

THE POST

ISSUE 2, 2020

A quarterly newsletter for the staff and friends of Post Acute Medical

A message from our Chairman and CEO

The first half of 2020 has presented challenges unlike anything we've experienced as an organization. To say that the coronavirus pandemic was unexpected is an understatement. Fortunately, it was something that we had been paying attention to long before its impact was felt nationwide.

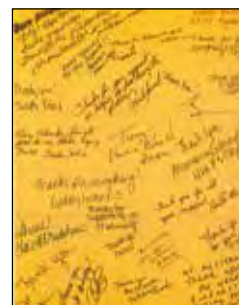
Our response began with the formation of an intercompany Emergency Management Agency (EMA), led by our Chief Medical Officer, Dr. Adam Burick. The EMA conducted a thorough review of all potential impacts to our hospitals and utilized the expertise of representatives from all disciplines, to include: Clinical to prepare for staffing capabilities, clinical protocols, and recommendations related to the pandemic; Human Resources to support staffing opportunities, coordinate staffing coverage, and employee communications for return to work policies; Business Development to adjust messaging and clarify waivers and the admissions process; Legal and Compliance to evaluate the ever-changing rules and regulations related to the pandemic; and Supply Chain to ensure adequate supplies throughout the crisis. By taking these steps, we had the opportunity to get in front of this in a surmountable way.

More importantly, we provided a daily mechanism for our hospitals to ask questions on everything from how they should respond in certain situations to how we would ensure the delivery of necessary personal protective equipment and evidence-based clinical guidelines to each hospital. Those discussions culminated in the strategic placement of a warehouse in San Antonio, Texas, that we used as a distribution staging point for critical supplies. Twice a day we reviewed hospital needs and began a process of ground transportation or airlifting materials across the country that continues to this day.

As time has passed and our response has evolved, the daily questions have tapered off, and we feel confident in our hospitals' capabilities to accept, treat, manage, and staff in this time of uncertainty, while raising concerns as they arise. In recognition of the value of what we have learned, we compiled a FAQs

document that we shared systemwide. Should any of those questions resurface, the appropriate guidance for who to call and how to respond is readily available.

As our hospitals responded to the rapid increase in admissions, a significant number of them being COVID positive, staffing also presented its share of challenges. While there were a few staff members who believed the risk of exposure to COVID-19 was too great to continue working, more than 100 others voluntarily traveled companywide to ensure our staffing needs were met. Their ability to jump right in and get to work at a sister hospital was a key factor in the success of this "heroes" travel program. I thank all of our health care heroes who stepped up and helped out during this time.



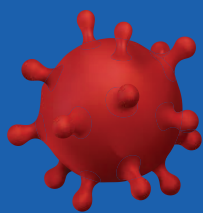
The staff of PAM Specialty Hospital of San Antonio at Medical Center sent this "Big Thank You" card to Chairman and CEO Anthony Misitano in recognition of the company's ongoing support during the coronavirus pandemic.

Although it appears we still have a long road ahead of us, we are confident that by working together to respond to the needs of our communities, we will emerge on the other side of the pandemic in a positive position. You have proven that there are heroes among us and your loyalty to our patients and the organization will ensure our continued success during this uncertain time.

As always, thank you for all you do.

Anthony Misitano
Chairman & CEO





COVID-positive patients reach successful outcomes at PAM hospitals



PAM Specialty Hospital of Shreveport South: **Violet Head**

Violet Head was admitted to PAM Specialty Hospital of Shreveport South after being diagnosed with COVID-19 and spending eight days at an acute care hospital. The 92-year-old patient was very weak and completely dependent for all of her care. Prior to her diagnosis, she took care of herself at home and was mostly independent for her daily activities.

Head progressed very well during her six-day stay and was weaned from oxygen. She returned home with home health services and continues her therapy with the support of her daughter.

PAM Specialty Hospital of Tulsa: **Noah Lewis**

Noah Lewis' story began on a regular Sunday. He was flipping burgers with family and friends and felt fine. Monday brought about a much different day. His partner, Debbie, said he didn't feel well in the morning and was complaining of headache, nausea and shortness of breath. By late in the day, he had collapsed and was on his way to the emergency room.

