



AFFINITY ADVANTAGE NEWSLETTER

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“Our professionals are the embodiment of grace and compassion while faced with an incredible challenge.”

- Denise McQuown-Hatter, President and CEO



Affinity Health Services was among companies recognized by the Indiana Health Care Careers Consortium for "providing high-quality care while ensuring the safety of staff and patients during the COVID-19 pandemic." Accepting the award was Affinity Health Services President and CEO Denise McQuown-Hatter (right) and executive assistant Jolene Boyle.

FROM THE CEO: LONG-TERM CARE MANAGEMENT STANDS TOGETHER

By Denise McQuown-Hatter, President and CEO



In the wake of an unprecedented pandemic, Affinity Health Services is proud to salute the long-term care profession. Our professionals are the embodiment of grace and compassion while faced with an incredible challenge.

I am honored to have the opportunity to work with some of the most dedicated professionals in this field. Our front-line staff has stepped up to care for those who depend on us each day. We are proud to report that very few of our workforce were compelled to leave the industry due to the pandemic fears.

Their reaction was about how to protect those that we serve, and that they did. That type of dedication does not just happen; that type of dedication is a derivative of solid leaders.

COVID-19 has made us look at things differently, solve problems more efficiently and care for those we serve more compassionately. Long overdue technology is being integrated into our daily operations. Our investment in screening technology, disinfecting technology and telehealth will be key to our future success.

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WE CARE is our commitment to reach for continuous improvement with a goal of open and respectful communication through feedback on customer experience. Affinity Health Services has imparted this ethos throughout its many associated facilities.

There are placards stating the initiative throughout facilities as well as shirts and personal protective masks bearing the logo.

Affinity imparts this ethos at all of the facilities the company serves.

Initially, WE CARE rack cards were located throughout facilities. Because visitation is now restricted, these cards are now presented on our websites as an interactive form.

This digital option is located on each facility's website. This easy-to-use, fillable form provides us with the ability to quickly receive and respond to residents, their families and anyone using this service.

The acronym spells out our level of compassion that separates us from the competition.

- W**elcome Open Communication
- E**mpathy for situations & relationships
- C**ompassion in our daily actions
- A**ctions speak louder than words
- R**espect one another
- E**xceed expectations

FROM THE CEO: LTC MANAGEMENT STANDS TOGETHER

(Continued from Page 1)

Our adaptability to provide family and loved ones visitation and unique life enrichment has been well received and much appreciated by the families we serve. Another key to our commitment is regular and transparent communication. We are committed to telling our story and making it heard by all stakeholders. We are always available to answer questions and address concerns.

Because family members are still not in the communities for routine visits, we have expanded our WE CARE customer appreciation and customer service commitment to an on line product. There is more about WE CARE later in the adjacent column.

One of our obligations as healthcare professionals who protect our seniors is to educate the communities in which we work. There remains confusion about what a healthcare pandemic is and what it means. A pandemic is an epidemic that is spread over several countries or continents and affects a large percent of the population. The infection disease experts spanning across the globe recommend certain basic infection control procedures including masks, social distancing and hand hygiene to help slow the spread.

These and the other precautions that people have been asked to take are basic and, in the healthcare industry, we have utilized these same practices for years. When people in the community chose not to abide by the professionals' recommendations, it puts those that we care for at risk.

The healthcare industry has also been conducting pre-employment and routine employment screenings for decades. Adding COVID-19 testing is simply another employee screening in addition to criminal background checks, flu shots, Mantoux testing and other safety checks that are in place to protect our seniors and compromised individuals. We are advocates to support the precautions and continue to send a message of respect for seniors.

In closing, pride is the best way I can express my gratitude for the families that have stuck by and supported us, to the staff that have lived up in every way to their commitment to care, to our boards of directors and commissioners who have supported our mission and to the residents in our care for their patience and understanding.

I would also like to thank our associations for their support of the industry. None of us know exactly where this is going or what our new normal will be, but I do know that we are blessed to be surrounded by some of the best in the industry.

We have all worked tirelessly to identify and prioritize ways to deal with the virus. It is incumbent upon all of us to lift each other up and to endure together.

LIVING AND WORKING WITH THE NEW NORMAL OF COVID-19

Since the beginning of March, when we were introduced to COVID-19, our world as we knew it has been turned upside down. It will never be the same.

The coronavirus pandemic has impacted our personal and professional lives in immeasurable ways from being able to see our loved ones, social distancing, wearing face masks all the time and the inability to frequent our favorite places and businesses.

