

VISITING NURSE SERVICE OF NEW

Moderator: Allison Hancu

December 17, 2021

10:13 am CT

Coordinator: Welcome and thank you for standing by. At this time, all participants' lines are in a listen-only mode until the question and answer session. At that point, if you would like to ask a question, please 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 call over to James Rolla. You may begin.

James Rolla: Thank you, and good evening, everybody. It's so nice to be with you again. I appreciate you taking the time tonight and joining myself and my colleagues, so that we can help answer any questions that you may have, or hear your concerns about your work experience here at Partners in Care. I am really happy to report that I see a lot more home health aides in the office each day. I go into the office almost every day. And each day that I go in there I see more and more of you. I see you on the first floor. I see you on the second floor. And it's really exciting to see.

I hope that if you've had the opportunity to visit us in the office that you feel connected to us in some way, again. That's really important for us and for the

team, to be able to see you and interact with you. So I do know that there's concerns about, you know, we're seeing a lot in the news about COVID and the Omicron and I'm probably saying the wrong things. But I know that that's a concern for people and I know that it's on everybody's mind.

But you've been vaccinated I'm sure. And we appreciate you getting vaccinated. I want to remind you about the vaccination. If those - for those of you that have maybe only had one dose of the vaccination you do need to have your second dose. So you're probably getting a lot of reminders and messages from us, about receiving that second dose. And I know that some of those messages can be annoying, but it's really, really important that you get that done so that you could continue to work.

So I want to thank you all for continuing to work and be out there taking care of your patients, out there in the community as you have probably been through, you know, throughout the pandemic. And we are very grateful and appreciative for all the work that you do, as are your patients, for being out there every day. I hope that you are planning something or at least some time to spend with your families for the holiday, which is coming up so quickly. It's already next week.

And I'll thank those of you in advance for - many of you are probably working, taking care of your patients. And I want to thank you for making the sometimes difficult decision to have to work during the holidays because your patients need you. So I hope that you do get to spend whatever time, if any, also with your families.

So I think what I'm going to - we're going to get ready to turn it over really to you, because I want to hear your questions and concerns and I want to hear from you. And I think we have a healthy group of people on the call. We have

about maybe 30 people, which is very exciting. I hope that you find these calls useful as we get more and more participation each month. So I'm hoping that that's - that you do find these calls useful. On the call today I have my colleagues and my leadership team.

I have Tom Coccozza, who's the Director of Operations. I have with me also, Rosa Marcus, who is the Director of Support Services, who I'm sure many of you speak to a lot. And if you have - and I also have Lorraine Earle, who is the Director of Support Services. You probably all know Lorraine. I hope you all know Lorraine well, as well. So they are here with me to answer any questions you may have or any concerns that you may have, and help me with some things that maybe I can't answer.

I do, at this point, want to share with all of you that we have completed the system conversion to HHA Exchange. And by now, even as you - all of you that are here have probably received communications and have been working with the system; calling in a different number than you normally used and you normally call, calling in and out your attendance, which I want to remind you is so important for you to do.

And I know that if you are - because by now you are all using HHA Exchange. If for some reason you're having difficulties with clocking in and out or anything related to the use of the app, or whether or not you're able to use the app, the mobile app, in order to call in and out your attendance, it's really, really important that you let us know and that we help you through that so that you can get the issues resolved if there are any.

System conversions and things like this are never easy. And they are always fraught with all kinds of technical problems and it's always very challenging, and it can be very, very stressful. And we are very aware of that and we want

to be very available and supportive to you throughout this transition. And so it feels probably a little hectic and chaotic right now, and it also probably feels like you're getting inundated with so much information. But it's the only way that we could really get this information out to you.

So I just ask that you bear with us and be patient and let us know if you are having concerns or problems with clocking in and out your attendance, entering your tasks. All of these things are very, very, very critical to the work that you do. So it's important that you have a great - a handle on that okay, and that you comply with that. That's an absolute must.

And so you might have some questions about HHA Exchange and the difficulties, if there are any, or challenges that you may be having, and we'll get to those. So hopefully there aren't any, but if there are we're here to help you with that. I also want to remind you how important it is, especially now. We do have a lot of work available. I hope that you are working as much as you want, and as much as you're able to.

We do have so many assignments available, of all different days, hours, locations. I often hear that, you know, I hear feedback sometimes, that there's no work and there are no assignments. And it's just so hard for me to understand, because I see the struggles and I see how much everybody really needs - looking for home health aides every day, to cover the cases, everywhere and anywhere, of all different types of hours and as I said, in schedules.

So there is plenty of work available. If you don't have work, please contact the office. We'll go over some numbers and places where you can let us know about your availability. But, you know, there's definitely work out there. And we have plenty of it. So - and as I always say on every call, we have more

work than we have you - of you. And we need as many of you as we possibly can.

So please take advantage of the refer a friend bonus that we have. If you refer somebody to work for us, you're entitled to a bonus. I think we raised the amount of that bonus, Rosa. Is that right? The sign-up bonus tie-in?

Rosa Marcus: You know, I know we have, I just don't know the exact amount off the top of my head. Yes.

James Rolla: Okay. All right. But they can see the refer a friend bonus on the resource page. Right?

Rosa Marcus: Yes.

James Rolla: Okay. So please take advantage of the refer a friend bonus. I don't want to say the wrong amount. I know it was \$100 and I know it's raised. And I don't want to say the wrong amount, but I know we increased that. So if you refer a friend to us you will get a cash bonus. And I want to make sure that everybody takes advantage of that. Okay?

We know you have many, many places and choices of which you could work, and we really want Partners in Care to be the place that you want to work. And so we value the work that you do; we appreciate the work that you do. And I think now I'm going to turn it over to you, for your questions, because I'm excited to hear from you. So (Jason), whenever you're ready, you can take some questions; you can begin to take the questions.

Coordinator: Thank you. We will now begin the question and answer session. To raise questions over the phone, please press star followed by the number 1. Please

unmute your phone and record your name clearly when prompted. Your name is needed to introduce your question. To cancel your request, press star followed by the number 2. One moment please, as we wait for our first question.

At this time there are no questions on queue. Once again, to ask a question, please press star followed by the number 1. You will be prompted to record your name. To cancel your request, press star followed by the number 2.

Rosa Marcus: This is Rosa. Just while we wait, I just want to give an update on what Jim was talking about, to the referral bonus. If any home health aide or any of you, refer someone to work for Partners in Care, you're going to receive - and the person is hired, you're going to receive \$500.

