



COVID-19'S IMPACT ON PPE IN HOME CARE

LESSONS LEARNED AND BEST PRACTICES FOR THE FUTURE



SPEAKERS

Rob Goodsell

Director of National Accounts
Cardinal Health-at-Home



Kendall Stricko

Clinical Manager
Cardinal Health



Tammy Ross MHA, BSN, RN

Senior Vice President of Professional Services
Axxess



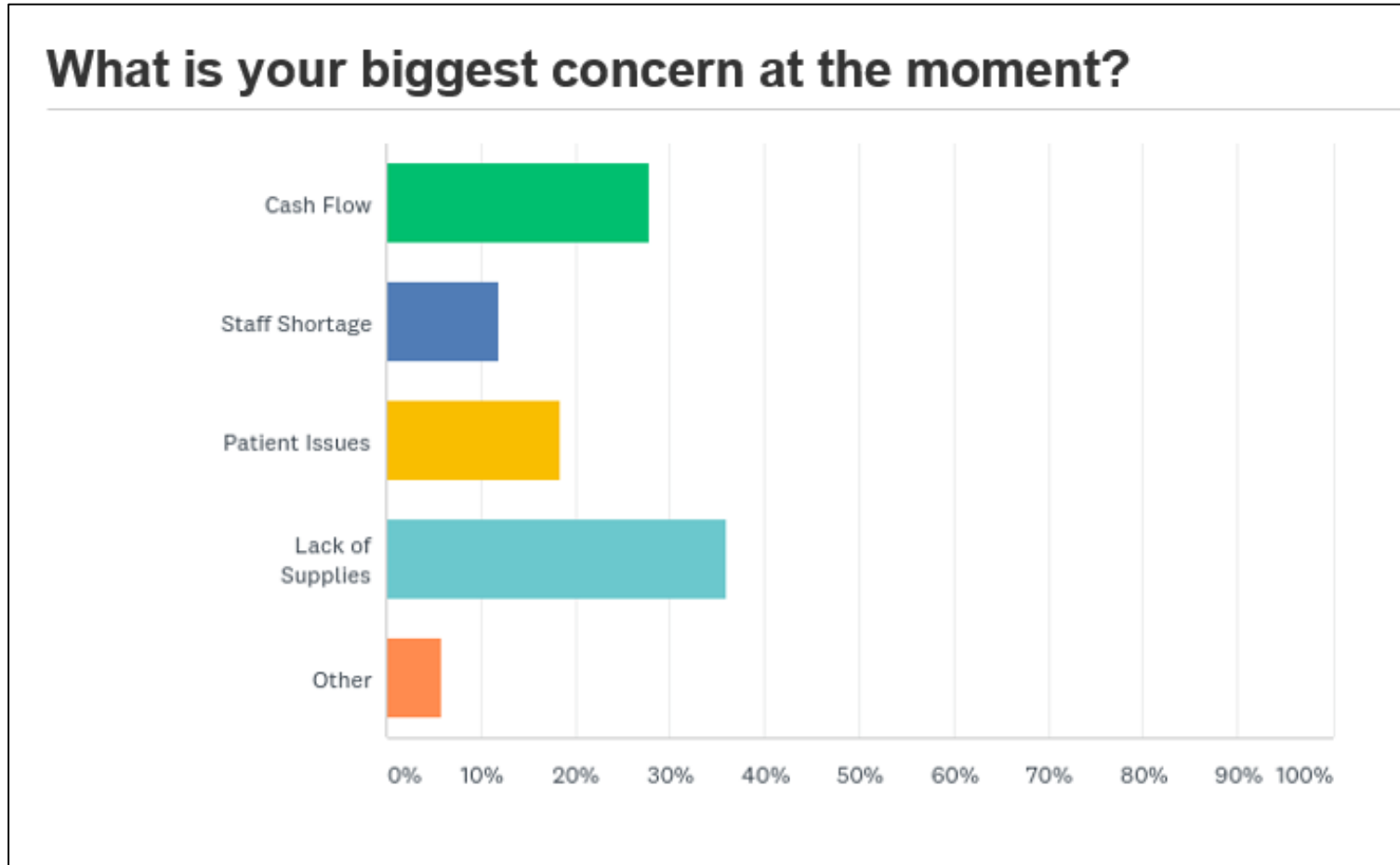
Objectives

- Recognize how COVID-19 may have forever changed how healthcare views PPE
- Understand pre-COVID PPE demand in home care and the impact it had on supply availability today
- Leverage resources and best PPE practices to meet current PPE needs of staff during COVID crisis
- Plan for post-COVID supply needs and practice improvement going forward

INTERACTIVE POLLING QUESTION #1



Axxess Survey Results – March 25-30, 2020



- The Impact of Coronavirus (COVID-19) on Care at Home Organizations, Axxess Survey of 445 Home Care Respondents, March 25-30, 2020

Pre-COVID PPE Landscape

PPE Defined

“Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. Personal protective equipment may include items such as gloves, safety glasses and shoes, earplugs or muffs, hard hats, respirators, or coveralls, vests and full body suits.”

