

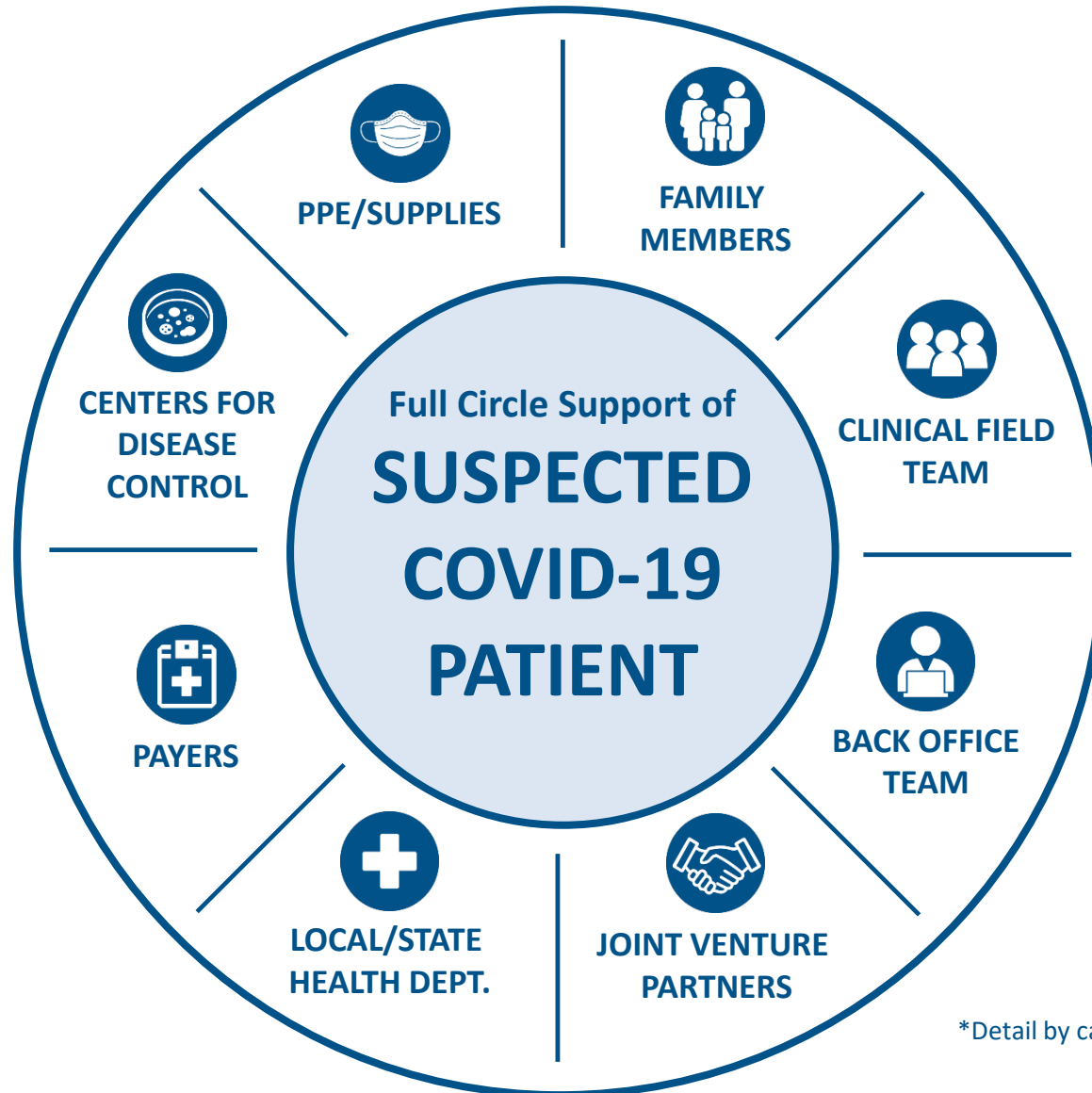
LHC Group

COVID-19 Healthcare-in-Home Protocol



HOME HEALTH | HOSPICE | HOME & COMMUNITY BASED SERVICES | FACILITY BASED CARE | ACO MANAGEMENT

HOME HEALTH DEPLOYMENT PROTOCOL: SUSPECTED COVID-19



*Detail by category pgs. 12-17

60% of the US population aged **65+**
is within our service area reach.

770+
locations

35
states
and the
District of Columbia

32,000
employees

EMPLOYEE TRAINING & READINESS





HEALTHCARE-IN-HOME

ISOLATION PLAN

Confirmation of COVID-19

- Affirmation that patient is appropriate for in-home healthcare
 - Immediate set-up of in-home/isolated care
 - Isolation to 1-room; 1-bathroom
 - Assess and close care gaps
 - Supplies for ADLs (medication, water, food, and toothbrush)



If patient requires hospitalization, our staff will coordinate with state health organization and/or CDC on appropriate transfer to facility setting.

