



HOME CARE & HOSPICE COVID-19 TOWN HALL

June 24, 2020

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Agenda

EvergreenHealth/How did we get here?

COVID Continuation & Planning

- PPE
- Staffing
- Communication
 - Telehealth
- Facilities
- Waivers

Home Health Business Continuation

Hospice Business Continuation

EvergreenHealth is...

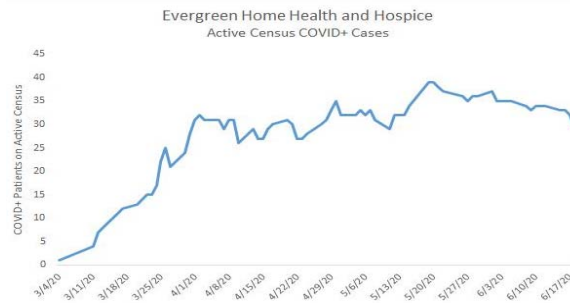
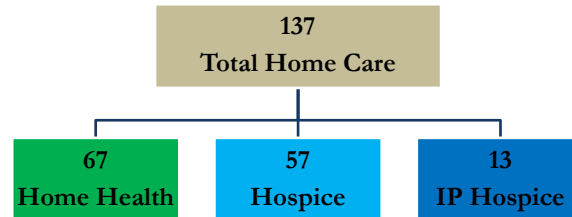
- System based Home Care organization
- Home Health, Hospice & 15 bed IP Hospice Center
 - ADC: HH 1425, HO 500
 - Two counties/Urban & rural
- Each program: 5 geographic teams
~600 *clinicians and support staff*
- Largest HH under one roof in WA state
 - 140,000 *visits per year*
 - 11,000+ *admissions/recerts*
- Hospice
 - 82,000 *visits per year*
 - 3,000 *admissions*



How Did We Get Here?

- First COVID-19 death in US at EvergreenHealth Medical Center on February 28th.
- Two positive patients to dozens within a few days.
- No precedent for care/PPE/testing/epidemiology
- Home Care division had patients in first month of March and multiple infected employees.
- Significant surge sidestepped due to early/aggressive measures.

COVID Stats



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Epidemiological Assumptions

- COVID infection/mortality will increase (surge) regionally this Fall and Winter
- WA state has not seen significant retreat of COVID-19 (#s remain constant)
 - “Associated with early return to work and social interaction.”
 - “People are tired of social isolation and just throwing in the towel [which is increasing risk to the population and healthcare workers]”

Dr. Francis Riedo, June 16, 2020

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PPE-On Hand & Future Stock

Universal procedure masking, foreseeable future

- N95 only for AGP
 - SLP swallow evaluations

PPE procurement

- Masks and Gowns:
 - Continued aggressive conservation
 - No excess-just in time
 - Not paying excessive prices
- Shields, Goggles, Sanitizer (hand & equipment)
 - Mild/Moderate conservation
 - able to re-use/substitute

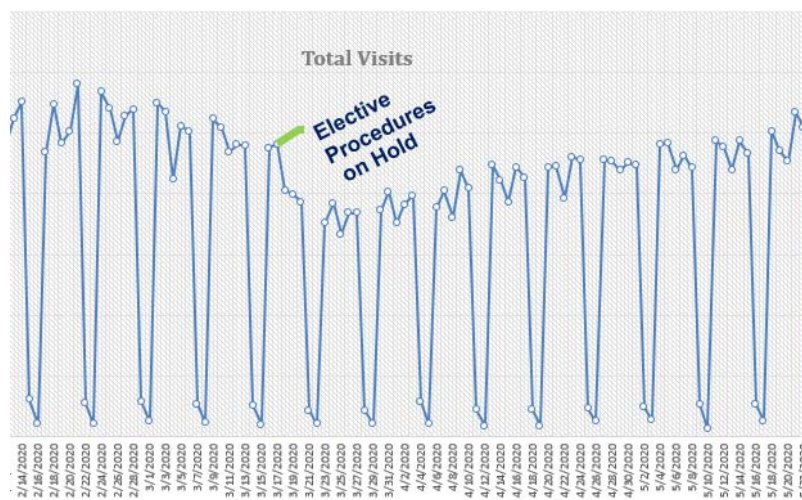


PPE Inventory Measurement: Burn Rate

$$\frac{\text{PPE on hand}}{\text{PPE utilization}}$$

PPE on hand (numerator)