- www.osha.gov/SLTC/personalprotectiveequipment/

Traditional Home Care PPE

Gloves	Masks
Eye Protection	Clothing

Gloves

- Nitrile
 - Preferred glove, majority of glove purchases
- Vinyl
 - Mainly patient and aide use
- Latex
 - Small demand, many agencies have gone latex-free



Masks

- Surgical
- Respirator



Eye Protection

- Face shields
- Goggles
- Mask with eye shield



Clothing

- Gowns
- Head coverings
- Shoe covers



Where It's Made

“According to data compiled by the U.S. Department of Health and Human Services, 95% of the surgical masks used in the U.S. and 70% of the respirators ... are made overseas.”

- Infection Control Today, COVID-19 Lesson: How IPs Can Ensure We Never Run Out of PPE Again, June 10, 2020

Saskia v. Popescu, PhD, MPH, MA, CIC

It Only Works When Used!

“Quantitative research has long identified that though our PPE technologies are better and safer, they are still not being worn.”

- A Retrospect: PPE Use Then and Now, Infection Control Today - October 11, 2014

Pre-COVID PPE Use

“Use of personal protective equipment (PPE) and safety-engineered medical devices (safety devices) is mandated by the Occupational Safety and Health Administration (OSHA) for healthcare workers who may be exposed to patients’ blood...

However, because the patient’s home is not subject to the control of the home healthcare/hospice agency, employers of nurses who provide care in the patient’s home are exempt from the requirement to ensure that the nurses use PPE and safety devices in this setting.”

- Safety Climate and Use of Personal Protective Equipment and Safety Medical Devices among Home Care and Hospice Nurses,
Jack K. Leiss, November 2014, National Institute of Occupational Safety and Health

