

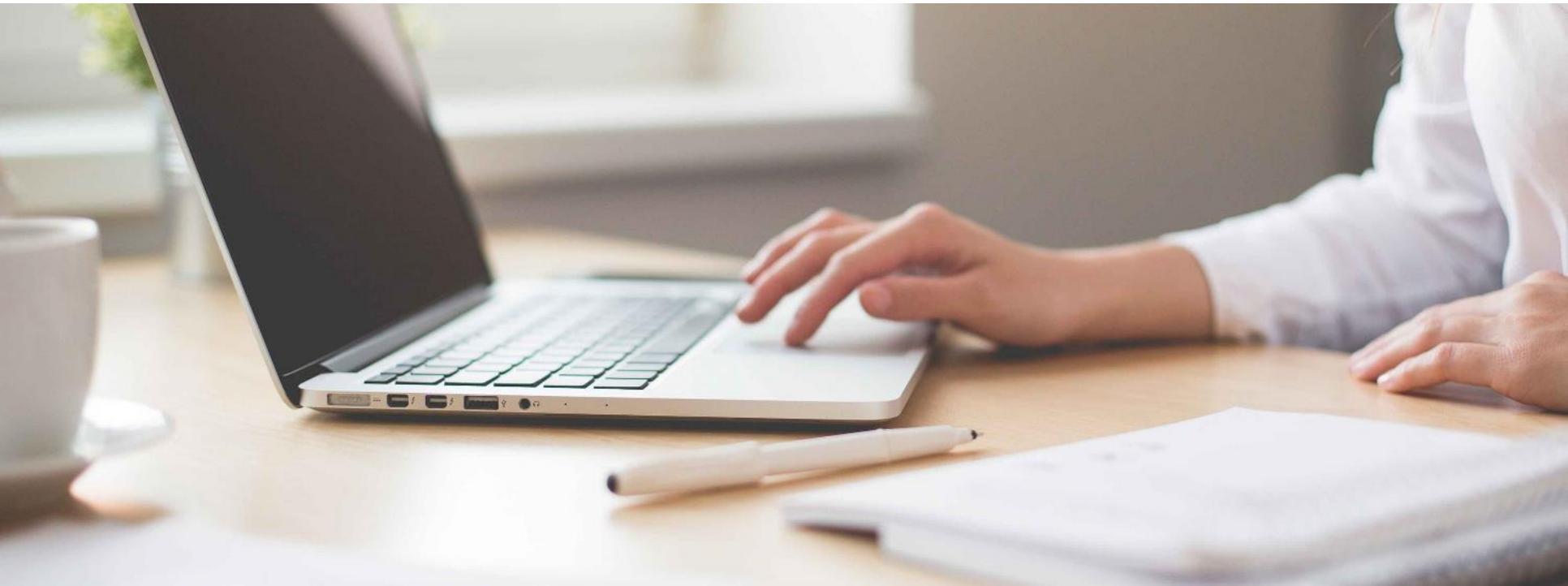


HEALTH DIMENSIONS GROUP

COVID-19 Communications Best Practices for Senior Care and Housing Providers

Wisconsin Department of Health Services

July 30, 2020



Who We Are

HDG and Today's Presenters



About HDG

- Own or manage 30+ communities in 7 states, including 3 in Wisconsin
- Provide services to consulting clients in all 50 states
- Committed to values:
 - Hospitality
 - Stewardship
 - Integrity
 - Respect
 - Humor

Leah Lindgren, MHA

As **EVP, Marketing and Communications**, Leah Lindgren has more than 20 years of experience in health and senior care marketing, communications, strategic planning, and consulting with a diverse background that includes serving as a principal of a consulting practice, leading the marketing department for a large teaching and research hospital and multispecialty medical group, and directing strategic planning for a health system



