

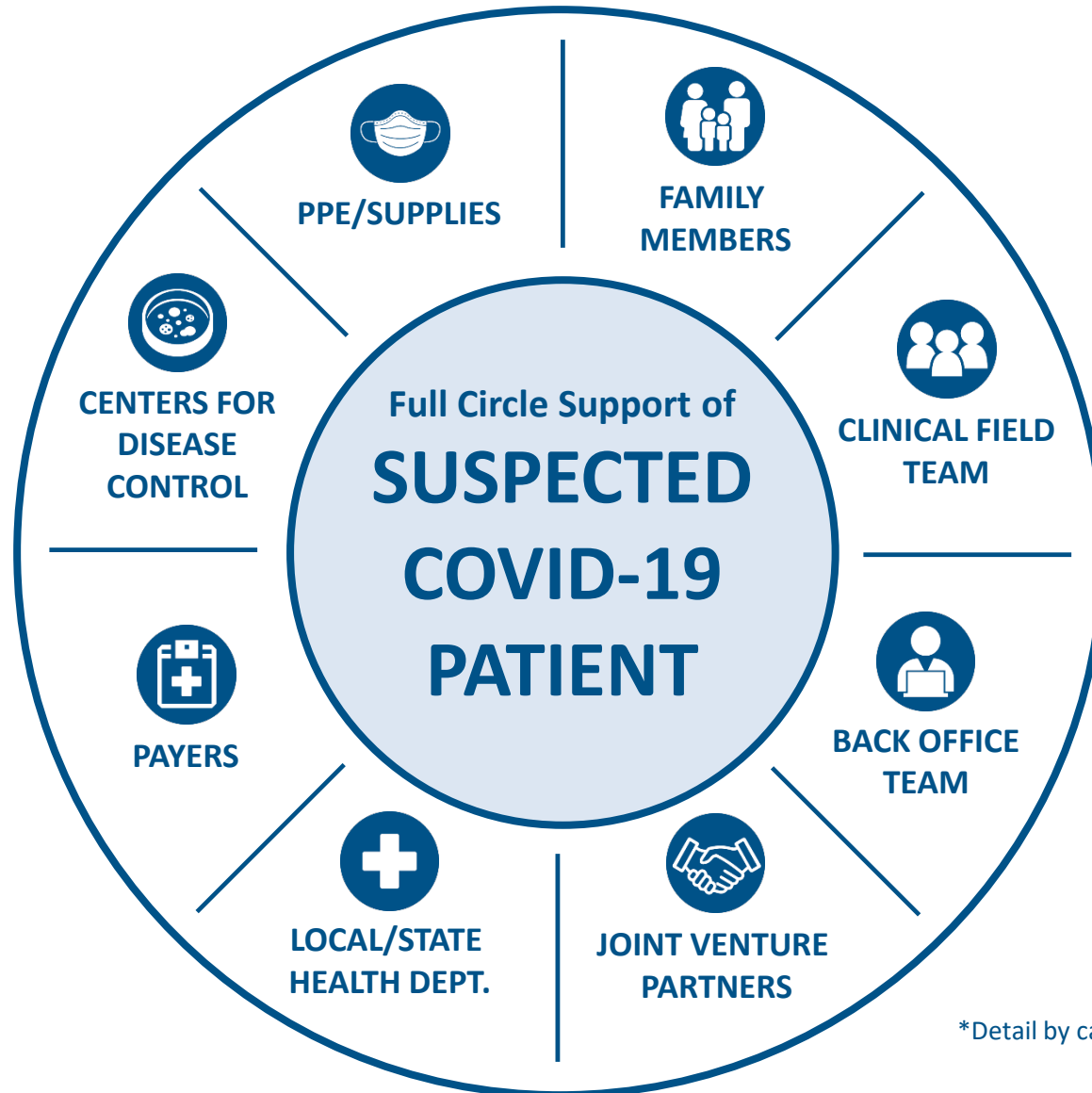
# LHC Group

# 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

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# **HEALTHCARE-IN-HOME**

# ISOLATION PLAN

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## 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

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## 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

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## **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

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## 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

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## 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

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- 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***

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- 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***

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- 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***

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- 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***

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

## ***JOINT VENTURE PARTNERS SUPPORT***

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

## ***LOCAL/STATE HEALTH DEPT. SUPPORT***

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- Follow guidelines on testing and treatment plan
- Proactive communication

## ***PAYERS SUPPORT***

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



## ***CENTERS FOR DISEASE CONTROL SUPPORT***

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- 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***

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- 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.*