**VISITING NURSE SERVICE OF NEW**

**Moderator: Allison Hancu**

**October 7, 2021**

**5:36 pm CT**

Coordinator: Welcome, everyone, to Ask Partner (SVP) and thank you for standing by. At this time all participants are in listen-only mode until the question and answer session of today's conference. At that point to ask a question, press star followed by the number 1 on your phone and record your name when prompted. Today's call is being recorded. If you have any objections, you may disconnect at this point. Now I'll turn the meeting over to your host, James Rolla. You may begin.

James Rolla: Thank you and good evening, everybody. I'm glad to be here with you tonight. Thank you for joining the call. Today was a big day for the organization, a big day for you and a big day for our patients. So I hope as we begin this call and as you have joined this call with us that you have been vaccinated.

I know that you have probably endured a barrage of phone calls and messages probably for the past several weeks and they have probably gotten increasingly frequent and probably annoying. And I want to apologize if you found them intrusive or disruptive.

But I would have you look at this as it was that important. It was just that important for you to be able to continue to work and for the agency to be in compliance with a very difficult mandate. So I want to thank you for your patience and your tolerance and your cooperation.

While I don't know who's on the call, I would hope that you've all been able to send in the proof of vaccination and that tomorrow you will go to work as if nothing has changed. And so I want to thank you again for your patience and for your dedication to Partners in Care and for working here.

So I think - so I want to introduce - I'll actually let you know who's on the call with me, part of the leadership team. We have Thomas Cocozza, who's the Director of Operations, and we have Lorraine Earle, who is the Director of Support Services.

We'll take any question that you have regarding any aspect of the operation. And if we're unable to get an answer for you tonight, we will certainly follow-up with you in the morning. Okay?

So I think what I'd like to do is a little different than what we normally do. I think we'll talk about some updates and take some of your questions later. But if anybody has a question at this time because, again, I know that you have received countless messages regarding the vaccine.

So if there's anything about the vaccine that is on your mind right now or any questions about it, or if you have not been able to successfully provide us with the proof of vaccination and you're having difficulty, I would just like to open it up to see if anybody has questions that we can help you with about that now and address that now.

So, Tom, would you be able to open up the lines for questions at this time?

Coordinator: Certainly. Thank you, speakers. Now, participants, we will open the question and answer session. If you have a question, please press star followed by the number 1 and record your name clearly when prompted.

Your name will be required to introduce your questions. To cancel your request, you may press star followed by the number 2. Again, to ask your question, please press star 1. One moment, please, for our incoming questions.

James Rolla: Thank you. Okay. I'll give everybody the time they need in order to ask questions regarding the vaccine if you have anything on your mind about that.

Coordinator: Thank you for waiting. Speakers, as of this time we are showing no questions. Again to all participants if you have questions, please press star followed by the number 1 and record your name clearly when prompted. Thank you.

James Rolla: Okay. All right. So if there are questions, we'll take them. Sorry.

Coordinator: My apologies. We are showing no questions at this time. You may proceed.

James Rolla: Okay. Great. If you could - if you want to close the lines - mute the lines now and I'll continue with the call and we'll open it up again later.

Coordinator: Thank you.

James Rolla: Are we good? Okay. All right, so I'm encouraged that you don't have any questions and that the communication and the information that we gave you was clearly understood and that you all have been vaccinated. So thanks again.

All right. So moving on. I think one of the things that we want to talk about today or tonight, some of you may be or have been or will be impacted by an upcoming transition computer system. And there's going to be some changes about how you call in and out your attendance.

Tom, did you maybe want to talk a little bit about the HHAeXchange upcoming transition?

Thomas Cocozza: Sure. Sure. So I don't know if you have heard or not. We sent out some communication about this, talked about it on some previous calls with the FCP. But we are moving away from Sandata into a company called HHAeXchange.

And most of that's going to affect us in the office, the computer systems that we use, how we do our scheduling and whatnot. But it will affect you out in the field in the way that you clock in and out because Sandata will be disappearing and we'll be using HHAeXchange's telephony system to clock in and out.

The functionality is basically the same in regards to there'll be a phone number. You clock in when you get to the client's home. You enter your ID. And then when you're done, you clock out and you enter your task. All right?

So generally the same thing. Your ID will be moving to be your actual employee ID number instead of what it currently is. So that's a little different.

But generally it's that. If you happen to use the SMC app to clock in and out instead of using the telephone, HHAeXchange has an app that does the same thing. And it works again in pretty much the same way where you're clocking in and out with the app on your phone. And the app uses your GPS to indicate that you're with the client.

But what's really important for you to know, hey, my new case is - or my case is moving over to this new system. So I need to know this new phone number. I need to know how to use this new app.

On Saturday all of our hospice cases and all the cases in our Chinese unit are going to be moving across. So if you happen to be working on a hospice case or you happen to be one of our Chinese home health aides, you will be affected starting on Saturday.

Everybody else, either you've already gone over or you will be going over in the next two months. We will send targeted communications to you about when we anticipate that you'll be moving over.

But just in case you're curious, you can reach out to your supervisor or to the office tomorrow and get more information about this.

James Rolla: Thanks, Tom. Does that cover it?

Thomas Cocozza: That covered it. I am done.

James Rolla: Okay. So thank you. And what I would like to just add is this is something that is going to eventually rollout to everybody within the organization. But we are doing it in a phasing-in type of approach so that it's going to go in rounds.

And so like Tom said, if you are assigned to a hospice case where you are a Chinese - you're a Chinese caregiver assigned to a Chinese case in the Chinese unit, it will affect the work - these changes will take effect for you this Saturday.

So if you have - if anyone is on the line and has a question about that, we'll take that when we get to it when we open it up again for questions.

So the next thing that I just want to remind you of is you're in-service. Obviously you know that you're able to take your in-service on CareConnect through the app.

We have had incredible success with people being able to access the app and take their in-service courses for the year. So I want to remind you to do that and continue to complete your in-service hours through the app.

And if you are having any challenges or any difficulty accessing it, please let us know and we will help you with either technical support or help you with any questions you have if you're having difficulty completing the courses.