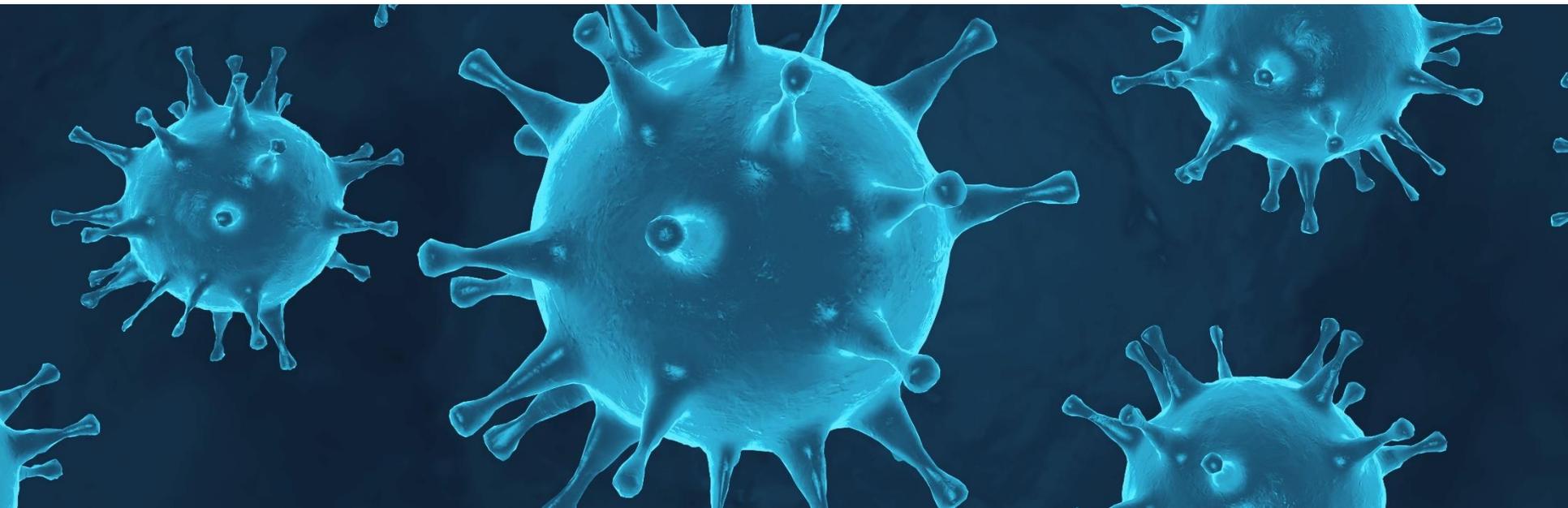
Darrin Hull, NHA

As **EVP, Consulting**, Darrin Hull has more than 25 years of post-acute operations management experience, with particular expertise in large-scale, multi-site nursing centers and skilled nursing facility operational turnaround, as well as clinical program development, regulatory compliance, strategic health system partnering, and acquisition and divestiture advisory services; he oversaw one of Wisconsin's largest receivership transfers with management and turnaround of 24 skilled nursing and 9 assisted living facilities



Communications Approach During Coronavirus Pandemic

- Committed to regular, ongoing, and transparent communication with residents, families, and staff during these unprecedented times—and beyond
- Communication content needs to be in line with federal and state regulations, as well as care community values and culture
- Varying communication needs, methods, and frequency, depending if care community has positive COVID-19 cases or operational changes



Positive COVID-19 Communication

- Personal outreach by phone and in person, especially during initial stages of outbreak
- Check-ins with residents at least twice each day, for both care and emotional health
- Daily calls to families whose loved one/resident tested positive, including digital visits
- Calls twice each week to families whose loved one tested negative, but resides in a positive building
- Daily staff huddles

Communication Methods Upon New Case, Three Suspected Cases, and/or Death

- Voice messaging services which allow you to send messages to multiple audiences/recipients
 - Develop separate script and messages for families, staff, and residents (who are able to receive these messages)
- Staff email
- Family email
- Resident flyer
- Timeclock notice
- Staff huddles
- Personal visits to residents as appropriate, using necessary infection control practices
- Update website as appropriate; post link on Facebook/social media

Voice Messaging Service Content and Examples

Residents and Families

- New and suspected cases and totals weekly
- Response and prevention plan
- Operational changes
- New and evolving federal and state regulations
- Community updates: operations, activities, celebrations
- Mental health support resources
- Words of inspiration, support, and encouragement