As a professional, I have never experienced anything similar to this in my career. We have seen a lot of regulatory and reimbursement changes over the years, but once they are implemented, we usually gain our stride and everything falls into place.

COVID-19 is unlike any change that we will experience, hopefully in our lifetime, but we must adjust daily to what the “new normal” will be. With the ever-changing landscape in the battle against this virus, we must remain flexible, adaptable, creative, innovative and collaborative. Despite the daily challenges, COVID-19 has been an accelerator for positive change and advances in healthcare. COVID-19 is one of those pivotal moments in time in which we gain the opportunity to collaborate and work together to identify and fix underlying problems that plague our healthcare system.

The pandemic has cast a bright light on the challenges that we knew already existed in the healthcare infrastructure and has reinforced the need to collaborate between healthcare systems, government agencies and other key stakeholders. As a result, we have seen government agencies and legislators intervene in the economy in ways that are completely unprecedented with funding, supplies, testing, technology and education.

We have had to build courage to innovate and adopt new processes to fix antiquated procedures. Because of the pandemic, the use of telehealth has become a mainstay to keep our residents connected with their physicians and specialty care. Because of COVID-19, telehealth will continue to grow and become a primary mode of care delivery in the future. The pandemic has had a lasting impact on the way physical products are manufactured to ensure availability of personal protective equipment (PPE) to keep staff and residents safe. The creativity is remarkable:

- a local glove company stopping glove production to make masks,
- a hockey equipment manufacturer making isolation gowns,
- universities and manufacturers using 3-D printers and injection molds to make face shields.

My only hope is that this innovation and collaboration remains in the forefront as we continue our journey with COVID-19 and beyond. The advances in the use of technology, from allowing our residents to spend quality time with their loved ones to conducting interviews for new employees to engaging with businesses and meetings through Zoom, is fundamentally shifting us to a new norm to remain connected.

I've heard several people comment that they cannot “wait for things to get back to normal.” I too, can grow tired from dealing with all things COVID-19, but part of me desires to pursue the “new normal.” COVID has brought many challenges, it has also brought us together around the dinner table, allowed Americans to enjoy the great outdoors, fostered teamwork and collaboration, and has inspired leadership, innovation and creativity.

In our “new normal”, our residents, families and staff members will be beneficiaries of the lessons learned from the trials that we have endured, because we are better from it.

“With the ever-changing landscape in the battle against this virus, we must remain flexible, adaptable, creative, innovative and collaborative.”



- Angela Huffman
RN Clinical Services Coordinator

- Angela Huffman, RN Clinical Services Coordinator

Who – and what – is new?

AFFINITY HIRES ADDITIONAL STAFF

Affinity Health Services welcomed six new members to the management team recently.

Joining our staff are: Tammy Leister, Regional Operational Manager; Karen Hartung, Accounts Receivable Specialist; Kristen Spezialetti, Community Relations Specialist ; Dan McCullough, Financial Consultant; Jack Nelson, Director of Financial Planning and Project Management; and Mike Morlacci, Digital Media Marketing Specialist.

Learn more about these team members and the entire management staff at

<https://affinityhealthservices.net/staff-profiles/>



Tammy Leister



Karen Hartung



Kristen Spezialetti



Dan McCullough



Jack Nelson



Mike Morlacci

DIGITAL MARKETING PLAN: VIRTUAL TOURS BRING FACILITIES TO THE CONSUMER

Families unable to tour the facilities we serve due to the coronavirus, will soon be just a click away from learning more about whether a facility meets the needs of their loved ones.

The Affinity Health Services marketing team is overseeing the filming and production of virtual tours at partner facilities. In unprecedented times, virtual tours on various associated websites and social media posts, are extraordinary measures to market these care facilities.

Touring an assisted living community or nursing home is a must before making the crucial commitment. Time, distance, and in extreme circumstances – such as a pandemic on the level of coronavirus –prevent an in-person visit.

This is an exceptional marketing opportunity that will showcase unique amenities and buildings for families of those who will call one such facility their home. The attributes and uniqueness of a particular facility will be at the fingertips of family members trying to select the perfect place for a loved one.

The tours are being produced this fall and will become part of our digital marketing strategy in the months ahead. The digital presence will provide a means of tracking, follow-ups and further targeted marketing.



