

VISITING NURSE SERVICE OF NEW

Moderator: Allison Hancu

June 25, 2021

1:00 pm CT

Coordinator: Welcome to the Ask Partner SVP Call. At this time all participants are in a listen-only mode until the question-and-answer session. To ask a question, you may press star followed by the number 1. This call is being recorded. If you have any objections, you may disconnect at this point. Now I'll turn the meeting over to James Rolla. You may begin.

James Rolla: Thank you very much and welcome everybody to the Ask the SVP call. Nice to spend this Friday afternoon with you. The weather is so-so. Looks like the sun is trying to break through. But I am happy to spend the time with you and I hope that you will continue to find this call valuable and continue to join us on a monthly basis.

So I'm happy to report that there has been a lot of questions that have come in, in advance of this call. So I will get to those in a short while.

I have a few of my leadership team colleagues on the call with me. And I think what I'll do is I'll let them introduce themselves so that you know who you might be able to reach out to, to help resolve some of the issues that you

may have or any other thing that - any other way that we can help support you in your role.

Before I do that, I just want to thank you all for besides being here, I also want to thank you all for the hard work that you're doing every day. I know and I'm hoping that you're able to see or take some comfort in some of the restrictions that have been lifted and being out in the community. I hope you're still feeling - you're seeing the sort of a return to normal but also that you're feeling more comfortable and that you're feeling safe.

And if you're not, you know, and you want to share that, I want to hear those. I want to hear that from you because sometimes this call is not just about, you know, whatever problems you may be facing with work but just any problems that you may be facing or dealing with in your life if you feel comfortable to share. So this is your call. It's important that you have a voice and that you use this platform as a way to express your concerns both positive and negative. I hope there's some positive.

And so I will turn it over to - I'm going to have the team introduce themselves. And I'll start with Thomas Coccozza.

Thomas Coccozza: Hi everyone. My name is Tom Coccozza. I'm the Director of Operations over at Partners in Care. So, you know, if - chances are if you're not working on a private case, you're working on a case that I might be able to help you out with. All right? It's nice to be here with all of you.

James Rolla: Great. Lorraine?

Lorraine Earle: Good afternoon. My name is Lorraine Earl and I'm director in the support services area. And I have direct responsibility for the new cases that are

coming in and for the (unintelligible) section, the area where most of the (unintelligible) call and they get additional work. It's (unintelligible) if they're looking for additional work. Their placement referral team is there to support them to help with you getting additional work.

James Rolla: Great. Thanks, Lorraine. Debbie?

Debbie O'Hehir: Good afternoon. I'm Debbie O'Hehir. I am the Director of Quality Management Services. Happy to be spending the Friday afternoon with you.

James Rolla: Thanks, Debbie. (Kenya)?

(Kenya Ledgie): Hi everyone. My name is (Kenya Ledgie). I'm the Associate Director of Quality and Education. So any education questions, you can always direct to me. Thank you.

James Rolla: Thanks, (Kenya).

I got everybody, right?

Thomas Cocozza: Believe so.

James Rolla: Right. All right, great. One thing that I want to just follow up to what (Kenya) said I'm sure that you've seen a lot of activity and a lot of communication, a lot of notifications about in-service, (Kenya) can support your any questions that you have regarding your in-service.

I know that just as a reminder, the in-service is available online only through the CareConnect app. And I know that that has been a bit of a struggle for

some. But I'm happy to report that most of our caregivers have been able to successfully take the in-service courses that are loaded up on there.

So if you are having difficulties or challenges with that, please reach out and let us know how we can help you.

Just a couple of things that I want to cover before we get to your questions and your comments. The first is I hope that you are vaccinated or that you are considering getting the vaccination. It is important to continue to be vigilant from a protection standpoint. The best way to protect yourself against the virus is to get the vaccine but also make sure that you are still providing - that you're still, you know, following the guidelines. Wear a mask when required. Obviously wear a mask in your patient's home.

I know that there are some questions which we'll get to. I think there were some questions about mask wearing in the hall especially if the patients don't want you to wear it. So we might get to some of that discussion later on. But it is important for you to still consider getting the vaccination if you have not done so already.

I mentioned about the in-service. The in-service is required that you take the in-service. If you are having either challenges connecting or loading the CareConnect app, you should all have the CareConnect app by now. If you don't, it's important that you contact the office.

If you do not have access, meaning that you do not have Wi-Fi connectivity or a means in which you can take the in-service online, then please reach out to the office and we can arrange for you to have your in-service completed in the office space.

Let's see. Any - is there anything - before I go further, is there anything the leadership team wants to kind of message out or cover at this point?

Debbie O'Hehir: Jim, were you going to speak about obtaining supplies?

James Rolla: I - will you? That would be great.

Debbie O'Hehir: One of us who's going to do it. So, yes. So I just want to make sure and reinforce with everyone the ways in which you can get personal protective equipment that you need.