PPE on Hand	
Date	6/10/2020
COVID 19 Specimen Collection Kits	10
Procedure Masks(Individual masks)	25000
Masks w/ face shields	270
Goggles	150
Gowns	1175
Hand Sani	15014
Alcohol canisters	540
Alcohol Prep Pads (Individual package of 1)	26000
Alcohol Bottles (16 oz)	600
Bleach wipes(Individual package of 1)	296
PPE Kits	200
Shoe Covers (PAIR)	1650
Bag spray	142
Drapes (approx)	10000



Burn Rate Tracking & Trending

Burn Rate Tracking				
	March	April	May	June
Procedure Masks	2712	7,342	6886	
Gowns	340	778	664	
Small Gloves	64	91	84	
Medium Gloves	271	344	524	
Large Gloves	91	133	134	
XL Gloves	11	16	13	
Shoe Covers	0	394 pairs	447 pairs	
Hand Sanitizer	759	520	226	

PPE-Distribution & Storage

Previous System

- Minimal onsite storage & direct order to clinicians



Current System

- Weekly Survey Monkey to request PPE
- Conference Room is now 'distribution center'
 - Kits are made based on survey
 - Volunteers, low census staff
 - Regional drop sites or pick up in office
 - Predetermined or managers take to their homes
- One Clinical Manager for HH and Hospice are point for PPE
- Future Storage

Survey Monkey- PPE Email

Recommended: 200 gloves, 3 gowns, 3 pair shoe covers, 20 masks, 2 can alcohol wipes, 16oz sanitizer, 1 pair of goggles & 50 pink drapes. Based on in-person visits, types of pts. & above recommendations please answer questions below.

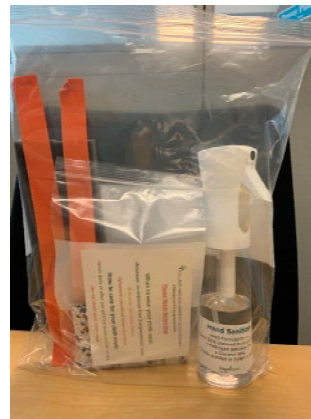
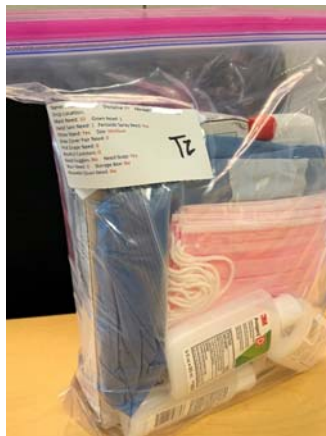
* 4. How many isolation gowns do you need?

- Allows us to track usage
- Manage current stock
- Ensure fair distribution
- Manage Costs

3 of 19 answered

Examples of distributed supplies

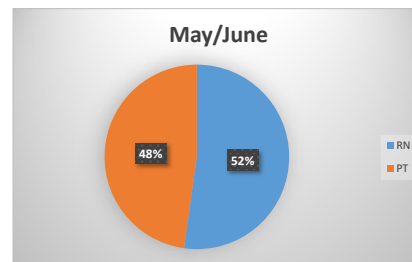
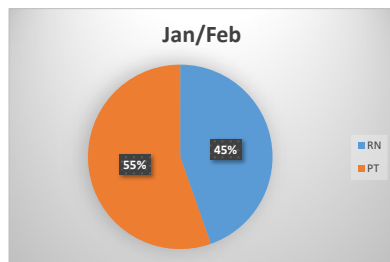
- Example of kit ordered by clinician