INTERACTIVE POLLING QUESTION #2

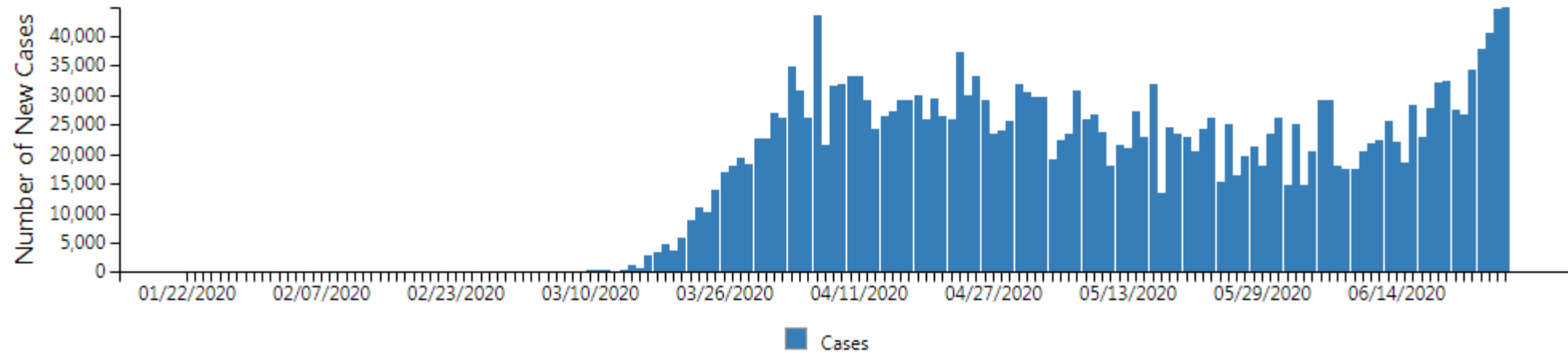


Living with COVID-19

COVID-19 Timeline

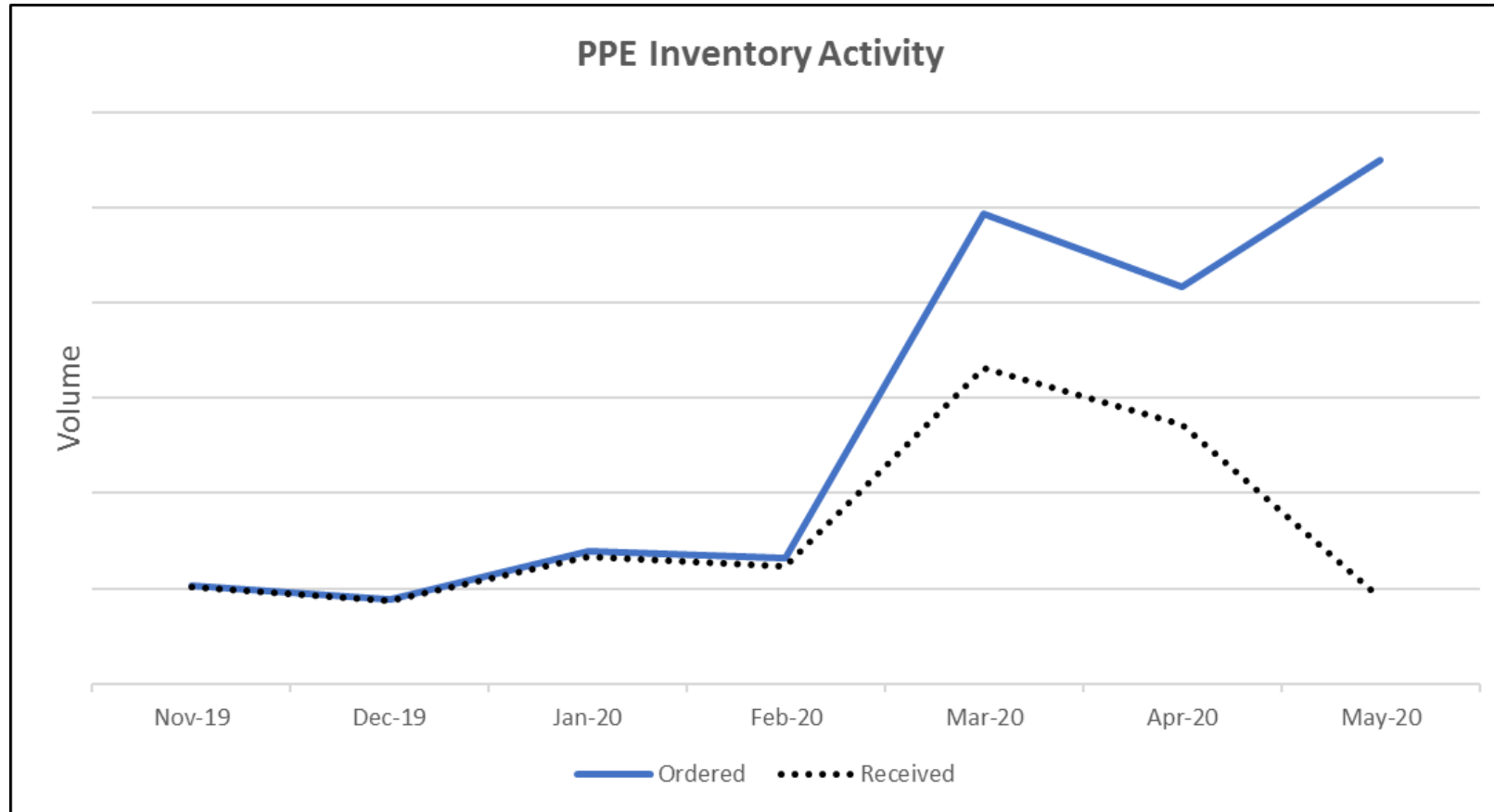
New Cases by Day

The following chart shows the number of new COVID-19 cases reported each day in the U.S. since the beginning of the outbreak.