So the one is by going on to the Partners in Care frontline page and ordering the request forms there. You can order and request supplies that way.

You can speak to your supervisor in case you don't have access and they will submit the requisition on your behalf.

You also can e-mail the hha@vnsny.org e-mail address and they can arrange for you to get your supplies that way either as well.

And a reminder that you can either get - you choose to have your equipment sent to you in the mail or you can come pick it up in person. And not just in Manhattan. You can go to any of the VNSNY distribution or different locations outside of Manhattan. So you can go to Brooklyn, the Bronx, Queens as well as even out on the island up in Westchester.

So, you know, we urge you and encourage you to make sure you always have a supply. And again if there's questions, you can either reach out to your supervisor or to the email hha@vnsny.org.

James Rolla: Thanks, Debbie. All right. Was there anything else that we wanted to cover before I continue? Tom, we're good? Lorraine? I want to make sure that you - yes, good. I want to make sure that you all have enough work and that you have enough because we have a ton of work available. Please, please, please if you want more work, if you're working less than 40 hours and you need more work, we have tons of work available.

I also want to remind - of all different types of shifts, from short to long. I want you to also - I hope you're aware of and I hope you're taking advantage of the referrer friend bonus that we've implemented and that we've begun where if you have somebody that you know, a friend, a family member, anybody that you know, even if you see somebody on the bus or you see somebody on the subway and they work for another agency, let them know about Partners in Care and I hope you have good things to say about it. If you don't, then maybe you wouldn't want to refer them and then that would be a bigger problem.

But if there are reasons why you wouldn't want to refer somebody to Partners in Care, we want - I want to know that. But if you do refer your friend and you do refer your family, you do stand to gain a \$100 cash bonus for every person that works here at your - on your referral.

So there are some qualifying conditions. People have to work a certain number of hours before they become eligible. But I would encourage you to take advantage of that opportunity. The more people that we have here, the bigger and stronger we will be. So we desperately need your work. That's why we need more of you. Okay?

So with that, I think I'm going to turn it over to your questions because I would rather listen to you speak than me speak. So I'm going to ask (Harley)

to please now reach out to the participants and begin to take their Q&A. And then I will share questions that have come in, in advance on this call during breaks and during periods where people are getting ready to speak. Or if you don't have anything, then I'll certainly go over those. I'm hoping you have questions.

So, (Harley), you can go ahead and open it up to the - ask the participants to begin their questions.

Coordinator: Of course. We will now begin the question-and-answer session.

If you would like to ask a question, you may press star followed by the number 1. Please unmute your phone and record your name slowly and clearly when prompted. Your name is needed to introduce your question. To cancel your request, press star followed by the number 2. Once again, it's star 1 to ask a question and star 2 to cancel. We actually have one question on queue. I'll just get the name. One moment please. Our first question is from (Alta). Your line is open.

(Alta): Yes. My question is, first, I want to say thank you for the time you take in for us, everything around Partners in Care in Visiting Nurse because, you know, especially this year, last year and this year too, we don't have like a face-to-face with the staff in Partners in Care. And then we appreciate everything you do like this.

And then my question is, because right now is - my patient I have right now, I don't have this problem. The main problem we have because so many coworkers call me, I have certain years with a company with Partners in Care. I lost my job. I lost my patience, no matter what angry they is because,

you know, sometimes when you seek, you got ahead, you're going to be happy. That's why I put myself in their position.

And then I love (unintelligible). The thing is sometimes in general, we go to the patient room. The first thing they say even before say good morning, doesn't matter if patient say good morning or hi or whatever. But before we're clocking, they take the broom, they mop, they disinfectant and that's - I wanted to do that. This is easy.

And then the thing is, when we try to explain what is the gap we had to perform with them, they say, "I don't needed that" even if they're mentally good. They don't have nothing with some - within the brain like Alzheimer's or something like that that I saw regular patient. They needed to think. They do that.

Right now I know two coworkers call me, say, "Please, (Alta), call them because I can't express myself in English." I'm not perfect English because it's my second language but I've tried to do. They say I'm a strong girl because the patient is - I am tired to explain things. What are the gap we doing? And then the thing is, why the nurse supervisor, the social worker, I don't know who is have to do to explain the patient specifics what I mean house cleaner or cleaning up their station used or housekeeping. That's the main issue.

You can ask any in the company or another agency. They can say that to explain why does this job we have to perform with the patient. I say again, that's not my situation right now. But, you know, I talk about for another (unintelligible) and I appreciate you helping me.

Another thing, the PPE we have the CareConnect. Sometimes I have problems to take care of the class, the e-learning but I like it the person start to talk. I'm sorry, but I don't remember his name. I called the agency. Somebody explained to me what I have to do because I - when I finished the classes, I think that there's (unintelligible) when I got back and then I have to take the classes in a game.

And then they explained to me what I have to do and then I did - it is done. I have my certification. And then I'm not going to say anything you do we are because we needed you, you needed us. And then I appreciate and say thank you.

