

VISITING NURSE SERVICE OF NEW

**Moderator: Allison Hancu
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Coordinator: Welcome everyone to ask VNS Health Personal Care SVP Call and thank you for standing by. At this time all participants are in a listen-only mode until the question-and-answer session of today's conference.

At that point, to ask your question please press star followed by the number 1 and record your name when prompted. Today's call is being recorded. If you have any objections, you may disconnect at this time.

Now I'll turn the meeting over to your host, Jim Rolla. You may begin.

Jim Rolla: Thank you and good evening everybody. As always, I'm so excited to be here with you on a Thursday night. I appreciate you sharing your Thursday night with me. And we are - this is a really important part of my job where I get to connect with you and answer your questions, get your thoughts, get your feedback and be able to share any new and exciting updates with you.

So that's a great segue into we're about a week into VNS Health and I'm sure that we're all as excited as we are about it because it's a very big event for - it's a very historic event for our company.

I'm sure we're all still trying to remember to say it. So - and say it correctly. So I keep practicing and keep making sure that we always get VNS Health and we are personal care. And so I hope that that name and that identity still resonates with you and that it's still - you're as enthusiastic about it as you were when we first talked about it on our last call together which feels like a very long time ago and I hope you're getting used to using it and referring to the organization as VNS Health.

We really wanted to make sure that we have that - we convey that perception of one organization. We're all under one umbrella, so to speak. We are all part of the same larger organization, VNS Health, delivering care in the home. And you are on the forefront of delivering that care.

So I hope you're still excited and I hope you're enjoying some of the communications that you are receiving about it.

One of the things that I know has been raised a couple of times at various different ways is about the uniforms. And so I want to give you a very clear update about the uniforms and what you should expect in the coming weeks.

So the uniforms were due in. And unfortunately with I guess all of the supply and delivery issues that are occurring in the world in all industry those - the uniforms did not come in as expected.

So you're going to be receiving communications about when those are going to be ready for distribution. And when they are you will have clear instructions about when to come in and what you can expect when you come in to pick up those - the scrubs.

And so when it comes to the number of scrubs that you're getting, the number of uniforms -- I'm going to use the terms interchangeably -- is you're going to receive one. And I know that a lot of you work a lot of hours in a lot of different places and how can we expect you to wear just one? We don't expect you to wear just one.

We have a temporary solution while we get the additional orders that are going to be coming in following the first distribution of the one. But I don't want you to feel bad or be upset when you come in and you only get the one.

Following that first one, then you'll come back and I know that that's going to feel like a lot of trips there but we want to make sure that you get them and that you have them and that you can see them and that they're your size and all of those things that we have to consider when you're wearing uniforms.

And you'll get an additional number of scrubs. Now it's not going to be five and it's not going to be four. The max will probably be three. Not probably. It will definitely be three.

And for some that don't work too many hours or too many cases because remember that's the duty of this work, you can work as much out as many hours as you like or a few hours as you like although we like you to work as many as possible and as many as you want.

You will probably get - you will get a second one. So you're going to get either two or three depending on the number of hours that you work. And we felt that that was the most - the fairest way for us to be able to distribute them considering the supply and considering the, you know, the number that we have to get for the size of the organization that we are, okay?

So - but what you can do now and what you should be doing at least for the interim is you all receive a very large VNS Health button early on when we were talking about the rebranding.

And with that button, you can use it for all of the scrubs that you currently have, all of the uniforms that you currently wear that say “Partners in Care” and you can put the button over the logo so that it’s a VNS Health instead of what you can see embroidered onto the top “Partners in Care.”

And so that means you get to still keep whatever you have and then you’re going to get more. So that’s a temporary solution so that we can - you make sure that you have an adequate supply of uniforms for you to wear to work because we know how important it is that you want to come to work with - looking good and have a clean uniform and that will be the solution is you’ll take the button and you’ll put it over the Partners in Care logos for the time being. Okay?

And I’m sure - if you have questions about that, we’ll get to that during the Q&A session.

The other thing that I want to make sure that you realize and that it will be in the instructions when the uniforms are in and ready for distribution is you have to bring in your ID badge. The current ID badge that you have won’t be any good anymore and you’re going to need to bring it in and you need to turn it in, in order for you to collect the scrubs.

It’s really, really important. And you - I just want to reinforce that importance of an ID badge in general and it’s so critical and important that you have one. It’s not only a Department of Health regulation but it’s a patient right and it’s

important to patient safety as well as your own that you have an ID badge on you, with you every time you're in a patient's home.

And so I know that some of you probably have had nurses that come in and they look at your ID badge and they make sure that you're wearing one. It's a very, very important part of patient's rights and compliance with Department of Health regulation. So if you don't have one, that's a big problem and we're going to have to make sure that you get one.

If you do have one -- well, you should all have one -- you must always make sure that you have it with you. I know that people forget and you leave the house and sometimes you're late, you know, things happen, you can lose it. Like, it's really, really important. It's part of your - it's part of what you wear every day. You put on your shirt. You put on your pants. You put on your shoes. You put on your badge when you go to work. Okay?

So want to make sure that you understand the importance of wearing your badge in general. And then of course when you come in to pick up your new sets of scrubs, you're going to have to turn in your old ID badge and you'll be issued a new ID badge with VNS Health Personal Care and it will have your photo on it and your name. And they're really cool looking. So I think you're going to like them.

Another part of what you do every day and what you should be doing every day when you got up to go to work before you get dressed and before you put your scrubs on and before you put your VNS Health button on and before you put your badge on you're going to call in like you always do to CareConnect and report your symptoms if you have any symptoms of COVID.

It's still a thing unfortunately. It's still with us. And it's still important that you protect yourself and you protect yourself from transmission and transmitting the virus if you are in fact experiencing any symptoms.

So I can't stress that enough. That's a big - that's what you need to do every day just like you call in and out your attendance, you call in and out - you call in your symptoms before you go to work using the CareConnect app.