I hope that you have been finding that to be a good experience and that you have been able to, you know, complete this with relative ease. That is what most people have reported. And we have had a lot of caregivers, a lot of home health aides that are using that. And I hope you find it convenient and that you find it may be better than having to come into the classroom.

But, speaking of which, we very much miss seeing you and we really want to get back into the office. And there are some staff that are there now in the office, but not a whole lot and not always every day. But we are really looking forward to being able to come back into the office and have you back in there so that we can see you and interact with you and just kind of be together again.

And so we're working towards that. We're not quite there yet. But I would check if the office is open - and I want you to be very clear that if it's not closed, you can go there.

You should be going there for - hopefully you're not having any difficulties accessing PPE. And you can go into the office if you need to drop something off, if you need to pick something up. So you can - there are people there and I don't want you to feel that you can't access anybody.

Speaking of PPE, I think it's important, especially with the vaccine mandate upon us, it's very, very, very, very important that everybody remember that just because you've been vaccinated doesn't mean that you don't still have to wear a face covering and wear your eye shield, you know, whatever the protocols are but most importantly your face covering.

And I say it that way because there are different protocols for different patients. But at the very least, you must be wearing a face covering and you cannot take it down even if you've been vaccinated and even if the patient tells you to take it off because we don't want to have to come back to you where they say, you know, you didn't have it on.

So it's really important not to confuse the fact that just because you've been vaccinated, because you have been already, right, that you don't need to wear the mask. You still need to wear a mask while you're servicing your patient. Okay?

So that's something really important not to lose sight of. But I know it's very easy to and we all want to be able to get to the point where we don't have to do these kinds of things. But I think that's something that's going to be here to stay even after all of this hopefully goes away.

I hope that you are still participating and I hope you still are aware of and are getting the information about the emotional support calls that occur, I think biweekly, where they are led by the social worker then and in which you can talk about, you know, very important things like how you're feeling and how the effects of the pandemic and what it's been - how it's affected you and any of your concerns.

I welcome you to have those kinds of conversations here if you feel comfortable. You don't have to. But if it's something that you want to bring up on this call, I'm happy to - you know, we're happy to support you as best we can.

And then I hope you've all received the - I know you have because we've gotten what I believe to be an overwhelmingly positive response to our first employee engagement survey, which went out to all of you regarding your satisfaction and your experience with the agency.

I am incredibly proud and humbled to say that the response was very high and the result of that survey was extremely positive. And so, I mean, that's really encouraging. Not only encouraging, but, like, it is very gratifying because that really is our goal.

And it's always hard to say whether or not people are truly happy and whether we are really providing the kind of employment experience that people want. And for those of you that have participated in my calls before, you often hear me say we know you can work anywhere and we really want you to work here. And we're lucky that we have you here and we want to keep you here.

So that kind of feedback that we received, I think, came as a surprise to me, I must say, because the satisfaction rate was very high. It was around 90%.

But there's still 10% of people that feel maybe we're not doing the best that we can and we want to improve that because I would like to think that 100 people - 100% of people are satisfied with everything that we do. It might not be realistic because you can't satisfy everybody, but I do think it's certainly a good goal to try to work towards.

So I appreciate immensely the response, the time that you took to share your feedback. And again, we send you a lot of information, a lot of things and I want to apologize for that because I think that we inundate you sometimes with information. But it's the only way, especially during this time to communicate with you and communicating with you is really important.

It's vital to us. It's vital to you. And it's vital to our patients. So we don't have any other way to do it. So, again, I encourage you to keep checking your phones, keep checking your emails, keep checking your texts and make sure that you submit your daily caregiver screening.

Again, just because you're vaccinated and just because you wear PPE doesn't mean that you don't have to fill out that survey. I want to say to you that survey is not something that we just want to give to you to complete because we want to give you more to do. It's required by the state and in accordance with COVID policies and practices that you complete that caregiver screening every day.

And if you don't know what that is, we're going to have to fix that right away. What you should be getting and what you do get every morning to your phone is a survey in which you would respond to questions that are asking you about how you feel today, meaning do you have a fever? Do you have a cough? Have you been around anybody that was positive for COVID-19 and some other questions, not a whole lot.

But it's very important that it become part of your everyday routine to get up in the morning before you go to your patient, before you leave the house. Like, it's the same way like you don't leave the house without getting dressed. You don't leave the house without submitting your caregiver survey.

Okay. So that's really important. And if you have questions or problems about how to do that or access it or it is something that you're hearing for the first time, please let us know and we will get that resolved. Okay? But the vaccine doesn't eliminate PPE and it doesn't eliminate the need for that survey. Okay?

So, Lorraine, is there anything you want to cover? I think I know what you're going to cover.

Lorraine Earle: Yes, okay.

James Rolla: I'll let you go ahead.

Lorraine Earle: Thank you, James, and thank you, everyone, for coming out tonight. This is always a very important opportunity for me to speak.

I work in the placement referral team. And that's where all the new cases come into the agency. And I'm always happy to report when I come on this call that we are never, ever out of work for our home health aides.

There's always work. But it's early in the morning when it's weekend. There's always work. All that we ask you to do is to be a bit flexible. And we will help you get that case that you need.

If you're looking for work, the number that you would call, it's 212-609-4442, the extension you press is 5. And that's looking for work. I'll say that again, 212-609-4442. And you press pound and that's when you're looking for work.

So like I said, I'm always happy to report, even if it's the weekend, we have work for Saturdays, work for Sundays. If you're home and you think on Saturday you just feel like doing something extra, you call the office. On Sunday, it's the same thing. We always have work.

So I just ask, like I said, one thing, you just need to be flexible. Some cases are not so large in hours, but we try to merge them together to ensure that you can get a full day's work or if you're looking for half a day's work, if it's the morning or the afternoon, we have something that we can work out with you. So I would like to say that.

The other important thing I would like to mention to you is that the plan of care - so having given you the case, we expect when you get there as much as possible you look for the plan of care.

And if you don't see it in the home, you call your supervisor immediately and let them know. I do not see a plan of care in the patient's home. And they will get on to the nurse or they will read from the computer and they will allow you to get that.

But it's important that you follow what's in the plan of care. You shouldn't do anything that's not listed on the plan of care and be expected to comply with what is on the plan's care.