James Rolla: Well, (Alta), first of all, thank you so much for all of that feedback. And certainly that complimentary and positive feedback is very, very much appreciated. My name is Jim. I was the one speaking and I'm sure that...

(Alta): I'm sorry, Jim.

James Rolla: No, don't be sorry at all. I wanted to make sure that you know that I addressed all of your points and I'm glad that you heard what I said and I'll tell you my name again and again. You'll remember.

(Alta): All right.

James Rolla: So such great feedback and also some concerns because I, you know, I think this is not something - I've heard it too. I think we've heard it on a number of calls. And I think even some of the questions. And it all relates to really the care plan, right? The care plan is the main driver and the one thing that really outlined what it is that you need to be doing in the home. And there's always - not always but many times, more often than should be, there's a bit of a

disconnect between what the family wants or the patient wants versus what the care plan says versus what you can and cannot do, right?

(Alta): Yes. Yes. Yes.

James Rolla: It's always - and it's such a tough thing to try to, you know, to be able to put one fix to. Like it's not one thing that's going to solve the problem.

(Alta): Right.

James Rolla: But I think what - but that - we still have to do something. And so the best advice and, like, what I think is the most effective and I'll have my, you know, my team certainly chime in here too is any time you are - any time there isn't a care plan in the home, any time there isn't a care plan that the patient is happy about or if they disagree with something on the care plan or they think that there's something that - there's something they want you to do that isn't on the care plan, call the office. That's what we're here for.

(Alta): Thank you. Thank you.

James Rolla: I don't want - of course. I don't want you to feel like you have to fix that problem. That's the problem the office has to fix.

(Alta): Yes. That's what I think. I'm sorry but, you know, the thing is we have to follow the rules for the agency. Follow the rules in the family patient. We have to follow the rules from the patient. And then it's too many things.

James Rolla: I know. I know.

(Alta): And then sometimes even we see the plan of care is some - we try. We try to hang to do something because we can't argue with the patient, never, never. We cannot do. We come from the patient because for me, it's not professional if you do that, you know. We have...

James Rolla: I know.

(Alta): ...too many we can talk like I called. I tried to explain to you in English in most I can. But it isn't bad as sometimes to us to do that, you know, because the patient had the pain, the problem in her body, in her - in their main, you know, it's hard for them. I know that. I know that because all the time I put myself in the procedure not only the patient, it's all - I know the person, no matter who is. And then that's the thing.

James Rolla: I appreciate those comments. And I agree it is a struggle. It's a struggle that I wish you didn't have and I don't want you to have. And we don't expect that you should solve that problem.

You have a lot of people that are telling you what to do. I completely agree that you don't want to - the patient - like, who's your boss, right? The patient? Is it the agency? Who is it? You work for the agency, right? And you are providing a service to the patient. And yes, you want to certainly do what the patient - you want to be respectful of the patient. You want to make sure that you're doing things that the patient wants you to do and is in agreement with.

But when they are - when there is a disagreement or there is a question or there's something isn't going the way that it's supposed to, the office needs to solve that problem.

(Alta): Of course.

James Rolla: The office needs to speak to the patient on your behalf because you are doing all the right things. You're following the care plan. You are respectful of the patient's feelings. You're respectful of the patient's wishes. And you're following the agency's policies, procedures.

So you're - when you're doing all the right things and there's still a conflict, then that's the agency to solve. So you call the office. You ask to speak to your supervisor. If you can't get a hold of a supervisor, you can speak to the nurse. And if you're having difficulty getting a hold of the office, which I know is a problem, I do know that that's a problem, what - Tom, could they - what do you think the best way for them to when they're having a problem getting through on the telephone? Do we have a solution for that? We may not yet but I want to address the fact that they may - you know, they could be calling the office and the supervisor, like, they don't get the call and sometimes it might need immediate action. Do we have a solution for that that we could maybe...

Thomas Cocozza: Well, I mean...

(Alta): I hope that the supervisor listens to you there. I want. I want because the first thing we do is call the supervisor. The supervisor say, "Wait, wait a more day. Wait more..."

James Rolla: Oh, no, no, no. Yes. No.

(Alta): It's hard. It's hard for us. It's hard.

James Rolla: Well, that shouldn't be happening. That's - it is. And I hear that. That should not be happening. You should not be told to wait a couple of more days or, you know, let it work itself out. It should be addressed right away.

So, yes. Tom, what do we - do we want t...

Thomas Cocozza: So, yes. I mean, obviously, the phone is the first thing we want you to do because we want you to try and talk to someone right away. There is an e-mail address that we have so that if you have issues that, you know, you can't get in touch with somebody in the office or, you know, whatever, you - for whatever reason, you don't feel comfortable talking about it on the phone, we do have an e-mail address. And I'm going to give it to you right now. Just a second.

(Alta): Okay.