If you have questions about how to do that, you can raise that on this call. We'll remind you again how to do that and what you need to - if you need to get the app, we can - we'll arrange and give you instructions on how to do that.

We're always - we're in the office now. I'm still super excited for those of you that have been on this call with me since the beginning. I kept telling you how important and how excited I was for us to be back in the office so we could see you and we can talk with you and we can help you and we can be available to you. And so I'm there almost every day and I see so many of you in the office.

And it's exciting to see and I love the activity and I love to hear people talking and I love to walk by and say hi to many of you. And I think it's even cooler that I walk by a lot of you when you know who I am because you watched the video and I look familiar to you and I love that that you look at me and you point and you're like "I know you" because you've seen me in the video for orientation. I think it's orientation. There's a couple of them.

So it's very exciting to see all of you there and I really, really enjoy interacting with you.

So besides me being there, there's a lot of other people there including your supervisors, including people that can provide support to you, the technical support on how to download the app and how to use the app and any questions you have regarding the app.

When I say "the app," I mean CareConnect which is where you get your cases from. I want you to keep using and looking at CareConnect to see all of the open cases that are available to you and we have plenty of them. You're going to do your - that's where you do your Caregiver Survey which is your assessment, your daily help assessment. That's where you answer those questions also in the CareConnect app.

And then the HHAeXchange app is where you're calling out your attendance and you enter the tasks that you performed for your patient every day, right? The care plan part is really, really important.

And speaking of care plan, care plan and following the care plans and making sure that you have a care plan in the home for every patient that you see, every visit that you're in, every visit that you have, there must be a care plan in the home and you must follow that care plan.

And when I say "follow that care plan," I mean you're going to look at it and you're going to see these are the things that I need to do for this patient every day every time I'm here. This is what I have to do. And you're going to make sure that you do all of those things and you're going to make sure that you document that you do all of those things when you call out your attendance.

We get in a lot of trouble -- we as an agency -- if those things - if the things that you do for your patient every day are not reflected on the record. And so

the where you see those tasks and how you document those tasks is through the HHA app, HHAX app where you call out your attendance and it asks you to put in your tasks.

The other place that you put tasks in is when you use the telephone when you - if you're not using the app and you call out your attendance, call in when you get there and you call out when you're leaving your patient's home from your patient's phone, not your cell phone, but when you're calling from the patient's phone, you call - before you call out, you're going to enter your task through the phone.

Those are - all of these things that I'm telling you -- and I know it sounds like a lot, we expect a lot of you, I understand that -- are all for - are all the things that you have to make sure that you do every day. They're part of the compliance. They're part of what - of when the stake comes in and looks at us as an agency and they survey us, these are the types of things that they look for to see that we make sure that we're doing and that you're doing.

And so you have a big responsibility. We all have a big responsibility. But you most of all have the responsibility to make sure that you're carrying out these important policies and procedures every day.

And so I understand it's a lot and I understand it's hard and it's a lot to remember but we have to do it. And so we're here to support you and we're here to help and make sure that all of these things that you need to do that we're giving you the most support and we're making it easy for you to be able to do your job.

And so it's often the feedback that we get from you and that I hear from you when I see you or I hear from you on these calls or I get a phone call. You

talk to me about, like, it would be - it would make my job a lot easier if we did this and if we did that. Those things are really important because it's all about how do we make your experience here a good one and how do we make you want to continue - how do we - not make you, how do we create an environment that you still want to work here because we know that you can work anywhere else and we really want you to work for - work here with us.

I'm going to turn to my team members because I think I've said a lot. And I'm going to turn to my team members to see if there's anything they would like to cover with you before I announce some even more exciting news that I know you're really, really, really, really going to be excited about.

So I'm going to keep you in suspense and I'm going to ask (Thomas) who is the Director of Operation if he - what he would like to cover for you tonight.

(Thomas)?

(Thomas): Thank you, Jim, although I feel like people don't want to hear me talk now. They just want to get to your exciting news.

So yes, I think that, you know, I think that Jim covered a lot of important things and I think that, you know, I don't want to lose the importance of any of those things. I'm going to - I want to really re-emphasize like about clocking out with the plans of care, right, that there is a plan of care for every visit that you have and that you're expected to address the tasks that are on the plan of care.

It doesn't necessarily mean that you're supposed to say yes to everything for sometimes you don't do something because the client refuses or you don't do something because the client can't have that service on that particular day.

We want you to address everything. We want to say “Yes I did this” or “No, I didn’t do this, the client refused it,” whatever the case may be, right?

If - when you’re clocking out on the app and you don’t see the plan of care or via the phone and you don’t hear the tasks read to you when you’re clocking out, you should let your supervisor know, right? Because we have found out that there are some technical things that are preventing some of the plans of care from reaching you when you’re clocking out either via the app or via the phone.

So if you don’t see that there, you don’t see your (unintelligible) there, just let us know and we can now - we now know what the problem is. We can kind of help fix it if it is occurring for you. All right?

I do want to encourage everybody to download that HHAeXchange app for clocking in and out. It’s what we prefer. It’s what we encourage you to do. It’s the best way for you guys to get paid for the work that you do as quickly as possible. All right?

So that’s all I have for right now.

Jim Rolla: (Tom), did you want to talk about the new - the...

(Thomas): Yes I was going to ask you whether you want me to talk about (unintelligible).

So the other thing I...

Jim Rolla: Yes.

(Thomas): Okay. So the other thing I want to say I don't know everyone on this call has heard or not. I don't know if there's some messaging about it but I'm not sure if everyone saw it. We did a certified services restructuring.

Now the Certified Services Department is what handles most of the cases, most of the HHA cases that VNS Health Personal Care Group -- that's our new name -- the most of the cases that we do.

So if you work in the CHA or the Hospice or with - or any (unintelligible) plan, you work in Certified, you have a portion of the company that's private care services, all right?

