

Navigating COVID-19: Best Practices, Healthcare Heroes, and Future Landscape

*Presented by:
Phil Fogg, CEO*

Marquis Companies & Consonus Healthcare



MARQUIS
+
CONSONUS

LIFE, WELL LIVED.

Today's Agenda

1. Looking Back: What have we done & lessons learned
2. The Future: What's Next?
3. Leadership Counts: Healthcare Heroes

The COVID-19 pandemic continues to evolve and material contained in this webinar is subject to change without notice.

Please stay tuned in to the latest guidance and requirements provided by the CDC and CMS.

Our Enterprise – What We Do

LTC & PAC Services



Est. 1989
19 SNFs (OR, CA, NV)
7 ALFs (OR)
1 MC RCF (OR)



Est. 1994
Home Health Care (OR)



Own 22 of our 25 facilities

Care & Risk Management



Est. 2017
ISNP
800 members



Est. 2017
NPs + Physicians
50 Facilities



Est. 2019
60 Oregon SNFs

LTC / PAC B2B Support Services



Est. 1995
(OR, WA, CA, NV, TX, NC, FL,
WI, IA, IL)
110 SNF Contracts

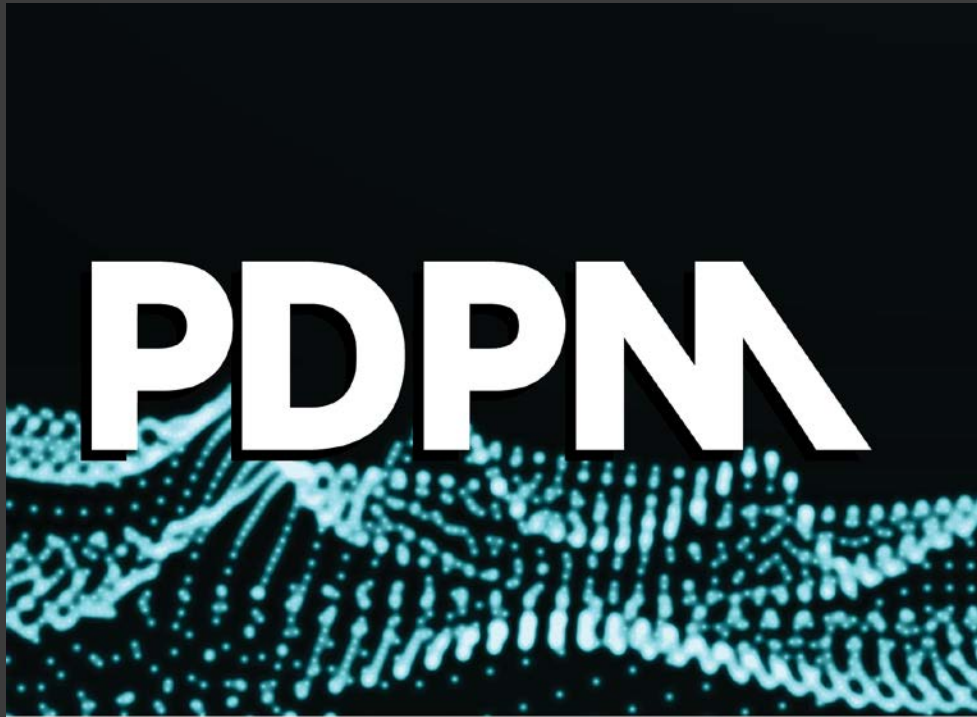


Est. 2004
(OR, WA, ID, CA, NV)
28,000 Beds/Units



Est. 2012
Data Analytics Solution
Consulting
650 SNF Contracts
100+ Hospitals

Industry Threats



VS

Coronavirus lockdown

Face mask shortage

COVID-19: WHEN WILL THE OUTBREAK END?

Seniors at risk

Coronavirus death toll tops 20,000 worldwide





Black Swan:
An unpredictable or unforeseen event, typically one with extreme consequences.

Looking Back: What Have We Done?

Looking Back: What Have We Done?



CLINICAL POLICIES
& PROCEDURES



COMMUNICATION
SYSTEMS



HR ISSUES



PPE SUPPLIES



POSITIVE COVID-19

Looking Back: What Have We Done?

Clinical Policies & Procedures



CDC
Regulations



CMS
Regulations



State Health
Authorities



State & Federal
Executive Orders

Looking Back: What Have We Done?

Clinical Policies & Procedures



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ATTENTION ALL VISITORS

Please check in at the nursing station before entering this room.

CONTACT/DROPLET PRECAUTIONS



WASH HANDS
(Lavarse Las Manos)

WEAR GOWN
(Bata)

WEAR GLOVES
(Guante)

WEAR MASK &
EYE PROTECTION
(Máscara y protección
para los ojos)

ALL OREGON VISITORS

Per guidance from State Health Department, State and Federal Regulatory guidance we are required to **Limit Visitation**.