There's a number if the patient refuses a service. That's 99. And that's just in case the patient refuses service. So that's one of the things I would like to remind you of always follow your plan of care.

So work is available, work is always available and your plan of care. And I know Tom alluded earlier to using the SMC app, but what is also very, very important, even at this point in time, is that you always clock in and out when you go to your patient's home. That's the only way you can guaranty that you will get paid.

So it's important you clock in and out. Currently we're still using the SMC app. So that can be used until the transition is made over to the new app.

So those are the points I would like to discuss with you tonight. It's work and it's very important and for following the plan of care so we do the right thing for the patient and do the right thing for yourself so that you can get paid. And that's for you to clock in and to clock out.

If you have any questions for me, Jim, I can answer when you open up the line again.

James Rolla: Okay. Thank you, Lorraine. That's a great update. And I just want to underscore the fact that we re-say again that nobody could ever say that we don't have work. We have more work than we have you. More work than we have people to give it to.

And it's really, really important that you try to be as open minded and flexible as you can. The more open minded and flexible you can be about work and where you can take it and where it is, the more work you'll have.

And I do understand and I want to say that again. We all understand that it's not easy to have to travel from case to case and that everybody would prefer, and it would be my wish if I could give everybody, a case in one place with a good number of hours.

But those cases are becoming far and far fewer and more difficult to find because referral sources are not authorizing hours like that anymore and they haven't been for quite some time. So it's not that we don't want to give you the work or that we don't have it or that we don't have - like we only have short hours.

We have what the referral sources are giving. We have what the referral sources have available. And I just want to note, while I know that it's very, very difficult to have to travel and to spend time out in the community going from case to case, we will do whatever we can to make it as easy and as manageable for you as possible. So thank you, Lorraine, for that really great update.

I think what I'll do is I'm going to take a pause and I'm going to let - I'm going to ask Tom to open up the lines and see what questions you have for us. And we can start taking some questions.

Coordinator: Thank you, James. Again to all participants, we'll now open the question and answer. If you would like to ask your question, you may press star followed by the number 1 and record your name clearly when prompted. Your name will be required to introduce your questions. To cancel your request, you may press star followed by the number 2. Again to ask your question, please press star followed by the number 1. One moment please for our incoming questions. Speaker, we are showing a question. One moment, please, as I get the name. Thank you for waiting, speakers. Our first question comes from (Stacy). Your line is now open.

(Stacy): Hello. (Stacy) here.

James Rolla: Hi, (Stacy).

(Stacy): Just a thought. Hearing now that hospice cases will be coming online for the new system, I believe one of my patients is switching over to hospice. The nurse visited today. Do I just wait until my supervisor informs me or...

James Rolla: Yes. So, Tom, did you want to talk? Thomas?

Thomas Cocozza: Yes. So, (Stacy), just to be clear. I know you're working in part on the pilot in Co-op C. Is this one of those patients?

(Stacy): Yes.

Thomas Cocozza: Or is this is a separate - okay. So I'm a little - like we're a little uncertain about whether - if that change happens, whether that client will stay in the pilot or not. When that transition to hospice happens, they may move out of that pilot and move over to be a hospice case and then transition to that.

(Stacy): Okay. All right. All right.

James Rolla: (Stacy), you make a - oh, go ahead. Sorry, Tom. Go ahead.

Thomas Cocozza: No, no, no, no, no. I'm done.

James Rolla: You make a great point though. You raise an interesting question that may help others and yourself for the future. Sometimes when you - so the process when, say, a patient is going from, you know, say, acute care, right, to hospice from one payer to another, the nurse may come in and do an assessment.

But it may take a few days before it actually transitions over. And so the best course of action is even though you might see what's going on in the house and what's going on in the home, wait for the office to determine - I mean, to let you know when the change is actually effective.

And if that doesn't happen, then certainly that's a separate issue. But we would need to know that, too, so we can address it. But that's usually the pattern and that's what would happen. What you see in the home today may take a few days to actually take effect. Does that make sense?

(Stacy): Okay. Yes. Thank you.

James Rolla: Okay. Great.

Lorraine Earle: So see if perchance they still need you. I'm sure you are probably hospice trained. They will alert you and they will tell you the steps that you need so that you be in sync with the new HHAeX just perchance it has to happen. Okay? Because they may ask you sometime to stay on the case. But you would be alerted definitely by your supervisor.

(Stacy): Okay. Got it.

Lorraine Earle: Okay.

Coordinator: Thank you. Speakers, our next question comes from (Madeline). Your line is now open.

(Madeline Cunningham Edwards): Yes, good evening, everyone. Hello?

Lorraine Earle: Good evening.

James Rolla: Hi. How are you?

(Madeline Cunningham Edwards): I'm good. But I'm angry.

James Rolla: Oh, okay.

(Madeline Cunningham Edwards): Yes. I was with a client for three years. I never called out. I never take no time off. And because I said I'm not taking the vaccine because I'm a vegetarian -- I don't eat meat -- I said won't be taking the vaccine. I was told I won't be getting my PTO, which is so unfair. I was never late. I never call out.

I'm living in Jersey. I work in the Bronx. And I'm always present at work. I never call out. For three years, I was on a case. I came off yesterday. And it's so unfair I was told I won't be getting my PTO just because I didn't get the vaccine yet because I'm a vegetarian.

James Rolla: Okay. Tell me your name again? Tell me your name?

(Madeline Cunningham Edwards): (Madeline Cunningham Edwards).

James Rolla: Okay, (Madeline), so...

((Crosstalk))

James Rolla: Okay. Okay, (Madeline). So first of all let me say thank you for - that's a lot of years of service and I really appreciate, as I'm sure your patient does, that you came to work every day on time. It's a major accomplishment. And it's something that you should be proud of. And I certainly am inspired by.

So thank you for that. And I'm sorry that - I am sorry that you're angry. And I understand. I guess, well, I know - it's two things you said. The first one is you don't want to take the vaccine. And...

((Crosstalk))

(Madeline Cunningham Edwards): Right, yes. Right, because I'm a vegetarian.