So we did a structuring, a change of, like, basically, like, which supervisor you're working with, which clients. Before, we were doing a supervisor, we do all one type of client, like, I'm going to do every client in the CHA or every client with hospice cases or every client with the long-term cases. And that really - there are reasons why we did it but we thought it would be better for you, for the home health aide, and for the supervisor if we switch that around and have the supervisors work like in an area.

So now I'm the supervisor and I have all the cases in this zip code. This way I'm working with all the CMAs all the time no matter what cases they are. This way, if you, as a home health aide, say "I'm working four hours. I want to work six" or "I want to work eight," like, the supervisor that you already have your one case with has all the other cases in that same area. They'll be able to help you get extra work.

And this way, instead of you having to go from supervisor to supervisor to supervisor to try and find extra work or you're not sure exactly who gave you this case or one person gave me the case but then they gave it to somebody

else to service it, like, it's all this confusion, one supervisor. They are placing the case prominently when the case comes in. They're going to supervise the case until the case closes. And this way for you as a home health aide, you don't have to know ten different people. The one person - that's the goal, right?

We want to get back to a situation where you know your supervisor, your supervisor knows you and you guys work together as a team instead of like where we've had the last two years which is you're not exactly sure who it is that's supervising the case that you're working with right now. But you know (Tom) so I'll just call (Tom) and hopefully he can help me out with my problem with whoever else, right, which is fine. You can always call me.

But what we want is we want to kind of get back to, like, having that strong relationship in the HHA and the supervisor where you two work as a team and you know each other and you work together well. That's the goal that we're moving towards.

Now we just did this about two weeks ago. So I don't know if you've noticed yet. I don't know if you've seen anything. I don't know if you heard from "Hey, I'm your new supervisor. I have your case now (unintelligible). I've heard that," but what we did when we've made those changes, we didn't just tell you that these changes came, we sent out like e-mails and text messages to you guys to say "Here's, like, everyone's phone number." If you want to get in touch with somebody, here's a phone directory so that you know if I want to get in touch with my supervisor, here's my supervisor's phone number in case I forgot what it was or whatever the case may be.

We're looking to expand that a little bit to give you - like, direct phone numbers for the payroll department, for HR, for other places that you may need to get in touch with.

So that's sort of very, very - I know it wasn't that short. The very short version of what we did. (Unintelligible) when we get to the Q&A section later for some of your feedback on that, have you noticed it, do you have any questions about it, do you have any concerns about it.

It's something that we're really excited about doing because we think it's really going to help you out in making it easier to get in touch with the office and getting you the work that you want where you want it, right? Instead of you having to bounce around different people or bounce around the entire city in order to fill up a (calendar). We don't want you to do (unintelligible).

All right, Jim, that's about it.

Jim Rolla: All right. (Tom), thank you very much.

(Thomas): No problem.

Jim Rolla: That was a great update. And we are really looking forward to your feedback and I want to just remind everybody that we've heard multiple times just about on every call as well as other avenues about the difficulty in getting a hold of supervisors and how, you know, it can be very stressful for you to be able to reach us. And we're really listening to that and really working very hard.

So a lot of this work that is underway and it's already been, you know, implemented is really a way for you to better - to strengthen and enhance and

better your relationship with your supervisor and the organization. We want to make it easy for you to get a hold of us. We want to make it easy for you to communicate with us. And we want to make it easy for you to get work.

So those are the, like, that's the goal of what we're doing and I want to make sure that you all know how much we are taking this very seriously and the feedback that you give us is only going to help continue to improve on that process.

So thank you for what you've already brought to our attention and what you've already shared with us and we're working really, really hard to make it right.

And it's not going to be perfect and it's not going to be perfect tomorrow. But know that we are listening to you and we're hearing you and we are working to make it right.

So I'm going to ask Loraine Earle who is the Director of Support Services to do - it wouldn't be the same if Loraine wasn't here talking about how much work we have and how much we need you and your friends and everyone you know to join the agency because if you bring people on, I want to remind you there's a referral bonus for you if you refer a friend or anyone that you know, somebody that you see on the bus, somebody that you see on the subway, anybody that you know that you could refer to VNS Health Personal Care, you will receive a bonus. And we have plenty of work for you.

And I know that - I know what you're all thinking right now. Like, we have a lot of short hour cases and we don't like short hour cases but I have good news about that too.

So, Loraine?

Lorraine Earle: Yes. Thank you very much, Jim. And yes we do have a lot of work.

(I love to be on this call) if only just to let the home health aide know how much we have work and how much we need them and how much we need them to be flexible to take the cases that we have.

You know, as of today one of the good things I found when I (came in the company tonight) is that the CHOICE program is actually offering us a lot of cases this month.

So very grateful to each and every aide on the line tonight and give you some advice in the call: Log on to your CareConnect. That's very, very important.

We used to have the placement unit. You've been calling and calling. And you used to have to call also. But there's no longer the placement unit. You're going to be having the direct call, directly to be referred by your supervisors. Yes, lots and lots of work. We're never, never out of work.

All that we ask that each and every home health aide be flexible and we will try very, very (unintelligible) to have you more caregivers and (unintelligible) areas where you live. So (all this work for you). Never (unintelligible) VNS Health Personal Care. There's always work. And so I'm so grateful for the (unintelligible) (to make) and tell your friends and tell your family members please sign up with us. There's always work. And if you call tomorrow morning, there's work waiting for you.

So thank you again for coming on tonight. Thank you, Jim.

Jim Rolla: Thanks, Loraine.

Loraine has an undeniable enthusiasm for this work and for you and making sure that you have what you need. So I love to hear Loraine deliver the message about work and how important it is to us and to you and to her to make sure that you have what you need.

So we also have (Debbie O'Hare) who is the Associate Vice President of Quality and Education. I'm hoping that I said all of that right.

(Debbie), did you want to cover in-service? That's our other favorite topic.

(Debbie O'Hare): Sure, Jim. Thanks. And yes, you got the title right. So just so you know.

So hi everyone. I just want to remind you all to complete your in-service. So we've launched 6 of the 12 hours of required in-service. The other six hours we'll be launching sometime after July 1st.