He stayed in the ICU for 28 days, where he fought for his life. Diagnosed with COVID-19, he was placed on a vent for 21 days and received a tracheostomy. On April 8, Lewis was the first COVID-positive patient admitted to Pam Specialty Hospital of Tulsa. Still in very critical condition, he required mechanical ventilation, was on multiple drips



and received nutrition through a feeding tube.

The PAM specialty team worked tirelessly to wean him from the ventilator and successfully decannulated his trach. By May 3, Lewis was off all oxygen and breathing on his own. Throughout the entire process, the nurses and staff worked to get him up out of bed and moving as much as possible, to strengthen him for the next stage in his treatment. Because no visitation was allowed during the pandemic, the nurses and therapists kept his family updated on his condition.

On May 6, Lewis rolled out the hospital doors past a sea of clapping hospital personnel and on his way to a full recovery.

PAM Rehabilitation Hospital of Victoria: **Vince Starks**



Vince Starks woke up on March 31 with dizziness and shortness of breath. His brother drove him to the nearest emergency department, where he was admitted to the ICU, intubated and placed in a medically induced coma for eight days.

Diagnosed with COVID-19, Starks stayed in the acute care hospital until April 16. From there he was transferred to PAM Specialty Hospital of Victoria, where he spent 11 days until his discharge to PAM Rehabilitation Hospital of Victoria. Upon admission, he required set-up assistance with activities of daily living, transfers and ambulation using a rolling walker. Motivated to return to Houston and see his family, he exceeded all goals set, becoming independent in all activities and ambulating with no assistive device.

Focused on getting healthy and back to work, Starks called the staff amazing and said he enjoyed his time in Victoria. "Their spirit and attitude made me feel comfortable," he said. "You can tell the employees love their jobs."



CORONA VIRUS 2019-nCoV

PAM Rehabilitation Hospital of Allen: **Mark Wilson**

After being diagnosed with COVID-19 and spending seven days in the ICU, Mark Wilson was admitted to PAM Rehabilitation Hospital of Allen. When he arrived, he was dependent for all of his care and able only to wiggle his fingers and toes.

Prior to his diagnosis and ICU stay, Wilson had worked full-time as an event coordinator and was independent for all of his activities. Under the care of his PAM team, he progressed extremely well. After just nine days, he returned home with his husband having achieved a modified independent level of care with a rolling walker.

Looking forward to getting back to normal, Wilson will continue his progress in the hospital's outpatient therapy clinic.

"The physical, occupational and speech therapists were awesome and very motivational," he said. "They remained positive and taught me how to perform my therapies even when I wasn't in a therapy session."



PAM Specialty Hospital of New Braunfels: **Ronald Wilkins**



Ronald Wilkins is an accomplished trombonist who had been living in New York for many years before moving to Austin to play in the orchestra for the University of Texas' production of "Aladdin." Nearly a month after arriving, Wilkins became ill. Found unresponsive, he was rushed to the emergency room, where he tested positive for COVID-19.

As his illness progressed, he went into respiratory failure and had to be intubated. Days later he underwent surgery for a tracheostomy. Although he has no recollection of the next 32 days, his family and the hospital staff told him how close he came to losing his life to the virus.

After making some improvement, Wilkins was transferred to PAM Specialty Hospital of New Braunfels on May 7. Upon admission, he required a ventilator, could not speak or eat, and required assistance for

dressing, grooming, bathing, bed mobility, transfers and walking.

His treatment team immediately began aggressive weaning strategies, as well as physical, occupational and speech therapy. These efforts, along with his strong determination to overcome the virus, made it possible to wean him off the ventilator within nine days of admission. He also was decannulated and no longer required supplemental oxygen. By the end of his stay, he could eat regular textures, drink thin liquids and hold a conversation with ease. Independent with bed mobility, he required supervision with transfers and all activities of daily living and could walk with a rolling walker while supervised.

Wilkins was excited to move on to the next phase of his recovery and continue his physical therapy at an inpatient rehabilitation facility.

HEALTH CARE HEROES



PAM turns to employees to meet staffing needs during pandemic

As the pandemic unfolded early this year, Post Acute Medical (PAM) found itself challenged by the fact that there was a growing need for additional clinical support in its long-term acute care hospitals while its rehabilitation hospitals saw their census flatten.