James Rolla: I understand that. And I'm not a doctor. I'm certainly not going to pretend to be. But what I will tell you is I do know that unfortunately - and we have no Partners in Care - let me say Partners in Care and the entire industry has no control over what the CDC or the medical community has allowed for in terms of medical exemptions.

I do know that being vegetarian is not - does not exempt you from having to take the vaccine.

(Madeline Cunningham Edwards): I know. I know, yes.

James Rolla: Okay. Okay. All right. And so knowing as much as I would like to and as much as we would want to, not, you know that we can't exempt you from it.

You know, the way the situation can be resolved, and it has nothing to do with the fact that you haven't provided a good service and it has nothing to do with the fact that you have not been a stellar employee for a really long time. We just don't - it's a regulation and it's a mandate that we unfortunately cannot waiver on because the state wouldn't allow me, doesn't allow me, no matter how much I like you or want you to work, to say that it's okay for you to work.

And so all I can say to you is that I'm sorry that you are not able to continue to work without the vaccine. I mean, that's really...

((Crosstalk))

(Madeline Cunningham Edwards): This is the problem. I'm supposed to get my PTO because I've worked.

James Rolla: Yes. So regarding your PTO, who told you that you couldn't get your PTO?

(Madeline Cunningham Edwards): Because I'm signing up papers saying I'm (NC&O) so probably I would like my PTO because my daughter is studying at the university. It's her last year to be an RN. And so I would like - and she said I won't be able to get it unless I'm vaccinated. That's what she told me.

James Rolla: No. Okay. So that's incorrect. That's 100%. PTO has nothing to do with you not being vaccinated. What the correct answer is that you will be terminated - and I hate to say that because it sounds so harsh, but that's the reality.

You will be terminated because - it would be because you've elected - you've chosen not to get the vaccine. And I respect that. So we have no choice but to separate you from the agency, terminate you from the agency. And once that process occurs, any unpaid PTO - any unused PTO will be paid out to you.

It's not going to be tomorrow, but once the separation process happen, you will get your PTO paid out. Okay?

(Madeline Cunningham Edwards): Yes, sir.

James Rolla: And I just want to remind you - you're welcome. Well, you're welcome. Thank you. And I'm sorry that...

(Madeline Cunningham Edwards): And it was nice working with...

((Crosstalk))

(Madeline Cunningham Edwards): It was nice meeting you.

James Rolla: Okay. Well, we were glad to have you. Before you go, I just want to remind you. I just want to make sure that everybody knows, including you, that your health insurance, we won't be able to maintain your health insurance as of October 31. So I just want to make sure you know that.

(Madeline Cunningham Edwards): I know. I am always listening to the concerns so I know.

James Rolla: Okay. All right then. All right. (Madeline), thank you.

(Madeline Cunningham Edwards): Yes, sir. Bye-bye.

James Rolla: Okay.

Coordinator: Thank you.

James Rolla: Oh, could I say one thing...

(Madeline Cunningham Edwards): Yes, sir.

James Rolla: ...to everybody. Yes, (Madeline), if you change your mind tomorrow or Monday or Tuesday and you want to get the vaccine, you can come back. Just so you know that.

(Madeline Cunningham Edwards): Okay. Definitely. Thank you. Take care. Bye-bye.

James Rolla: Bye-bye.

Coordinator: Thank you. Thank you. Next, speakers, our next question comes from (Sharon). Your line is now open.

(Sharon): Hello.

James Rolla: Hi, (Sharon).

(Sharon): Hi. How are you?

James Rolla: I'm good. How are you?

(Sharon): Fine, thanks. I'm just asking a question about the new clock in and clock out system that we have to use. How is that going to work? Because I know we're doing the Sandata app now. So how is it going to work? Is it an app that we have to download the way we did the app?

And is it going to be the same thing where we - I know you were saying earlier that we may have to - we have to clock in on the phone and clock out on the phone. But is it going to be the same where a clock comes up and you clock in and then the tasks are there? Or is it going to be something totally different?

Because I'm confused about it because I know with the SMC apps we had to take a one day course or something. I think it was a couple hours. But for this one, I don't know how this is going to work for the home updates.

James Rolla: Okay. I'm glad you're - thank you for this question, (Sharon). It's an important one and a good one. I'm going to defer to the expert with Thomas here that's going to help you with that.

Thomas Cocozza: Sure. So the app, the new app for HHAeXchange, and it's just I think the app is HHAeXchange. It's just a (unintelligible) inside in the office. It works the same as the Sandata.

So you'll clock in with the button. The task will be there. And you'll know which task you are on in the plan of care and you'll be able to clock out with those tasks. The functionality is the same.

The training is going to be a little bit different. And this a good question to ask, the training for the Sandata app was how to download it and how to log in and then how to use it, right?

All the how to use part of it is in the app. There are videos and tutorials in the app that you can click on. So even if you're using it, you forgot how to do something, it's there for you to explain it right to you.

So the training that we're going to have is strictly going to be here's how we download it and here's how we get you logged into the system just to make sure that you have it and it is up and running.

And then once you have it, one, if you've already been using the Sandata app, it works pretty much the same way. So we don't need to kind of explain to you about how to clock in, what the tasks are, how to use all that stuff and, two, if there are questions, there's a lot of information right on the app. It's very easy to understand.

Yes. The training that we're going to have is going to be, how do I use it? Like how do I log in? How do I create a log in for it? All that stuff. When you went back to that class, I don't know if you remember, like that was the first part of the class. It was like, okay, everyone. Go to the App Store, look for the app, download it. We are still going to be doing that piece of it.

So far there has been remote support for the first wave that we've done of this. We are looking to get in-person at Office 220 some help from the HHAeXchange Company themselves to come out and help people learn how to use the app, learn how to do that downloading.

So we'll have staff at Partners in Care that can help you plus we're getting staff from the HHAeXchange Tech Company to also come and help.

(Sharon): So how is it going to work? Are you going to send it to my email at first and then I have to try to figure it out? And then...

((Crosstalk))

Thomas Cocozza: No, no. We're not going to -- we're going to -- are you part -- are you working on a hospice case right now?

(Sharon): No. I'm not on a hospice case now, but I'm trying to prepare myself just because...