- Cloth masks for patients if needed
- Distillery alcohol in mister bottle
- Face shields

Home Health Staffing

- Abrupt change in patient mix & visit needs
 - Increased complexity
- Exposure risk much lower & quicker testing
 - No clinical exposures universal masking
- Fewer LOA
 - Retirements/Leaving Agency/Moving

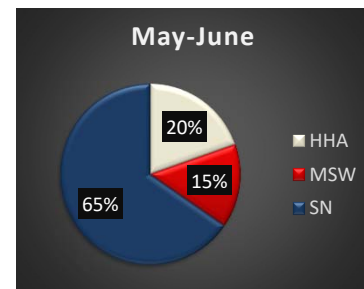
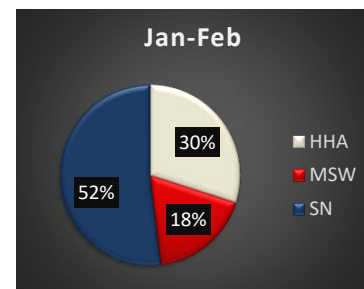


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Hospice Staffing

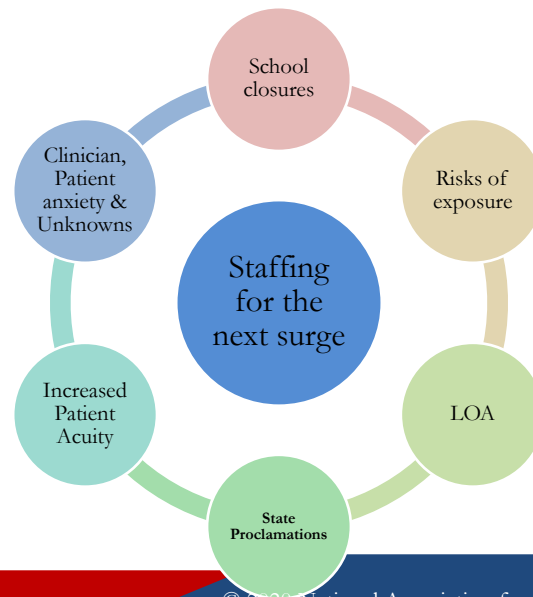
- Census steady but in-person visits decreased
- Difficult to access facilities
 - Especially Spiritual Care, MSWs, HHAs
 - Shift in visit mix
- High admission availability
- Focus on virtual interactions



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Future Staffing Considerations



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Internal Communication

Updates went from daily to once a week

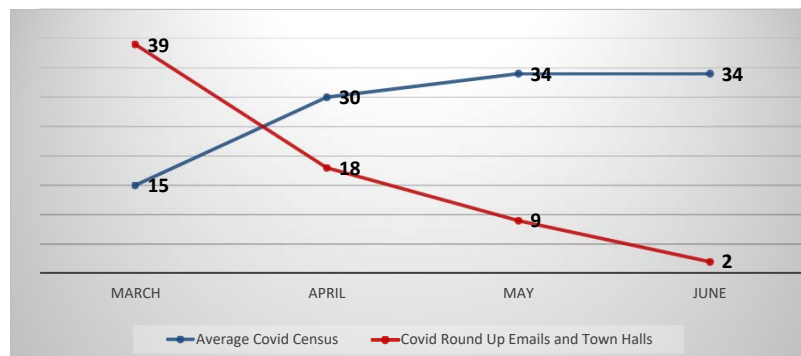
- Staff are integrating changes into their everyday routines and adapting