Thomas Cocozza: All right. So it's just another way. It's not the best way. But hold on a second. It's hha@vnsny.org, right? So it's easy to remember. This is the e-mail address just for the HHAs to say "This is an issue that I have with a few people here in the office who look at that every day" to try to address those issues. So that's an alternate way. If you're not getting through and something you want urgent, you can send it via the e-mail and we will take a look at that as well. Okay?

(Alta): Okay, thank you. You know, I don't wanted to limit this, what can I say, to (John) to do like send the e-mail to you before I speak with a supervisor. I always - the first thing something issue like that, I call the supervisor.

James Rolla: Yes.

(Alta): I call the supervisor anything like that. If they don't solve the problem, then okay, now I know I can send the e-mail.

James Rolla: And I appreciate that. This is not like - well, like to get the supervisor in trouble either. It's just a different way for you to get in touch with us. You have mentioned some of your friends, your colleagues that they didn't - English wasn't their first language. They didn't feel comfortable. If they wanted to write the e-mail in Spanish, there are people who read these e-mails who also Spanish is their first language, right?

So that's another way where - maybe they don't feel comfortable explaining it over the phone but they may want to write it down and send the issue in. That's another way that we can - that it might be helpful.

(Alta): I understand the supervisor in general. They promise us, you know, like a week of postal hours or even in the PPE. We request in some available hours. They say, "Oh, no, we don't hand no more - all the (unintelligible) somebody took already," like they punish us because we called to not complain because I don't say that we are complaining about something like that. It's part of the job is not complaining.

Like I say something from the patient (unintelligible) and, you know, somebody other than their family, friends who do something bad or whatever like this is not complain. It explains what happened in the workplace we have because any home we're going, that's the workplace for us. We had money for that. They pay us for that and then that's the job. It's not because we complain for anything. It's something...

James Rolla: (Alta), yes. (Alta), I want to...

((Crosstalk))

James Rolla: Yes, (Alta), I want to be very clear. And I want to - I want everybody to hear this. Nobody is - we're not in a position where we punish people. I want to make that - nobody is being punished and nobody should be feeling as though they're being punished. So if I would...

(Alta): Yes. Maybe I don't use that...

James Rolla: No, no, no, I - no, no, no, I get it. I get it. I know what you mean. You're fearing - you're concerned that the supervisor may get upset about something and then they don't want to give you cases or they don't want to give - that's not how we operate.

And if that's what you're feeling and if that's the kind of - if that's the sense that you're getting from your supervisor, we want to now that.

So I think what - I'm going to have Rosa Marcus reach out to you, okay, outside of this call and try to get a better sense of what we can do to address these types of issues for you, okay, because I want to make sure that you are getting the right support, that you're getting the support from your supervisor, that when you do call and express your concern that they're heard and that they're addressed, okay? It's really important to me.

(Alta): Thank you.

James Rolla: Okay?

(Alta): Thank you.

James Rolla: You're welcome.

(Alta): I won't take up your time, the whole time.

James Rolla: No.

((Crosstalk))

(Alta): I'm sorry.

James Rolla: No. Don't feel that. I'm glad. I'm glad that you - I'm glad that you're sharing. And that's important. And it's for everybody's benefit. I'm sorry that you're having some issues but we're going to fix them. We're going to fix them, okay?

(Alta): Okay. Thank you. Thank you for you guys. Thank you all of..

James Rolla: No, thank you. Thank you. Thank you all for - thank you too. Thank you.

(Alta): All right.

James Rolla: All right.

(Alta): Bye.

Coordinator: Thank you.

James Rolla: Next...

Coordinator: Yes. The next question is from Luz.

Your line is open, Luz.

Luz: Thank you. My name is Luz and I grew - I work in for the company for many years. I think (unintelligible) excellent company the (unintelligible) make a difference because they made their own to provide this. They're all very nice person. I say thank you very, very much.

Everything (unintelligible), everything (unintelligible). But I think right now I begin for this (unintelligible) I need an employer for (unintelligible). I make the most of it (unintelligible), okay? I have something (unintelligible) before the hour or two or three (unintelligible).

James Rolla: Okay. I want to make - so you need more - did you say there's something about hours. Did you say you needed more hours or you haven't been able to get your hours? Tell me again.

Luz: You know, right now (unintelligible) for me for something cheap but - right now for the pandemic not too much hours in the afternoon.

James Rolla: Okay.

Luz: But I would (unintelligible) in the morning, the 9:00 to 2:00. But the 3:00 to 9:00 I don't have too much case. I think we have something (unintelligible) but I need hardly for my insurance (unintelligible) I need it for my condition for the thyroid medication.

James Rolla: Okay. So you need more hours in order to maintain your insurance, right? Is that what you're saying? You don't have enough hours. You have the

morning case and then you need something. Do you need something more, right?

Luz: I need like a little help for me. I don't have the most hours in the afternoon.

James Rolla: There's not too much hours in the afternoon.