Visitation for social reasons are not allowed at this point, per direction of federal and state authority. We encourage use of Face Time/social media to interact with resident. Please Contact facility by phone for support help. **No visitation by children under the age of 12.**

Visitation is restricted to residents at the end of life, or Visitor has been determined essential to residents health.

When visitation is allowed: Visitors entering will be required to complete Screening before entrance to resident areas. You will be required to sanitize your hands before entrance. Visit will be in resident room only. You may be required to wear a mask and/or gloves during your visitation.

All Visitors will be required to Sanitize hands prior to entrance to facility.

Medical Appointment Transport: We will meet you at the door/entrance. Please do not enter the facility/resident area. If necessary, you will need to complete screening.

Vendors: We are **not accepting Vendor visits** or drop ins at this time. Supply delivery only - essential to function of the facility.

Essential Medical Support staff: Hospice, Medical providers (essential visits only) You will be required to complete a screening from prior to resident access. You will be required to sanitize your hands before entrance, may need to wear PPE.

HOW TO TAKE OFF PERSONAL PROTECTIVE EQUIPMENT BEFORE LEAVING A PRC ENVIRONMENT:

1- Remove GLOVES

- Grasp at the palm and remove pulling the glove inside-out
- Scoop under second glove & remove
- Place gloves in garbage



2- Remove GOWN

- Untie neck, then waist
- Scoop fingers under cuff; pull over hand
- Use gown covered hand to pull gown over other hand
- Pull gown off without touching the outside
- Roll gown inside out
- Place in laundry hamper or garbage as appropriate



3- Remove EYE PROTECTION

- Remove goggles or face shield from the back by lifting head band or ear pieces
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Discard eye protection in a waste container



4- Remove MASK

- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Discard mask in a waste container



5- Perform HAND HYGIENE



HOW TO PUT ON PERSONAL PROTECTIVE EQUIPMENT BEFORE ENTERING A CLIENT'S ENVIRONMENT:

1- Perform HAND HYGIENE



2- Put on a long sleeved GOWN

- Opening to the back
- Tie at the neck and waste
- Cover skin and clothing



3- Put on a MASK or N95 RESPIRATOR

- Secure loops or ties
- Shape metal piece to the bridge of your nose
- For N95 Respirators perform a seal check



4- Put on EYE PROTECTION



5- Put on GLOVES

- Pull gloves over gown cuffs



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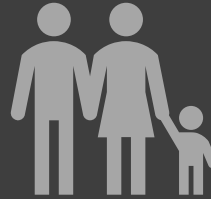
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Looking Back: What Have We Done?

Communication Systems



MEDIA



FAMILY



STAFF

GOALS


Decrease Fear & Anxiety

Promote Transparency

Address Crisis

Looking Back: What Have We Done?

Communication Systems: Media



MARQUIS
COMPANIES

Marquis Companies
COVID-19 (Novel Coronavirus) Diagnosis in Facility
Media Protocol & Messaging
3.15.2020 - DRAFT
- FOR INTERNAL USE ONLY -

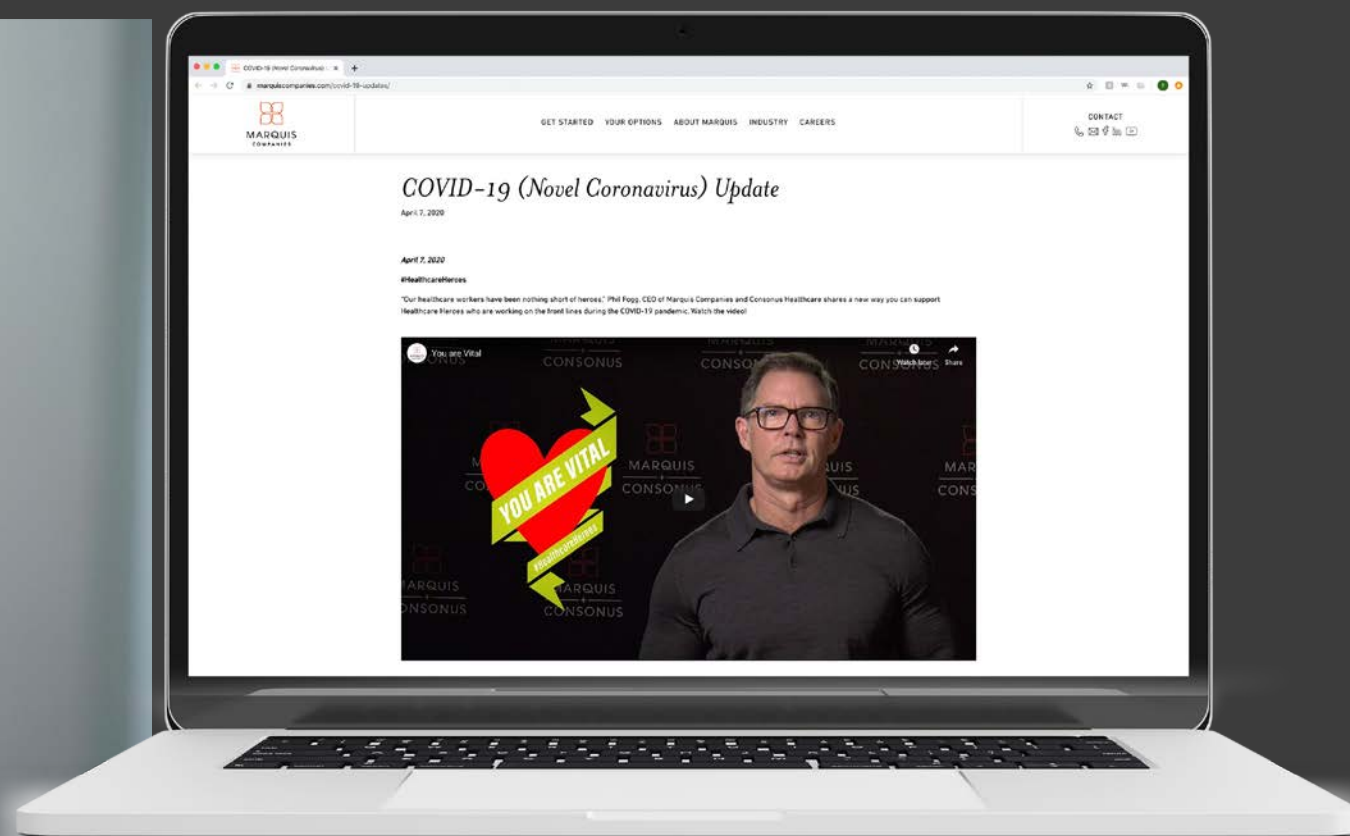
Media Protocol at HQ, Facility and Employee Level – Updated:
If you or any member of your staff are asked by a reporter or media entity via phone, email or in person for comment on the Coronavirus, please do not comment and follow these steps:

1. Write down their name, publication name and contact information
2. Immediately share that information with the following contacts who will handle further communication with said entity as well as any needed internal (and any external) communication coordination:
 - a. Angie Latta, Marquis and Consonus Director of Marketing: 971.206.5137, alatta@marquiscompanies.com
 - b. Heather Villanueva, R/West Public Relations for Marquis: 503.753.9193, heatherv@rwest.com
 - c. Or email media@marquiscompanies.com, an email alias that is automatically forwarded to Angie and Heather
3. Please note:
 - a. This process is designed to support a coordinated and timely communications process while allowing staff to focus on resident care.
 - b. The following media statements, messaging and Q&A is for your background and internal purposes only. Any communications about the below towards media should come from the listed approved spokespersons only.
4. Media onsite:
 - a. In the event that the media show up at your facility or approach you and/or your staff while entering or leaving the building, please:
 - i. Direct them to Angie, Heather and/or to media@marquiscompanies.com
 - ii. Please avoid saying, “no comment.” Instead, let them know you can connect them with someone that can help them and/or provide them with the written statement. Key messages and signage to support your efforts are available on pages 9-11.

Media Process for Positive Diagnosis in a Facility:
In the event of a positive presumptive diagnosis in a Marquis facility (and following patient

Looking Back: What Have We Done?

Communication Systems: Staff & Families



Looking Back: What Have We Done?

HR Issues



SICK LEAVE POLICY



ESSENTIAL VS.
NON-ESSENTIAL



SOCIAL DISTANCING



RETURN TO HOME
SAFELY



CARING FOR A SICK
LOVED ONE



GOVERNMENT
ASSISTANCE
PROGRAMS

Looking Back: What Have We Done?

HR Issues



Looking Back: What Have We Done?

PPE Supplies



APPOINT LEAD



EVALUATE
INVENTORY



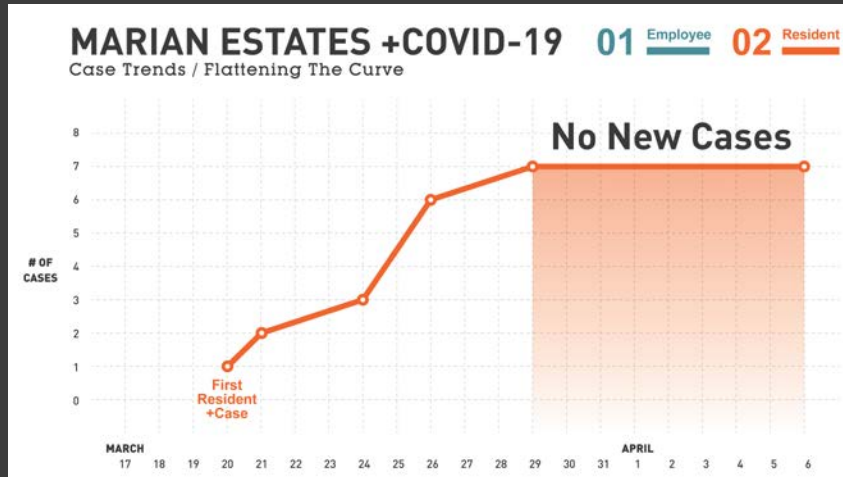
LEVERAGE
RELATIONSHIPS



UTILIZATION PLAN
(BEST/WORST CASE)

Looking Back: What Have We Done?