Developed a permanent SharePoint site

- Resources & communications

Developed training videos with infection control topics

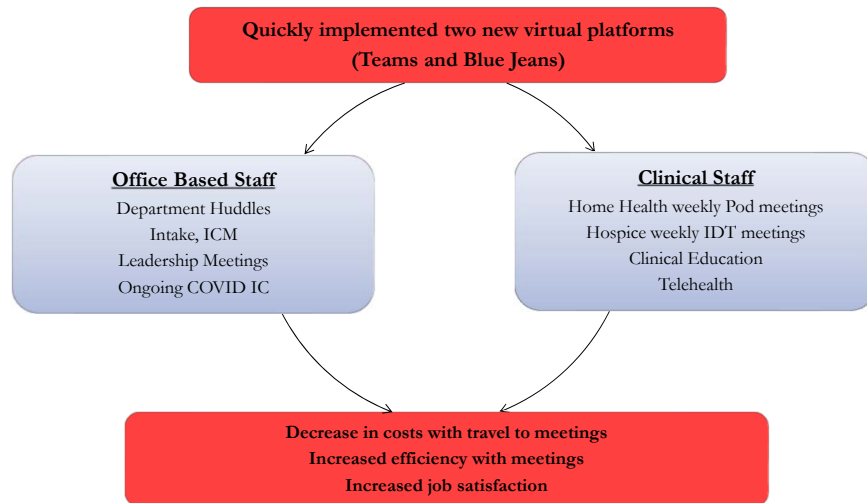
- Assigned at a higher frequency and easily accessed for “tune ups”



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Virtual Communication

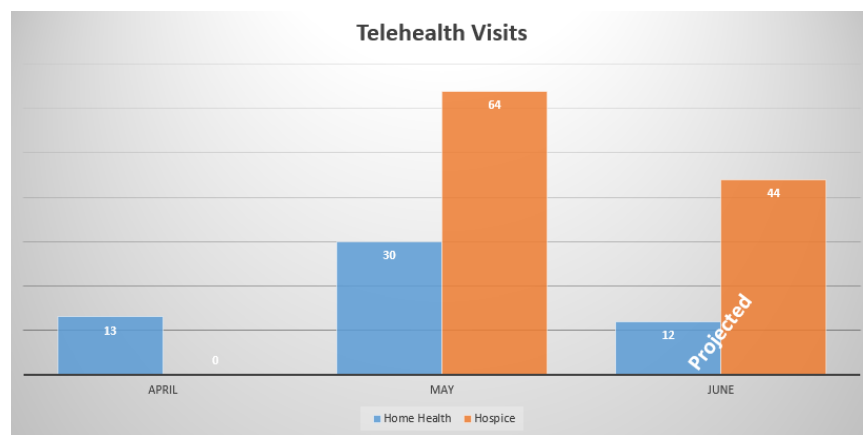


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Telehealth

Room for improvements
Increased use in our future



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Facility Tracking

- Understanding the requests & requirements of different facilities
 - Changing state mandates and interpretations
 - Varying PPE requirements
 - Often in conflict with homecare requirements
- Managing and maintaining relationships
 - Continue weekly contact with facility leadership
 - Relying on clinicians with established relationships in facilities

Number and percent of long-term care facilities with COVID-19 illnesses by facility type			
	All licensed facilities	Facilities with cases	% with cases
Skilled Nursing	52	39	75.0%
Assisted Living	148	49	33.1%
Adult Family Home	1,164	30	2.6%

AFH/Assisted Independent Living	
Reason	Count of facilities
Essential Visits Only	49
Homecare prohibited	34
Screening of Clinicians	13
Requiring Masking	3
Hospice Only	1
Grand Total	100

Facility Relationships

Set Up for Success – Getting to YES



- Educate and support clinicians with the right tools/talking points to speak with facilities
- Real time management and resolution is critical

Key Steps:

☐ Listen more than you talk!

Goal – Learn what the actual barriers or concerns of the facility or person are so that you can break through them.

☐ Call Ahead:

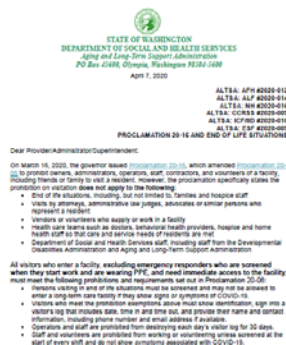
Goals – Show respect for the other party and manage your time.