- Centers for Disease Control and Prevention, June 28, 2020

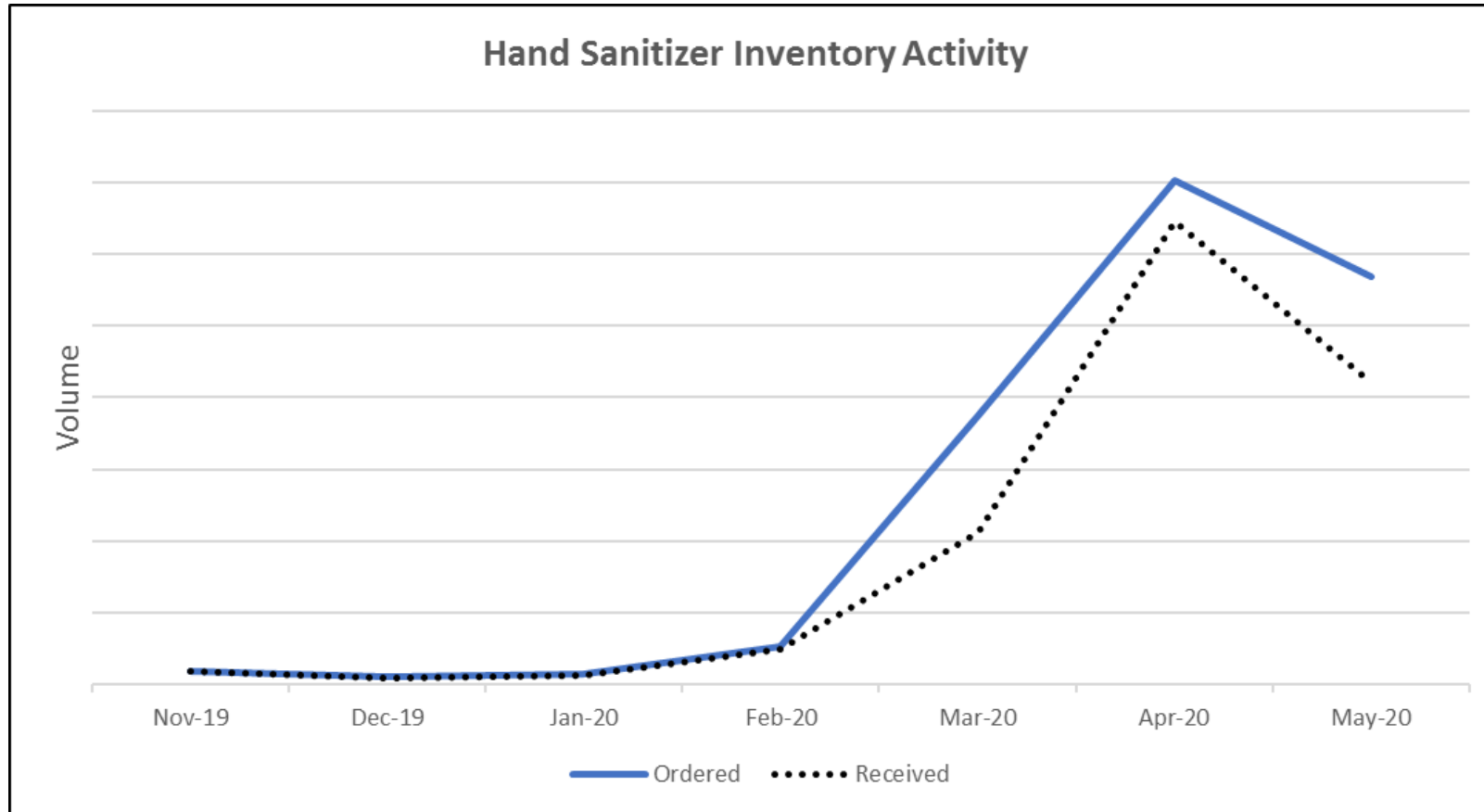
PPE Demand Landscape in Home Care



PPE Demand Landscape in Home Care



PPE Demand Landscape in Home Care



Early Preparation

“We immediately took inventory of everything company-wide. And then as we needed to, we started distributing from one location to another to help balance things out, if need be.”

- Bob Parker, Chief Clinical and Compliance Officer for Intrepid USA
 - May 20, 2020, Home Health Care News

Home Care Not a Priority?

“Despite the fact that home care providers serve more than 12 million very vulnerable patients each year and that the demand to serve COVID-19 patients is increasing every day, home care is not considered a priority at any level to receive PPE.”

- NAHC, April 2020

Front Lines in Need During the Crisis

"We have not received anything from FEMA or the federal government. We continue to be in contact with them daily, trying to explain the critical nature of the home care situation and the need for home care organizations to be moved up the ladder of supplies, but we've not had any success or not received anything to date."

