



AMOSKEAG HEALTH

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ABOUT OUR CLIENTS

Where They Live: 86% in Manchester and neighboring towns; 14% are from various other counties

Socioeconomic Status: Approximately 78% of Amoskeag Health patients are known to be at 200% of the 2018 federal poverty level or below (\$42,661 or less annually for a family of 3 in 2019)

Insurance Status:

- 25% were uninsured
- 7% were covered by Medicare
- 45% were covered by Medicaid
- 23% were covered by private insurance

Languages Spoken: Approximately 44% , over 7,000 Amoskeag Health patients do not use English as their primary language. The predominant non-English languages are Spanish, Arabic, Nepali, Vietnamese, Portuguese and Bosnian.

NUMBERS OF CHILDREN AND ADULTS SERVED LAST YEAR

Total Patients: 14,579 (Of those—5,683 were children)

Total Visits: 67,027 (Of those—10,061 were for behavioral health, and 1,675 were for substance use disorder treatment)

HIGHLIGHTS IN AMOSKEAG HEALTH HISTORY

- 1981:** Child Health Services (CHS) is established by Dr. Selma Deitch to provide family oriented primary health care to the un-insured, underinsured or to those lacking access to quality health care.
- 1993:** Manchester Community Health Center is opened as a joint endeavor of Elliot Hospital and Catholic Medical Center with the support of many local non-profit leaders, including Dr. Deitch.
- 1999:** Achieved *Joint Commission on the Accreditation of Healthcare Organizations* and *Primary Care Effectiveness Review* accreditation. CHS was the first facility of its kind in the nation to achieve this joint recognition.
- 2004:** Named *Community Champion in Healthcare* by Citizens Bank and WMUR
- 2008:** MCHC moves from its original Elm St. location to the current Hollis St. location. West Side Neighborhood Health center, known now as, the McGregor St. location, was also established this year under CMC and Dartmouth Hitchcock.
- 2013:** MCHC adds a second location at Tarrytown Rd.
- 2014:** Merge of MCHC and CHS occurs
- 2015:** MCHC assumes operations of the West Side McGregor St. location
- 2019:** MCHC, CHS, McGregor, and Tarrytown are brought together under one universal name: Amoskeag Health

FINANCIAL INFORMATION

Agency Budget: \$19,453,081

Employees: 203 FTE's

Services Offered

Primary Medical Care

For adults and children of all ages regardless of insurance status. Services such as immunizations and adolescent care

Prenatal Care

Caring for and assisting women through pregnancy and childbirth in collaboration with Bedford Commons OB/GYN for high-risk patients

Specialty Care

Podiatry services, dental services and other medical programs such as coordination, developmental screenings and nutritional care.

Chronic Disease Care

Services such as diabetic eye care, chronic disease self-management courses and high blood pressure program

Behavioral Health Services

Services such as mental health therapy, substance misuse counseling, and medication assisted therapy.

Preventive Care

Lifestyle changes programs, nutritional counseling, breast feeding educations, screenings for breast, cervical and colorectal cancer.

Social Services & Supports

Family supports, and case management, transportation, language interpretation, food pantry, teen clinic, medical/legal partnership, ACERT project & Family Justice Center

Woman and Infant Enrollment

Services include nutrition education, health foods, breast-feeding support and referrals to other community programs.

Please enjoy these recent photos of our awesome, front-line staff at Amoskeag Health. Thank you for all your hard work!



Key Data Points:

- COVID-19 Response Team implemented 6 weeks ago, meeting daily
- 23 position vacancies frozen, 3 staff on furlough
- Normally see around 260 visits a day: Currently seeing 35-50% of that volume
- Dropped from 5 clinics to 2 clinics offering services on site
- Screeners at the front of both clinics- must screen all employees and patients before entry
- Anticipated loss through June \$1.4 million of a \$21 million budget. Our margin on that budget had everything gone according to plan would have only been around \$140,000
- One payroll is around \$550,000
- We have lost around \$500,000 of revenue in 6 weeks
- We started with 230 staff sharing a mix of 150 desktops and 100 laptops. We had to get access for almost 100 individuals for laptops and for 150 to have phone coverage through special licenses
- Had to move several thousand appointments and contact each one to see if they needed to be seen in person or could be seen via telehealth, and train them
- Had to rapidly implement Zoom, Microsoft Teams, Doxy Me and several special licenses to allow remote access
- Great deal of difficulty and expense around procurement of PPE. For example, a face mask used to cost \$0.10, but now costs \$0.80 or more.
- We have had anywhere from 40-60 staff out sick, self-quarantining, managing children or sick loved ones on a daily basis
- For two weeks we operated an emergency on-site childcare until we could get staff set up working remotely
- We have stocked our food pantries at both locations, and on a weekly basis our case managers are handing out food boxes to our patients. Yesterday they served over 120 families.