Luz: No. Okay, assuming for the - in the morning and the night too for three months for (unintelligible). But the afternoon has the most case. I (unintelligible) for Friday and Saturday care, I (unintelligible). But in the Monday through Thursday right now for three months, I now have two more case (unintelligible) in the afternoon.

James Rolla: Okay. We'll...

Luz: My question is (unintelligible).

James Rolla: I guess I'm not hearing the question part. Say the question one more time. If anybody on the call can help me with - understanding what the question I'm - maybe I'm missing it. Tell me the question one more time.

Lorraine Earle: Jim, I'm trying to figure out if she - trying to is she needs more hours in the afternoon...

James Rolla: Yes, right.

Lorraine Earle: ...which means it's five hours. And if she did that Monday to Friday, that would be 20 hours. So I'm trying to (unintelligible) you whether she's trying to find additional work which I'm not very clear about.

James Rolla: We have cases in the afternoon - we have cases available in the afternoon. So in other words, if you need more - another case after your 2 o'clock case, you - we have one.

Lorraine Earle: You can call 212 - she can call 212-609-4442 and press Option 5 and that's where you're looking for more work. So that number is 212-609-4442 and you press Option 5. And it'll put you to that link when you're looking for more work.

Luz: Okay, Option 5.

Lorraine Earle: Yes, Option 5.

Luz: Yes, okay. I'll coordinate (unintelligible). Sometimes everybody (unintelligible) where sometimes they'll have it. But the thing...

James Rolla: Sometimes we have.

Luz: (Unintelligible) for me right now I had three months for (unintelligible) class. (Unintelligible) hours I lost for my insurance (unintelligible)...

Lorraine Earle: Okay, Luz? Yes.

Luz: Yes?

Lorraine Earle: If we - I would like to get back to you just so I can help you if it's afternoon hours you're looking for. I need to get your - and I'm sure I'm getting the full limits of - Luz, is it L-U-I-S?

James Rolla: It's Luz. I think it's L-U-Z.

Luz: L-U-Z my name.

James Rolla: Okay. Do you want us - do you want to give your ID, Luz? Your...

Luz: (Unintelligible) 114670.

Lorraine Earle: Okay. Let me see if I get that correct. Is that 114670? Am I correct?

Luz: That's correct.

Lorraine Earle: Okay thank you. I will get in touch with you. This is Lorraine. Thank you, Luz, for your question.

((Crosstalk))

Luz: You understand because you're...

Lorraine Earle: I will call you back so that you can tell everything that you're trying to - sounds like you're looking for more work and I will call you back to clarify. This is Lorraine.

Luz: Okay, Lorraine. Thank you for helping.

Lorraine Earle: Thank you.

James Rolla: Thank you, Luz.

Luz: Thank you too. Thank you for opening the meeting.

James Rolla: Of course.

Coordinator: Thank you. The next question is from (Loi).

Your line is open.

(Loi): Thank you. Hello, Mr. Rolla.

James Rolla: Hello, (Loi). How are you doing?

(Loi): I am pretty good.

James Rolla: Okay.

(Loi): I just need some clarity here.

James Rolla: Okay.

(Loi): You have on those task code housekeeping, HHA and I think something else on the task code. But recent, like two weeks or this week, I noticed the Task Number 80 usually say clean. When we did our in-service training, cleaning was light housekeeping, which you mop the kitchen, the bathroom, station area and you do whatever dusty. One thing we were told we're not doing windows. We're not supposed to climb up on any ladders to clean any place and because we're not covered under any insurance for climbing.

But now, that Task Number 80 is now saying housekeeping, not cleaning anymore, and nobody tells us what that cleaning housekeeping entails.

James Rolla: Okay. All right, so I'm glad - I'll do my best with that. So I'm not sure where - so the reason why you're not to be climbing is because it's not safe. It has - I don't know where the insurance thing came from but the real - the reason is that it's not safe or necessary for anybody to be climbing a ladder to do any kind of heavy duty cleaning. I'm sure you've heard this before and it sort of bears repeating, you are not house - you're not maids, right? You're not house cleaners. You are home health aide.

And your skill and your - a big part of your job, the majority of your role is to provide assistance and support with personal care and health-related task, right? Housekeeping is - it means light housekeeping, meaning ensuring that the patient's area is free of clutter, that it is safe, that, you know, their dishes that they may use for their meals might be, you know, washed. It may involve laundry. It may involve bed-making and changing sheets, things like that. You don't scrub toilets. You don't scrub floors. You don't paint ceilings and things like that.

So again, this goes back to the care plan. Whatever the care plan says in terms of like housekeeping or house cleaning and keeping, housekeeping, not house cleaning, that's the difference. Cleaning a house is not what you do. You keep a house free of clutter and safe, and you do housekeeping-related tasks that are all listed on the care plan.