((Crosstalk))

Jim Rolla: That's what I thought.

Rosa Marcus: Yes, you - you will receive the first \$200 upon hire of the employee. And then three months later on their anniversary, you will receive the balance of the \$300. So I'm - I hope everyone starts looking and sending us those referrals so we can start hiring more home health aides as well.

Jim Rolla: Thank you, Rosa. I appreciate that.

Rosa Marcus: You're welcome.

Jim Rolla: I didn't want to say the wrong thing.

Rosa Marcus: You got it. You were close. (Unintelligible).

Jim Rolla: Five hundred dollars is a, you know, that's a pretty good amount of money. And I'm sure you've got a lot of friends. So have your friends come and work for us and you will get \$500 for every friend. So it's pretty good. While I'm waiting, while we're waiting, because I know that there must be questions. People can't be that shy. I'm going to - we have some questions in advance, and I'm going to cover some of them.

So somebody raised a point and this isn't the first time I've heard this question, the quality of the gloves and aprons is poor. It doesn't matter the size of the gloves. They don't fit closely. Water can actually seep through them. So that's a legitimate concern. And while Partners in Care doesn't order the supplies directly, we order them as a huge enterprise and they're used for all the caregivers all around the enterprise - the nurses, the clinicians, the home health aides. Everybody uses the same equipment.

We can certainly bring this feedback to the purchasing - the people that are responsible for purchasing the PPE and equipment. I guess I don't know specifically what the issues are in terms of quality. But I guess the issue is that they're not - even if - even if you're a medium and you're wearing a medium glove it's not a close fit. And so water can actually seep through them is the comment.

But - so we'll bring that feedback back to the purchasing department and see if we can look at - if this is a common issue, we can see about, you know, maybe changing who we're purchasing from. So (Jason), are there any questions in the queue yet? I know that somebody is going to come forward. So somebody's got to be the one to break the ice and go out there and ask the question.

Coordinator: Once again, to ask a question, please press star followed by the number 1. And to cancel your request press star followed by the number 2. And by the way, speakers, we do have a question on queue. However, the line's name is not recorded. Would it be okay if I pull up the line and get the name first?

Jim Rolla: Of course.

Coordinator: Okay. One moment, please. I'll be right back for maybe 30 seconds or so. Thank you.

Jim Rolla: Rosa, do you want to maybe, while we're waiting, give out the number to call or how to contact if they're looking - if any home health aides are looking for work?

Rosa Marcus: Sure.

Lorraine Earle: I can give the number, the work.

Rosa Marcus: I'm sorry?

Jim Rolla: Sorry, Lorraine?

Lorraine Earle: Oh, Rosa, the number for work?

Rosa Marcus: Yes.

Lorraine Earle: That's - are we live right now?

Jim Rolla: Yeah.

Rosa Marcus: Yes. Yes.

Lorraine Earle: All right. So I'm just going to make a plug here right now. We - so we actually have a lot of work as Jim has already reminded everyone. Just the willingness on the part of everyone to travel to maybe a little bit out of your specific location. But we always strive to cluster your cases so you don't have to travel too far. There's always work. And if you're looking for work the telephone number you can call, it's (212) 609-4442, extension 5. And there's always work.

Again, that number is (212) 609-4442, extension 5. Work, different languages, we have a specific need in Queens. There's so much work in Queens. There's a lot of need for bilingual aides, Spanish. And more than enough work for people looking for work in Staten Island. So yes, there's lots of work. If you have any questions again, that's the number you should be calling. Thank you.

Jim Rolla: Thanks, Lorraine.

((Crosstalk))

Coordinator: Excuse me, speakers.

Jim Rolla: Yes.

Coordinator: Oh. Our first question comes from (Marcia). (Marcia), your line is open. Please go ahead.

(Marcia): Okay. (Unintelligible) everyone. I just wanted to...

((Crosstalk))

(Marcia): ...I hear you talking about PPE. But there were (unintelligible) some PPE and the gloves were actually smelling awful when you use it. And, you know...

Jim Rolla: They were smelling awful?

(Marcia): ...(unintelligible). Yes. It was smelling awful because if they put it on and by the time you take it off and you wash your hands with soap you were still getting that smell. I don't know where it is - where they purchase it from, but it has a smell.

Jim Rolla: Okay. Was it one time or is it all the time?

(Marcia): It was just that one time that I got that...

Jim Rolla: Oh okay.

(Marcia): ...specific package of gloves. But what I want to know, are they still issuing us masks (unintelligible) or should we come into the office to collect it? Because I mean we're still in the pandemic.

Jim Rolla: Yes. Well, so we are still - you can come into the office. The office is open. We have facilities that it's opened. Partners in Care's first floor entrance is open. And we also have some staff on the second floor. So you're absolutely able to come into the office.

(Marcia): What I want to find out now, sorry, go ahead.

Jim Rolla: No, you go. Go ahead.

(Marcia): I want to talk about classes. Is there any other classes Partners in Care (unintelligible) only home health aide...

Jim Rolla: Oh. Good question.

(Marcia): ...classes?

Jim Rolla: Okay. So Partners in Care only offers home health aide training. And of course, we, you know, the in-service education - you're not talking about in-service education? You're talking about...

(Marcia): No.

Jim Rolla: ...like a different...

(Marcia): Actual...

Jim Rolla: ...different...

(Marcia): ...other classes...

Jim Rolla: Yes.

(Marcia): ...besides the...

Jim Rolla: Yes.

(Marcia): ...home health aide.

Jim Rolla: Yes. So we have a health coach program where you could train - go for additional training as a health coach. A health coach is a really nice

opportunity to expand upon the skills that you're taught as a home health aide. But you would also be taught additional skills, such as how to coach patients on good behaviors. And I don't mean like - I mean like good healthy behaviors or ways to take care of themselves; make good decisions, and make healthy choices about what they eat. Make - right? So there's a course for health coaches and that's also free.

And you would be able to participate and get an additional training and then additional work opportunities as health coaches. So that's an exciting program. And then, of course, there are additional programs. While they're not sponsored by Partners in Care but they're through the education fund at 1199, there are a number of courses and classes that are available to you as a member of 1199.

I am happy to get a list of those classes out of - or those programs to you if you're interested.