I'm really happy and excited to say that over 2000 of you have completed all of the 12 courses that have been launched which accounts for more than 40% of our home health aides in total.

So if you have your training underway, if you haven't completed it, please work on it. Should you need any help or support, we have someone available in the office who is - who can help you. They're there Monday through Friday. And if you need help, (Faye) and her team can help you to make arrangements if you need additional assistance.

So we're here for you. Thank you for doing your in-service and, you know, be on the lookout for additional courses.

So thank you.

Jim Rolla: All right. Thank you, (Debbie). And I was remiss. I did not talk about CareConnect. Remember we talked about CareConnect and that's where you can do your daily help assessment. That's where you can get your cases and available work. And that's where you take your in-service. Sorry, just want to reinforce, like, the multiple uses of that app and how important it is for you to have that app on your phone.

If you're having any difficulty accessing courses, taking them, finishing them, whatever the trouble may be, we have support for you available in the office to go through that and make sure that you are able to complete those courses. Remember you have to do that to keep your certificate active. And we have to have you do that in order to - excuse me, in order for us to be able to keep you actively working.

And the feedback has been very, very positive from those in-services - from the courses - from all of you about the course content and what you're learning from those courses. So we're really thrilled about that.

Okay. So before we open it up to questions and I know that this is probably going to spur a lot of questions and I'm going to have to give you just only the most basic of information because I don't want to promise - I don't want to talk about something that hasn't actually been - that isn't ready to be delivered.

But I do want to let you know that we've been working really, really hard, collaborating with 1199 for - one of the questions that I got in advance of this call is, when are we getting money that is due us?

And so I don't - I'm not sure exactly what that means or what that's referring to but I have a good sense that it's about moneys that have been allocated for agencies to use and to use in - for ways to create incentive programs and bonus programs and other initiatives that will improve patient outcomes through technology, through additional training and development and education that was awarded to a number of agencies and it is to be spent on these various types of programs.

And we've been hard at work for several months planning a really exciting - what we think is an exciting bonus and incentive program that will reward you for, you know, hours worked, that will reward you for using the app that we talked about to call in and out your attendance and will also come in the form of bonus checks - bonus check for those of you that worked during the pandemic as a - I know people have used the term "hazard pay" or "hazard bonus" for working during the pandemic.

And I know that this is something that all of you have asked for. I know this is something that comes up very often. And we have the funding now from the state to be able to deliver these checks if you qualify for them. And we're excited to - we're readying, right? We're working with 1199 in order to be able to, you know, start distributing these bonus checks for the pandemic as well as programs that rewards you and that you will get additional, like, incentive bonuses for using the app, the technology and for also for just working here.

And the more hours you work and the longer that you work here, you will accumulate additional bonus payments that will be paid out like throughout the year.

Now this money is temporary and it has to be spent and it's - when it's gone, it's gone. And I just want to make sure that people are very, very clear that these are bonus payments and incentives and programs that will be - you know, that we will use and we will spend what we were given but that they won't - they will have an end period.

So in other words, after certain amount of time -- and I think it's a little bit more than a year -- they will end. And I don't want people to feel like we're taking something away from you. The intent was to - the intent from the state, the state wanted to sort of reengage the workforce and have agencies be thinking about how we can attract and retain and reward the hard work of home healthcare workers because we all realize - well, we always knew but I think the state finally came to the realization that you are essential workers and we wanted to make sure that you are recognized and that you are recognized as you continue to do all of the valuable work.

And so I want - I'm excited about being able to tell you that we - you're going to be receiving a lot of communication about how to even earn these bonuses and what the dollar amounts are and these exciting incentive programs that are going to essentially, you know, put more cash in your pocket.

Like, it's not an hourly wage adjustment. I want to make that very clear. It's not an hourly wage adjustment. That's something different. That's a different law that doesn't take effect until October which I'm sure you probably have heard about. It's called Fair Pay.

And I'd rather not get into that one tonight. We - I mean, there'll certainly be more information about that. But these bonus payments and incentive programs will be forthcoming. And so I'm really excited to be able to tell you that because I know how much you've asked for and I know how much you

deserve it and I know how much we want to be able to give you something that you truly deserve. So there'll be more information coming about that.

And then finally we are going to be launching a separate bonus program that I hope you all take advantage of that rewards you for taking short hour cases because I know that two-hour cases nobody loves them. That was another question that I got in advance. Why can't we get more hours? Why - these two-hour cases it's very, very challenging.

And the remaining part of that question was about getting more cases in the Far Rockaway area. And I think - and so we'll talk about that separately.

But we are going to be sending out another communication, which is separate and apart from the bonuses that I just talked about, that will detail how you can earn additional dollars not towards your pay but in different bonus - and the bonus payout after you complete a series of short hour cases. We want to reward you for taking short hour cases.

And you're all eligible. It's not as if you can't take it or you don't - you're not going to be able to participate because you already have the case. Everybody starts from the same point.

You can't work more than 40 hours. I want to say that. If you're at 40 hours, it's not like you could get another case. But if you are working two-hour cases and you take another one and you take - once you complete a series of short two-hour cases, you will get an additional bonus.

So that's really exciting. I hope you're excited about that because we recognize that those cases can be challenging because they're short obviously

and also because they are short term. They end quickly. So we want to do something to kind of help make that not so bad for you.

So that was the big news. I can't hear you or see you so I hope that you're somewhat excited. And I'm going to ask (Tom) to open up the call - open up the queue now so that we can take your question.

Coordinator: Certainly. Thank you. To all participants, we'll now begin the question-and-answer session for today. If you would like to ask your 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 followed by the number 1. One moment please for our incoming question.

Jim Rolla: Usually this is - usually it's hard to get people to ask questions but I have a feeling we're going to have a lot of questions.

Coordinator: Thank you for waiting speakers. As of the moment we are showing no questions. Again to all participants, if you have questions, you may press star followed by the number 1 and record your name clearly when prompted. One moment please.