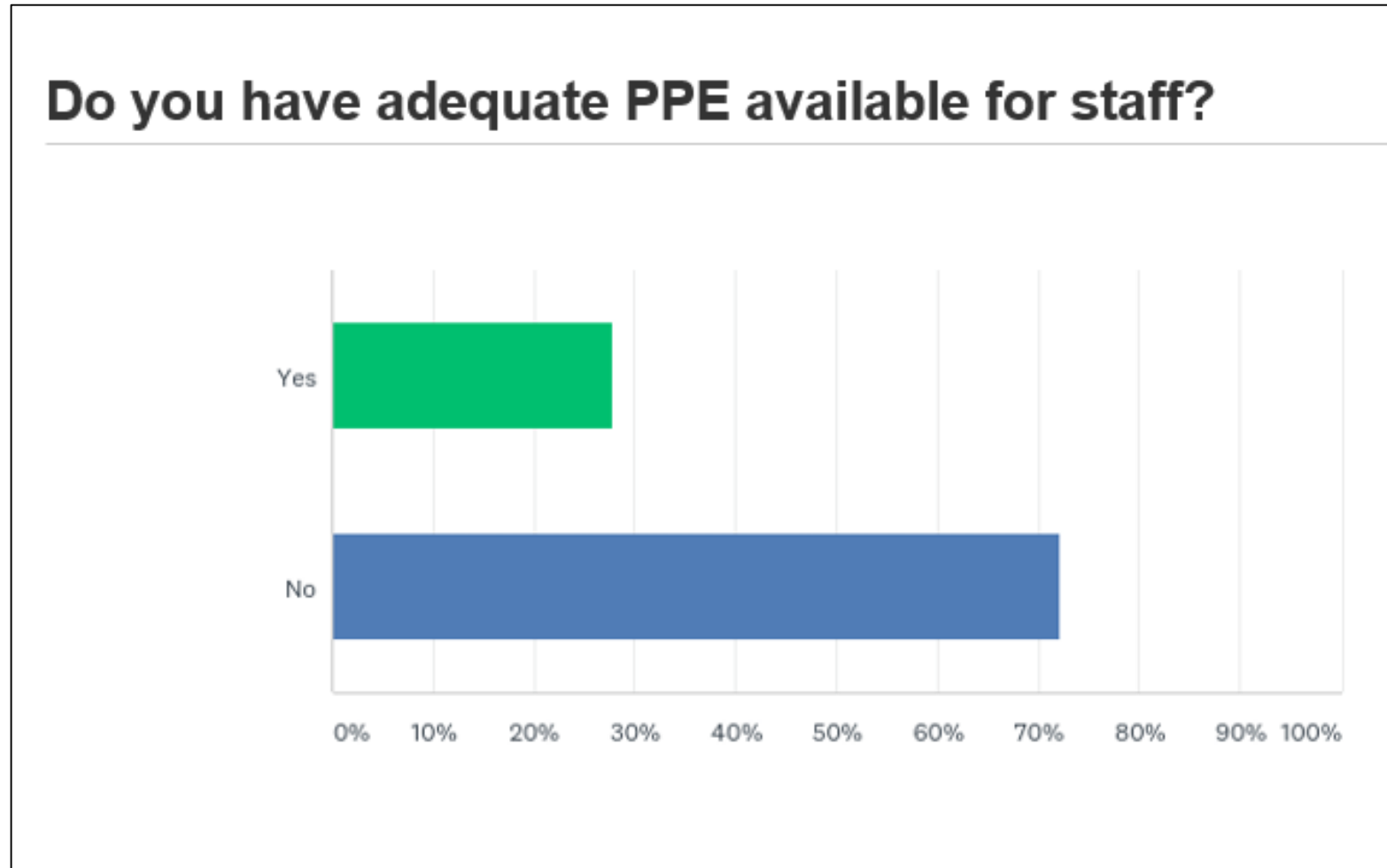
- David Causby, President & CEO of Kindred at Home - April 3, 2020 CBS News

Limits to Creativity and Ingenuity

“Home care providers have taken all alternative steps, such as extreme conservation, using garbage bags as gowns, empty soda bottles to make face shields, and homemade masks. However, creativity and ingenuity has its limits when it comes to worker and patient safety.”