(Marcia): I am interested because I phoned and I asked and someone said yes, (unintelligible) classes. Come down to the office between 9:00 and 2:00. And I was actually there on Tuesday, but I went in, they don't offer those classes. Amazing. I take my time to travel, early in the morning. I was like wow, if you don't know, don't answer the question.

Jim Rolla: I don't know why somebody - somebody in HR told you that we are - somebody on the phone told you we offered...

(Marcia): Yes.

Jim Rolla: ...(unintelligible) class, which is...

(Marcia): Yes.

Jim Rolla: No. No, we don't. That's something through the Department of Education. I'm sorry that happened. Do you know who you spoke to?

(Marcia): I can't remember the name was - yes, but I'm like - I was like wow. If you don't know, ask the question. Come on.

Jim Rolla: I'm sorry about that. I'm like wow, too.

(Marcia): Yes.

Jim Rolla: Why would they say something like that? Maybe they thought you said HHA. I don't know.

(Marcia): No. I said (CNA).

Jim Rolla: I - no, I know. But I don't know, maybe they just heard HHA. I don't know. Okay.

(Marcia): I was like wow.

Jim Rolla: I'm sorry that happened. And I will certainly bring it back to the HR department that that was - that somebody was giving out wrong information. I mean I don't know if it was even HR. I'm not sure who answered the phone. But okay.

(Marcia): Can I go one more time?

Jim Rolla: Of course. You could go two more times.

(Marcia): Okay, because...

Jim Rolla: Or three more times.

(Marcia): ...I mean nobody (unintelligible). Another thing. I was (unintelligible) but I didn't - I think I didn't check my email, right, my (unintelligible) was also for clients because (unintelligible) in the hospital, came back home sometimes. Now good thing I went into the office on Tuesday. I would not have known I was (unintelligible) Wednesday. I had to actually make the call to the supervisor to let her know I (unintelligible) not on the case for Wednesday. I was on the case only for Tuesday/Friday.

And I'm like what's going on? These are things we should (unintelligible) like if you want to reach (unintelligible) the client that you're not assigned to the case. That's another thing (unintelligible) on what's going on.

Jim Rolla: Okay. Yes. I think if I understand you correctly...

((Crosstalk))

Jim Rolla: No. Of course. Of course. So who is your supervisor?

(Marcia): Oh boy. I don't want to say who is my supervisor but here's what happened.

Jim Rolla: You don't want to say?

(Marcia): (Unintelligible) I - no, I don't want to say. I had to ask (unintelligible) caller her to let her know that I wasn't on the - I was not assigned Wednesday morning. Because when I went (unintelligible) I think it's HR, (unintelligible)

in there for Wednesday. And I'm like what? So I had to go downstairs to inform the supervisor. And then she signed me back up on it for Wednesday. I was like these are things...

Jim Rolla: Okay.

(Marcia): ...I shouldn't be doing.

Jim Rolla: No. I understand. And I don't want to put you on the spot. So I think Rosa, would you take - it was (Marcia), right?

(Marcia): Yes.

Jim Rolla: Was it (Marcia)? Okay.

(Marcia): Yes. It was (Marcia).

Jim Rolla: Okay, (Marcia). Rosa, would you take (Marcia)'s ID number and then maybe connect with her tomorrow? (Marcia), would it be okay if Rosa connected with you, you know, privately and then you can talk to her?

(Marcia): I don't have a problem with that.

Jim Rolla: And maybe you could look into it. Yes. Okay. Great.

(Marcia): You know what I mean?

Jim Rolla: Rosa, would you do that?

(Marcia): Apparently, I don't know, you know, but when I called my supervisor then she realized (unintelligible) me back on the case.

Jim Rolla: Okay. Okay. But it still shouldn't have happened. And we'll try to figure out what went wrong. So Rosa, would you take...

Rosa Marcus: Sure. (Marcia), what...

Jim Rolla: Yes.

Rosa Marcus: I don't know if you want to give out your information. So maybe you could email me at HHA@VNSNY.org?

(Marcia): Wait, just to HHA?

Rosa Marcus: At...

(Marcia): VN...

Rosa Marcus: VNS...

(Marcia): S...

Rosa Marcus: ...NY.org. O-R-G.

(Marcia): Yes.

Lorraine Earle: Or Rosa, you can give her your telephone number.

Jim Rolla: Yes.

Lorraine Earle: And call.

Rosa Marcus: That's enough. Don't go there anymore.

Lorraine Earle: Okay. All right.

Rosa Marcus: Only the (unintelligible).

Lorraine Earle: Okay.

Rosa Marcus: Send me the email and just say attention Rosa on the email. I'll get it. Now Jim didn't realize, I'm not in tomorrow so I will definitely look at it...

Jim Rolla: Oh, yes.

Rosa Marcus: ...on Monday.

Jim Rolla: Sorry.

((Crosstalk))

(Marcia): ...HHAVNS dot org attention Rosa?

Rosa Marcus: Yes. V-N-S, I mean HHA@VNSNY.org. And then when you write the email you say "attention Rosa", give me your name, our ID number, and I will call you back.

(Marcia): Okay. Thank you.

Rosa Marcus: Okay? I will call you back.

(Marcia): I mean I could go all alone, but I mean...

((Crosstalk))

Rosa Marcus: We'll figure it out.

(Marcia): Yes. I appreciate so much (that).

Rosa Marcus: No problem.

Jim Rolla: Okay.

(Marcia): Okay. I will end there (unintelligible).

Jim Rolla: Okay, (Marcia). If you have other concerns you could talk about something else if you want, or you could talk - you could put them in the email and we'll address them. Whatever you want.

(Marcia): Well, what I would say right now (unintelligible) I don't know how they get the information out, so that's (unintelligible). Now if (unintelligible) we always get the message or who is in charge of the team didn't know what's going on. Because someone else called me and said my class (unintelligible) my supervisor didn't put me back on.

Jim Rolla: Okay.

(Marcia): But, you know, so I'm like...

Jim Rolla: Yes.

(Marcia): ...what's going on between (unintelligible)?

Jim Rolla: Yes. Okay.

(Marcia): So I don't know how it...

Jim Rolla: We'll get to the bottom of it.

(Marcia): ...(unintelligible) A to B or C to D.

Jim Rolla: Okay. We'll get to the bottom of it. All right?

(Marcia): Okay. Yes. I appreciate it.

Jim Rolla: Okay. Of course. Thank you for the questions.

(Marcia): Yes. Okay.

Jim Rolla: All right.