Jim Rolla: I was wrong. I think everybody is just being a little shy. Or maybe everybody is trying to formulate their question. Got to be questions about all the stuff that we talked about.

So while we're waiting, I got two questions in advance. One of them we - I spoke with the caller separately because it was really, really involved. It had a

lot of really delicate information in it but I didn't think that we could really cover in this call.

But what I do want to cover because I hope he's - is that he did an amazing, incredible, wonderful job for a family who had experienced an unexpected death not from the patient but from someone else in the family in which it was - he went above and beyond in trying to help this family and his patient through a, you know, a very, very, very difficult and challenging time.

And he had raised some issues in terms of communicating with the office that are important to raise and that we are going to look into so that we can ensure that we have a better process moving forward so that information can flow through - flow from the field into the organization in a more efficient way.

But I do want to recognize what I think was above and beyond the call of duty in terms of how he managed the situation and how he was a tremendous and really heroic support to his patient and their family.

So it's always - I don't need to say "story" because it's not made up, situations like this, examples like this just remind me how blessed and proud I am that we - that this is the work that I - that we do for a living and that I get to share this experience with such amazing people and it's really the work that you do that we need to celebrate. It's not about the work that I do or we do as an organization because you are doing the work of the organization.

So I just want to recognize that while we're waiting for questions. (Tom), are there any questions?

Coordinator: Thank you for waiting speakers. We are showing questions. Our first question comes from (Shandrea). Your line is now open.

Jim Rolla: Okay.

(Shandrea): Hi. Good evening. I'm (Shandrea).

Jim Rolla: Hello. How are you?

(Shandrea): I just have a question. (I didn't catch any - just when it started). But my question is, our uniforms, what is it going to be like? Is it going to be the same color, the navy blue and white? Or are we going to get colors like our new brand?

Jim Rolla: I love the question, (Shandrea). And I can answer it. You're going to get the colors of the new brand. So it's all...

((Crosstalk))

(Shandrea): Yay.

Jim Rolla: I love that. That's my favorite reaction of the night. Okay. So we're going to - it's going to be one color. It's going to be the blue. It's the blue that you see - that you've seen probably on the branding, right? It's - I'm not good at this kind of stuff but I think it's a little - it's more like a lighter shade of the current blue that you have but matching top and bottom. And then it has the VNS...

(Shandrea): So...

Jim Rolla: Yes, go ahead.

(Shandrea): Oh, I'm sorry. It's not going to be the navy blue like we presently have.

Jim Rolla: No, I feel like it's a little lighter than - it's blue but it's not the same shade of blue.

(Shandrea): Oh.

Jim Rolla: If you look at the - if you go to the Web site, you'll look - if you look at the Web site and you see the - you know, the VNS Health logo and behind it is blue, that's the blue, the same colors that are on the brand.

(Shandrea): Okay.

Jim Rolla: Okay? And then it has the VNS Health logo...

(Shandrea): Yes, yes. Yes.

Jim Rolla: ...on the, you know, where the Partners in Care is. Yes.

(Shandrea): Okay. Yes. Because even like the little token that you sent out to us, like the fan and the so forth and so on?

Jim Rolla: Yes.

(Shandrea): That blue, the navy blue?

Jim Rolla: Yes. No, it's not the lighter blue. It's the darker of the blue.

((Crosstalk))

Jim Rolla: It's the darker of the blue, yes.

(Shandrea): Okay.

Jim Rolla: Anyone on the leadership team, can you help me with this? I'm not good with colors.

Loraine Earle: Yes, yes. Jim, I think - this is Loraine. I think what Jim is trying to say that maybe if the colors would have been the pink and the white. But no, it's just going to be the blue. That's going to be the standard uniform color, the dark of the blue, not the light of blue. And it's the logo that will have the color for the uniform. That's going to be different shade. It's just going to be one shade of blue.

Jim Rolla: Yes.

Loraine Earle: If that answers your question, it's going to be one shade of blue, the dark blue, not the light blue. And the logo is there.

(Shandrea): Oh wow. I wish you had taken us to a lighter color like the lighter blue that's there like the lighter blue that light...

Jim Rolla: Yes.

(Shandrea): ... - the pink, yes.

Loraine Earle: Yes. Yes, I know...

((Crosstalk))

Lorraine Earle: Yes. Yes. I figured out when you were...

((Crosstalk))

(Shandrea): I'll just say this. Like for me, I'm one of those aides that work mostly with like the dementia or the Alzheimer's person. And what I noticed is that whenever we wear that uniform, that - our present uniform, it's like they see as dark. They're not light.

But when you wear like a color like say for instance you're (coming in your) white or you have on another color top, it makes the patient just have a different day. They react to you differently. I don't know if any other aides have experienced it but I've had more than one (unintelligible) and that's how they react, like, when they see me coming in a different color, a color that is bright and alive, you know?

Jim Rolla: Yes. I totally - yes, I understand. I understand. So...

((Crosstalk))

(Shandrea): So when I saw the logo and I saw the colors on it, I'm saying, "Wow, okay now. VNS we're getting there." But then I think we're back to the same blue.

Jim Rolla: Okay. Well, I think I - it's not quite the same blue but I do know what you're saying about the, you know, color popping...

(Shandrea): Yes.

Jim Rolla: ...and I know. I think we wanted to be mindful of the fact that light colors, you know, they tend to dull and they can pick up dirt and stuff. So - but I

understand what you're saying. I understand what you're saying. The logo is pretty enough I think and it's...

((Crosstalk))

(Shandrea): Oh yes.

Jim Rolla: Yes. It shows some color but I hear what you're saying. I don't think we can do anything about it. But what I can say is that that VNS button, right? Do you have a VNS button?

(Shandrea): Yes I do.

Jim Rolla: Okay. So the VNS Health button, sorry. Like, wear that one. That's exciting, right? Wear it. Even if - so you're going to wear it temporarily over the Partners in Care until the scrubs come in. But I would venture to say that working with dementia patients, they might get a - like a nice - you might get a very nice reaction out of the (pin) because it's big and it's bold and it's like - it's cool looking.

