



Addressing Pandemic Psychosocial Impacts While Rebuilding Agency Operations



Presented by: Helen Bauer, RN, BSN, CHPN

Jerry Fenter, Spiritual Counselor

Heidi Wall, RN, BSN, CHPQ

Charity Farnsworth, MBA, BSN, RN

8.13.20



Disclaimer

- This presentation and related materials are designed only to provide general information regarding the subject matter discussed during this presentation. The statutes, authorities, and other laws cited in this presentation are subject to change.
- This presentation and related materials are not intended to provide tax, accounting, legal, or other professional advice to any specific person or entity. Any advice or opinions regarding the application of the subject matter for a specific person or entity should be provided by a competent professional advisor based on an application of the appropriate law and authorities to the facts and circumstances applicable to that person or entity.

Pandemic Recovery Series

<http://www.hc-link.com/pandemic-recovery-webinar-series>

- Session 1 (7.2.20)
 - Navigating the Economic Incentives
- Session 2 (7.9.20)
 - Promoting Agency Success with Emergency Preparedness Plans, Infection Control, and Quality Programs
- Session 3 (7.16.20)
 - Identifying Operational Efficiencies During Pandemic Recovery
- Session 4 (7.23.20)
 - Getting Prepared for the Next Round, Financial Considerations

Pandemic Recovery Series

- Session 5 (7.30.20)
 - FFCRA – Emergency Paid Sick Leave & Expanded Family Medical Leave
- Session 6 (8.6.20)
 - Legal Aspects of Pandemic Recovery
- Bonus Session (8.11.20)
 - PPP Loan Forgiveness – Form 3508EZ Application Training
- Session 7 (8.13.20)
 - Addressing Pandemic Psychosocial Impacts While Rebuilding Agency Operations
- Session 8 (8.20.20)
 - Optimizing External Opportunities for Agency Growth and Expansion

Agenda: Session 7

- Introductions
- Beyond Surviving: Helping your agency to thrive in the post-pandemic world
- Rebuilding Operations: Agency challenges
- Rebuilding Operations: Agency actions
- Q&A



Beyond Surviving: Helping Your Agency to Thrive in the Post-Pandemic World



Helen Bauer, RN, BSN, CHPN
Jerry Fenter, Spiritual Counselor
Owners, The Heart of Hospice, LLC



Beyond Surviving: What do we know?

The COVID-19 pandemic is accelerating the rate of burnout and compassion fatigue in community-based healthcare professionals.

Beyond Surviving: Burnout vs Compassion Fatigue

Burnout

- A syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed
- As defined by the World Health Organization:
https://www.who.int/mental_health/evidence/burn-out/en/

Compassion Fatigue

- Emotional residue or strain of exposure to working with those suffering from consequences of traumatic events. Differs from burnout, but can co-exist
- As defined by The American Institute of Stress:
<https://www.stress.org/military/practionersleaders/compassion-fatigue>

Beyond Surviving: Contributing Factors

- Fear of furlough/layoffs
- Financial uncertainty (personal and agency)
- Fear of health risks
- Confusion about/lack of PPE
- Isolation of staff inside community
- Staffing shortages/turnover
- Loss of connection with patients and families
- Regulation waivers

Beyond Surviving: What do we see?

Consequences of burnout and compassion fatigue:

- Employee dissatisfaction
- Absenteeism
- Staff turnover
- Team instability
- Diminished productivity
- Patient/family complaints
- Poor performance = Errors

Polling Question 1



Beyond Surviving: What do we need to do?