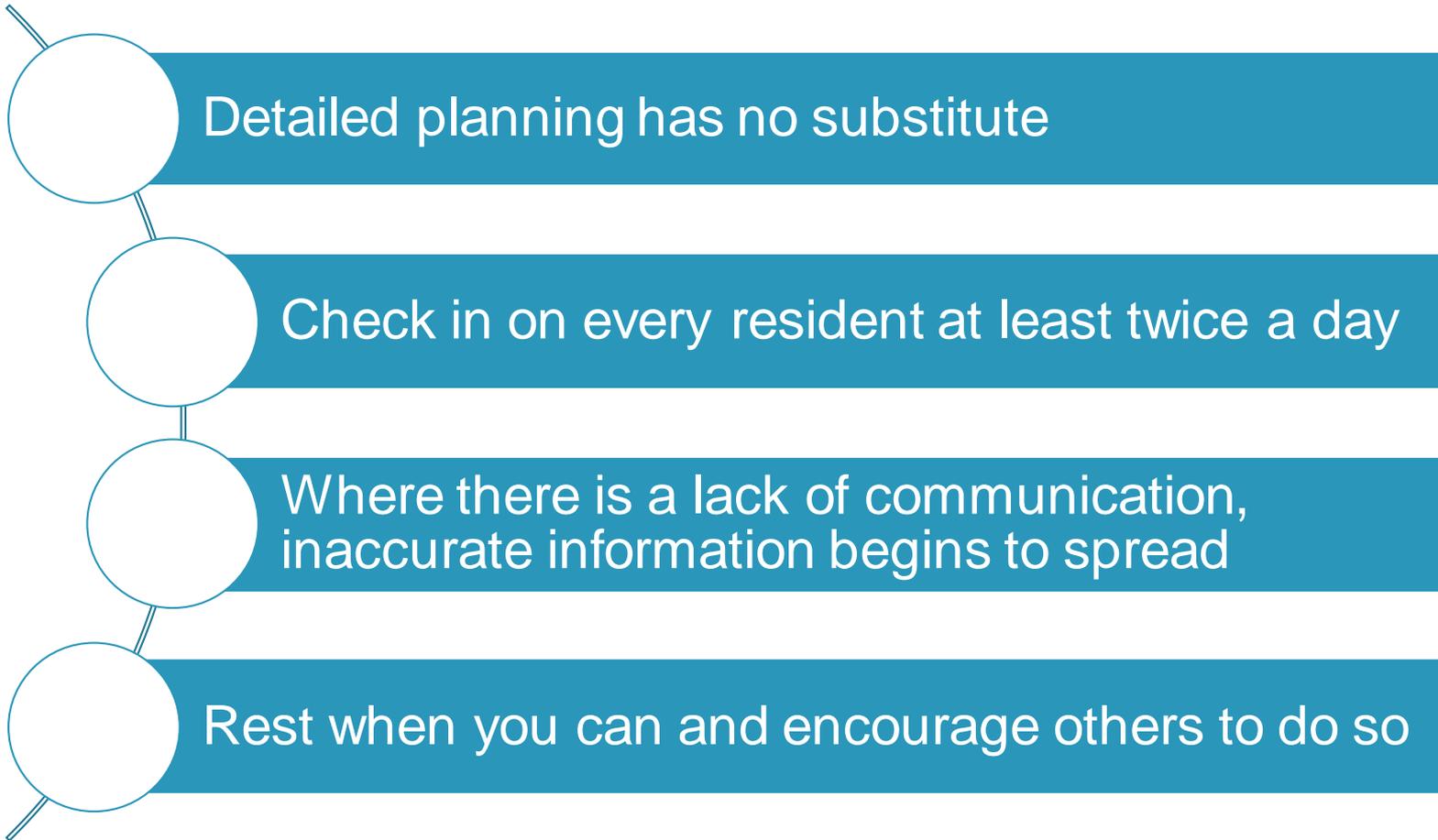
Staff

- New and suspected cases and totals weekly
- Response and prevention plan
- Operational changes
- New and evolving federal and state regulations
- Education on PPE, COVID-19, etc.
- Mental health support resources
- Words of inspiration, support, and encouragement

Negative COVID-19 Communication

- Voice messaging services which allow you to send messages to multiple audiences/recipients
 - Develop separate script and messages for families, staff, and residents (who are able to receive these messages)
- Resident flyer
- Expectation to send updates at least twice weekly (Tuesday and Friday)
- Content similar to positive buildings; include “zero” or no cases of COVID-19 in care community

Leadership Is Essential

- 
- Detailed planning has no substitute
 - Check in on every resident at least twice a day
 - Where there is a lack of communication, inaccurate information begins to spread
 - Rest when you can and encourage others to do so

Evaluation and Next Steps

- Launched company-wide task force to evaluate communication: executive directors, communications, marketing, clinical, HR
- Verbal and anecdotal feedback from residents, families, and staff
- Survey families on quality and quantity of communication as part of quality improvement process
- Exploring and budgeting for software platform to enhance, streamline & improve communication with residents, families, staff



Questions?



For More Information



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