Positive COVID-19



Looking Back: Lessons Learned



Looking Back: Lessons Learned

Personnel: Everyone is essential, including Home Office staff



Looking Back: Lessons Learned

Preventative PPE: We would be defined by adequate PPE for staff. Staff were the biggest risk to residents.



Looking Back: Lessons Learned

Communication: Better to be transparent/honest. 2% won't be able to handle it, 98% will appreciate it.



Looking Back: Lessons Learned

Adaptability: Dealing with constant change



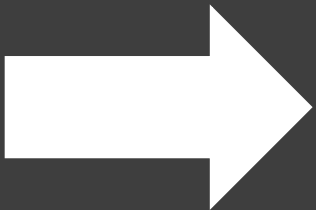
Looking Back: Lessons Learned

Relationships: Critical to have strong partnerships with suppliers



The Future: What's Next?

The Future: What's Next?



The Future: What do we do now?

- Where are we today?
- How bad could it get? Worst Case?
- How long will it take to come back?
- What do I need to be doing?
- How do I managed variable expenses?
- How do I manage cash flow?

Where are we today?

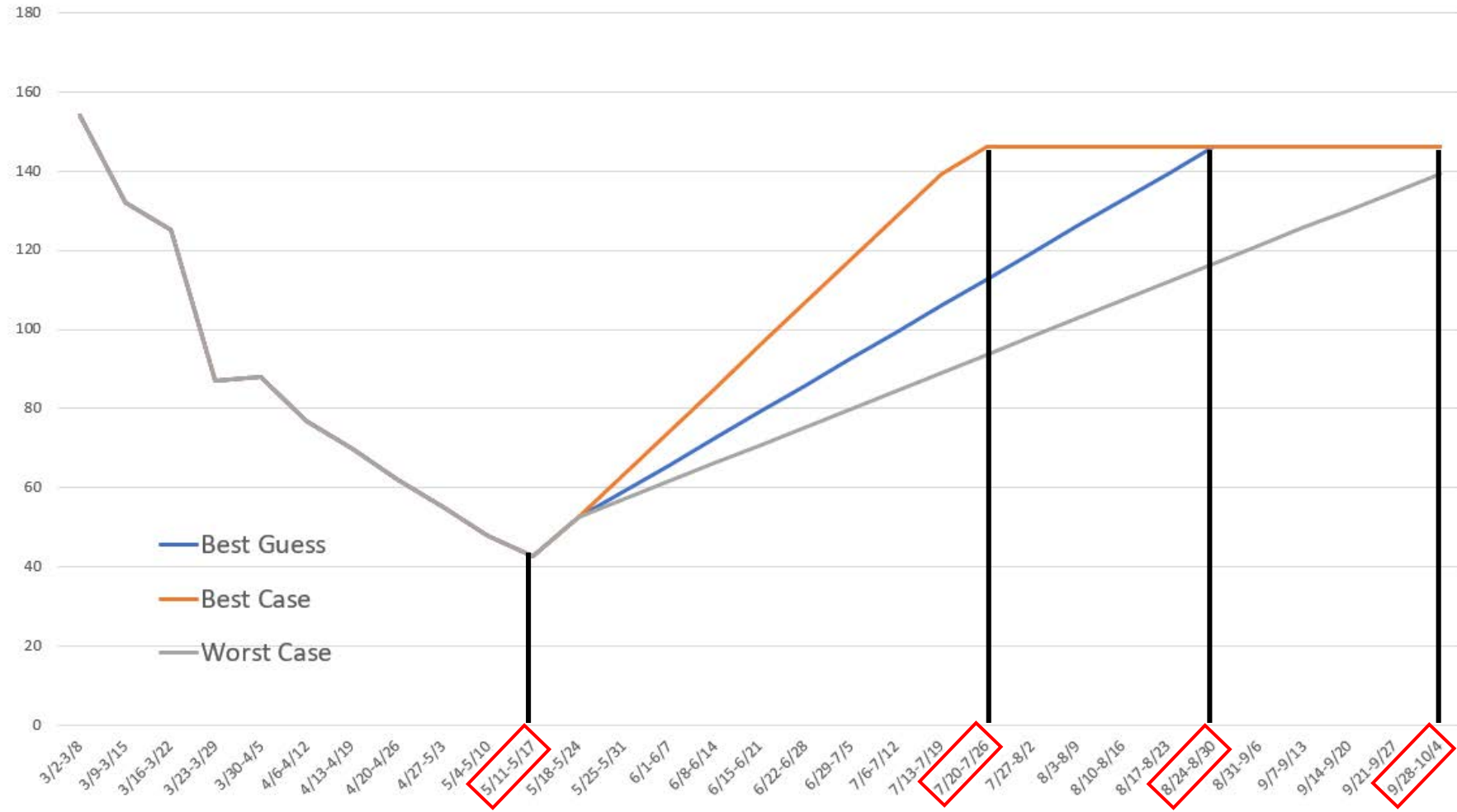


How bad could it get?