- Kim Kelly, Director of Marketing & Business Development

BILLIONS DISTRIBUTED IN RELIEF OF COVID-19

It goes without saying at this point that COVID-19 has had devastating effects, not just from the health complications and loss that it has created but also from an economic standpoint. The healthcare industry is not immune from this economic fallout and has been impacted with additional expenses along with a loss of revenue.

Healthcare facilities have been purchasing as much personal protective equipment as they can. Storage areas and closets have been filling up with this PPE, which is necessary to help minimize exposure and spread of the disease. This is not only important to the patients entrusted in their care, but also to protect those on the front lines providing that care. Along with the purchase of this equipment there is the additional expense of COVID testing.

Screeners are needed to take temperatures and ensure that everyone entering the facility is following the proper protocols. Often this means hiring additional staff to do the screening. Beyond the hiring of additional staff, existing staff are working more hours. These additional duties of screening and testing are added expenses that take a toll on overall financial operations. Facilities are doing their best to provide some sense of normalcy and connection to the outside world for their residents.

This means extra purchases like cell phones and tablets. Visitation areas have been constructed so that residents can see their loved ones, even if this has to be behind plexiglass barriers. Activity programs have had to adapt to social distancing. These are expenses that no one saw coming or could have budgeted for.

The other side of the financial impact is the lost revenue. The number of patients seeking care in facilities has dropped significantly. There has been a decline in the number of people having elective procedures that would have required rehabilitation and other healthcare services. This decline has led to fewer patients in healthcare facilities.

Skilled nursing facilities play an important role in combatting this pandemic. They are tasked with facing it head on and that means leaning into the headwinds noted above. The population they serve falls into the high-risk category, so it is imperative that they have the resources necessary to be in the best possible condition to meet the unique challenges brought on by COVID-19.

The U.S. Department of Health and Human Services has distributed billions in funds to skilled nursing facilities. Among the CARES ACT, Paycheck Protection Program, Health Care Enhancement Act and funding at the state level, these resources will go a long way in helping healthcare facilities to be in the best position to deal with this crisis.

We are appreciative of this financial support and for those who have advocated on our behalf.

- Dan McCullough, Financial Consultant

CARES Act, PPP and Act 24 funds are being used to purchase these critically necessary COVID-related tools and technology at Affinity-associated facilities:

- Screening systems
 - PPE
 - Hazard pay for staff
 - Advanced cleaning systems
 - Testing
 - Telehealth systems
 - Outdoor visitation structures
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REGULATORY COMPLIANCE EMPHASIS RENEWED IN WAKE OF PANDEMIC

Because of COVID-19, our residents, staff, physicians, families, visitors and regulators have been challenged and impacted in a variety of ways. In light of the infectious nature of this virus, the spotlight continues to be focused on regulatory compliance with infection control protocols and practices.

Infection control practices have been reinforced through training and ongoing monitoring in hand hygiene, proper use, application and removal of personal protective equipment (PPE), cleaning and disinfection practices, cohort strategies, proper linen handling and testing.

Our regulatory bodies have increased monitoring of our compliance through on-site inspections and observations, review of infection-control policies and procedures, and offsite review of mandatory reporting requirements and data review.

F880 Infection Prevention & Control is a longstanding federal nursing home requirement for infection prevention and control in accordance with Centers for Medicare & Medicaid Services (CMS). For a number of years, F880 has been in the “Top 5” of regulations most frequently cited in skilled nursing facilities. This regulation requires that facilities:

- Develop and implement an ongoing infection prevention and control program to prevent, recognize, and control the onset and spread of infection to the extent possible
- Establish facility-wide systems for the prevention, identification, investigation and control of infections of residents, staff, and visitors. It must include an ongoing system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility and procedures for reporting possible incidents of communicable disease or infections;
- Establish an Infection Prevention & Control Program (IPCP) that:
 - Establishes a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement;
 - Follows accepted national standards;
 - Has written standards, policies, and procedures for the program that include: surveillance and isolation procedures, reporting communicable diseases, hand hygiene, employee health and work restrictions, linen handling.

In direct response to the national impact that COVID-19 has had on skilled nursing facilities, the federal government has enacted three new regulations with which we must maintain compliance. CMS has put two new sets of reporting requirements into effect. The first requires nursing homes to report confirmed or suspected cases of COVID-19 to the Centers for Disease Control (CDC) to assist with infection surveillance.

The second type of reporting relates to communication with residents, their representatives and family members of actual or suspected cases of COVID-19 in nursing homes when an outbreak occurs and at least weekly. The communication to residents, staff and families can take on many forms that can include: phone calls, letters, Facebook updates, email updates, pre-recorded messages and text messaging.