So the task that you're selecting - and I'll let Tom talk about the task itself in terms of like how you enter that task so that we're clear. But I hope - that's the difference between what you should be doing. And mopping, I saw this question I think, (Loi). I think you might have sent it before. Mopping, it depends, like you could mop the areas that the patient used in, right? The kitchen, or if they are - they have a bathroom, you mop the bathroom and- but,

you know, you're not on the floor like with a sponge and on your knees and scrubbing, right?

So it's light housekeeping. I hope I'm answering the question in a way that you said that's clear. When it comes to the task...

((Crosstalk))

(Loi): Not really. Not really.

((Crosstalk))

James Rolla: Okay. But that's all right.

(Loi): What you're saying is what we know that we were told that Task Number 80 on the care plan says, "Light House Cleaning," cleaning, not keeping. It says "Cleaning." And that has been there for years saying light housekeeping, which nobody is going on their knees to scrub it this time, in this lifetime up to 300 years.

But what we're saying what changes that code number from "Cleaning" and now stating as "Housekeeping." It is not clear to the client. It's not clear to the aide because when these patients are signed - assigned to VNS, I don't think the nurses who were assigning this task understand what it is, because the client is asking you for something. And why they're asking? They were told whatever you want to be done, you tell the aide. Whatever you want to be done, just tell the aide. So guess what? Whatever I want, I want my windows to be cleaned.

Man: Yes. But...

(Loi): Did you tell the client that what will be deemed as cleaning? No, they're not clear on it. So neither some of us is not even very clear on it either.

James Rolla: Okay.

(Loi): I do - I know what I'm supposed to do.

James Rolla: Okay.

(Loi): But if you listen...

James Rolla: Okay.

(Loi): ...to the callers and what's happening out there, people are confused because they're asking more. I went to one home and the woman had a ton load of laundry to be done. I could not do four hours, clean her house, give her a shower, do all this and do a ton loads of laundry. So I told her, whatever you need now, pick that out and I'll do that for you. Well, she said if I couldn't do the laundry, she already had a ton of dry clothing to be ironed. I said "No, Hon, whatever you want to wear today, just let me know; I can take that one piece for you.

But I'm not going to do a bed load of ironing. That's not the task I'm here for." So...

James Rolla: So...

(Loi): ...it's not clear to another client as to what this is because it's not clear from the nurses who are assigning the task.

James Rolla: Okay. I got you now. I understand what you mean. So it's very similar to what I said in the beginning. It involves the care plan. And now the difference between just what I want to add to that so that it helps - I hope to address your point is that the nurses, when the nurses are opening and writing the care plan, they need to be very clear about what housekeeping means, right?

(Loi): Exactly.

James Rolla: What housekeeping and what the expectations are of you as being able to carry out that task. So that's where the problem lies. And...

(Loi): Exactly.

James Rolla: ...we will - I will - yes, I will bring this - we will bring this as a team. And this is a - another one of those problems that exists. And we know that it's there and it's very widespread. And it takes a lot of continuous and repeated reminders and communication to the nurses that are supervising these cases and writing these care plans that this has to be explicitly explained.

And to some extent, I want to be very clear that more often than not, it's probably occurring. But the patients kind of do their own thing. And we know that that, you know, that's also a problem. Meaning when I say they do their own thing, like they heard the nurse say it but they still attempt to make to ask you to do things that they - that you shouldn't be doing. And so...

((Crosstalk))

(Loi): I will cut you off of that, Mr. Rolla, because some of us have personal contact with these people, and that's when they ask. Actually...

James Rolla: Okay.

(Loi): ...this woman was my countrywoman. And she is on a 2-floor. She uses downstairs because of her foot. Her daughter and grandchildren uses the top floor. She's a friend of the nurses. There are two nurses coming there to dress her wound daily. And one day I walked in and she said, "You need to start from upstairs." And I said, "What am I to do in upstairs?" She said, "Well, my daughter and granddaughter, they have been using the two baths up there and it's not cleaned."

James Rolla: Yes.

(Loi): I had to address that. And I waited for that nurse that afternoon out by the gate and I told her you need to speak with a client. And she said what you have here to do, you're not doing anything. So if she asked you to do that, what's so bad about it? That was the response from that nurse.

James Rolla: Okay. So that's a different problem. And I will make sure that we message that to the right people. We meet with the nursing team from - well, we meet with nursing teams on a regular basis. And this is a frequent topic. And one of the things that we - one of the big - one of the goals of that meeting really is to talk about issues that are going to make the patient service experience a better one and that will ultimately make your work experience a better one. So it's feedback like that that's really important for us to hear and that we need to bring and raise up to, you know, to the clinical manager.

That should not be happening. Now there's always, you know, there's always an opportunity to think and brainstorm, right, and come together and think about, well, how can we get this done? There's a difference between, well, do you have the time to do it and is it something that's within the scope of practice? And maybe it's a matter of you just don't have enough time to get to it. Or maybe the volume of what they're asking is unreasonable.