(Marcia): If I find any more I'll turn my phone line.

Jim Rolla: Yes. Okay, good. Good. Thank you.

(Marcia): Happy Holidays.

Jim Rolla: You too.

(Marcia): Thank you.

Coordinator: Thank you. We do have another question on queue.

Jim Rolla: Okay.

Coordinator: Okay. Our next question comes from (Carmen). (Carmen)...

(Carmen): Hi. This...

Coordinator: ...your line is open.

(Carmen): Hi. This is (Carmen).

Jim Rolla: Hi, (Carmen).

(Carmen): Hi. My question is I know we have the data app before where we could clock in and clock out, but now it's changed to HHA Exchange. I'm having a little difficult time like to download the app, to get on there so I could clock in and clock out. Could I get some help or some information on how to do it?

Jim Rolla: Of course you can. Tom, can you help with this?

Tom Coccozza: Sure. So (Carmen)...

(Carmen): Yes?

Tom Coccozza: ...if you want to give me your ID number, I'm going to have someone call you tomorrow. And they're going to walk you through how to download the app.

(Carmen): The thing is...

Tom Coccozza: Okay?

(Carmen): ...I'm at work from 9:00 to 3:00. So I won't be home until 4:00. I don't know if that's too late

Tom Coccozza: It's not too late.

(Carmen): Okay. My ID number...

Tom Coccozza: If you said 6:00 it might be too late. But 4:00 we could do.

(Carmen): Okay.

Tom Coccozza: So give me your ID number. Go ahead. Sorry.

(Carmen): It's 1-1-5-9-6-5.

Tom Coccozza: I'm just going to repeat it back to make sure I have it right - 1-1-5-9-6-5.

Carmen: 1-1-5.

Tom Coccozza: Yes, 1-1-5-9-6-5.

(Carmen): Correct.

Tom Coccozza: Okay, (Carmen). Yes, we should be able to help you out, get it downloaded for you and walk you through how to set it up. Okay?

(Carmen): Okay. I would appreciate that because sometimes it's a little difficult when you get in, in the morning, the patient is sleeping and you don't want to wake them up, you know, just to get their phone just to clock in. So I prefer to like, to use the app because it's a little safer. You know, and COVID is going around. You want to be using your own phone to clock in and clock out instead of using the client's phone. But I would appreciate the help.

Tom Coccozza: Oh, definitely. We love the fact that you're embracing the newer technology. So if - anybody who wants to get the app, we want to get them on. So we will get you there. Okay?

(Carmen): Okay. Thank you so much.

Tom Coccozza: No problem.

Jim Rolla: And (Carmen), before you go, I know that while you are using - we're waiting to get you the app downloaded, just...

(Carmen): Yes.

Jim Rolla: ...please make sure that you use the patient's phone. I know you don't want, you know, it's not the ideal way. But at least for now, until we could get it taken care of tomorrow, when you go to your patients tomorrow just please...

(Carmen): Okay.

Jim Rolla: ...make sure you use the phone. Okay? To clock in.

(Carmen): Okay. Thank you.

Jim Rolla: Okay. And Tom, is there an email instruction that we could send? I don't remember if we had an...

Tom Coccozza: Yes. So we have sent out via text and email, some instructions on how to download the app yourself. Right? So again, I don't know...

Jim Rolla: So (Carmen), you don't have - yes, you don't have to do it yourself. But I thought if you look and see what we sent and kind of review it first, it might help you so that when someone's working with you on it tomorrow, it'll be, you know, it'll be a little bit more - you'll be a little bit...

(Carmen): It'll be easier.

Jim Rolla: It might be easier. Yes.

(Carmen): Okay. I will do that.

Jim Rolla: Okay? Okay.

((Crosstalk))

Tom Coccozza: ...sent something (Carmen), I believe last Friday or last Saturday. Okay?

(Carmen): Okay.

Tom Coccozza: So it would be for those couple of days. You should see something from us.

(Carmen): Okay. Thank you.

Tom Coccozza: No problem.

Jim Rolla: All right. Thank you.

(Carmen): Okay. Yes. Bye.

Jim Rolla: Bye-bye.

Coordinator: Thank you. We do have another question on queue.

Jim Rolla: Great.

Coordinator: Our next question comes from (Bridget). Your line is open. Please go ahead.

(Bridget Washington): Hi. My name is (Bridget Washington). You can hear me?

Jim Rolla: Hi, (Bridget).

(Bridget Washington): Hi. I'm asking a question because with the Exchange thing, when I - I do sleep in. And when I clock in 9:13, 9:14, and 9:15 it says do volume. I don't know what that means.

Jim Rolla: It says what? Say it again.

(Bridget Washington): It says volume. Do some kind of volume. Because we have to see like the street law. Do we get one hour break or do we get how much hours of sleep after five hours? Do we get five hours of sleep? We have to list the number of hours. But they - this new Exchange does not do that at all.

Jim Rolla: Okay. All right.

Tom Coccozza: So, yes, I'm sorry, Jim. I know those tasks are in there and they might be a little bit different about how to log that stuff. I think it's - the codes are the same, but it might be asking you - questions might be asked in a different way.

(Bridget Washington): They're saying volume. I don't understand that.

((Crosstalk))

Tom Coccozza: It doesn't make sense to me either. So it's not you. Right? So again, if you want to give me your ID number I'm going to look this up. I don't know the answer off the top of my head. And I don't want to give you guidance and that be wrong. I'll reach out to you tomorrow and...

(Bridget Washington): My ID number is 1-1-2-5-8-5.

Tom Coccozza: Hold on. You're too fast for me.

(Bridget Washington): I'm sorry. 1-1-2...

Tom Coccozza: 1-1-2...

(Bridget Washington): 5-8-5.

Tom Coccozza: 5-8-5. Okay.

(Bridget Washington): Yes.

Tom Coccozza: All right.

(Bridget Washington): And I want to ask...

Tom Coccozza: I'm going to find out...

(Bridget Washington): ...another question.

Tom Coccozza: Okay. Sure.

(Bridget Washington): Sometimes the supervisor - you've got stuff to ask your supervisor like I might run out of gloves, or I need some, or I want to talk to - you can't get them hardly; you cannot get them.

Jim Rolla: Yes.

(Bridget Washington): That's crazy.