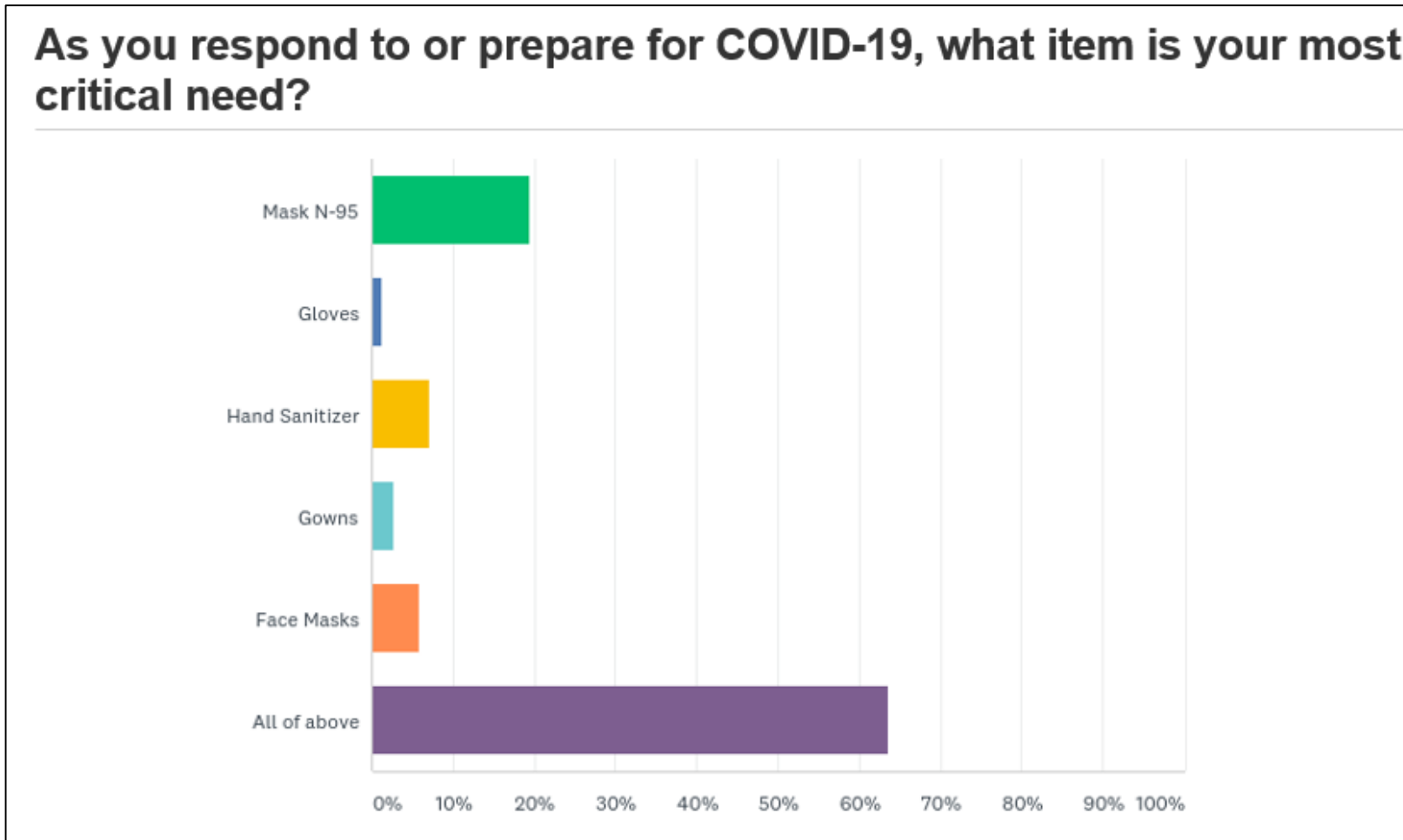
- NAHC, April 2020

Axxess Survey Results – March 25, 2020



- The Impact of Coronavirus (COVID-19) on Care at Home Organizations, Axxess Survey of 445 Home Care Participants, March 25, 2020

Axxess Survey Results – March 25, 2020



- The Impact of Coronavirus (COVID-19) on Care at Home Organizations, Axxess Survey of 445 Home Care Respondents, March 25, 2020

Message for Congress

- **RECOMMENDATION:** Congress should establish that providing access to PPE for home care and hospice is a national policy priority.
- **RATIONALE:** One of the most effective mitigation strategies to control the spread of the virus is to isolate at home. PPE is essential not only to care for those infected with COVID-19, but also for the additional 12 million homebound individuals who are highly susceptible to the transmission of the virus.

- NAHC, April 2020

The COVID Effect on How We Think About PPE

- It's more than traditional PPE now
- An expanded list of items and procedures to ensure infection control for the benefit of staff, patients and caregivers in the home
- Provision of PPE/diagnostic items for patients
- Challenges with obtaining certain items have led to the adaption of others

Accelerated Use of Other PPE-related Items

- Hand sanitizer
- Hand soap
- Medical grade disinfecting wipes
- MRSA kits



Diagnostic Equipment

- Thermometers
- Pulse oximeters
- Disposable stethoscopes
- Disposable blood pressure cuffs