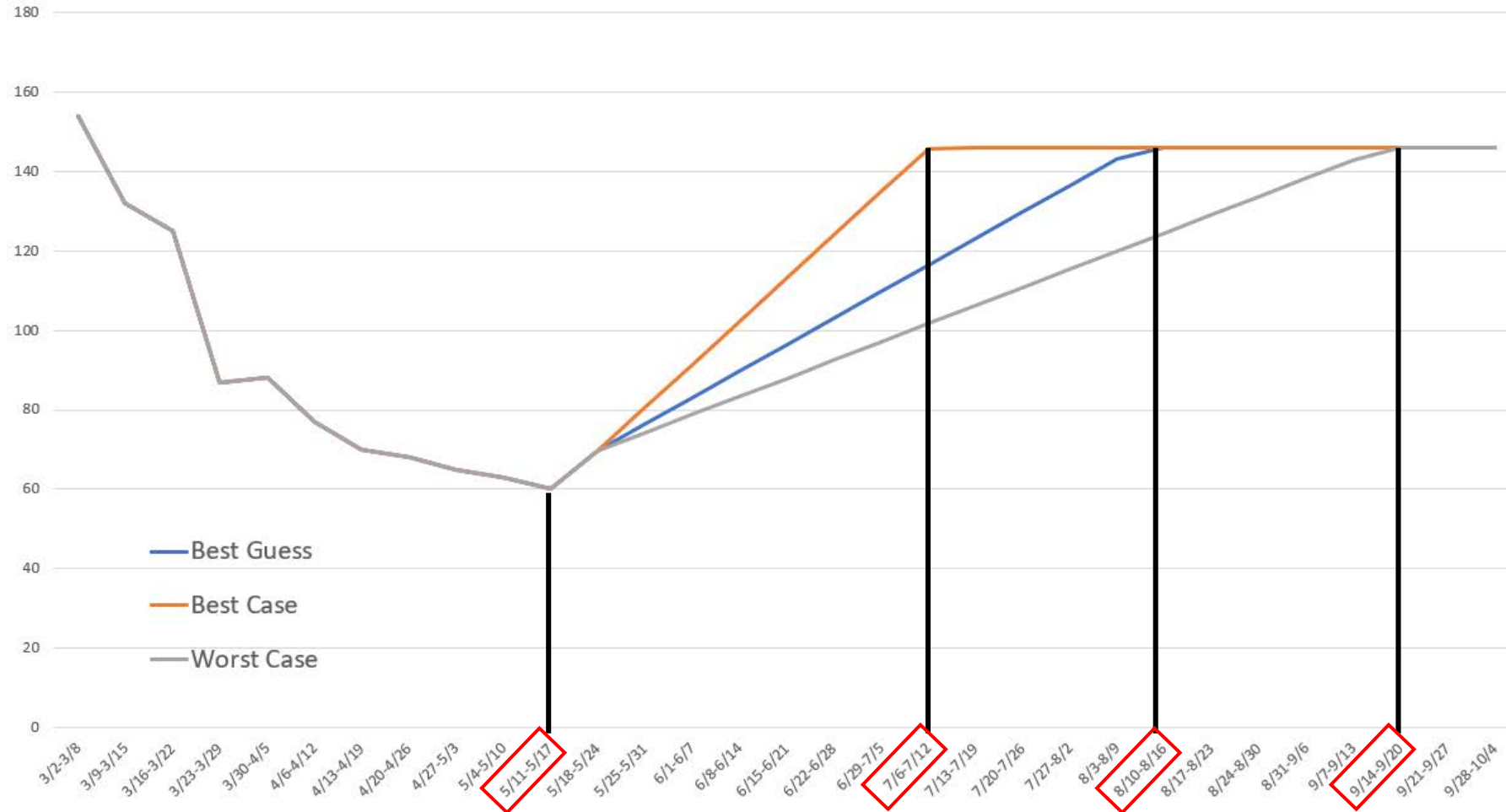
Worst/Best Case?

How long will it take to come back?