Jim Rolla: Well, I know. It is. And we are working really hard on this. We hear this a lot and we know it's a problem. And I don't want to lie to you and, you know, say, you know, everybody's doing - everybody's answering the calls. The people are - we - the volume of calls that we receive far exceed the number of people that we have to answer them. And that's an internal problem. And we are working on ways to manage that.

We have begun some project work on looking at additional functionality or additional things that the system can do to sort of decrease the volume - not to decrease the volume of calls and I want to explain this correctly, but more like it will - there'll be a better flow to the calls, so that it reaches actual people who are available versus people who are already on the phone, and just bounces around.

And I'm sure that you know what I'm talking about like when you're calling and you have to press buttons and it rings and rings and nobody answers and it bounces to the next person and I know it's very chaotic.

(Bridget Washington): My patient had an accident and I had to get in touch with a supervisor and I had to leave a message with someone else to tell my supervisor to call me.

Jim Rolla: Yes.

(Bridget Washington): And that was very...

Jim Rolla: I know.

(Bridget Washington): That's very important because she had an accident.

Jim Rolla: Yes. I agree.

Tom Coccozza: So I just - I do want to say with that, if it's something that is that important, right, that somebody in the office needs to know, if you - like I wouldn't - I would encourage you to say like I need to speak to someone. Right? Like if the supervisor isn't available and you're getting asked to leave a message, right, like don't - say I can't leave a message, this is an urgent matter. Like I need to get in touch with somebody.

You know, I'm going to give you the official empowerment that you can say that. Right? And make sure that whoever you're talking to, if they can't reach your supervisor, reach the supervisor's manager, reaches me, whatever the case may be. For something like that...

(Bridget Washington): Well she always calls me back - well my supervisor, when I tell her I need to speak to her urgent, my supervisor - she always calls me back though.

Tom Cocozza: Okay. Oh, that's good.

(Bridget Washington): She returns my call.

Tom Cocozza: I appreciate that. I don't - that's not to - I wasn't trying to like say anything bad about your supervisor. I was just letting you know that if you feel like it's really important; if you feel like this is like my client, you know, there's a medical issue with my client that the office needs to know about, you don't have to just leave a message. You're allowed to say like look, this is an emergency; I need to talk to somebody. Right?

(Bridget Washington): Okay.

Tom Cocozza: And you're - like I'm letting you - like sometimes you feel like you can't do that or the supervisor is the person that you have to talk to and you don't want to tell someone else because you're afraid the supervisor won't get that word, you know? But I'm letting you know that you can say that. Right? And say like, I know the supervisor is not there; can you put me in touch with her manager? Can you put me in touch with - like my name's Tom. You can say can you put me in touch with Tom or whatever it is.

I want to make sure that like especially if it's something where, you know, like the client had a fall or if the client has to go to the hospital or something that we need to know about right away, like you're allowed to say that to people. A message isn't good enough. I need to talk to someone. Okay?

(Bridget Washington): Okay. Okay.

Lorraine Earle: Yes. Tom, I would just like to add to what you said. But just I would like to encourage you - sometimes your supervisor might not be there; they might be off for the day; they might be at lunch. And I know the problems with the phone, but apart from that, you know, if you have an emergency the first person who is (unintelligible) once they're a supervisor, you can ask them to take that message for your supervisor if your supervisor is not available.

(Bridget Washington): I always do that. I always do that now. I always do that. I do that.

Lorraine Earle: That's very good. You know, that's a very good thing to do. Because, you know, you just don't want to be holding there. But like Tom said, just ensure you get the person's name and so that's always the plan. So when you call you can say hey, I spoke with Lorraine and this is the message that I left. So, you know, it's good that you do that.

And I would like to encourage anyone because what happens sometimes with the number of calls that's coming in, you know, everybody likes to speak to their supervisor. You know, that's what they really like. But sometimes it's not always possible to get that person right away. So you just want to take the opportunity to let the first caller who comes on the line, because they're always supervisors or they might be at least a supervisor or a manager, and they can actually take the call and act on it for you.

(Bridget Washington): You're right. Okay.

Rosa Marcus: Okay. Now it's my turn, everybody. This is Rosa.

((Crosstalk))

Rosa Marcus: I have one more response to your question. I need everyone to understand that Partners in Care also has a (client) phone number, a number for clients to call, or for the home health aides to call, on behalf of their clients. And that is the number that we used to have before, which is (212) 609-7600. That line is specifically for clients. So if you're calling on behalf of your clients you should dial that number.

(Bridget Washington): Okay.

Rosa Marcus: And that's our customer service team. And they will specifically help you with whatever situation there is.

(Bridget Washington): No problem.

Rosa Marcus: Okay? And you say you're, you know, one of the options will say, you know, press 1 for English, press 2 for Spanish. And is this a client call? That's the one you're going to choose. It's a client call because you're calling on behalf of your client. Okay?

(Bridget Washington): Thank you.

Rosa Marcus: All right. You're welcome.

Jim Rolla: So we're pretty - as you can see, we're pretty passionate about this topic because we know that it's a concern and we know that it's really important that you are able to reach the office, especially as it relates to your patient and their condition. And we never want you to be in a situation where you have to report something well, whether it be about your patient or yourself. I mean, if it's an emergency, then, you know, as Tom said, you can stay on that line and

demand to speak to somebody that it's an emergency. So that's important just for everybody to understand.

We don't want anybody to be in any kind of danger or not being able to get something that's really important addressed just because we have so many phone calls. So - but know that we are working very hard on trying to improve the phone situation. We know and I apologize, how difficult it can be. And we're not taking it lightly. We're doing everything that we can. We're looking at all different kinds of things to improve that process, including voicemail that's personal to the person that you're trying to speak to; ways to monitor that the messages are being returned.

Like we have a whole host of things that we're working on. So you will see improvements on that over some time. But we're working really hard, I assure you.

Coordinator: Thank you.

Jim Rolla: All right.

Coordinator: And we do have another question on queue.

Jim Rolla: Great.

Coordinator: And the next question comes from (Rakiya Tu). Your line is open. Please go ahead.

(Rakiya Tu): Thank you. Hi. Good evening.

Jim Rolla: Hi. Hi.

(Rakiya Tu): Good evening, everyone, including you, Rosa.

Rosa Marcus: Hi.

(Rakiya Tu): Hi. My name is (Rakiya Tu). I know I've been home for a while. I'm not connected right now because of when I stopped I was taking care of myself because I was getting stressed and having anxiety and everything, and I took time. And after that, I was taking care of myself, and then after that my kids were saying go back to work, go back to work and I knew I needed a break.