But, you know, a blanket statement or an answer like, "Well, what else are you doing? Why can't you do it? It's not a big deal," it's not an appropriate answer. So that's the kind of thing that we need to kind - that we need to fix.

So I appreciate that feedback. I'm sorry that that's happening. But we'll message it to the right people. And again, if that's happening and if you're seeing that it doesn't change, then call the supervisor and then - and ask to speak to the nurse manager about it, the clinical manager.

(Loi): Yes. They got mad at me for what? Because the patient was on dialysis and we were told that if we are going to dialysis with the client, we should be given (goggles). Well...

James Rolla: Okay.

(Loi): ...their supervisor knew. The nurse knew that the patient was going to dialysis, but they weren't going to tell us. What they tell me to do, go do whatever she wants in the morning. Get dressed. Get her ready. Go to dialysis with her. You don't have to sit in there. Where do I sit? In the cold, in the heat, until she finishes, four hours? And then I take her back to her house. And I told them that was not going to work for me. And they said others were doing it; what's your problem?

And then I called the supervisor and she tried to get in touch with the nurse. And when she came, she had an attitude with me. What's your problem? This has been going on. And then the lady said, "Well, if you're not going to do it my way, I don't need you," which I said this was fine with me. I quit, because I would not want to do.

James Rolla: Okay. You're not with this patient anymore?

(Loi): Not with that patient.

James Rolla: Okay. But is it...

((Crosstalk))

(Loi): I never worked with that patient because I wasn't going to go back and stand in the cold or stand in the heat because you're not going to give me the proper equipment to go inside and you're not documenting on the task code that I needed to accompany this patients in dialysis. That was never documented here.

James Rolla: You're right...

(Loi): So I asked her to put it on the care plan so I can get my proper equipment. And that's when the patient and her decided that I thought this (unintelligible) would have some attitude or are having some problems or something wrong with me. No, I know my rights. And most of us don't know to exercise our right. And my right was telling this supervisor I won't be coming back tomorrow.

((Crosstalk))

James Rolla: So it's always - yes, it's always your right to say - it's always your right to refuse an assignment and not work on an assignment that you don't think is a good fit for you. It's always your right to do that. And I want to make that very clear. No one is making you do anything. So if you - if it wasn't a good fit for you and you weren't able to resolve the conflict, then you did the right thing by saying, I'm not going to go back anymore.

I think the key is being able to work towards resolve - work towards whatever the conflict is and how do we resolve it so that we can resolve it and that we can prevent this from happening in the future. So if there's any more details that - I'm not asking for it on this call but if there are any more details that you think would be appropriate to share so that we could look at this case a little bit closer and see what we have some of the breakdown was or what we could do to prevent something like that happening again, reach out to Rosa Marcus.

Can we have her number, name?

(Loi): Oh yes.

James Rolla: Oh, do you have her number?

(Loi): Yes.

James Rolla: You already have her number? Okay. And to hear all the details about the case.

(Loi): Oh yes. Oh yes.

James Rolla: Okay?

(Loi): It's an old case. It's been a long time.

James Rolla: Okay. All right, well...

(Loi): Yes. But it's just that I'm listening to other workers and here it's happening elsewhere, and it shouldn't be happening at this time. It shouldn't be happening.

Thomas Cocozza: If I could jump in for a second, the case where even if that's the case you're currently working on, too, I'm very interested in that case where that Code 80 changed from "Clean" to Light Housekeeping."

(Loi): No, it's number 80.

Thomas Cocozza: Yes.

(Loi): Eighty.

Thomas Cocozza: Yes, 8-0.

(Loi): Eight-zero.

Thomas Cocozza: I'm very curious as to which case that was. So if you could reach out to Rosa just so we could...

(Loi): No, no, no. It's on the care plan. The care plan say 80.

Thomas Cocozza: No. No. I understand. I understand.

(Loi): And it's same to me. But when you do Santrack, Santrack has changed the word "Clean" to "Housekeeping."

Thomas Cocozza: Okay. So that's what - I want to find out where that is because it shouldn't be happening to my understanding.

(Loi): Yes. Santrack has...

Thomas Cocozza: Right?

(Loi): ...changed that. They changed the voicing on the Santrack and then changed...

Thomas Cocozza: And when you...

(Loi): ...the codings from 80 that usually says "Cleaning," it's now saying 80 is now Housekeeping.

Thomas Cocozza: When you call up Santrack? Are you calling...

((Crosstalk))

(Loi): On Santrack. Santrack. It's Santrack.

Thomas Cocozza: Okay. Okay.

(Loi): It's in Santrack, yes. That is happening. Not on the care plan. It's Santrack. When you're clocking out, it's saying Task Number 80 usually say "Clean," it's now saying "Housekeeping." And that is why...

Thomas Cocozza: Okay.

(Loi): ...we are curious as to what housekeeping is because if it's saying now we are supposed to be doing housekeeping, what is housekeeping.