Description of activities to Prevent, Prepare and Respond to COVID-19

1) Prevent—Promote individual and community-wide prevention practices and/or administer countermeasures to reduce risk of COVID-19

- Amoskeag Health has provided patient outreach and community-wide education on hand hygiene, cough etiquette, and COVID-19 transmission, using existing materials where available. This has included translation of materials being produced by CDC, WHO and other organizations into the languages our patients speak to assure accessibility to important information.
- We are disseminating those educational materials and outreach information through multiple means both physically within the health center locations, on our website, on Facebook and Twitter, and verbally reviewing that information with patients telephonically.
- At this time, COVID-19 therapeutics and vaccines are not yet available, but we are prepared to implement their usage immediately when they become readily available.

2) Prepare—Enhance readiness and training to respond to COVID-19

- Amoskeag Health has been regularly reviewing policies, procedures, plans and tools to manage COVID-19 emergency operations, our capacity to manage surges, and to manage staff absences. This has included development of new tools, policies, procedures and workflows on several different topics from the management of our new scheduling method with virtual appointments to the use of our new Telehealth system.
- Training has been of penultimate importance during this crisis. Postings have been updated and placed in all key staff areas and bathrooms on things like airborne precautions, and infection control procedures, and appropriate use of personal protective equipment.
- A COVID-19 Response team was established and has met on a daily basis for the last 5 weeks. The meetings have been expanded to add all managers once a week for a regular update. We have now moved to include the full management team in that COVID-19 response team and we started meeting twice a week on Tuesday's and Thursday's this week now that we have implemented our crisis planning response. Regular electronic newsletters go out to all staff with updates about COVID-19 planning, changes to systems, education, links and other information and resources.
- The officers and clinical directors have been working closely with local and state public health authorities, as well as clinical and community-based organizations. We have been invited to listen in on regular updates from the three local hospitals and the health department as they work on surge plans. We have participated regularly in meetings with our local and state officials, including our Senators and Congressman.
- We have implemented screening stations in the foyers of the two locations that remain open to screen all staff and all patients prior to allowing them to enter the building waiting areas so we can assure that those with any symptoms that indicate possible infection with COVID-19 can be isolated.
- We had five locations of care. As a result of our COVID-19 response team planning, we opted to fold the three smaller sites and move to our two largest locations. We transitioned one location into our "Well Clinic" to allow us to bring patients in who needed to be physically seen in person but had no concerns or symptoms related to COVID-19, and then our second location we transitioned to serve as our "Acute Clinic". All patients with symptoms or exposure of

COVID-19 are seen at that one location. This allowed us to have a different level of PPE at the two locations and to manage to triage patients to the appropriated location of care.

- The COVID-19 Response team, that consists of the CMO and other clinical leaders and staff in key roles for response planning, have developed all necessary workflows for appointments, screening, education, and testing.
- We have worked with our HCCN that manages our EMR to implement new forms and reporting to respond to the COVID-19 crisis, including COVID screening tools based on CDC guidelines, quicktexts, new reports, adding the new ICD-10 and CPT codes and orders.
- We have made regular updates to our website and social media feeds to include patient self-assessment tools and facilitate access to telemedicine visits.
- We have purchased and implemented a telemedicine system called "Doxy.Me" for use with our patients to allow us to continue to provide medical services and access to care for our patients. s with symptoms.