(Shandrea): Yes. Yes.

Jim Rolla: So I'd be interested to see if that helps.

(Shandrea): Okay.

Jim Rolla: Okay?

(Shandrea): Okay, thank you.

Jim Rolla: Thanks for the feedback and I love the question. Thank you. And you first sounded excited so. I appreciate the yay.

((Crosstalk))

(Shandrea): I was kind of excited to know...

Jim Rolla: All right.

(Shandrea): ...that we are getting new uniforms. But I just - I would be more excited if the colors were lighter. But that's all right. I guess (I can't win everything).

Jim Rolla: Listen, we could certainly take it under advisement to see if there's something we can do in the future. Thank you.

(Shandrea): Okay. Thank you very much.

Jim Rolla: You're welcome.

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

(Franciscka): Yes, hi.

Jim Rolla: Hi, (Franciscka).

(Franciscka): Hello. Good evening.

Jim Rolla: How are you?

(Francиска): Fine, thank you. Yes, my question is - you know, what you're saying here is being so helpful because I was like, yes, concerning (unintelligible) I don't hear, you know, like, talking about what's going on or the new - the good news that we're going, you know, now that we're having right now.

And I noticed too the social worker, (Ben), what he's doing has been, you know, you're paying attention to, you know, the complaints, our concern, our - you know, whatever we talk, whatever we saying there (unintelligible) and I love that. So that means you're listening to us.

Jim Rolla: Well, thank you. We are. We really are. And I'm really, really happy that you feel that way because we're really trying hard to make sure that we hear you. And (with) many different people across the organization that it's impossible for us to be able to be all under one roof, right, and share ideas.

And so this is the really good way to - this is really the only way that we can think of being able - not the only but one of the very important ways in which we can kind of come together and give information out to you. So I really appreciate that feedback. Thank you.

(Francиска): You're welcome. And...

((Crosstalk))

Jim Rolla: And we'll continue to do that. And I do want to tell you that you brought up about (Ben) and the calls and the emotional support calls are going to be - you know, those are going to be continuing. We're really happy with that. We know how much and how important it is to everybody.

So we're going to continue with those calls and I know that he messages these calls on his call and I want to give a plug to his call for those of you that are maybe experiencing any kind of emotional impact from working with your patient and the hard work that you do but also what's going on in the world with the terrible things that are happening with...

(Franciscka): Yes.

Jim Rolla: ...shootings and subway attacks and it's just - it's overwhelming. And I just want to make sure that everybody knows that. We - that's a resource for you.

(Franciscka): Yes. Definitely yes.

Jim Rolla: (It's hard everybody to go). So thank you. Thank you.

(Franciscka): You're welcome. I have another question. There's a lot of questions but I know the time is not enough but anyhow, thank you for saying, you know, all these bunch of things. Thank you for, you know, creating this time for us. And I just have a little bit of concern or a little problem because when I clocked in from, you know, when I'm going to work to my case, I clocked in from the patient's phone.

Jim Rolla: Yes.

(Franciscka): So they, you know, the person asked me why I don't clock in from my phone with the system. I say - I mean, I don't want to say that I don't - I haven't done it because I don't know how to do it. I just don't want to - they want to hear me that I'm not paying attention to my job but I've been calling from the patient's home when I know I can do it from my cell phone. So is that okay to keep doing it like that or it's either/or or the one - or both of them...

Jim Rolla: Yes, that's a great...

(Francisca): ... - of ways?

Jim Rolla: It's a great question. So neither one is wrong, right? It is either/or. In terms of - so let me say it this way. You have to do one or the other. The preferred method, right, so you have to do one or the other what you're doing.

The preferred method and the best way for you to do it is on your phone.

(Francisca): Okay. I see.

Jim Rolla: And that's the best way for you to do it because it avoids a lot of problems with, you know, patients they don't want you to use their phone. It's, you know, it's something that is more - it's a more efficient way for you to be able to call in and out your attendance and doing it on your phone.

So if you're having difficulty, when you're hesitant about using the app or you don't - please come in and we'll walk you through it.

(Francisca): So as you go through the office and follow up, you know, with whoever can help me there?

Jim Rolla: Yes. Yes. Yes. Yes.

(Francisca): Okay. So (I should call) first and, you know, who I call or, you know, making my appointment or (how does it work)?

Jim Rolla: Yes. Yes. (Rosa), would you help with this?

(Rosa): Hi, Jim, yes. I had the mute button on.

Jim Rolla: Okay. That's okay.

(Rosa): What you can do is call your supervisor and she could schedule you to come in to do it. That's the fastest way now.

(Franciscka): Okay. So ...

((Crosstalk))

(Rosa): (You have your supervisor's phone number)?

(Franciscka): Yes I do.

(Rosa): Yes. Your supervisor will tell you what date and time you can come in to the office.

(Franciscka): Right, because in the beginning, you know, even in the beginning when I start, you know, the new system, I was having so much problem and then one of the supervisors told me that I need to put a zero then my ID number, something that I didn't know what that - what the system was asking me for and I said, ("What does this mean?") I was so, like, going crazy (but), you know, now that you're telling me what to do, that's great.

(Rosa): Yes. It's going to be much easier once you get it on the application. Definitely.

So call your supervisor and she can schedule you to come in at, you know, when it's better for you. Okay?

(Francisca): Okay, sounds good to me. Thank you so much.

(Rosa): You got it. You're welcome.

Jim Rolla: Okay. Thank you, (Francisca).

(Francisca): Thank you so much. Thank you and have a good night.

Jim Rolla: You too.

(Rosa): You too.

(Francisca): Thank you. Bye-bye.

Coordinator: All right. Thank you. Again to all participants, if you'd like to ask your question, you may press star followed by the number 1. And to withdraw, you may press star followed by the number 2. Speakers our next question comes from (Merle). Your line is now open.

(Merle): Hi. Good afternoon.

