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

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

- Total Home Care: 137
- Home Health: 67
- Hospice: 57
- IP Hospice: 13

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
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

PPE on hand

PPE utilization
## PPE on hand (numerator)

<table>
<thead>
<tr>
<th>PPE on Hand</th>
<th>6/10/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID 19 Specimen Collection Kits</td>
<td>10</td>
</tr>
<tr>
<td>Procedure Masks (Individual masks)</td>
<td>25000</td>
</tr>
<tr>
<td>Masks w/ face shields</td>
<td>270</td>
</tr>
<tr>
<td>Goggles</td>
<td>150</td>
</tr>
<tr>
<td>Gowns</td>
<td>1175</td>
</tr>
<tr>
<td>Hand Sanli</td>
<td>15014</td>
</tr>
<tr>
<td>Alcohol canisters</td>
<td>540</td>
</tr>
<tr>
<td>Alcohol Prep Pads (Individual package of 1)</td>
<td>26000</td>
</tr>
<tr>
<td>Alcohol Bottles (16 oz)</td>
<td>600</td>
</tr>
<tr>
<td>Bleach wipes (Individual package of 1)</td>
<td>296</td>
</tr>
<tr>
<td>PPE Kits</td>
<td>200</td>
</tr>
<tr>
<td>Shoe Covers (PAIR)</td>
<td>1650</td>
</tr>
<tr>
<td>Bag spray</td>
<td>142</td>
</tr>
<tr>
<td>Drapes (approx)</td>
<td>100000</td>
</tr>
</tbody>
</table>

### Total Visits

- **Elective Procedures on Hold**

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**Burn Rate Tracking & Trending**

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

**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

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

**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
Future Staffing Considerations

- School closures
- Risks of exposure
- Staffing for the next surge
- State Proclamations
- Increased Patient Acuity
- Clinician, Patient anxiety & Unknowns

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”
Virtual Communication

- Quickly implemented two new virtual platforms (Teams and Blue Jeans)
- Decrease in costs with travel to meetings
- Increased efficiency with meetings
- Increased job satisfaction

Office Based Staff
- Department Huddles
- Intake, ICM
- Leadership Meetings
- Ongoing COVID IC

Clinical Staff
- Home Health weekly Pod meetings
- Hospice weekly IDT meetings
- Clinical Education
- Telehealth

Telehealth

Room for improvements
Increased use in our future

Telehealth Visits

- April: 13
- May: 30
- June: 12

Projected: 41
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

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Facilities with cases</th>
<th>% of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Nursing</td>
<td>52</td>
<td>75.0%</td>
</tr>
<tr>
<td>Assisted Living</td>
<td>148</td>
<td>38.1%</td>
</tr>
<tr>
<td>Adult Family Home</td>
<td>1,164</td>
<td>3.6%</td>
</tr>
</tbody>
</table>

Facility Relationships

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

**Home Health SOC**

Strategy
- Increase case management efficiency/visit utilization
- Waivers for rehab opening cases
PDGM-Grouper Distribution

<table>
<thead>
<tr>
<th>JANUARY</th>
<th>FEBRUARY</th>
<th>MARCH</th>
<th>APRIL</th>
<th>MAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>25%</td>
<td>20%</td>
<td>17%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Wounds Increased and Rehab Decreased

Strategy

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

Home Health Visit Utilization

Strategy

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

Visits per Billing Period

First Billing Period
- Feb: 8.1
- Mar: 7.9
- Apr: 7.9
- May: 8.7

Subsequent Billing Period
- Feb: 3.9
- Mar: 5.2
- Apr: 5.1
- May: 5.8

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
Hospice Considerations

What does quality care look like?
– Visits at the end of life

<table>
<thead>
<tr>
<th></th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 RN visit in last 3 days of life</td>
<td>90.0%</td>
<td>86.7%</td>
<td>73.4%</td>
<td>78.1%</td>
<td>79.5%</td>
<td>85.0%</td>
</tr>
<tr>
<td>2 IDT visits in last 7 days of life</td>
<td>76.8%</td>
<td>74.3%</td>
<td>64.0%</td>
<td>37.9%</td>
<td>37.2%</td>
<td>60.0%</td>
</tr>
</tbody>
</table>

– Patient satisfaction

– Reduced patient touches

– Presence in the home and social connection – difficult to quantify

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

Average LOS
Jan'19 to May'20
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

nahr.org/covid19
nahr.org/covid19faqs

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
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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