CARE PROTOCOL - GENERAL

Deployment of clinical staff based on volume and requirements of care

- **In-person visits**
 - Hands-on care as indicated by physician orders and/or CDC
 - Proper hand hygiene and PPE protocols
 - Proper disposal of PPE prior to leaving home
 - All isolation and droplet precautions enacted
- **Remote visits**
 - Potential for:
 - Video/phone visit
 - Telemonitoring/remote monitoring solutions
 - Temperature
 - Pulse Ox
 - Blood Pressure
 - Blood Glucose
 - Call Center check-in calls (2 calls/day)
 - PERS
 - Text communication

CARE PROTOCOL - EXAMPLES

PUI – suspected, but not diagnosed

- Isolation plan for patient/caregiver/family
- Self-measure and record/report temperature twice a day
- LHCG call center check-in call once a day
- Home nursing visit once a week

Patient confirmed positive

- Isolation plan for patient/caregiver/family to follow
- Collaborative care plan developed with PCP, Med. Dir., and CDC/Local-State Health Dept.
- Use of remote monitoring (Pulse Ox, BP, Temp., etc.)
- Possible use of mobile X-ray
- Call center check-ins
- Home visit frequency based on care plan and patient need
- Refinement of clinician schedule to eliminate risk of spread into another home
 - COVID-19 patient is last patient seen for the day

TRACKING PLAN

Deployment of clinical staff based on volume and requirements of care

- Tracking of patients and status
 - EMR we will use (HCHB), flags care type as:
 - Suspect COVID-19
 - COVID-19 confirmed
 - Use notes in HCHB to create repository of conversations
 - Patient visits
 - Contact and conversation tracking
- Mechanism to track the activities (visibility into service rendered)
 - When was visit made
 - Time entered and left the home
 - Leverage HCHB forms and reports

SUPPLY PLAN

Equipment - PPE to support spread

- Limited to what we have in stock
 - Currently on allocation that meets 60% of previous month usage
- Have a need to get access to supplies (CDC)
- Triage supplies based on whether the patient is a PUI or a confirmed diagnosis
- Biohazard disposal contract in each market for pickup
- Supply Management
 - Mechanism to determine inventory of supplies
 - Drop-ship in 24 hours (as needed/available)
 - Formulary creation
 - “For every PUI patient, you need X supplies” (standard kit per patient)
 - Certified diagnosed = standard kit sent out

COMMUNITY ENGAGEMENT PLAN

- Our staff will follow protocols set by
 - CDC
 - State Health Departments
 - Company policies
- We will coordinate with volunteer and third-party services
 - Meals on wheels
 - Ambulatory
 - DME



**Full Circle
Support of Patient**

PATIENT CARE

- Screening using CDC tool and symptom management
- In event of positive screening, State Health Department notified for further assessment and testing
- If positive test, CDC will direct care
- LHCG implements infection control policy, home isolation care protocol, etc.
- Collaborative Care Plan

FAMILY MEMBERS SUPPORT

- Education and implementation for home isolation plan for patient
- Education on droplet precautions and handwashing
- Appropriate use and disposal of PPE
- Education on self-monitoring of signs/symptoms of COVID-19
- Contact information
 - LHC Group Agency
 - State Health Department
 - CDC

CLINICAL FIELD TEAM SUPPORT

- Enact home isolation plan for the patient
- Pivot the patient to remote care plan using telehealth as primary means of care
- Prioritized scheduling to limit exposure to non-COVID-19 patients on service
- Appropriate use and disposal of PPE

BACK OFFICE TEAM SUPPORT

- Limit necessary patient touches to select staff
- Telehealth support
- Communication with Local/State Health Department and CDC

JOINT VENTURE PARTNERS SUPPORT

- Coordinate discharge and transition planning for anyone discharging from or requiring inpatient care

LOCAL/STATE HEALTH DEPT. SUPPORT

- Follow guidelines on testing and treatment plan
- Proactive communication

PAYERS SUPPORT

- LHCG Home Office to work with payers on care planning and authorization for care of members

CENTERS FOR DISEASE CONTROL SUPPORT

- Local LHCG agency and Home Office to communicate with CDC on any confirmed patients
- Allow for patient data sharing between LHCG EMR and CDC for patient tracking and monitoring
- Communicate with CDC on PPE and supply levels for COVID-19 patients

PPE/SUPPLIES SUPPORT

- LHCG currently on PPE allocation from vendors
- COVID-19 Task Force to triage PPE shipping to affected areas and confirmed cases
- COVID-19 Task Force to communicate with State and Federal Agencies if allocation is projected to become depleted



It's all about helping people.