((Crosstalk))

Thomas Cocozza: That's good.

((Crosstalk))

Thomas Cocozza: I love it. I love it. I appreciate that you're, like, excited and you want to learn ahead of time. So we are generally teaching people in the waves that they're going in, right? So these next two weeks, we're going to be focusing on all the people who work in that hospice unit or that Chinese unit and making sure that they're up to speed.

You'll be getting a link to information about it. That'll be like texted to you and emailed to you if we have your email on file, which we should because you have the app, right?

So we're going to give you, like, that information. Hey, it's coming for you on this date. This is where it is. And then as we get closer to that date, there will be information for you about, like, this is when we're doing training.

So we're going to, like, reach out to you and say, like, you're using the app. We want you to keep using the app. These are the times and days that we're going to be doing some, like, in-person training and figure out if any of those times or days work for you. Okay?

And if they don't for the in-person training, then we'll do it over the phone. We'll find a time that works for you during business hours and we'll get on the phone. We'll walk you through it. Okay?

((Crosstalk))

Thomas Cocozza: We're not going to...

(Sharon): Okay. Go ahead.

Thomas Cocozza: Sorry. Go ahead. Okay. We're not going to let you - it's not going to be figure it out yourself and then we're mad that you don't clock in. That's not how we're going to run it. Okay?

(Sharon): And the only thing with the Sandata app was that I have two patients that I take care of in the same home. And it didn't give me that flexibility to clock in for the two patients. But now it has been doing that. So I want to know if it's going to be the same thing for the new app because sometimes when one patient refused something, I couldn't explain myself for the other patient. I would have to, like, put it in for the same patient.

But the nurse was saying why does the Sandata app, why do they do that? Because it's two patients in the home. They should have had it with - they should have had patients where you could - also I'm not - I hope I'm making myself clear.

Thomas Cocozza: I think I know what you mean. They put, like, all the tasks together.

((Crosstalk))

(Sharon): So is the new app going to be able to do that - for this new app, would I be able to do that?

Thomas Cocozza: That's a good question. I can tell you what I think, but I can't tell you 100% certain. I think that I've discussed with them, like, a little while ago and the answer is yes so they'll be like two steps. Like you're going to do one and then it's going to ask you to do the next one.

Like you have to do all of one client and then all of the other client. But I'm not 100% sure. Okay? So don't take that for gospel and you can say, like, well, Thomas said, I think. But that wasn't good enough.

So I'll find out and then I will get back to you. So can you give me your ID number and then I will get in touch with you tomorrow or Monday and let you know for certain.

(Sharon): Okay.

Thomas Cocozza: If that works for you.

(Sharon): That's fine. So I'll give it to you now?

Thomas Cocozza: Yes. Right on.

(Sharon): Oh, 71075.

Thomas Cocozza: 71075. Okay. All right. So I'm going to get in touch with them tomorrow and I'm going to find out the answer to that definitively and then I'll give you a call and let you know. Okay?

(Sharon): Okay. Thank you.

Thomas Cocozza: Thank you. Those are really good questions.

James Rolla: (Sharon), if I may comment, I really want to thank you. I really am like wildly impressed how astute you are and what a super user you are. Like the fact that you know the system. You use the system. That you want to be proactive and continue to use the system like we need everybody to be that way. So I just want to commend you for a really stellar, stellar job.

(Sharon): Thank you. Because I thought they would have like give me a glimpse of something so I kind of know because I know I have to - I mean, I've been using the app CareConnect to send data.

If I have to pick a schedule or they send me something, you know, I have to go through Sandata. But now they're saying it's everything is going to be the one app. So, yes, with that...

James Rolla: We're trying to make this a lot easier because, I mean even hearing you say it, it sounds very complicated.

(Sharon): Yes. It does sound complicated, like, I'm thinking, yes.

James Rolla: But we'll all the - we will make sure that we get this right. Okay.

(Sharon): Okay. Thank you.

James Rolla: All right. You're welcome. Thank you.

Coordinator: Thank you. And speakers we show no further questions as of this time. Again to all participants, if you would like to ask your question, you may press star followed by the number 1. And to cancel, you may press star followed by the number 2. One moment, please. Speakers, we are still showing questions. One moment, please, while I get the name.

James Rolla: Great questions so far. I'm really enjoying all the questions I have to say.

Coordinator: Thank you for waiting, speakers. Our next question comes from (Erma). Your line is now open.

(Erma): Hi.

James Rolla: Hi, (Erma).

(Erma): Yes. So this is my first time using the HHA. I (unintelligible) Sunday morning. But I use my phone to clock in this morning. So what do I do tomorrow?

James Rolla: Okay. Great question.

(Erma): Can you explain that to me?

James Rolla: Absolutely.

((Crosstalk))

James Rolla: So do you have another question or do you want us to answer that first one? Let's answer the first question.

(Erma): Okay. Go ahead, another question. (Unintelligible).

((Crosstalk))

Thomas Cocozza: So you're assigned into a live in case. You will be there through the week, into the weekend.

(Erma): Yes.

Thomas Cocozza: You clock in and out with Santrax today. You clock in and out with Santrax tomorrow. And then you're done on Saturday or you're done Sunday?

James Rolla: Sunday, Sunday.

((Crosstalk))

Thomas Cocozza: Okay. So Saturday you clock out with Santrax and then you're going to clock in with the new number. So normally you do the pound, pound, like you keep it rolling. You're not going to do that. You're going to pretend like for Santrax Saturday is your last day.

Like as of Saturday was your last day. Then you're going to clock in with the new number for Sunday, for Saturday into Sunday. Okay? So that's how...

James Rolla: Say it again. Say it again.

((Crosstalk))

Thomas Cocozza: So you have a live-in case, right? So normally you'll clock in the first day then whatever time it is, 8 o'clock in the morning usually but whatever time it is. You'll do your clock out and clock in, like you'll do the pound, pound, so that you are clocking out for day one and that functions as your clock in for day two, right?

James Rolla: Does that sound familiar to you? Does that sound familiar to you?

(Erma): No. It's complicated. I'm not understanding it at all.

