Maun-Lemke
Changing the Results of Healthcare
SOLUTIONS
The Newsletter for Healthcare & Human Services

July 1, 2020

Effective vs Efficient

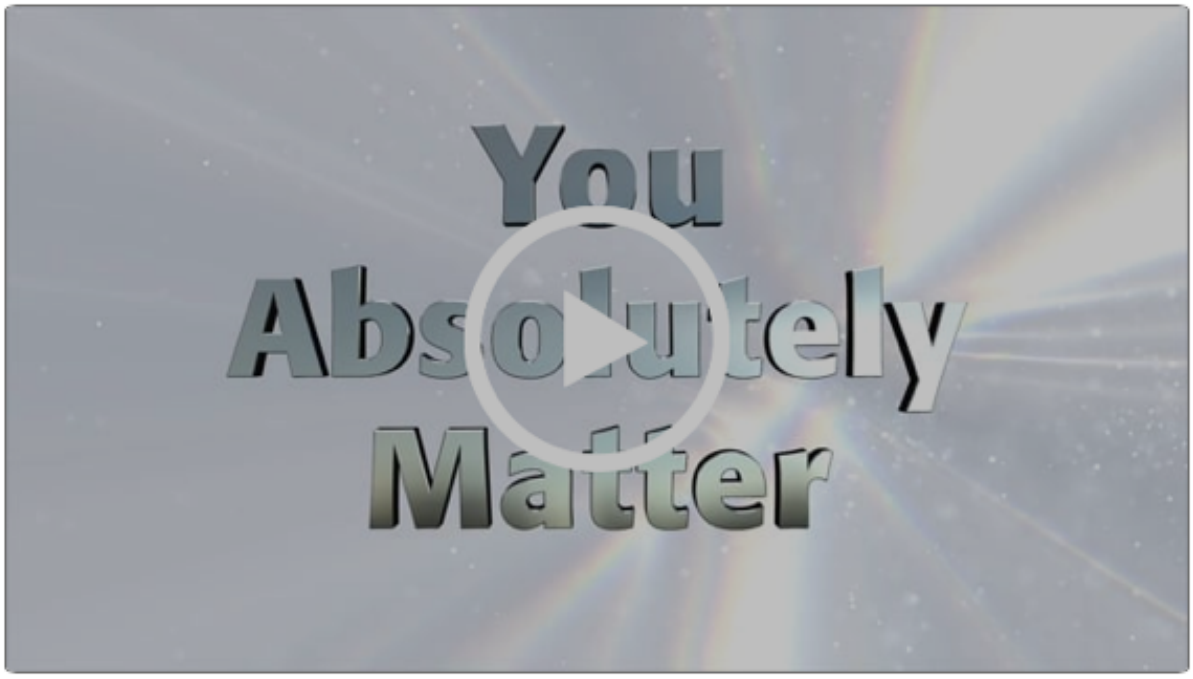
How many irons do you have in the fire? Successful people always know which are the most important irons to work on.

Effective means getting the most important things done — working smarter, not harder.

Efficient means getting things done faster, quicker, longer, or better. You have to be *effective* before you can be *efficient*. You must learn to type before you can type 90 words per minute. You must learn to swim before you can win an Olympic gold medal.

Successful people know everyday what will make them effective. They know what the most important things are for the day. They make lists of things to do but they also prioritize that list. Number 1, number 2, number 3, and so on. Their day's success and eventual life's success is not based on getting everything done but rather on getting the most important things done.

Successful people get the most things done. Once your are able to develop and work on your prioritized list, then you can concentrate on getting more things done, which is called *efficiency*.



The Leading Edge

End of Life Care in the *New Normal*

Although it's something most people don't think about (or like to think about), the final days and hours of a loved should be ones in which they are surrounded by family. Ideally, family and loved ones surround the bed, saying their final goodbyes, providing comfort and solace to the nearly departed. Moreover, under normal circumstances, caregivers in long-term care facilities work alongside each other in lockstep with residents and families, and often with local hospice partners, when residents are nearing end of life. But COVID-19 has changed all of this, presenting challenges and hardships that no one could have ever imagined.

How to Provide Comfort & Care at End of Life Amidst COVID-19

The rapid progression of COVID-19 in seniors, who are among the country's most vulnerable populations, is unlike anything seen before. That being said, facilities and caregivers across the country are stepping up to the challenge, demonstrating that despite all the hurdles, humanity and best-in-class care is still possible. Here are just a few ways to ensure your facility is delivering such care in the *new normal*:

- **Do everything you can to plan.** The overall demand on the healthcare system, including hospitals, hospice providers, supply chains, and others, has created a situation where the needs of residents must be anticipated days and even weeks in advance. In some instances, essential medication, as well as equipment like hospital beds and oxygen tanks, are being procured when a resident becomes ill.