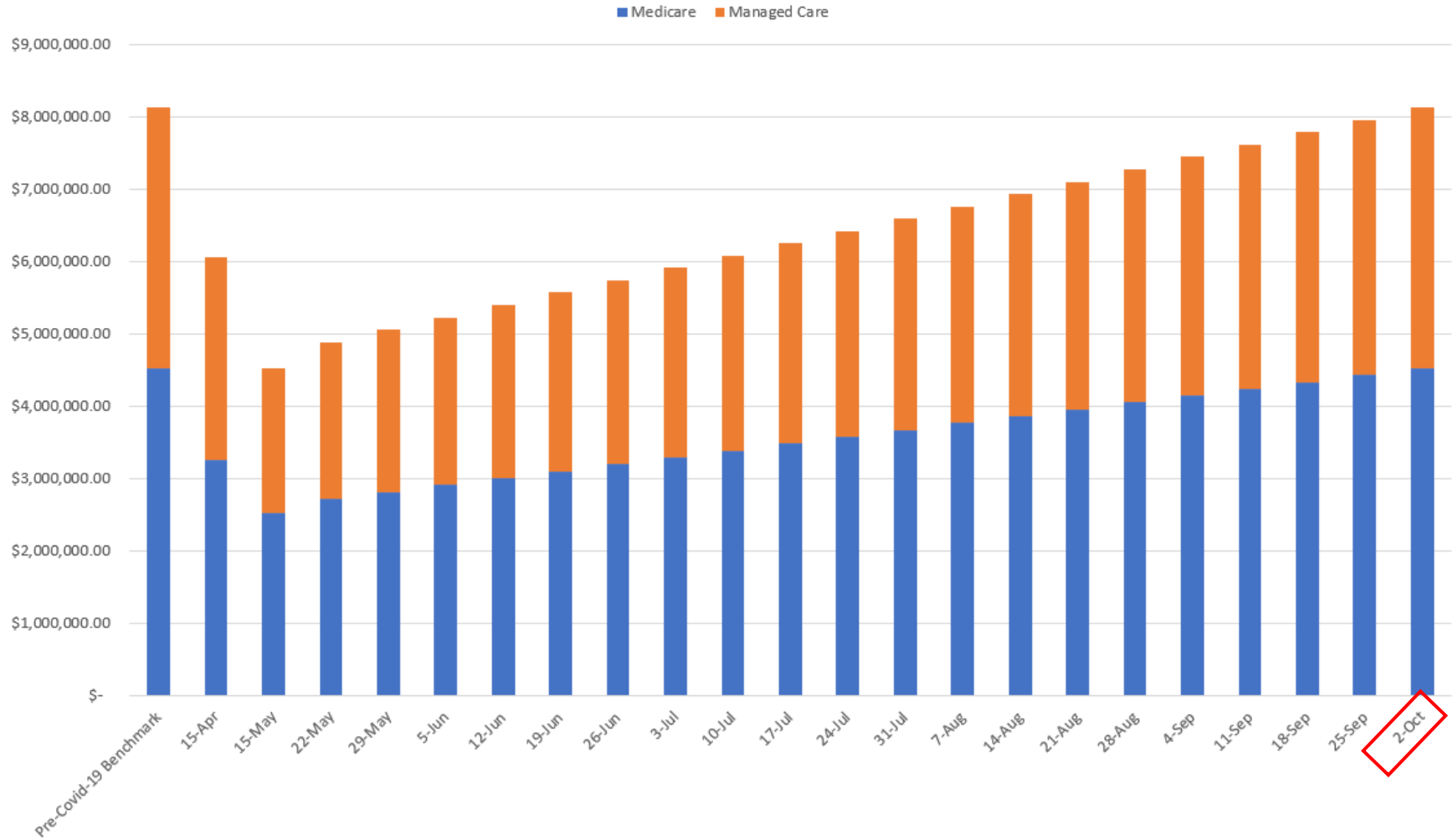
Admission Trends



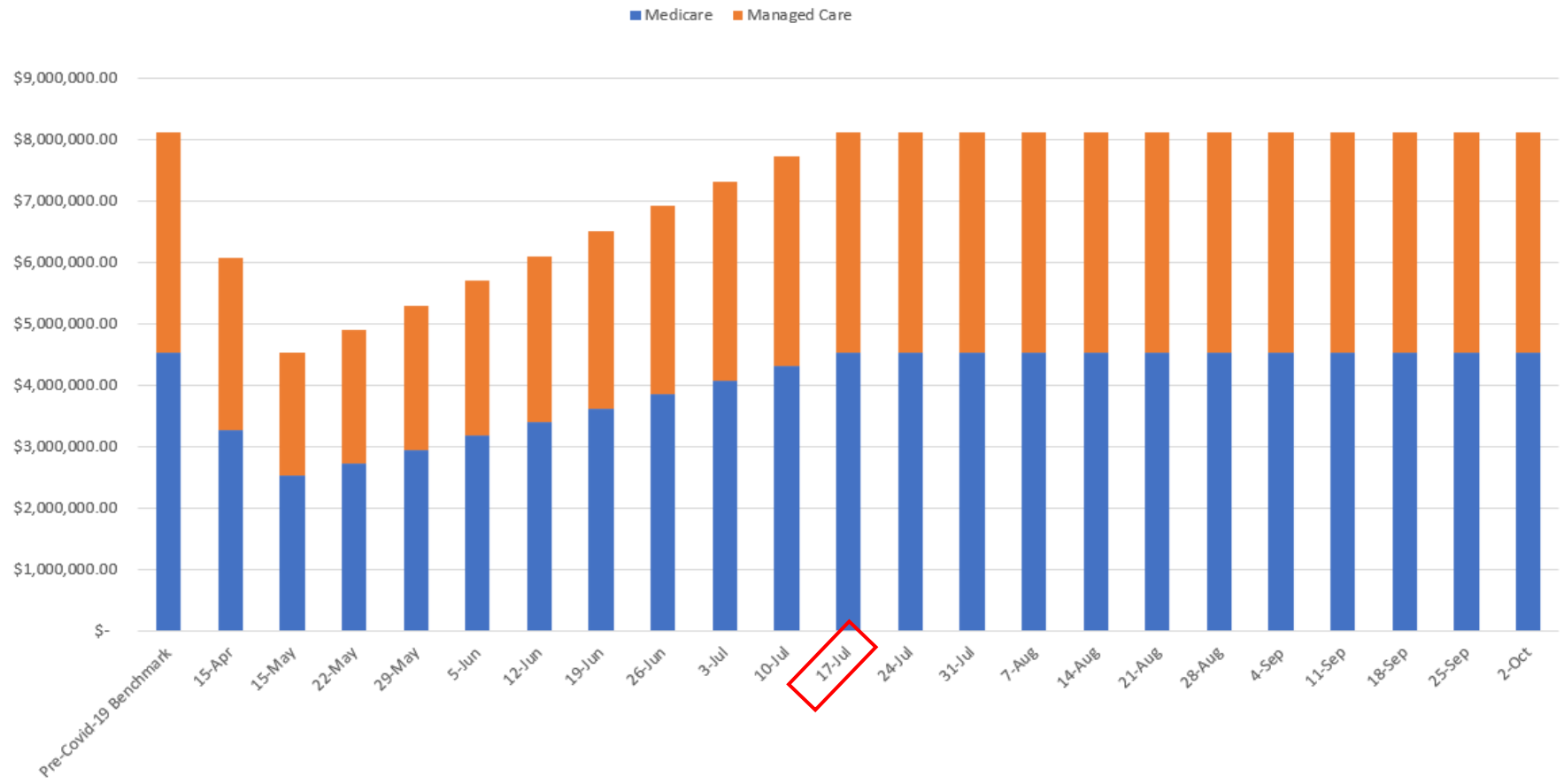
Admission Trends



Worst Case Revenue Trend: Enterprise



Best Case Revenue Trend: Enterprise



Federal Stimulus

Tranche #1 – \$30B
(100k-150k/facility)

- Medicare

Tranche #2 –
\$50B

- Medicare Advantage
- Medicaid

Tranche #3 –
\$20B

- COVID Hot Spots
- Other

FMAP

- 6.5% FED Match Increase
- 10% of States Will Pass Through to SNF's/ALF's

Financial Impact Analysis

	SNF - 80 Beds / 40 SS - 20 MCR / 20 MGD Care	SNF - 80 Beds / 10 SS all MCR	ALF 80 units 40 PVT / 40 MCD	Comments
Current Monthly P/L	80,000	60,000	40,000	
Revenue Impact Items				
Short-Stay Occupancy Reduction - Medicare	(100,320)	(50,160)	-	Assume 25% drop in avg caseload @ \$660/day
Short-Stay Occupancy Reduction - Managed Care	(90,440)	(45,220)	-	Assume 25% drop in avg caseload @ \$595/day
LT Occupancy Reduction	(16,051)	(28,090)	(14,592)	Assume 4% drop @ 330/day SNF and \$150/day ALF
State FMAP/Medicaid Rate Increase	34,686	61,444	9,400	10% MCD Rate inc for SNF/ALF/RCF
Federal Level Tranche 1	253,909	126,954	-	1st payout approx. 6.2% of 2019 MCR Reimbursements / not MO. - one - time only
Federal Level Tranche 2				
	-	-	-	
2% sequestration elimination	6,424	3,212	-	Assume 1.6% of updated MCR billings with occupancy loss.
Total Revenue Impact	88,208	68,141	(5,192)	
Departmental/Direct Cost Impact				