Thomas Cocozza: Okay. Okay. So I'll take a step back. Normally for your live-in cases, right, every morning after your first day there, you enter your tasks for the day before, right?

(Erma): What I do I clock in when I come in this morning. Tomorrow morning I would clock in again between my tasks and then I clock out.

Thomas Cocozza: Okay. Great. This is what you're going to do.

(Erma): Do I need a new approach?

Thomas Cocozza: No, no. You're going to do that tomorrow, just like normal. On Saturday, right, even though you're still going to be there Saturday into Sunday, on Saturday morning, you're just going to do like it was - you're going to pretend like it was Sunday. You're just going to do that clock out. You're not going to do the second clock in. Okay? Because Saturday morning you're putting in your tasks for Friday, right?

Then now Saturday, you'll be in HHAeXchange. That's when it is starting. So on Saturday morning, you're going to pretend like it's Sunday. You're just going to put in your last task and then you're going to clock out. You're not going to clock in again with Santrax. Then when you're done with that, you'll have the new number.

And you're going to clock in again with the new number and you're going to do one day. It'll be like a one day live-in in the new number. So you're going to clock in on Saturday. And then Sunday morning, when you're really truly done, you'll run through your tasks and that's it. Okay?

And then going forward next week, it's the same thing, right? It normally is. Where you going to do the same thing every morning. You're going to put in your tasks for the day before and your clock in for the new day.

So it will work the same way. It's just going to be weird this one time because you're switching halfway through. Okay? What I will say is...

((Crosstalk))

James Rolla: Go ahead, Tom.

((Crosstalk))

(Erma): I learn better from the other person so I don't know. I don't know.

James Rolla: I think what we should do is we should call you tomorrow. We could call you at your case and we could have someone walk you through the process so that you're very clear on it. Because I'm going to say it sounds confusing to me too. I understand.

(Erma): It sounds confusing.

James Rolla: And we want you to make sure that you do the right thing. So we're going to call tomorrow. If we could get your ID, Tom, right? Thomas, right?

Thomas Cocozza: Yes. Give me one second and I'll get it. All right.

((Crosstalk))

James Rolla: Maybe your second question will be a little easier for us.

Thomas Cocozza: All right. What is your ID?

(Erma): 110789.

Thomas Cocozza: 110789.

(Erma): Nine, nine, nine at the end.

Thomas Cocozza: Yes, 789, yes.

(Erma): Yes. This is a request form for PPE. I've never done it before. I never really requested. I know you have to have your supervisor sign. So I was going to do that. I think that was probably a standard from for the pandemic. We are not able to reach our supervisor so how does that go?

James Rolla: Okay. All right. Well you should be able to reach your supervisor.

(Erma): I mean, yes, we should be. I'm sorry. That was wrong. I used wrong word. I guess, to get to where they are really, yes, to take it there, whatever, for them to sign it.

James Rolla: To pick it up? You need to pick it up? You want to pick it up?

(Erma): It's in my email. So I just copy and send it to you. It doesn't have to be signed by a supervisor, does it?

James Rolla: Oh, okay. Lorraine, you know the process, right? Lorraine?

Lorraine Earle: Hello?

James Rolla: Lorraine, you know the process for the PPE, right, for requesting PPE?

Lorraine Earle: Yes. So if it's just a regular PPE, then they just get the form. You know, each time you get a package, a form should be in the package for you to request your PPE so you don't have to wait until it's finished. So that's when you do it.

If it's a special PPE, the whole outfit, then that's for the COVID patients. That's the only time we actually put it in. But other than that, you can call the supervisor. They can put in a request for you or just look into your package. And there's always a refill form.

So you don't wait until it's finished because it takes time for the mailing. So we always ask to try to send it in ahead of time. Always look in your package and there should be a form in there.

So you send it ahead of time. But let's say you are late for any reason and you can't get it in, just call your supervisor and they will do it and they will submit it for you.

James Rolla: Does that answer the question? Does that answer your question?

(Erma): Yes. Thank you. Yes.

James Rolla: Okay. All right. And if you have any - what we'll do tomorrow is we'll tell you - we're going to have your supervisor also call you and go through the process again for requesting the PPE. Okay? Because we have your ID now and we'll take care of both of these.

(Erma): Okay. Thanks.

James Rolla: Okay? All right. Thank you.

(Erma) Thanks. Thank you.

Coordinator: Thank you. Speakers, as of this time, we are showing no further questions. Again to all participants, if you would like to ask your question, you may press star followed by the number one. And to cancel, you may press star followed by the number two. One moment, please.

James Rolla: All right. While we're waiting for those, I'm going to just cover a couple of questions that came in through email in advance of the call.

One of them is regarding transportation fare and when they go to a client's home and for whatever reason, the client turns them away, about getting reimbursed for the travel time.

And so, yes, it is reimbursable in terms of travel time. We're going to bring this back to HR and get some clarity on the process just to make sure that we're able to answer this question more clearly.

The second one or the last one that came in is it is excessively difficult to connect with my supervisor when I call for assistance or a decision. This is something that we hear often about the difficulty in getting a hold of the supervisors. We are working really hard and I guess not fast enough because I feel like we hear this too much about, you know, how difficult it is to get a supervisor.

I wish I had a clear and cohesive answer as to why that's happening. What I can say is that the supervisors are absolutely not ignoring phone calls. I think the reality is that supervisors just have so many phone calls that they are not able to get to people in time.

And so that's not an excuse. And that's certainly not the way that we want to run our business. And certainly we don't want you to feel like you don't have access to somebody when you need it or the support when you need it.

So, Tom or Lorraine, do we have like a backup if they can't get a hold of their supervisor? Is there a number that they call or an email box that they can send a message to? Is it hha@vns? Do we know?

Thomas Cocozza: Yes, that's it. It's hha@vnsny.org. If you can't get in touch with somebody and you need to get in touch with somebody today and they're not answering the phone, if you use that email address that goes to a group of people. Okay?

Someone will see it and respond in the same day. It may not be in a second, but it will be very quickly. Okay? So if there's something that you need and you're not getting it and you're not able to get through to your supervisor, you can email hha@vnsny.org.