And I went to (unintelligible) because I have the only job I have. I like my job but I went to rejoin again in October. But I still didn't go get a case yet. I was waiting for the - to get back with my doctor because I have to do all of my physical to see if I'm okay for my physical come out, if any extension for me not to work? I finally discussed with the doctor, with all my results come out normals and everything is okay then, but last time it was on eight days ago the doctor discussed everything.

But he's saying I need to still need to help myself about anxiety. So I would like to know if there's anything I can do in case - if I can do the same job or if I have to return anything to the office while I'm not working?

Jim Rolla: Well, so first of all, I'm hoping that you're doing better.

(Rakiya Tu): Yes.

Jim Rolla: And I hope that you're definitely on the road to recovery. I'm really glad that you wanted to come back. You're welcome back at any time. We're happy to have you. And I'm glad that you're working on trying to come back to work.

But you have to take care of yourself first. So you don't need to do really anything. So I guess you must have returned your ID badge. Do you have your ID badge, still?

(Rakiya Tu): Yes. Yes. That's why I reached...

Jim Rolla: Okay.

(Rakiya Tu): ...(unintelligible) because I don't want to stay with the ID and anything happens. Yes.

Jim Rolla: So you could return your ID.

(Rakiya Tu): Okay.

Jim Rolla: But maybe before you do all of that, maybe you should - you said I don't want to - I don't want you to have to talk too much of your personal business, but did you say you have an appointment with your doctor coming up soon, to see about returning to work, or you - you're not going to...

((Crosstalk))

(Rakiya Tu): ...for medical clearance. Yes. We did that. We did a medical clearance.

Jim Rolla: Oh. Okay. Okay. It didn't meet the clearance? You weren't cleared?

(Rakiya Tu): Yes.

Jim Rolla: Okay. Okay. So I think the best way for - well, if you were medically cleared and you now are just waiting on anything including your own decision or

desire to come back to work, you can hold onto what you have and we can - when you're ready, you can return and begin the process again. So it sounds to me like it's really, unless I misunderstand, it sounds to me like you're still deciding...

(Rakiya Tu): Yes.

Jim Rolla: ...whether or not you want to return to work. And you can still decide because you can come back at any time. You could return the badge now. But if you're going to come back soon, or in the near future, you know, you can just hold onto it. And I don't think that there's anything else that you need to return. Do you have anything else that belongs to - I mean nothing belongs to the agency, really.

((Crosstalk))

Jim Rolla: ...you have your badge, yes.

(Rakiya Tu): Yes.

Jim Rolla: Okay. So you don't have to return those things just yet. If you make the decision that you are not going to return at all, then you can return those - you can come and drop off the badge.

(Rakiya Tu): Yes. I just say...

((Crosstalk))

(Rakiya Tu): ...clear your medical clearance and what the agency will need me to bring to verify if I will be able to do the work again, or if anything else I can do like voluntary before I start working.

Jim Rolla: Yes.

(Rakiya Tu): Like that.

Jim Rolla: You would just need the - we would just need the medical clearance that you can return to work. And then I guess you've probably had an updated physical, so you would have to get a physical, right, you probably took a recent physical so you...

(Rakiya Tu): I did all of that.

Jim Rolla: Okay.

(Rakiya Tu): Yes. That was for - during my break, I want to make sure to do all those. And I did on those.

Jim Rolla: Okay. So here's what I think is the best thing to do. We're going to take your information and we're going to have HR reach out to you tomorrow, and see what it is that you would need to do in order to reactivate, just so that we make sure. As long as you're ready to come back and you want to come back, then we can (unintelligible) and we can let you know what the process is and what you should have.

I know it's a physical and I know that it's that medical clearance letter. But beyond that, I want to make sure that I'm not telling you the wrong thing.

(Rakiya Tu): Yes.

Jim Rolla: So does that sound good?

(Rakiya Tu): That's important.

Jim Rolla: Okay.

(Rakiya Tu): Yes. That's important. I want to make sure everything is still okay. Yes.

Jim Rolla: Okay.

(Rakiya Tu): Well, so we take care of the client, so to be sure. Yes.

((Crosstalk))

Rosa Marcus: Can you give me your ID number?

(Rakiya Tu): Oh. 1-1-3-2-6-0.

Rosa Marcus: 1-1-3-2-6-0, right?

(Rakiya Tu): Yes.

Rosa Marcus: All right. Someone is going to call you tomorrow.

(Rakiya Tu): Okay.

Rosa Marcus: Okay?

(Rakiya Tu): All right. Thank you so much. I hope you enjoy your holidays.

Jim Rolla: Thank you. You too.

(Rakiya Tu): All right.

Coordinator: Thank you. And we do have another question on queue.

Jim Rolla: Okay.

Coordinator: Thank you. Our next question comes from (Laura Ford). Your line is open.
Please go ahead.

(Laura Ford): Hi. How are you?

Jim Rolla: Hi, (Laura).

(Laura Ford): Can you...

Jim Rolla: How are you doing?

(Laura Ford): ...hear me?

Jim Rolla: Yes.

(Laura Ford): Okay. Two things - because like I said, I can see where in some ways we have improved and in some ways we are staying the same. I had called in about a client who was in decline and while on the phone with supposedly the manager, she had asked well, who are you to make the call that I'm not authorized. And I was kind of thrown back by that. Because I was like, I'm

part of the treatment team and that I'm their health aide calling you to tell you there's a problem with the case.

I said, and unfortunately, it didn't turn out well with that case. But I've learned from that experience that maybe sometimes when you have problems with downturns and you're not getting an appropriate person, that maybe you need to call the supervisor. And thankfully, my supervisor, (Erin Swinton), contacted (Jane Rawley), who immediately called back and sent somebody out to deal with the issue, because like I told them, I felt like this client who has numerous medical problems, that they needed to be addressed immediately.

At least to inform the family that certain things should not be overlooked. And I was very thankful for that.

Jim Rolla: Okay. I'm glad to hear that (Erin) and (Jane) were responsive. So I just want to be clear, you called to speak to a manager and they wanted to know why you were calling?

(Laura Ford): No. That was on a previous case. I had called the nurse manager to report that the client had skin breakdown and it was a ridiculous amount of skin breakdown that was occurring at record pace.

Jim Rolla: Oh my gosh. Okay.