- Identify signs of burnout and compassion fatigue
- Mitigate effects of burnout and compassion fatigue
- Increase job satisfaction/stability
- Reduce staff turnover

Beyond Surviving: What we can do

- Monitor for signs and symptoms of burnout and compassion fatigue

This is everyone's job – the responsibility of individuals, team members, and leadership

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6367114/>

- Lack of communication
- Poor team interaction/infighting
- Poor job performance/mistakes
- Elevated emotional responses (anger, tears, withdrawal)
- Insomnia
- Addictive behaviors
- Increased absenteeism
- Forgetfulness
- Apathy, cynicism

Beyond Surviving: Self-Assessment Tool

Professional Quality of Life Survey Assessment

https://proqol.org/uploads/ProQOL_5_English.pdf

- Assessment is free
- Available online in 29 languages

© B. Hudnall Stamm, 2009. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL).

This test may be freely copied as long as (a) author is credited, (b) no changes are made, and © it is not sold.

Beyond Surviving: Create a Meditation Space

- Think about the five (5) senses:
 - Diffuser with essential oils (thieves, rose, cedarwood, frankincense, lavender)
 - Bowl of oranges, berries, peppermints, pumpkin seeds, walnuts, peppermint tea, dark chocolate
 - Images/colors to promote calm, life the spirit (blue, yellow, green)
 - Soft, reflective music
 - Stress balls or worry stones, aromatherapy heat pack, squeezable putty

Great way to involve hospice volunteers for volunteer hours

Beyond Surviving: Self-Care for the Team

- Mindfulness moment to open/close meetings
- 3-2-1 Mindfulness Exercise: Can be written / doesn't have to be shared
 - Name three (3) things you see
 - Name two (2) things you hear
 - Name one (1) sensation
- In-person or video meetings (promote connection, offset feelings or isolation and disconnection)
- Staff surveys (high and low of the week, status of personal and office morale, weight of workload)
- Mental health professionals/licensed professional counselors (LPCs)
 - NOT on your team
- Online counseling services
 - <https://www.ginger.io/about-us>
 - <https://www.talkspace.com>

Polling Question 2



Beyond Surviving: What leadership can do

- Model healthy self-care
- Promote healthy habits among your team
- Encourage use of Employee Assistance Program (EAP) if available
- Use positive language (realistic optimism)
- Be as transparent as possible
- Communicate!!
- Stay connected = Be accessible

Beyond Surviving: How will we know it is working?

- Monitor outcomes
 - Ongoing satisfaction/feedback surveys
 - Assess level of staff participation (team self-care activities, use of meditation space)
 - Human resources (HR) metrics: Turnover rate
 - Post-employment/exit interviews
 - Ask your team

Be flexible, be creative

Beyond Surviving: Conclusion

This is a marathon, not a sprint.
We are ALL essential.





Rebuilding Agency Operations: Agency Challenges



Heidi Wall, RN, BSN, CPHQ
HealthCare ConsultLink



Agency Challenges Resulting from the Pandemic

What has your agency experienced?

Agency Challenges: Decline in program census

- Difficulty accessing patients/clients in facilities (including family members)
- Decline in access to patients at home due to anxiety surrounding the pandemic
- Gaps in the utilization of hospice, resulting in short length of stay
- Temporary halt to elective surgical procedures impacting home health services (e.g., orthopedic surgeries)
- Attendant services clients declining care and/or caregivers stepping in
- Possible reluctance to accept referred patients based on staffing challenges
- Decrease in direct contact with referral partners; “out of sight, out of mind”

Agency Challenges: Decline in revenue stream and profitability

- General decline in referrals
- Unbudgeted costs
 - Personal protective equipment (PPE) and cleaning supplies
 - Computer equipment to accommodate remote/work-from-home arrangements
 - Contract labor
 - Office space/office furniture to ensure social distancing
- Loss of Service Intensity Add-on (SIA) payments for hospice
- Higher per patient day (PPD) costs for medications, supplies and equipment
- Increase in Low Utilization Payment Adjustments (LUPAs) in home health
- Decrease in attendant hours due to limited access in many cases