- Identify yourself and the reason for your call.
- Ask to speak with a decision maker (e.g., wellness director, DNS, Administrator, etc...).
- Ask about their process or confirm your understanding if already known.
- Empathize with their position and genuinely verbalize understanding of their concerns.
- Message WHY you need to make an essential in-person visit.
- Ask for agreement and work through barriers together.
- Look for compromises which will make your visit possible.

☐ Upon arrival:

Goal – Demonstrate partnership in the health of the residents.

- Complete the screening process.
- If there is an "ask" that you cannot accommodate, message prior approval from your earlier call (whom you spoke with, agreement for the visit, etc...).
- Reference prior conversations between EHCS leadership and facility leadership (if known). Reach out to your manager for support on this point if needed.
- If you still get a "no" – ask to speak to the individual from your earlier call.



Waivers & Quality

Home Health

- Expansion of homebound status
- NPP ordering and certifying
- Telehealth expansion for face to face encounter
- Initial & comprehensive assessments by therapy

Hospice

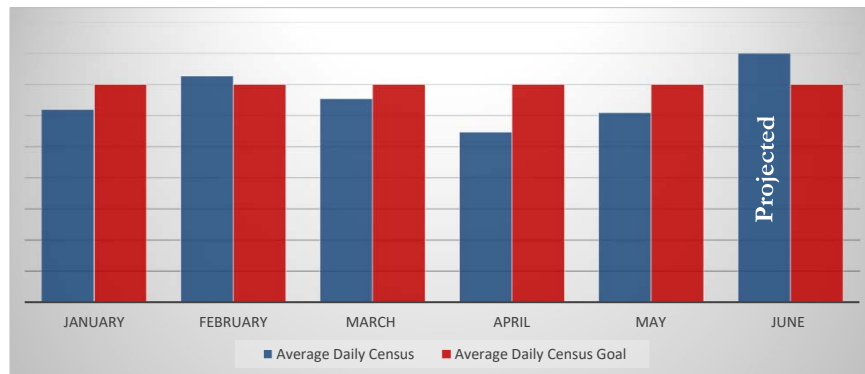
- CNA supervision thru televisit
- RN assessment can be completed q21d rather than q14d
- Volunteer requirement

QAPI

- Special Edition QAPI in April focus on Infection Control
- Start re-focusing on previous projects & quality operations
- Maintaining emphasis on infection control & adverse events

Business Continuation

Home Health Census



Strategy:

- Get Liaisons back in facilities (safely)
- Maintain strong hospital partnerships
- Balance acuity of patients
- Visit utilization efficiency

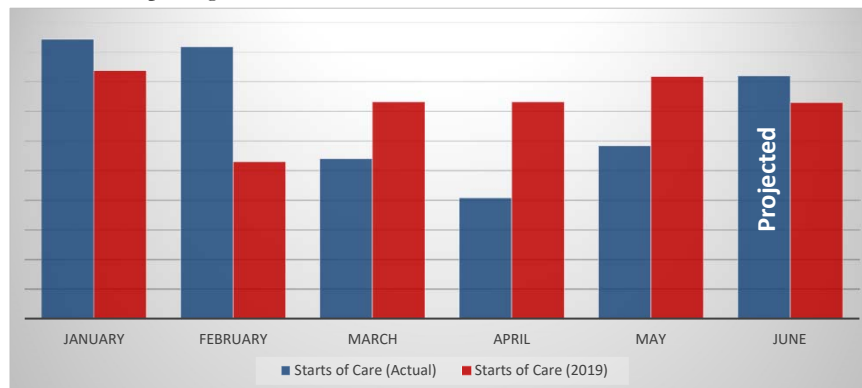
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Home Health SOC