contract labor reduction	7,500	7,500	-	Assume using \$25,000/mo. in contract labor (SNF only)- eliminate 75% - 40% cost delta to use
Variable cost savings - ancillary costs	44,080	11,020	-	Assumes \$145/ppd ancillary savings
Variable cost savings - labor	39,520	9,880	6,323	Assumes \$130/ppd (on total of \$380-400ish) labor cost savings on occupancy reduction / \$65/day savings for ALF
Variable cost savings - other costs (food/supplies/etc)	6,080	1,520	1,946	Assumes \$20/ppd other cost (food/supplies/utilities/etc.) savings on occupancy reduction
Provider Tax Cost Savings	7,296	1,824	-	Assume \$24/ppd avg provider tax
Increased PPE supply expense	(3,000)	(3,000)	(1,500)	Assumes \$50,000/mo per COVID-19 bldg and \$3000/mo per SNF / \$1,500/mo ALF
Increased labor d/t COVID-19 regulations	-	-	-	Added Labor cost for COVID-19 regulations?
Increased OT/DT	(9,363)	(9,363)	(6,019)	Assume 40% increase in current OT utilization (from 5% of PR to 7% of PR)
Total Departmental/Direct Cost Impact	92,113	19,381	750	
Administrative and General Cost Impact				
Total A&G Cost impact				
Fixed Cost Impact				
Total Fixed Cost impact				
Total COVID - 19 Impact	180,321	87,522	(4,442)	
Adjusted Monthly P/L	260,321	147,522	35,558	
Total COVID Impact if no Stimulus or MCD Rate Inc.	(108,274)	(100,877)	(13,842)	
Adjusted Monthly P/L	(28,274)	(40,877)	26,158	

What do I need to be doing?