Agency Challenges: Operational disruptions

- Previous marketing strategies no longer as effective
- Routine educational opportunities are limited
- Inadequate policies and procedures
- Daily operational activities have additional focus
 - Daily screenings of staff and patients/clients
 - Staying on top of the latest Public Health Emergency (PHE) news
 - Ensuring Emergency Preparedness Plan (EPP) is up-to-date, compliant, and adequate
 - Staffing challenges to meet patient/client needs
 - Focus on infection prevention activities
 - Increased focus on documentation related to pandemic infection control activities

Agency Challenges: Clinical impacts

- Concerns for safety of staff and patients/clients
- Ensuring competency in PPE donning and doffing
- Competency and documentation focus on infection prevention

Agency Challenges: Clinical impacts

- Utilization of skills to address fears and anxieties of facility staff, patients/clients, and families, as well as personal friends and relatives related to the following:
 - Contagion risks of care provision
 - Utilization of audio/visual equipment for telehealth visits
- Staying informed regarding changes in procedures to address PHE-related aspects of direct care
- Staffing shortages resulting in fatigue, burnout, and errors in care and judgment
 - Absenteeism due to exposure, illness, or child-care issues
 - Admitting short length of stay patients



Rebuilding Agency Operations: Agency Actions



Charity Farnsworth, MBA, BSN, RN
HealthCare ConsultLink

Actions to Address Agency Challenges

What can you do to ensure your business is viable and growing?

Census \neq Profitability

It is important to remember that agency regrowth is not just about adding patients/clients.

Agency leadership must also consider that adding patients/clients will not result in profitability unless operations are managed appropriately.

Agency Actions: Decline in program census

- Revamp marketing strategies, focusing on referral partners' need to minimize risk to most fragile and vulnerable patients
 - Keep these patients out of the waiting rooms, hospitals, urgent care settings, and emergency rooms
 - Focus on marketing techniques to deliver this message via phone calls, text, email, video conferencing, webinars, and virtual events
- Increase focus on the benefits of providing care in the home vs other care settings that place all patients/clients at higher risk for infection exposure
- Identify patient/client populations that may be more at-risk because of COVID-19; look at ways to reach these patients/clients and potential referral sources involved with them

Agency Actions: Decline in program census

- Promote trust and respect with referral partners
 - Validate their concerns about patient safety
 - Review your admission process and use of infection prevention steps
 - Determine how you can support them (e.g., share resources for PPE, ensure updated policy and procedure information, and communicate the latest PHE updates)
 - Provide assurance that your agency has not made cut-backs that will impact patient/client care, and specifically that the same quality care and compassion remain
 - Offer virtual education and bereavement counseling to physician office and facility staff
- Focus on demonstrating that working with your agency provides additional value to the referral partner above basic care delivery (e.g., be a well-informed source of information on PHE updates impacting patient/client care, etc.)

Agency Actions: Decline in program census

- Review current marketing approach to look at overall steps to regrow census and expand despite the impact of the PHE
 - Review previous referral source patterns
 - Review results of marketing efforts and adjust accordingly (e.g., What is different under PHE vs what requires a new/different approach?)
 - Assess the limitations to marketing to “usual” referrals sources (e.g., limited facility access, limited access to physicians, especially those who may not be in offices regularly)
 - Identify opportunities for coordination with strategic partnerships and/or groups such as visiting physicians or those embracing use of telemedicine
- Look at patient/client types not previously a target group for your agency; identify new opportunities

Agency Actions: Decline in revenue stream and profitability

- Consider return on investment (ROI) measures when assessing any target groups for agency marketing efforts
 - Ask, “Can we be profitable with our current structure and our current focus?”
- Consider options for additional revenue streams (e.g., addition of a complementary service line)
- Consider the potential to increase focus on the service line within the agency with the most opportunity for growth and profitability
- Identify opportunities to avoid revenue loss with current patient/client census
 - Review process for tracking visits/time to minimize missed/reduced visit counts
 - Ensure activities that may reduce agency revenue are being proactively monitored and addressed (e.g., missed visits, level of care changes, reduced attendant hours)
 - Review the use of telehealth for balancing patient contacts with billable services