James Rolla: And we know that you're out in the field a lot and sometimes you're in patients' homes and it's difficult to email. So for those of you that that's not possible to do - you know, that's one solution. I can only suggest that you keep calling back. And I know that that is not a great - like that's not a great answer.

But until we can get this better under control, that's how I can answer the question today. But I hear you and I will continue to - we will continue to make this a priority.

Thomas Cocozza: I will say this. The way that the phone systems are designed now, this is relatively new to us, relatively new, right? If you're trying to reach a supervisor, your supervisor and they are on the phone, they can't get to the phone right now, they stepped away from their desk for a minute, whatever the case may be, it should bounce to somebody else within the unit.

And I know sometimes all you get is like, I'll give them a message or things of that nature and that can be a little frustrating. You need a response right away. If you feel like this is urgent or if you feel like, hey, you know, this is the second or third time that I've called and I still haven't heard back, make sure that you tell that person that you're talking to right now when you do get a body on the phone that, like, this is something that you need to take care of right away, whether it's something that's an emergency or whether it's just something that it's a frustrating thing.

Like, you are trying to put in a request for time off or whatever the case may be. And you don't want that to appear like you're doing it last minute because you have been trying to get in touch with someone.

Just because it's not the person - the person who answered the phone isn't the person that you want to talk to doesn't mean that they can't help you. They probably can. Okay? And you can let them know, look, I've been trying for a while. I can't get through and ask, can you please help me? And they will do that. Okay?

I just want to know instead of sometimes like I want to speak to Tom and I can't get to Tom and I can't get my problem resolved. But Jim might be able to help. Well, if you get Jim, Jim will definitely be able to help. But you know what I mean.

Coordinator: Speakers, we are showing a question. Would you like to take it?

James Rolla: Yes. I know we're really over time, but I want to hear the question, so yes, absolutely.

Coordinator: Thank you. Our next question comes from (Antony). Your line is now open.

(Antony): I'm joining the program so late. Well, I hear you are talking about the new app. So I want to have some more - I want to have some more explanation about the new app if the CareConnect is no longer used. Was that just - am I too late?

James Rolla: Okay. No. You're not too late, never too late. So the CareConnect app is still being used. That's something that everybody needs to hear very loud and clear. The CareConnect app is not going away.

Thomas is going to talk about the app that you're going to be using if you are well - you're all going to be using it. But this Saturday - well, I'm not going to screw this up. Thomas, you're going to save me here.

Thomas Cocozza: Sure. So then the new app is replacing what we currently use SMC. That's the phone app to clock in and out instead of Santrax, right? That's what we're using right now. That's going away. And we're getting a new app with our new company HHAeXchange, HHeX, right?

So that's what the app is going to be called. It does the same thing as SMC. It's for you to clock in and clock out with your phone but using your phone's GPS instead of the client's phone, right, to let you know that you're in the client's home. That's the new app.

It does all the same things that the current SMC app does. It has the plan of care on there. It will have those extra questions to see how, like, is the client's status change at all? Are they experiencing more pain than normal or shortness of breath or things like that.

And it'll have the ability for you to use, like, Google Maps, like, get the directions in case you're lost, right? So all those things that the SMC app does now, the new HHeX app will do.

We are going live on Saturday with our hospice cases and our Chinese cases. So if you are working on a hospice case now or you are working on one of our Chinese community cases, that change is going to happen. Okay?

If you are working not on that or you're not in Long Island or Westchester, the change is not happening for you now. It will be sometime in the next two months.

So we're focused over the next couple of weeks on training, specifically those home health aides who are in that hospice and Chinese unit or people who are in Long Island and Westchester who haven't been trained yet.

But we're going to have that information available to you. So if you're a member of that team, you're going to be getting messaging from us via text or via email. These are links for you to look at information. These are times that we're going to be trying to do trainings.

There are also going to be staff here at Partners in Care that will reach out to you via the phone and say, hey, I see that you were using the SMC app. Do you want to use this new HHAeXchange app and help walk you through that login process. Okay?

If you remember, when you downloaded the SMC app, like, the download and login, it's a little bit complicated. It's not as simple as, look, I just press download it works. Like you have to create a login and there's that stuff to it, right, the password and everything else.

We will help you get through all that and then you'll be able to use the new app. But CareConnect, if you use CareConnect every day, whether you're using it for the risk survey every morning, whether you're using it to take new cases that we bid to you or whether you are using it to do your in-service, those things will still exist.

None of that is going to go away. Like, we like CareConnect. We think that that you guys like CareConnect and we don't want to lose that. So even though we're doing all this change to a new system, we really think that everyone works well with CareConnect and so we want to keep that app going. And we will.

I talk a lot. I hope I answered your question.

(Antony): Yes. I was not interested in getting the vaccine. But when I see I was going to lose all my benefits, I decided to take it Monday. I took it Monday because I was scared. I didn't want to lost my benefits. And that will, you know, they say you will not be qualified for unemployment.

And I decided Monday to take it. And I went to take it at Walgreen early in the morning. And finally, you know - well actually I 'm happy I took it because I didn't want to, you know, stay home without work. And I took it and I think my next dose will be October 25. I took the Pfizer and, you know, I was fine. I didn't have any side effects. I didn't have any allergic reaction and I was fine.

James Rolla: Oh, that's great.

(Antony): I know I just...

James Rolla: Oh my goodness.

(Antony): The second day I was kind of sluggish. That was my side effect - sluggishness. And then the Thursday - the third day I was fine. Only the second day I was sluggish and I - because I didn't want to lose my benefits and (unintelligible) and I didn't want to take it but I decided to take it.

James Rolla: Well, I know you didn't want to take it and I am so glad that you did though.

(Antony): I was - yes, that's the reason. I was scared. I didn't want anything to happen to me after I took it and nothing happened.

James Rolla: Yes.

(Antony): And I was fine.

((Crosstalk))

James Rolla: I feel like we should put you on TV. You sound like...

((Crosstalk))

(Antony): Yes.

James Rolla: ...put you on TV and then speak for everybody about how you were scared and - but you did it.

(Antony): Yes, I was.

((Crosstalk))

(Antony): I thought I was going to have bad allergic reaction but nothing happened. And I - when I went to Walgreen I sat there for 15 minutes because they told me to stay there for five minutes in case some - in case of allergic reaction.