Manage Labor Hours

EO Exceptions / Admissions

Eliminate Agency

Keep COVID Out

Leadership Counts: Healthcare Heroes

Leadership: Government



Leadership: Facility Leaders

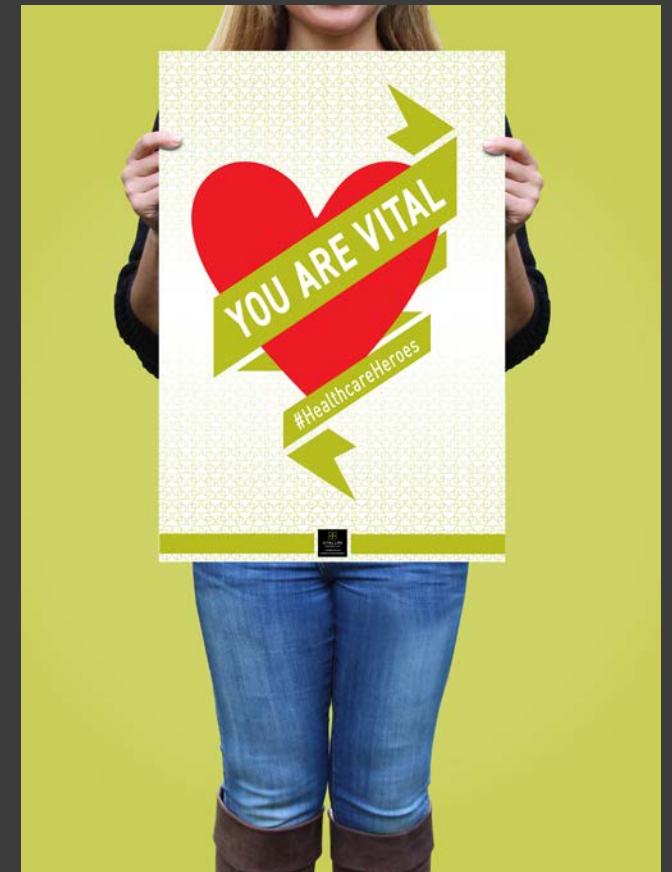
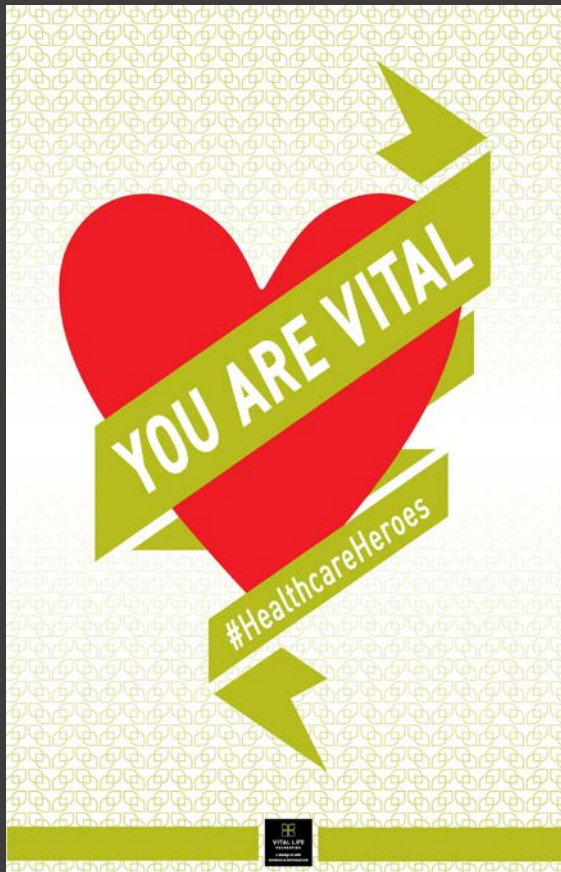


Leadership: Organization Leaders



Leadership: Healthcare Heroes

A rally cry and way to express gratitude to senior healthcare staff and all healthcare workers who are making huge sacrifices across the world to care for those in need.



Leadership: Healthcare Heroes



YOU ARE VITAL #HealthcareHeroes

Let's rally together and express our gratitude to the senior healthcare staff and all Healthcare workers who are making huge sacrifices across the world to care for all those in need. **Join the movement!**



Download your FREE printable at <https://bit.ly/vital-heroes>

Questions?

Stay in touch



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