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“... the spotlight continues to be focused on regulatory compliance with infection control protocols and practices.”

- Angela Huffman,
RN Clinical Services
Coordinator

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The third update is regulation F866 that enhances efforts to keep COVID-19 from entering and spreading through nursing homes, requiring facilities to test residents and staff based on state and federal government parameters.

Although personal care homes are not regulated by the federal government, our licensed facilities follow specific state licensing requirements. Just as our skilled communities, personal care homes also have regulations for infection control and sanitation standards. During an inspection, regulators will examine all areas of the home to determine if unsanitary conditions exist. Inspectors will interview the administrator and staff regarding universal precaution and observe staff for the implementation of universal precautions. Universal precautions include the areas of hand hygiene, glove use, linen handling, safe sharps, cleaning and disinfection.

The Department of Health and Human Services (DHS) that oversees regulatory compliance for personal care homes has not enacted any new specific regulatory requirements in response to the COVID-19 pandemic, but has offered additional guidance, similar to the enhanced guidelines offered to skilled nursing facilities. That guidance has been implemented for completion of baseline testing, screening for residents, staff and family members for signs and symptoms of COVID-19, visitation restriction and reopening guidance.

DHS has most recently enacted guidance for ongoing testing for staff, based upon the positivity rate of the county where the community is located. The guidance includes testing of residents who leave the facility routinely for outpatient health care visits including dialysis treatment, social visits in the community, day programs, employment, and upon return after admission to another health care facility.

Prior to COVID -19, achieving and maintaining compliance with infection prevention and control standards was a focus for both our skilled and personal care communities. All of the communities complete annual and as-needed infection control education and monitor practices on a daily basis to ensure that we are providing a safe, clean and sanitary environment for residents, staff, families and visitors.

- Angela Huffman, RN Clinical Services Coordinator

WE CARE IS EVERYWHERE

Affinity Health Services' executive staff was on hand – complete with hand sanitizer – and face-to-face –with facemasks – to welcome visitors to a July drive-up event at new affiliate, the Jewish Home of Eastern PA in Scranton.



www.AffinityHealthServices.net

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WHEN DISCUSSING COVID-19, WORD CHOICE IS IMPORTANT

Without a doubt, healthcare workers on the frontlines of the COVID-19 crisis face an excruciating burden.

Beyond their own risk protocols, there is an overriding commitment to those for whom they care and their families and loved ones. How does one explain harsh matters in tactful terms?

The key is communication.

Whether a one-on-one or group speaking engagement, experts have developed a set of suggestions that express the voice of compassion for clinicians to consider when communicating with those they serve.

The Regional Response Health Collaboration Program (RRHCP) provides some guidance in a report titled *Specific phrases & word choices that can be helpful when dealing with COVID-19*.

A sample of that report appears at right. Learn more at: <https://affinityhealthservices.net/news/>

Expressions can never capture the full landscape of emotions and thoughts COVID-19 has brought into our worlds, but may provide a feeling of ease to a concerned family member or patient. This resource can also be found at <http://www.seriousillnessconversations.org>.

Phrases & word choices that can be helpful when dealing with COVID19

Invite and clarify values & goals	
Identifying patient and family values and goals during the meeting will help to inform the medical recommendation. Ask specifically about end-of-life values, advance directives, conversations, how family makes decisions as a family, individually, etc. Acknowledge the patient by name or relationship.	In an effort to understand the patient as person and garner more information, "Tell us about your family member." "Can you share a picture (if video technology) or a cherished story that helps us to know a bit about your grandmother." "Have you had conversations about serious illness or dying in the past?"
Medical recommendation	
Clinicians impart their medical recommendation based on patient's values, advance directive, goals or share what is possible given available treatments and resources. Acknowledge what we know and do not know about COVID19. Clearly establish treatment plan and outcomes anticipated and hoped for and plan for next meeting to weigh outcomes and plan further.	Consider discussing medical options not as menu options; rather provide the best medical judgment in the setting of uncertainty. If death is expected, engage family to share and adapt their hopes for the death they had imagined and maximize what is possible to create.

IN NEXT QUARTER'S EDITION OF THE AFFINITY ADVANTAGE NEWSLETTER:

- We are understanding COVID-19 and are prepared
- Cleaning, disinfecting are timeless healthy habits
- Telehealth makes strides from imagination to reality
- Marketing initiatives are everywhere
- Meet the new members of Affinity Health Services
- More news and events



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