Thomas Cocozza: Right, right. And again, the question is you understand what it is. You want to make sure that the nurse and the client also understand what it is, right?

(Loi): Exactly.

Thomas Cocozza: Okay, I just want to make - thank you for that. Thank you for that clarification. That gave me what I needed. I appreciate that.

(Loi): Bye-bye.

James Rolla: Okay.

Coordinator: Thank you. At this time, we don't have any further questions. But once again for the participants over the phone, if you would like to ask a question, you may press star followed by the number 1. To cancel your question, you may press star followed by the number 2. One moment speakers for any additional questions.

James Rolla: While we're waiting for questions because I know we're almost at time, I do want to share some of the questions that came in in advance of the call.

So we had someone ask a question for our home health aide annual administrative evaluation, why not give us the link to form to the forum, just like the one for supply? Then thousands of us won't have to make our way to office to fill it out.

So, (Faye), I think you joined the call. (Faye Morgan)?

Maybe not. So I think that's an - I think we have the evaluation that we are sending electronically right now. I don't think it's set up as a link. But it is something that we can explore because I do like the idea. I just want to make sure that we're able to do something like that in that way.

I think the other issue is part of the administrative evaluation is to go over it with you, right, with - and review it with you so that you are clear on where you're meeting the performance, the expectations and if you need and when where you're not, if in fact you're not.

So it's an opportunity for you to come together with the supervisor and talk about areas of strengths, areas that you want to improve, what you need from us, like what you're - you know, what it is that you need to do your job more successfully.

So it doesn't - it can't just be done on the computer alone even if it's as a matter of convenience. It would require you to have an interaction with your supervisor. Now that's been suspended as a result of the pandemic but that's going to be returning again soon. So I hope I answered that question in a way that makes sense. And if not and...

((Crosstalk))

Man: Yes?

(Faye Morgan): Hello? This is (Faye).

Man: Hi, (Faye). Hi, (Faye). Yes. Oh there you are, (Faye).

((Crosstalk))

(Faye Morgan): ...from compliance department. Yes. With administrative evaluations, we have it in the electronic form, which it is that we send them out to the aides, but we spend a lot of time going back and forth trying to explain. We send the instructions along with the evaluations.

But we were spending a lot of time going back and forth trying to explain to the home health aides which part, how to complete the form like adding their name, adding- choosing their goals and things like that. So as a result of that, it was easier for us to get them in the office. And that is how in areas that they're missing to have them fill the form correctly.

For those aides who live in Long Island or Westchester, we have been mailing it to them. And what we sometimes we find is that it's being still completed incorrectly. So as a result of that, we have to try to send it back again to them, reach out to them, send it back to them to try to explain how it is that - what it is that is required of them to get it completed. And that is the issue that we're having with the administrative evaluation. We do have it in an electronic form.

James Rolla: Okay, great. Thank you, (Faye). And I think are there - (Harley), are there any question because it's just - I think we covered some of the others already.

Coordinator: Still no question. And still no questions in queue. You may proceed.

James Rolla: Okay. I think there's one more that may have not been covered. We got the housekeeping one from (Louise). I appreciate that. Again, here we have a similar issue with the health - the care plan was unavailable in either hard

copy or digitally. How do I get this resolved? We definitely need to call the office and let the supervisor know that there is no care plan in the home.

Patients scheduled late afternoon, evening; almost always report that personal care has already been performed by themselves or someone earlier in the day. It's very difficult to negotiate these cases. How can we best respond providing services after 4:00 pm is the worst.

I agree with you. That's a big issue and a real one. Most of the time when we're providing service at that time of the day, it's because we've had such a struggle trying to get the case covered. And so when we finally find somebody, the only time and the only availability that they generally may have is that after 4:00 in the afternoon, which is not an ideal time to be providing care, especially for somebody who needs personal care.

So that's really where a lot of that comes from. I don't have a solution for that yet. The more people that we have working here and the more people that we bring back to work that want to come back to work and take work, we might see that side a little bit.

But I hear your and appreciate your comments about it not being very good. If personal care has already been performed and there's nothing to do, you need to call the office and let them know. Let us know and we may need to make a schedule change. And then...

Man: So I can...

James Rolla: ... - yes.

Man: I'm sorry. I thought you were done. I was going to jump back to the plan of care one.

James Rolla: Yes, go...

Thomas Cocozza: So if - so just as if you're using the mobile app to clock in and out, the plan of care will always be there. So even if there's no plan of care in the home, you will have an accurate plan of care if you're using the mobile app to clock in and out. I'm just throwing that out there.

James Rolla: Okay. All right, so thank you, Tom. And thank you all. We're at time. I appreciate you joining. I appreciate all this great feedback and this commentary. And please, I encourage you to keep this feedback coming. Call us. Let us hear from you. We want to hear from you. And I hope to see you again soon.

Everybody have a great afternoon.

Coordinator: Thank you. That concludes today's conference call. Thank you all for joining. You may now disconnect.

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