Jim Rolla: Hi. Good evening.

(Merle): Yes. I have two...

((Crosstalk))

(Merle): (Unintelligible) take my time. So with the in-service, I'm doing it but there's a certain place that they reach and it's not going further. What do I do? I could complete, you know, because (unintelligible). So I don't know if this is - if I'm doing it too fast or what's the problem?

Jim Rolla: Okay. I just...

Woman: So what I'm going to do is - I'm sorry, if I can get your employee ID and I'll have someone call you so that we can actually talk through some of the specifics to understand what you're actually encountering and then I can have someone call you tomorrow.

(Merle): Yes. You want my ID number?

Woman: Yes please.

Jim Rolla: Yes.

(Merle): One-one-five-one-three-five.

Woman: One-one-five-one-three-five.

(Merle): Yes.

Woman: Okay great. We'll have someone give you a call tomorrow so we can discuss more of the details and get you set up so you can move forward.

(Merle): Yes. Okay, my next question is, I was - I had a (unintelligible) (surgery) in December. I was home for four months. I'm (back on to work). And since I came out and I've worked with my supervisor (unintelligible) for years. But

anyway, I've got a hospice case but (unintelligible) patient (died)
(unintelligible) within the next three hours.

So tomorrow is the last day for (those three hours, the 27th). I don't know
who's my supervisor. Was that (unintelligible) case? I had about three
(unintelligible) but I never knew (when they changed) because when I call
one, (unintelligible). I call the next one, somebody else answer. So tomorrow
is the last day and I'm not (unintelligible) have no hours.

Jim Rolla: Oh, okay. So we're going to fix that. (Rosa) - (Debbie) will share your ID
with (Rosa). And - or Loraine. Loraine is actually off. Loraine joined the
call tonight even though she's off and I appreciate that.

Lorraine Earle: Yes. I'm on tomorrow. And I'm at work tomorrow.

Jim Rolla: You're down at work tomorrow, you are?

Lorraine Earle: Yes. Yes.

Jim Rolla: Okay.

(Merle): I don't have a supervisor...

Jim Rolla: So Loraine is going...

(Merle): I don't have a supervisor. I don't know who is my supervisor.

Jim Rolla: Okay.

((Crosstalk))

(Merle): Tomorrow morning I go to work but I'm finished at 12:00. That's it.

Jim Rolla: Twelve o'clock, no, it won't be - that won't be it. You'll have something else. Loraine is going to get your ID, (Merle), from...

Loraine Earle: From (Debbie).

Jim Rolla: From (Debbie). And she will call you tomorrow with an assignment. And we will also make sure - we will make sure that you know who your supervisor is.

Now your supervisor can change sometimes. I just want to make that very clear. It's going to change that much. Yes. Yes. Yes. Okay. We'll make sure that you have the right contact, okay?

(Merle): If I could get something to do because I'm in...

Jim Rolla: Of course.

(Merle): I was - for four days I'm - it's terrible. I was, you know, that kind of money, you know, I'm (unintelligible). I had a permanent job before I went on the surgery. I came back out and never get in contact with my supervisor. She never really (unintelligible) because she puts somebody on for me. When I came back, she never moved them. I'd call and they're (unintelligible). You know, I was cleared to start to work again and I'm just - all of the place (unintelligible).

Jim Rolla: Okay. I understand. I understand.

(Merle): I'm going to (unintelligible). But I'm going to work tomorrow from 9:00 to 12:00. So I would not be able to talk in between with that...

Jim Rolla: That's okay. Yes. Loraine will call you at 12:30...

Loraine Earle: Definitely.

Jim Rolla: Yes, around 12:30 when you're finished with your patient.

(Merle): Oh, thank you very much.

Jim Rolla: You're welcome.

Loraine Earle: Definitely you'll get the call.

(Merle): Yes, thank you, Loraine.

Jim Rolla: I'm not going to say to you - I'm not going to say that you're not going to hear from Loraine but if you need to call the office, call and ask for Loraine, okay?

(Merle): Right. Loraine - right, and what number should I call?

((Crosstalk))

Loraine Earle: I will definitely call you. I - not to worry, I will give you a call. Okay? But I can give you my number too but I will call you.

(Merle): Yes. Give me (your) number.

Loraine Earle: Two-one-two-six-zero-nine-six-seven-five-nine-nine.

(Merle): Seven-five-nine.

((Crosstalk))

Lorraine Earle: Nine-nine.

(Merle): Seven-five-nine-nine. Do you have extension?

Lorraine Earle: No extension. You'll get me direct.

(Merle): Okay. Thank you, Lorraine. Have a (blessed) evening. Thank you.

((Crosstalk))

Lorraine Earle: You're welcome. Okay. Okay thank you.

Jim Rolla: Thank you.

((Crosstalk))

(Merle): What's that noise?

Jim Rolla: I'm not sure.

(Merle): I don't know - because I do need to hang up because this meeting is very important. (I don't need to hang up). I need to finish. Oh my god.

Jim Rolla: You know, don't worry, (Tom), are you there? (Tom), are you there?

(Merle): Right.

Jim Rolla: Not - (Tom), the operator.

(Merle): Okay.

Jim Rolla: Thank you.

(Tom), the Operator, are you there? I wonder if the call disconnected.

Coordinator: Hello speakers?

Jim Rolla: Got it. Okay.

Coordinator: This is one of the operator. How may I help you?

Jim Rolla: We were hearing a fast - we were hearing a busy - like a busy thing. We didn't know if the call was still connected.

Coordinator: We do apologize. It's coming from one of the participants, (Merle). I just muted (Merle)'s line. I'd apologize for that.

Jim Rolla: Okay. No, no, that's okay. That's okay. Are there any more calls?

((Crosstalk))

Coordinator: Let me go ahead and check. Yes, we have another question on (unintelligible) coming from (Alta). Your line is now open.

(Alta): Hello. Good evening.

Jim Rolla: Hello.

(Alta): Yes, I want to let you know. You know what happened with the no CareConnect, (the another one), HH...