Stretching Inventory When Limited

- Filtering Facepiece Respirators (i.e. N95 masks)
 - One strategy to mitigate the contact transfer of pathogens from the FFR to the wearer during reuse is to issue five respirators to each healthcare worker who may care for patients with suspected or confirmed COVID-19.
 - Wear one respirator each day and store it in a breathable paper bag at the end of each shift
 - The order of FFR use should be repeated with a minimum of five days between each FFR use.
 - Decontamination (i.e. Battelle)

- Centers for Disease Control and Prevention, Decontamination and Reuse of Filtering Facepiece Respirators, updated April 30, 2020

Impact on Manufacturing

- “Trickle-down effect”
 - Halt on manufacturer production
 - Raw material issues
 - COVID+ employees
 - Call-offs
 - Curfews and quarantines
 - Change in manufacturer priorities
 - Distribution challenges

PPE for Home Care Still an Issue

“In-home care providers continue to be left off of PPE priority lists, perhaps even more frequently now than before as government officials look to begin reopening nursing homes.”

- May 20, 2020, Home Health Care News

Post-COVID Recovery and Planning

INTERACTIVE POLLING QUESTION #3

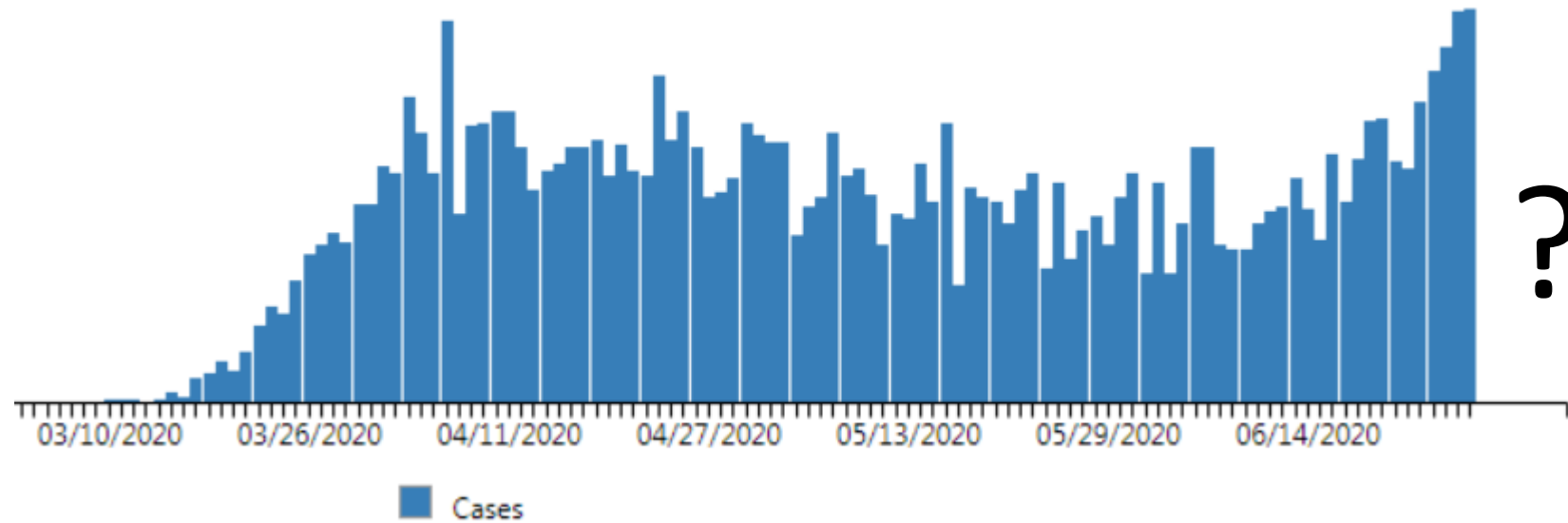


Financial Impact

PPE topped the list of items that contributed to increased costs/lost revenues for hospice organizations, followed by staffing costs and reduced referrals.

- National Association for Home Care & Hospice's (NAHC) Hospice COVID-19 Impact Survey, conducted over the first three weeks in May 2020

When Will It End?



