognizing we don't know who the 1 case will be
- N95s are generally not being fit tested; have staff step out of room for aerosolizing procedures.
- Set up inventory by location
- Get creative with sourcing by trying:
 - Overstock resellers
 - Working cooperatively with union(s)
 - Get sanitizer from the state, local schools, or make your own with mixture of two-thirds 90% alcohol with one-third aloe vera gel (Henry Schein, Walmart, Target mentioned as sources)
 - Cintas (usually only for uniforms, but also have PPE)
 - Spread the word with staff to ask anyone they know – example of an office staff member who found an alternate supply
 - Global suppliers – require very large purchases (e.g. 300K) so may want to partner with another provider. Jennifer Sheets from Interim Healthcare offered to connect anyone who is interested: jsheets@InterimHealthcare.com
- Partner with hospitals who are receiving PPE at a higher priority level than HH & Hospice and may be better stocked – “we will take your patients as long as you can provide us with PPE”

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Communication Management:

- Set up several management grids:
 - Clinical
 - Human Resources (by employee, field)
 - Government (set up like a matrix, with state by state updates on compliance, assessment, regulations, virtual visit guidelines, unemployment information)
 - Monitoring landlord communications to see if any other tenants are being exposed

Case Management:

- **General uptick seen in non-COVID patients, help hospitals clear beds for incoming COVID**
- COVID cases do not always need skilled care; so far, most are stable & only require monitoring, higher acuity cases are staying in the hospital (this may change)
- Generally receiving patients post-hospitalization, however there is an opportunity to approach hospital partners & offer to take patients pre-hospitalization at contracted rates
- Most providers ready and willing to take patients as long as they have PPE/staff, one unwilling to take on risk to staff of caring for COVIDs and will only take non-COVID, however adequate testing is not available to identify. Many expect COVID cases will be unavoidable and believe they can help people die with compassionate care while keeping staff safe.

Telehealth:

- Use proactively as a case management tool so nurses can be used in highest capacity
- Telephonic assessment to reduce community spread
- Could allow for increasing capacity at hospitals if more care can be provided at home

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■ [Home Care 100 COVID-19 Business Planning & Crisis Management Resources](#)

To receive an invitation to participate in task force calls, please contact:

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