Jim Rolla: HHAX. Yes.

(Alta): Yes. When I clock in or clock out, the GPS is (saying I'm like) 1000 feet from the patient. And then I am there with the patient. And sometimes 9 feet, 1700 feet. And then now my - I lost the - to clock out, clock in from my cell phone. I (unintelligible) like that.

But you know what happened all the time they have to confirm with the family member of my patient if I was there. It's (embarrass) for me because sometimes they don't know me. The patient don't know me. The family members don't know me because I work like you say, two hours, four hours, six hours. I go whatever the supervisor say or (unintelligible) (to help me with) some patient and then I go. I don't refuse. If I have time to do that, (I do it).

But it's (embarrass) for me because they don't know me and they - when they - the supervisor or payroll call them and then ask if I was there, it's so, you know, (embarrass) for me.

Jim Rolla: Oh. I don't - I'm sorry that you feel that way. I don't want you to feel embarrassed. (It's enough) - I know that you feel that way but I don't - it's nothing to be embarrassed about. It's just a process that we have to follow.

Now I know I'm not going to answer this well so I'm going to ask (Thomas) to answer it. But I know that the GPS coordinates are not 100% precise. You know, when you're - if it says that you're 7, you know, 7 feet away like you're definitely - you're there. It's not like you're not there.

(Alta): Yes.

Jim Rolla: But, (Tom), can you help - (Thomas), can you help with this?

(Thomas): Sure. So - and I want to reiterate, you know, Jim's feeling like - this is not to make anyone feel bad or to embarrass anybody or to doubt anything. This is right. This is what we're required to do like when (unintelligible) is we have to do certain things in the office to clear it up. So that's...

(Alta): Even...

(Thomas): ...do in here. But - I'm sorry, go ahead.

(Alta): I called the supervisor, the - you know, too many times to let her know what's going on and then she say "Oh, I put a note for that." And then the problem is there. The problem is there. And then sometimes when I see a lot of the patients I was there I see like a "TS" like a time sheet, (I need a) time sheet because they put a "TS."

When I see what - how many patients I work because I work with different patients, I have permanent patients, six hours, but if the supervisor - any supervisor call me here in Queens to go to someplace two hours, three hours, I - when I'm done with my permanent patient after 2 o'clock, I'm available. And then (I'll do). (And then I'll) - for me, this is very easy to use my phone. It's easy for me that way.

(Thomas): Well, I - so, one, I want to thank you twofold. One for doing that, for taking those two-hour cases, especially in Queens where, you know, it's not as easy to get around (this) and maybe in some of the other boroughs in some places. So I appreciate that.

And I appreciate the fact that like you're embracing the technology, like you want to use the phone, right?

(Alta): Of course.

(Thomas): It's (unintelligible). (I'll just say that message) because actually once you learn how to do it, it is easier for you. And for the most part, it works out the way that we want it to work.

Now if the supervisor knows on this particular case, there's a problem with the GPS like there's an issue there, they should be escalating that up so that we can get that resolved. It has happened on occasion, right? (Because) they're computers and the computers only do what you tell them to do. So if I type the address incorrectly by accident, then the GPS won't work, right?

(Alta): Yes.

(Thomas): So - and let's say I put the wrong apartment number on, you may know what the right apartment number is because I told you...

(Alta): Even...

((Crosstalk))

(Alta): Even it's not their apartment, even...

(Thomas): No, I...

((Crosstalk))

(Alta): ...the address like 1000 feet is like two or three blocks away.

(Thomas): Yes. No, I understand. And that shouldn't be happening at all.

Now if - I don't know the particulars of your scenario so I can't say like this is the problem and this is what we do to fix it. But I can say that we are aware that this does happen from time to time and I think (could) be an issue and we do have steps to fix it.

(Alta): Okay. Okay.

(Thomas): So I'm (going to be) - give me - give me your ID number. I'll take a look at the (case) ...

((Crosstalk))

(Alta): All right, it's 87110.

(Thomas): Eight-seven-one-one-zero.

(Alta): Yes, correct.

(Thomas): Okay. I'm going to take a look at the cases that you've been working right now and look through the notes in those cases and see if I can find this issue

that you're talking about myself. If not, I'll give you a call and I'll find out what it is from you tomorrow. And then I'm going to make sure that we're taking the right steps to fix the issue, okay? And I'll let you know...

((Crosstalk))

(Alta): ... you do that to me because remember we're going to the home, somebody's home, somebody's house. We're going there, you know, and then they call and say, "Oh, why they call all the time (with) you because they don't call for (anything if they come in here)? Why they call you?" It's like, what are you doing? You know, like I don't trust you. That's what I feel, you know? That's what I feel.

(Thomas): Right. And we don't want you to feel that way. I mean, it's not what it is. It has nothing to do with trust. But I understand that that's the impact of this having on you especially when you're doing what we're asking you to do, right? You're using the apps...

(Alta): Yes.

(Thomas): ...that we were asking you to use. You're clocking out the way that we want you to clock out. So let's make sure that we're doing what we can on our part and make sure that that's working smoothly. And if there is any kind of issue that we're aware of, we'll work together to fix it, okay?

(Alta): Okay.

(Thomas): I appreciate that you're bringing this up right now. Thank you.

(Alta): Okay. Thank you.

(Thomas): All right.

Coordinator: Thank you speakers. And as of the moment we are showing no further questions. Thank you.

Jim Rolla: Okay. All right. Well, I enjoyed this time with everybody. And I appreciate the comments and the feedback and we look forward to seeing you and hearing from you all the time, not just (on) a call like tonight.

So know that you can reach us at any time, know that we are here for you and know that we want to make sure that you have the best experience you can possibly have working with now VNS Health Personal Care.

So thank you again for spending time with us and I hope you have a great night. If you are working this weekend, I want to thank you for your dedication and service. And if you're not, I hope you can enjoy some of the weekend with your family and your loved one, okay?

So thank you very much and have a good night.

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

END