(Laura Ford): And it got to the point where it was like take them to the hospital; coming back from one hospital, having to take him to another hospital because he came from one hospital worse than what he went in. And then transferring him to a hospice situation. And when I called to say there was a problem, the person was like who are you to report this? I don't have you down as a person

to speak to, when I clearly told them that I'm his health aide working with Partners in Care.

And I was like unbelievable. So sometimes during a response to work through the chain because for some people it's just in their nature just to drop the ball and kick it all over the floor.

Jim Rolla: Yes.

(Laura Ford): Rather than doing...

Jim Rolla: So I am...

(Laura Ford): ...what's necessary.

Jim Rolla: I understand what you're saying. Let me start by saying, you are a very important member and a vital member of the care team. I have a feeling and I don't want - I'm not - I have a feeling you might have called maybe the hospice or spoken to a nurse that wasn't part of Partners ins Care, that maybe didn't know who they were speaking to. If you were speaking to a supervisor or a nurse manager at Partners in Care, they would have known that you were the aide assigned to the case.

But there are nurses that supervise you, as you know, that come from different parts of the organization. So I'm only speculating. I don't know that to be the case. But I will certainly - if you don't mind me taking your name, I can see what - when was this? Was this a while ago? Was this new? Was this recent...

(Laura Ford): I would say that...

Jim Rolla: ...that you had this issue?

(Laura Ford): ...that case was maybe a month and a half ago.

Jim Rolla: Okay.

((Crosstalk))

Jim Rolla: And you work out of Nassau, right? You work out of a...

(Laura Ford): Yes I do.

Jim Rolla: Okay. Okay.

(Laura Ford): And that brings us to...

Jim Rolla: Okay.

(Laura Ford): ...the next thing, is that...

Jim Rolla: Yes.

(Laura Ford): ...whenever we talk about training it seems like we go right back to 1199 orphan training. And that kind of leaves people who are Nassau, Westchester, out of the loop of getting the other training that will bring them into being able to recognize things because with this, you know, when we deal with our kidney patients and they're gurgling and they're not doing certain - they're not able to do certain things, it's a matter of recognizing that this is a downturn, this is a problem that maybe we need to be in contact with somebody who's

able to speak to the dialysis center to tell them they probably need to pull some more fluids off to avoid the congested heart situation.

Jim Rolla: Yes.

(Laura Ford): And if you can't recognize it because you're not trained to recognize it, that becomes a detriment to providing the best possible care.

Jim Rolla: Right. You make a great point.

(Laura Ford): So we want to give more effort into getting our employees who are not part of 1199 the necessary training to bring them up to snuff to know what we're seeing.

Jim Rolla: Yes. I hear what you're saying and I think and I'm going to check this, I believe that additional trainings are available even to non-union members. But I'm going to double-check that. Don't - that's not a guarantee.

(Laura Ford): Oh, please post it.

Jim Rolla: I will. I absolutely will.

(Laura Ford): Because I was fortunate enough to do a hospice health coach, the regular health coach, and the whole training. And those were excellent programs that were into being able to help patients identify their behaviors and how their behaviors put themselves in danger.

Jim Rolla: Okay. So good. I'm glad to hear that. And we have courses like that. So we have other courses that are part of the in-service curriculum that are not necessarily mandatory. They're additional courses. There may be something

on there, on the Care Connect app, or in the in-service curriculum, that you might find interesting. And those are available to you.

There are other courses - I don't have anybody from education tonight...

((Crosstalk))

(Laura Ford): I'm sorry, I don't see any of that in the Care Connect. And unfortunately, Care Connect still has my patient that died down as being active.

Jim Rolla: Well, that - so that's a different - that's the casework (unintelligible) aspect of the app. But we can address that separately. So you know what we're going to do? Like I said, tomorrow we're going to get confirmation, I don't know about by tomorrow, but by early next week, we'll get back to you about what's available through 1199, if there's anything that you can participate in as a non-member, because I think you can.

And then I'll also refer you over to Education to see what additional coursework would be available to you. And then the Care Connect issue we'll file separately. Okay.

(Laura Ford): All right. And on 12/7, the HHA Exchange had a meltdown in that it would not allow people to call out. So we're pursuing where we can't call out the same way of submitting task sheets.

((Crosstalk))

Tom Coccozza: That's a different thing. I'm sorry, Jim, I jumped in. On 12/7 that wasn't HHA Exchange. That was like a server - an Amazon Web server.

Jim Rolla: A national. Yes.

Tom Coccozza: It was a national (thing). So it was across the board, like a ton of systems went down all over the place. So on a day like that, we're going to need (unintelligible) because there's no other way for us to process the visit.

(Laura Ford): Okay.

Tom Coccozza: Yes. That's like a rare exception. Like...

((Crosstalk))

Jim Rolla: ...computers that day for everybody in every industry, went down that day.
Yes.

Tom Coccozza: Yes.

(Laura Ford): Yes. But I'm sure that that will happen more frequently and it's something that, you know, we have to put a safeguard in for that kind of situation like that, because, you know, now you're talking about how many task code sheets being faxed to where?

Tom Coccozza: Well, you're exactly - I will say that you're right in that but that's part of I would - that's part of like the technology plan in that we have to deal with any vendor that we have. So that happens just for whatever it's for, that happened in the (unintelligible) system as well. Like everything was down.

(Laura Ford): I'm sure.

Tom Coccozza: So even if you were still using (unintelligible) like it - that also went down because they both use the same underlying service.

((Crosstalk))

Tom Coccozza: Amazon is the biggest company, you know, in the universe. They need to do - they need to have some sort of backup for something like that to go down because so many different industries run on that platform. And you're right, like that day we, you know, we needed how many - it went down late enough in the day that some of the people who worked only early in the morning were able to clock in and out. Right?

So it wasn't everybody who worked that day were doing task code sheets for. But there was quite a large number of task code sheets that were needed. And you're right, that becomes a choke point. Because everyone's faxing them into the same phone number. You know? But there's - unfortunately, there was nothing that we could do. There's no alternative that we have because even the backup phone numbers still use that same platform. Right?

(Laura Ford): Yes.

Tom Coccozza: Yes. And we addressed that as like this is a risk. This is something that hey, if this happens again, and it happens at 8:00 in the morning instead of 1:00 in the afternoon or whatever exactly it was that went down. That could be a huge problem for us. We could lose a whole day of work. We don't even know if anybody's in - like we won't even be able to do attendance, to know if people went to their cases.