Strategy

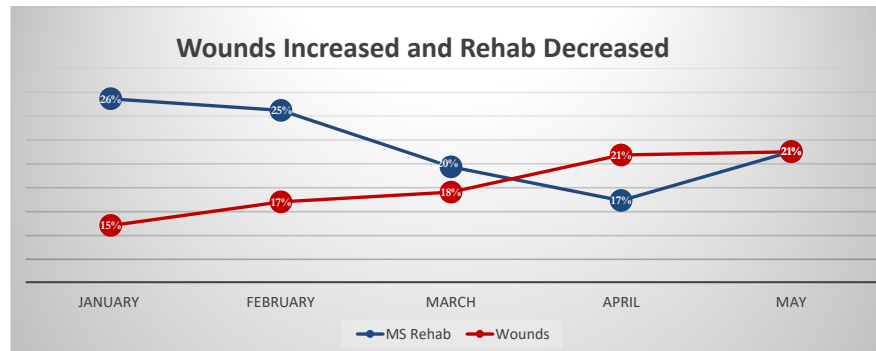
- Increase case management efficiency/visit utilization
- Waivers for rehab opening cases



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PDGM-Grouper Distribution



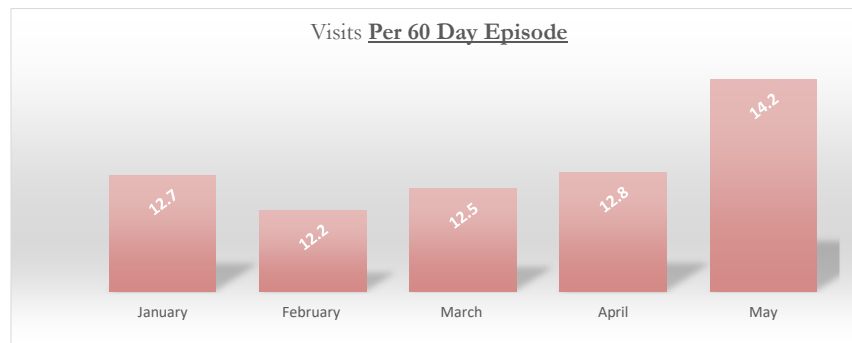
Strategy

- Office based wound case management to support RN
- Partner with wound clinics
- WOCN work flow changes
- Visit utilization efficiency

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Home Health Visit Utilization



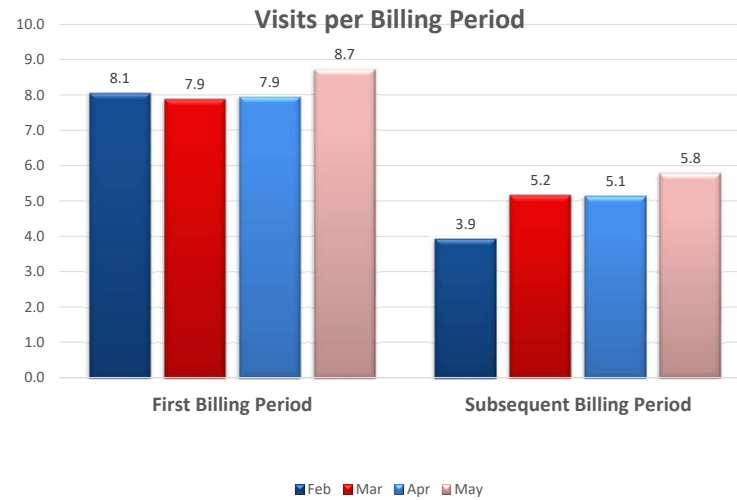
Strategy

- Emphasis on early case discussion
- Individualized data & feedback at the Pod level
- Normalize Ortho visit frequency
- Telehealth/Telecommunications