I stayed for more than 15 minutes at Walgreen and nothing happened. You know, ​​​​​​​I stayed for half an hour. I was a little dizzy, you know, just a little bit dizzy and after that I was fine.

James Rolla: Yes.

(Antony): You know...

James Rolla: I'm so happy...

((Crosstalk))

(Antony): And my friend told me the reason why I ​​​​​​​was dizzy is because I did not eat. You know, I left home early in the morning. I did not eat. I took the vaccine around 10 o'clock. I did not eat.

​​​​​​​And in my next visit the - would be next day - in the next three weeks, which is October 25, so ​​​​​​​I want to make sure I will - if ​​​​​​​something - before I go there on the 25th of October a​​​​​nd I didn't, I mean, I don't want to feel a little bit dizzy again. ​​​​​​​

((Crosstalk))

James Rolla: Well...

((Crosstalk))

James Rolla: ...​​​​​​​you did it. You did it and we're really proud of you and...

((Crosstalk))

James Rolla: You're probably a lot scared and maybe that made you a little dizzy, but you did it and it's beautiful and you're happy and I'm thrilled, and I hope that everybody...

((Crosstalk))

(Antony): Yes, I'm happy. Nothing happened.

((Crosstalk))

(Antony): I was scared but how - I'm not going to be scared no more on the 25th.

James Rolla: Yes. Good. All right. Good. That's a great story. That's a really great - it's a great...

((Crosstalk))

(Antony): There's nothing to be scared - and you have - just have to be brave, you know.

James Rolla: That's right. ​​​​​​​That's right.

(Antony): I am not going to be scared.

James Rolla: That's right. I love it.

((Crosstalk))

(Antony): You have to be brave. Nothing happened. Nothing happened with Pfizer. You know, ​​​​​​​​​​​​​​my doctor told me to take Pfizer, you know, and I took Pfizer because they gave it - they give it to children, you know, 12 years old.

I said to my seven - they give it to children 12 years old. Why should I be scared? Hey - and then my niece took it. My...

((Crosstalk))

James Rolla: Well, that's...

((Crosstalk))

(Antony): ...took it. My sister-in-law - everybody - even my friends. They all took Pfizer.

James Rolla: All right. Well, that's just the best. You said it better than anybody...

((Crosstalk))

(Antony): Yes, because they don't want to lose their job. They don't want to stay without job.

James Rolla: I don't...

(Antony): You know...

James Rolla: (Unintelligible) seems like you still feel (unintelligible) that you are and that you were as inspired to go get the vaccine (unintelligible) everybody's (unintelligible) what we want. ​​​​​​​It's about what (unintelligible).

(Antony): Hello?

Coordinator: Yes, (Jim), I think we're...

((Crosstalk))

Coordinator: (Jim), we're losing you a little bit.

James Rolla: Oh, sorry.

(Antony): Yes.

((Crosstalk))

(Antony): Yes, I'm still there. Yes.

James Rolla: ​​​​​​​Sorry. Okay. ​​​​​​​

((Crosstalk))

(Antony): Yes, that's what I want to say.

((Crosstalk))

(Antony): I want to say there is nothing to be scared - I was scared but now I'm not scared no more.

James Rolla: Great. Thank you...

((Crosstalk))

(Antony): Nothing to be scared...

James Rolla: Thank you for your...

((Crosstalk))

(Antony): I used to take vaccine. I took vaccines before when I was- when I was young. I took the, you know, when you were young yes, you - they give you all the vaccine, measles and chicken pox. ​​​​​​​I took all these vaccine before when I ​​​​​​​was young. ​​​​​​​

James Rolla: Okay.

(Antony): So now I don't know why I should be scared.

James Rolla: Well, you're not anymore...

((Crosstalk))

James Rolla: ...right?

(Antony): I was scared because of why, you know...

James Rolla: No, I know. I know...

((Crosstalk))

(Antony): So - over what people were saying about the vaccines and for what people were saying, and I was listening to the people so I said to myself, "Why should I listen to people and I'm going to lose my job. If I didn't take it Monday I will not be able to work so today is the last day.

James Rolla: Well, yes...

((Crosstalk))

(Antony): ​​​​​​​I don't want to stay home without going to work. Who's going to give me - nobody's going to give me money. ​​​​​​​Unemployment will not give me - and I would lose my 1199 benefits.

James Rolla: Okay.

(Antony): I said, "No, I have to go (unintelligible)." I walked in at Walgreen's. I did the walk-in because I didn't make any appointment to that Walgreen's. I ​​​​​​​made a appointment to another Walgreen.

I didn't go to the Walgreen that I made the appointment. I went to the Walgreen and I did walk in, you know. My appointment was in the afternoon. The appointment that I ​​​​​​​set one week ago - ​​​​​​​I didn't go to that Walgreen.

I went to another Walgreen that I did the walk-in ​​​​​​​early in the morning. Yes, and I was fine.

James Rolla: What- well, great. That's so great and I really appreciate you sharing that story.

((Crosstalk))

(Antony): And I have my card (unintelligible) on the 25th I will go to the - to that same Walgreen 10:00 in the morning to take my second dose.

James Rolla: I love it.

(Antony): Yes.

James Rolla: Great. All right. That's such a great story. I applaud you for what you've done. It's a big step and I'm super proud of you. Thank you.

(Antony): Yes. All right.

Coordinator: Thank you.

(Antony): Thank you.

James Rolla: All right. Thank you. I hope - you certainly convinced - if you're not convinced now, I don't know how anybody could not listen to that and be motivated by that.

So I hope that everybody is as inspired and motivated as I am I hope that you - if you haven't that you get the vaccine. So with that, I know we're over time and I so appreciate you spending all of this time with us and this extra time and I wish it was longer, but I want you to have a great night.

If there was something that we did not answer here well enough or something that we didn't get to, you don't have to wait for a call like this to ask you questions. And I hope you have a great night. Thanks again for staying with us over time and I will see you hopefully very soon. Thank you.

Coordinator: Thank you and that concludes today's conference. Thank you for your participation. You may now disconnect.

END