3) Respond—Assess, test, diagnose, treat, and limit spread of COVID-19

- We have developed a system in our Acute Clinic to provide testing on site, and we have implemented a telephonic and in person screening system to assess for symptoms. We have had to enhance our phone capacity, digital applications and have had to redistribute staff form other functions to ensure this access is at the appropriate level.
- There are weekly huddles with the nurses and medical assistants to communicate changes in workflows and gather feedback from staff. A similar meeting is being facilitated twice weekly by our CMO for the provider staff. Support increased capacity for patient triage, testing (including drive- or walk-up testing) and laboratory services, and assessment of symptoms, including by telephone, text monitoring systems, or videoconference through extended operating hours, enhanced telephone triage capacity, digital applications, and additional providers and other personnel.
- There are continued communications with all staff via email, Microsoft "Teams", and other means to assure that staff continue to be up to date with the current CDC guidelines and the current status of the Governor's orders for our state.
- We have 12 team nurses responding to positive screens on a daily basis following CDC guidelines, and booking follow up appointments for testing when appropriate. We also have three triage nurses responding to triage calls, assessing patients over the phone, and providing guidance for self-isolation, etc). A floor nurse at the Acute Clinic is performing COVID-19 testing when deemed appropriate on acute patients seen in the office and employees.
- We have purchased a great deal of new equipment and supplies needed to set up remote care for our patients and remote access for our staff. We have also purchased temporal thermometers, PPE (goggles, gowns, gloves, masks), disinfection related products (alcohol-based hand sanitizers, sani-cloths for cleaning of surfaces, etc) , computers, head sets, and multiple software licenses to enable telehealth, remote meetings, and remote access to phones.)

Daily Visit Tracking

	Providers Available	Avg Visits per Provider	Medical Visits	Optometry Visits	Podiatry Visits	Subtotal Daily Visits	Monthly Cumulative Actual	Daily Budget	Monthly Cumulative Budget	Daily Variance	Medical Variance 3/1 YTD	Behavioral Health Visits	Monthly Cumulative Actual	Daily Budget	Monthly Cumulative Budget	BH Visit Variance	BH Variance 3/1 YTD	Total Visits Daily Variance	Visits Cumulative 3/1 Variance	Proj Revenue Variance from 3/1	Total Actual to Budget % Monthly	MTD Medical Actual to Budget	MTD BH Actual to Budget
3/31/2020			92	-	-	92	3,796	230.8	5,193.0	(139)	(1,397)	49	715	51.5	1,135.0	(3)	(420)	(141)	(1,817)	(\$243,880)	71%	73.1%	61.5%
4/1/2020		-	90	-	-	90	90	213.9	213.9	(124)	(1,521)	32	32	47.8	47.8	(16)	(436)	(140)	(1,957)	(\$263,043)	47%		
4/2/2020		-	123	-	-	123	213	214.0	427.9	(91)	(1,612)	37	69	47.8	95.6	(11)	(447)	(102)	(2,059)	(\$277,025)	54%		
4/3/2020		-	93	-	-	93	306	213.9	641.8	(121)	(1,733)	38	107	47.8	143.4	(10)	(456)	(131)	(2,189)	(\$295,078)	53%		
4/4/2020		-	13	-	-	13	319	26.7	668.5	(14)	(1,747)	-	107	-	143.4	-	(456)	(14)	(2,203)	(\$296,996)	52%		
4/5/2020		-	-	-	-	-	319	-	668.5	-	(1,747)	-	107	-	143.4	-	(456)	-	(2,203)	(\$296,996)	52%		
4/6/2020		-	48	-	-	48	367	214.0	882.5	(166)	(1,913)	31	138	47.8	191.2	(17)	(473)	(183)	(2,386)	(\$322,168)	47%		
4/7/2020		-	106	-	-	106	473	214.0	1,096.5	(108)	(2,021)	46	184	47.8	239.0	(2)	(475)	(110)	(2,496)	(\$337,495)	49%		
4/8/2020		-	93	-	-	93	566	214.0	1,310.5	(121)	(2,142)	55	239	47.8	286.8	7	(468)	(114)	(2,609)	(\$353,607)	50%		
4/9/2020		-	95	-	-	95	661	213.9	1,524.4	(119)	(2,260)	34	273	47.8	334.6	(14)	(482)	(133)	(2,742)	(\$371,840)	50%		
4/10/2020		-	77	-	-	77	738	213.9	1,738.3	(137)	(2,397)	30	303	47.8	382.4	(18)	(499)	(155)	(2,897)	(\$393,053)	49%		
4/11/2020		-	16	-	-	16	754	26.7	1,765.0	(11)	(2,408)	-	303	-	382.4	-	(499)	(11)	(2,907)	(\$394,551)	49%		
4/12/2020		-	-	-	-	-	754	-	1,765.0	-	(2,408)	-	303	-	382.4	-	(499)	-	(2,907)	(\$394,551)	49%		
4/13/2020		-	74	-	-	74	828	214.0	1,979.0	(140)	(2,548)	30	333	47.8	430.2	(18)	(517)	(158)	(3,065)	(\$416,198)	48%		
4/14/2020		-	138	-	-	138	966	214.0	2,193.0	(76)	(2,624)	44	377	47.8	478.0	(4)	(521)	(80)	(3,145)	(\$427,275)	50%		
4/15/2020		-	85	-	-	85	1,051	214.0	2,407.0	(129)	(2,753)	20	397	47.8	525.8	(28)	(549)	(157)	(3,302)	(\$448,532)	49%		
4/16/2020		-	116	-	-	116	1,167	213.9	2,620.9	(98)	(2,851)	32	429	47.8	573.6	(16)	(565)	(114)	(3,416)	(\$464,055)	50%		
4/17/2020		-	102	-	-	102	1,269	213.9	2,834.8	(112)	(2,963)	25	454	47.8	621.4	(23)	(587)	(135)	(3,550)	(\$482,343)	50%		
4/18/2020		-	4	-	-	4	1,273	26.7	2,861.5	(23)	(2,986)	-	454	-	621.4	-	(587)	(23)	(3,573)	(\$485,521)	50%	44.5%	73.1%
4/19/2020		-	-	-	-	-	1,273	-	2,861.5	-	(2,986)	-	454	-	621.4	-	(587)	-	(3,573)	(\$485,521)	50%	44.5%	73.1%
4/20/2020		-	109	-	-	109	1,382	214.0	3,075.5	(105)	(3,091)	27	481	47.8	669.2	(21)	(608)	(126)	(3,699)	(\$502,613)	50%	44.9%	73.1%
4/21/2020	13	12.38	161	-	-	161	1,543	214.0	3,289.5	(53)	(3,144)	44	525	47.8	717.0	(4)	(612)	(57)	(3,756)	(\$510,470)	52%	46.9%	71.9%