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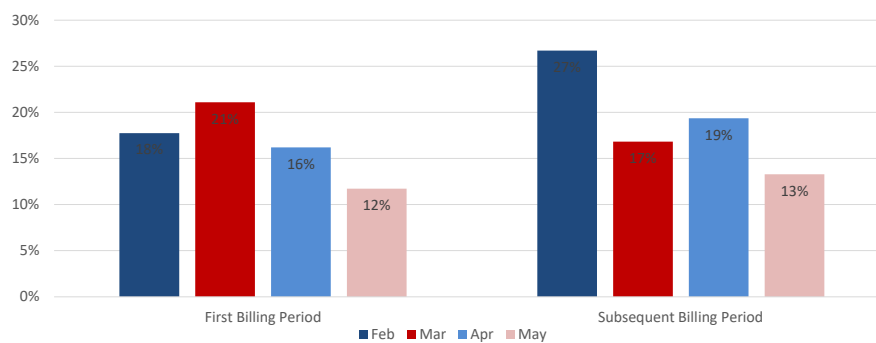
Home Health Visit Utilization



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Home Health LUPA



Strategy

- Refocus and re-educate at Pod meetings
- Individualized data & feedback at the clinician level
 - Each geographic Pod had unique LUPA distributions

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Hospice Considerations

What does quality care look like?

- Visits at the end of life

	JAN	FEB	MAR	APR	MAY	MAY National Average
1 RN visit in last 3 days of life	90.0%	86.7%	73.4%	78.1%	79.5%	85.0%
2 IDT visits in last 7 days of life	76.8%	74.3%	64.0%	37.9%	37.2%	60.0%

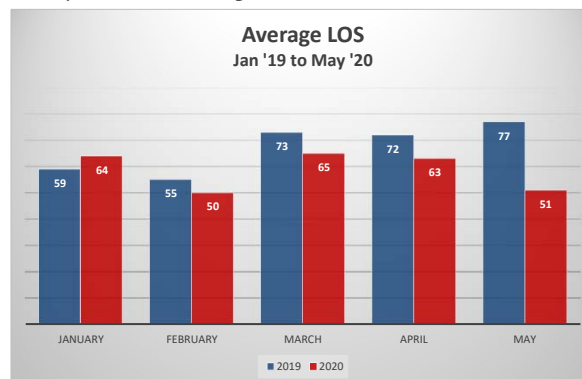
- Patient satisfaction
- Reduced patient touches
- Presence in the home and social connection – difficult to quantify

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Hospice Census

- Hospice Census has remained flat
 - stayed within +/- 10 of pre-COVID census
 - Recent census increase began in May, associated with an increase in referrals
- Length of stay decreased compared to 2019



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What Does Success Look Like for Us?

Safety

Staff
Patients
Organization
Community

- Adequate PPE
- No COVID + staff linked to clinical exposure
- Exceptional patient outcomes

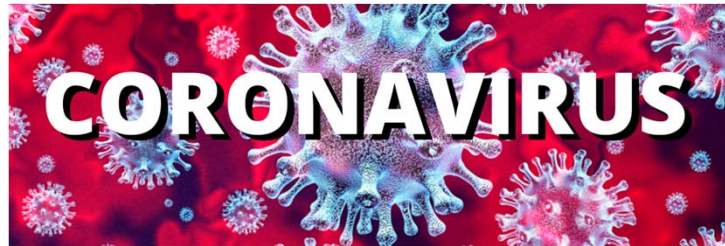
Support

Staff
Patients
Organization
Community

- Individualized support
- Maintaining education to staff
- Advocating for needed legislative changes
- Reliable employment through agency financial viability

Q & A

NAHC COVID-19 Information and Resources



nahc.org/covid19
nahc.org/covid19faqs

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Join NAHC

NAHC is the leading trade association for home care and hospice professionals and we serve as the unified voice for the industry. Over the next ten years, the home care and hospice industry is expected to achieve unprecedented growth and NAHC will be there along the way to ensure your organization has the tools and resources needed to thrive.

Whether you're a home care provider, a hospice administrator, or a technology company that provides services for the industry, there's a place for you at NAHC.

Join your peers and fellow leaders as part of the NAHC community today! Learn more at <http://nahc.org/join>



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Upcoming Events

VIRTUAL EVENT

2020 Financial Management Conference & Expo
July 27-30, 2020

**2020 Home Care and Hospice
Conference and Expo**
October 18-20, 2020 | Tampa, FL

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Thank You

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