Wanting to avoid furloughing any employees, leadership asked the question, “Can we move employees from hospitals that don’t have enough work to the hospitals that are in need of help?” With the right planning, the answer was “yes.”

“In response we created what we call our Heroes Travel Incentive Program,” explains Rene Holloman, Senior Vice President and Chief People Officer. “Initially it was a staffing contingency program. We didn’t want to continue to pull agency in. We wanted to use our own PAM team.”

With their hospital CEO’s approval, the program gives employees the opportunity to volunteer to help out a sister hospital in a different location in exchange for an increased hourly rate, transportation, room and board and potential to earn an additional \$500 incentive bonus.

“We expect them to perform at the highest level supporting their host hospital,” Holloman explains. “The benefit for us is they are part of the family. They understand our culture and processes. We don’t have to lay them off or flex them. And, our employees get an opportunity to travel and do something different.”

Kariann Dunn, a licensed vocational



Kariann Dunn, a licensed vocational nurse with PAM Rehabilitation Hospital and LTACH of Corpus Christi, spent five weeks at St. Luke’s Rehabilitation Hospital in Chesterfield, Missouri, as part of the Heroes Travel Incentive Program.

nurse from PAM Rehabilitation Hospital and LTACH of Corpus Christi, initially agreed to a two-week assignment at St. Luke’s Rehabilitation Hospital in Chesterfield, Missouri, that turned into a five-week stay. While she admits the experience seemed daunting at first, the support she got from St. Luke’s staff made the difference.

“If I had concerns or worries, they always helped me and made sure I was treated right,” she says. “That really kept me grounded knowing that, if I needed somebody, they would be there.”

Deep in the midst of a pandemic, the opportunity was far from a vacation, according to Dunn.

“I never got to explore Missouri because everything was shut down. It was straight from the hospital, to the hotel, to the shower and then bed,” she says, adding that working the night shift also was an adjustment. “I didn’t know when to eat, when to sleep, when to have coffee. But at the same time, it was very rewarding, especially when people started to get better.”

PAM has since launched two more rounds of the program, after initially pausing to reevaluate the need companywide.

“It looked like the peak was going down and everything was under control but then things changed, and we needed to offer it again,” Holloman says, adding that they had multiple people sign up for a second and third experience. “This program has proven what we’ve always known to be true — that in a time of need, PAM employees will support their PAMily . . . as only heroes can.”



The Post is published quarterly for the staff and friends of Post Acute Medical.

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COVID-Clear units deliver necessary rehabilitative care

As the coronavirus pandemic emerged in the U.S., many rehabilitation hospitals watched as their census and volumes began to plummet. But at Post Acute Medical, senior leadership moved quickly to establish a protocol called “COVID Clear” that would make it possible to sustain operations at all of its rehabilitation hospitals while assisting the patients in the communities we serve.

“Once patients recover from COVID-19, particularly those who have been in the ICU, they need rehabilitation afterwards,” explains Dr. Adam Burick, Executive Vice President and Chief Medical Officer. “With the flu, you might spend two or three days in bed, and you feel weak and dizzy. Imagine having COVID-19, needing to be on a ventilator, then needing rehabilitation but there is nowhere to go because hospitals are concerned admitting you may lead to an outbreak.”

At PAM rehabilitation hospitals, patients who have previously tested positive for COVID-19 must

meet predetermined pre-admission criteria, created with evidence-based medicine, to be admitted. If the patient meets the criteria, they are then kept in isolation for the first 72 hours of their stay in a COVID-Clear unit under the watch of a dedicated staff to ensure they are not harboring the virus.

“One of the pre-admission criteria is that it has been 10 days since the patient exhibited any symptoms,” Burick says. “By adding three extra days, we ensure that if someone is still symptomatic, we haven’t exposed anyone else.”

Once the 72 hours have passed and the patient has not developed symptoms, they are removed from isolation and allowed to participate in therapy like any other patient.

“By appropriately pre-screening these patients, we made it possible for them to get the care they need,” Burick says. “We also ensured the continued viability of our hospitals in the face of the ongoing pandemic.”