Make sure your staff, including resident care directors, nurses, and caregivers are ever-present, working with residents and their families to ensure they have the necessary supplies to keep them comfortable in their final days.

- **Communicate, communicate, communicate.** Nurses and teams should also be focused on communicating with families frequently to ensure they are comfortable with the care being provided and feel informed and prepared to make necessary decisions regarding their loved one's care.

- **Step in when family can't.** Your staff is now being challenged to act as surrogate sons, daughters, family, and friends. It's a very difficult but essential service to provide during the final days of one's life. Nurses and staff must continue to act as the bridge between a resident and their loved ones. Often this means holding a phone to a resident's ear so their family can say goodbye or moving them close to a window where they can see their family from afar. The act of stepping in and being with a resident is extremely comforting to both the resident and their family.

While we're dealing with profound sadness and loss, acts of courageous care shine through. In the face of this pandemic, the dedication and commitment to residents and families has become clear and it's a touching story to tell. We must continue to support this community in new and different ways, because that is what the situation requires.

"Don't ask yourself what the world needs.
Ask yourself what makes you come alive and then go do that.
Because what the world needs is people who have come alive."
—Howard Thurman

Communication Corner

COVID-19 Testing Reimbursement & Refusal Q & A

The healthcare and reimbursement landscapes are ever-changing as we continue to fight through the pandemic. Although stances and reimbursement policies may change, the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) has issued answers to the frequently asked questions that long term care providers have concerning reimbursement and legal changes resulting from the coronavirus (COVID-19). Here's a look at some of the key reimbursement questions:

What testing is covered under Medicare?

Medicare fee-for-service and Medicare Advantage (MA) plans will cover the cost of COVID-19 diagnostic tests. Tests range in cost from $115 to $500. Medicare Part B will only reimburse approximately $100 for the diagnostic tests and $35 for other tests.

However, not all labs will bill Medicare directly. AHCA/NCAL strongly recommends that, wherever possible, providers use labs that will bill Medicare, as providers may not be able to bill for these services.

What can facilities expect from CARES coverage?

The CARES Act requires health plans to cover the cost of COVID-19 testing for beneficiaries at no cost to the beneficiary. CMS is requiring MA plans to cover the costs of testing for MA plan beneficiaries. Typically, however, when a test is required by an employer for employment, then the employer is responsible for the cost of the test. If the state is mandating testing, the employer may not be held accountable for the cost of the test, but this has not yet been validated. Additionally, CARES Act Grant Funds can be used to cover costs for resident tests that are not otherwise reimbursable. This does not include testing for residents under a Part A stay where it is included in consolidated billing.

What's the stance on testing refusals?

When it comes to resident refusal with testing, the AHCA/NCAL has stated that those who refuse to be tested for COVID-19 cannot be discharged involuntarily, unless the facility is otherwise incapable of caring for residents with a confirmed diagnosis of COVID-19. For employee refusals, employers can make COVID-19 testing a condition of employment and terminate or not hire a person who refuses to obtain a COVID-19 test.

"The person that you will spend the most time with in your life is yourself, so you better try to make yourself as interesting as possible."
—Anonymous

News You Can Use

New COVID Data & Reports on Skilled Nursing Occupancy

According to a recent *Wall Street Journal* report, the nursing home population has fallen by 100,000 residents, or 10%, since the end of 2019. The *Wall Street Journal* used data released by the Centers for Medicare & Medicaid Services, which represented the first publicly available data on nursing homes since the pandemic began.

The report cites complications related to the COVID-19 pandemic as the primary cause of occupancy decline. The occupancy decrease reflects several factors, including families who chose to remove their loved ones from facilities, deaths, and people who opted not to enter nursing homes amid the pandemic.

Additionally, in May, CMS started requiring nursing homes to submit COVID-19-related data to the Centers for Disease Control in an effort to help provide public transparency. The data released by CMS includes suspected and confirmed deaths

from COVID-19, occupancy levels, and the amount of personal protective equipment on hand. CMS will be providing weekly data updates.

Among the trends the CMS data can help to reveal is how properties are faring with COVID-19, the impact of the broader community penetration rate on a facility, and how the availability of personal protective equipment might be affecting mortality rates. However, there are limitations to some of this initial CMS data. For example, only 12,000 nursing homes out of the nation's total of 15,000 submitted acceptable data for the most recent period surveyed, and nursing homes could choose not to report COVID-19 deaths prior to May.

Most facilities recognize this data as a starting point, and as more data is released and updated, they can better use it to gauge how the pandemic is impacting various facets of their operations.

"At the end of the day, we can endure much more than we think we can."
—Frida Kahlo

Just For Fun

Things You Shouldn't Tell Your Boss

Yesterday I did nothing, and today I'm finishing what I did yesterday.

The boss told me to have a good day. So, I went home.

When my boss asked me who is the stupid one – him or me – I told him everyone knows he doesn't hire stupid people.

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