Agency Actions: Decline in revenue stream and profitability

- Access shared cost savings when possible for PPE, cleaning supplies, IT equipment, etc.
- Utilize government funds (e.g., CARES, PPP, etc.) and access resources to ensure knowledge of compliance with these programs
- Provide education and coaching to staff on how to increase patient/client and family confidence in safety to maximize in-person visit opportunities
- Re-allocate savings from mileage and travel expenses to increased medication, supplies, and equipment costs, where appropriate
- Closely monitor all expenses on a weekly and monthly basis
- Take actions to optimize staff productivity while considering the potential for shortages due to PHE-related issues

Agency Actions: Operational disruptions

- Access free online education for marketing, administrative, and clinical learning needs
- Stagger staff in-office time to decrease need for more space and office equipment
- Implement appropriate cleaning processes to better protect staff against infection and to demonstrate an “above and beyond” approach to staff and patient/client safety
- Outsource for policy and procedure updates (e.g., updated emergency preparedness plans)
- Network with other program providers and referral partners to determine best practices for infection prevention
- Designate specific staff or volunteers to track patient/client and staff screenings and all PHE update communications

Agency Actions: Operational disruptions

- Assess processes to improve intake to admission timeframes
- Review processes for ensuring adequate information is obtained at the time of admission; examples include the following:
 - Appropriate documentation to support face-to-face requirements
 - Identification of physicians/non-physician practitioners (NPPs) to be involved in care plan
- Review processes that must involve action by outside stakeholders
 - Orders management: Delays due to limited physician/NPP access can create compliance risk and also impact ability to bill
 - Home health Review Choice Demonstration requirements, especially Pre-Claim Review (PCR)

Agency Actions: Operational disruptions

- Review processes to minimize unexpected or early discharges
- Review processes to appropriately determine and document level of care changes for hospice patients; inappropriate activity could have a significant impact on cash flow
- Review any additional processes that may have a negative impact on cash flow
 - Potential revenue loss and delays with incoming cash flow
 - Potential for being “upside down” on a case if revenue cannot be obtained but expenses were incurred

Agency Actions: Operational disruptions

- Identify opportunities to outsource quality and compliance activities to allow staff to focus on patient/client care and meeting day-to-day requirements
 - May include QAPI, completion of an Emergency Preparedness Plan, and other activities
- Assess processes related to documentation of pandemic-related requirements (e.g., infection control activities) and the potential for survey deficiencies and/or administrative fines

Agency Actions: Clinical impacts

- Routine virtual staff meetings to disseminate PHE and infection prevention updates; have a “COVID champion” to track and assist
 - Brief presentation of need-to-know information
 - Review of staffing plan to allay concerns
 - Allow time for questions and sharing of solutions for frustrations
 - Provide opportunity to share encouraging patient/family feedback and success stories
 - Monitor for best ways to communicate information to remote staff or those who do not come to agency office on a regular basis (e.g., attendants)
- Increase psychosocial discipline support for patients/clients/families
- Provide virtual opportunities for the following:
 - Skill competency review
 - Coaching on how to provide patient/family/facility staff reassurance regarding safety of care
 - Education on how to conduct an effective and meaningful telehealth visit

Polling Question 3



We're here to help

- We are always available to assist agencies with consulting and advisory services, but especially through this public health emergency
- Visit our websites:
 - The Heart of Hospice (website/blog/podcast) <http://theheartofhospice.com>
 - HealthCare ConsultLink <http://hc-link.com>
- Contact us directly:
 - The Heart of Hospice host@theheartofhospice.com
 - HealthCare ConsultLink 888.258.1894 info@hc-link.com

Pandemic Recovery Series: Final Event

- Session 8 (8.20.20)
 - Optimizing External Opportunities for Agency Growth and Expansion
- For registration support, call 888.258.1894 or email info@hc-link.com
- Visit the webinar series website for more detailed information:
<http://www.hc-link.com/pandemic-recovery-webinar-series>



Questions??