So we don't have an answer. That's something that we at Partners can answer ourselves. We have to work with them. But we are on top of that as much as we can be, in order...

(Laura Ford): Okay.

Tom Coccozza: ...to find out different...

((Crosstalk))

(Laura Ford): Have we made any progress with trying to link up with any providers to provide electronics in terms of phones, pads, anything like that, at a discount rate or a wholesale rate, because we have a lot of people who like I said, we went from 3G to 5G and unfortunately, some of our electronic equipment is not up to snuff and not everybody has an iPhone?

Jim Rolla: Right. So we have looked into many, many times, the possibility of providing cell phones to the field staff. But it - there are just simply too many people and it's something that we just could not possibly sustain. And we think of that investment of money like that. There are other ways that we would want to invest into the workforce other than just, you know, than giving cell phones.

((Crosstalk))

(Laura Ford): ...what I was saying is like in terms of even when we did the vaccinations you said we had a voucher system to get a voucher, go to wherever to get it. Like that whether or not there's a carrier willing to provide a discount voucher because the volume of people that we have that need to upgrade. That would be sending business their way while they're giving us a discount to getting the stuff that we need to stay current with doing our business.

Jim Rolla: Okay. That's a great point. I'm glad you clarified that. I'm sorry I misunderstood. Listen, I think that's a great idea. We could certainly look into it. I can't comment on it and I don't know if we have. But I think it's a great suggestion. So thank you for that. I think we'll look into that.

(Laura Ford): Okay. I'm going to let somebody else talk before you all have time out.

Jim Rolla: Well I actually - thank you.

Tom Coccozza: Please, did we get her...

Jim Rolla: I was just going to say we have her name. It was (Laura), right? (Laura)?

(Laura Ford): (Laura).

Woman: (Laura Ford).

Jim Rolla: Yes, okay.

Tom Coccozza: All right, great.

Jim Rolla: Yes. So we are at time. And I don't know if there are any more questions, (Jason)?

Coordinator: At this time we do have one question left on queue.

Jim Rolla: Okay. So let's - I'm - I'm happy to take the last question.

Coordinator: Thank you. The last question comes from (Anne Green).

(Anne Green): Yes.

Coordinator: Your line is open. Please go ahead.

(Anne Green): Yes. I am using the HHA Exchange app. And on the - when I sign in it's - I'm okay. But when I resume the tasks, they don't appear. I don't see the box for the - like observation. You know, the window that we used to - right, we used to have on the other app. I don't see that appearing.

Jim Rolla: Okay.

(Anne Green): So I only do the task. I don't do the - I don't see the window for observation.

Jim Rolla: So is it - Tom, those are the VVP questions, right?

Tom Coccozza: Yes. Those are the VVP questions.

Jim Rolla: And are they there, or...

Tom Coccozza: So they're not there in the way that they used to be. And we're still - I think - and (Joe) unfortunately, is not on the call, is the person who is I think spearheading this part of it. But we're still working on how we're going to put those in because the way that we did them in the past, we can't do that the exact same way as the app. Right? So they're going to show up as other tasks on cases where we want those VVP questions answered; those observation questions answered. They're going to show up as like tasks that you could answer yes/no for. That's how it's going to change.

So instead of it being, you know, more of a free kind of like, you know, asking your opinion on something, it's going to say like is the pain worse today, yes or no. And then you'll press 1 or 2. It'll be...

(Anne Green): Okay.

Tom Coccozza: ...something like that.

(Anne Green): Yes, but...

Tom Coccozza: So it won't be on every case. In the old system if you used the app it didn't make a difference whether we needed to know those observation questions or not, you had the option to answer them. This will only be on the cases that we need that information on.

(Anne Green): Oh, okay.

Tom Coccozza: So you may not see it because we may not need to know it for a case that you're working on right now.

(Anne Green): Yes. But why it is that the tasks don't appear when I clock out? I have...

((Crosstalk))

Tom Coccozza: I'd have to - I don't know which case you're working on right now. So so I'd have to take a look at that.

(Anne Green): Okay.

Tom Coccozza: They should appear.

((Crosstalk))

Tom Coccozza: ...they don't appear. Like that's concerning to me on an individual level. Like I think that there might be something that I would want to take a look at that case. So if you give me...

(Anne Green): Well, listen, it's the - listen, I - it appears when I press like P.M. then it appears, or something like that, or after the (comm), the GPS, I press GPS on confirmation. Anyway, I have to click on something before it appears.

Tom Coccozza: Oh, okay. So you would - like okay, so you're just asking like why doesn't it show up at any time...

(Anne Green): Yes.

Tom Coccozza: ...during the visit? Right.

(Anne Green): Yes. Yes.

Tom Coccozza: I'm sorry. I (unintelligible). That's the way that the system is designed, like you're not going to see the task until the clock out until you're ready to clock out. I mean it's not...

(Anne Green): Okay.

Tom Coccozza: ...that's not something that's wrong. That's the way the system is designed. Like it's not going to remind you of the task like halfway through the visit.

(Anne Green): Okay. Because no, I wanted to know if I was doing it wrong. So...

Tom Coccozza: No.

(Anne Green): ...I'm glad...

Tom Coccozza: You're doing it...

(Anne Green): ...you told me that.

Tom Coccozza: No. You're doing it right. Okay.

(Anne Green): Okay. Thanks.

Tom Coccozza: No problem.

Jim Rolla: Great. Okay.

(Anne Green): Goodnight. Goodnight. Yes, thank you.

Jim Rolla: Goodnight. Yes. Goodnight. All right.

Coordinator: Okay. At this time there are no...

Jim Rolla: So I think...

Coordinator: ...questions on queue.

Jim Rolla: Oh, good. Right. And when I say good, I don't mean that I don't want any more questions. I just don't want people to not have their questions answered. So I'll stay on if there are. But so let me take this opportunity again, to say

how much I enjoyed this time. We all did. I'll speak for my colleagues as well. It's always great to hear from you. And I do hope that you find these calls valuable. And I do hope that you continue to participate.

It is an hour that is dedicated just for you and so I really want to be available to you and have these - this interaction with you. So I'm grateful for that. I am grateful for you. I wish you and your families a wonderful and peaceful and safe holiday. And again, thank you for everything that you do. And please don't let these calls be the only opportunity in which you reach us. And reach out to us for anything that you need. Okay? So have a good night. Thank you, everybody. And be safe.

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

END