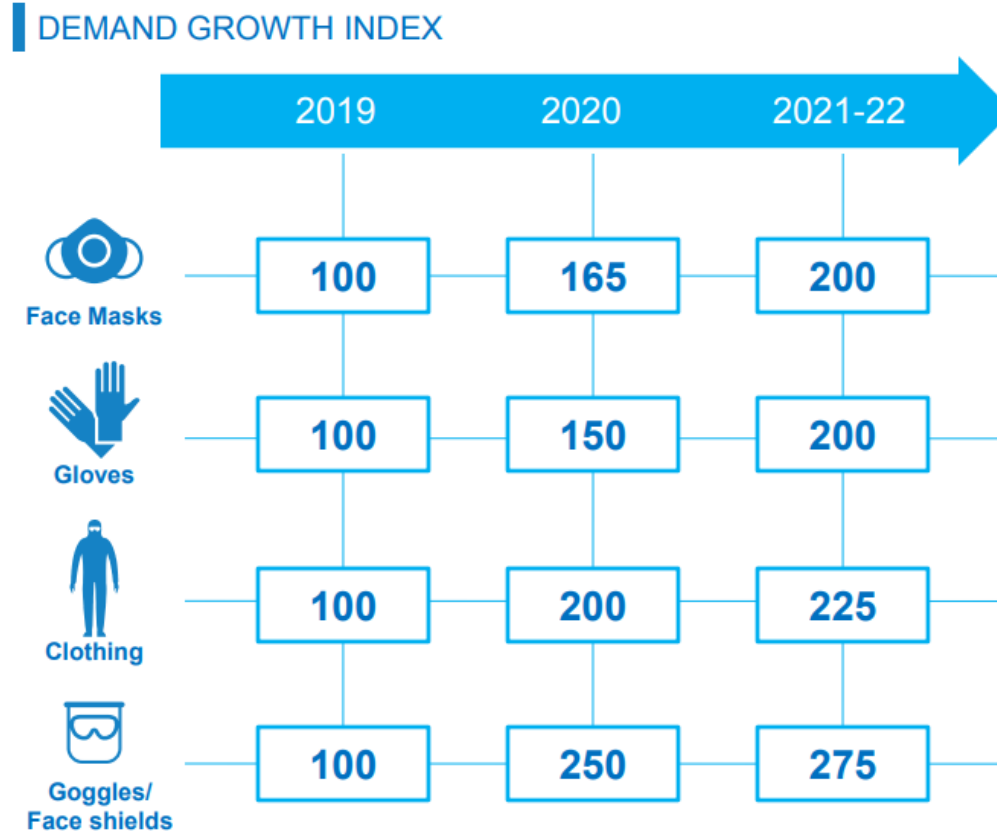
- Centers for Disease Control and Prevention, June 28, 2020

The Future of the PPE Value Chain

- Frost & Sullivan reports the drivers for transformation of PPE in healthcare are strong and COVID could enhance the speed of change:
 - Strategic stockpile of critical PPE supplies will grow multifold to address any such eventualities in the future, ensuring steady demand in the next 18-24 months
 - Distribution strategies for the healthcare industry may witness changes
 - Growth of industrial PPE companies catering to healthcare PPE and vice versa
 - Substantial growth in indigenous manufacturing capacities to reduce dependence on imports
 - Growth of new entrants, M&A activities

*- Frost & Sullivan, Impact of COVID-19 on Demand for PPE in the Healthcare Industry,
Sanjiv Bhaskar, Vice President, Global PPE Research, June, 2020*

Healthcare Demand Projections



Note- 2019 is the base volume

- Frost & Sullivan, *Impact of COVID-19 on Demand for PPE in the Healthcare Industry*, Sanjiv Bhaskar, Vice President, Global PPE Research, June, 2020

Changing Protocols and Evolving Needs

- Leave-behind supplies (i.e. thermometers)
- Requirements for both staff and patients (i.e. masks)
- Testing patients in the home
- “PPE Kits”

Healthcare Industry Learnings & Opportunities

- Governmental priority and lobbying efforts – ensure appropriate attention to all components of the continuum of care involved in efficiently addressing critical public healthcare concerns
- Prior heavy demand was mostly masks, gowns, gloves – a pandemic or other emergency situations don't align with historic utilization
- What do we all need to do to prepare better?

DISCUSSION / Q&A

Review of Key Items

- COVID-19 has likely forever changed how healthcare views PPE
- Pre-COVID PPE demand in home care had an impact on supply availability today
- Home care has not been on the PPE priority list at the national level – organizations have had to be resourceful while rethinking the approach to providing critical supplies for staff
- The traditional list of items viewed as PPE has grown to include other essentials for staff and patient protection
- Planning for post-COVID PPE supply needs and practice improvement going forward is multi-faceted and incorporates hard learnings from the pandemic

For Additional Information...



Kendall Stricko

Manager of Clinical Solutions
Cardinal Health at-Home

kendall.stricko@cardinalhealth.com

800.860.8027 x4104



Rob Goodsell

Director of National Accounts
Cardinal Health at-Home

robert.goodsell01@cardinalhealth.com

770.841.4777