COVID-19 Updates

sent daily to Amoskeag Health staff

March 25, 2020

A message from Senior Leadership

I would like to thank all of you for the fantastic work you are doing every day. I recognize this is scary time for all of us, and we are all worried about the well-being of our families, friends, community and at the same time at work thinking about our own safety and the safety of our patients and colleagues. Staff health and productive service to our patients remain our highest priorities. Please see the article at the bottom of this newsletter on Stress and Coping for information we can all reference to help keep ourselves as calm and balanced as possible during these trying times. You are doing great work, and I appreciate you staying the course for all of our community residents that rely on you so heavily for their care. **Stay well! Kris**

1. Consolidating: We are closing our smaller sites by the end of business this Friday, March 27, 2020 and moving them to providing services via Telehealth. Our goal will be to re-open physical locations after the pandemic has ended.

- Amoskeag Health **Optometry** closed on March 20.
- **ProHealth** closed on Monday, March 23. Patients will access their provider via Telehealth. In-person appoints are rescheduled for after June 11, 2020.
- **McGregor** and **Tarrytown** will stop seeing patients in-person this Friday, March 27, and visits from next week forward will be moved to Telehealth.

The two remaining sites:

HOLLIS

- Hollis is our Acute Care Site.
- Hollis will remain open through April 4, regular hours
- Beginning April 6, Hollis hours will be Monday-Saturday, 8:00 AM -5:00 PM
- Staffing will be light on Saturdays.

ELM

- Elm is our Well Clinic for those people with no exposure to COVID-19 and no symptoms.
- Elm hours are Monday-Friday, 8:00 AM – 5:00 PM

Patient Screening

Part of the rationale for closing our smaller sites is not having sufficient staffing to screen at the front of all locations, nor having an appropriate physical place to do so at most locations (a foyer).

Beginning by April 6th, the two sites that will remain open will have screening implemented at the main entrance foyers at both sites, 1 (one) nurse will be stationed in full PPE to take vital screenings of all patients and to take appropriate measures based on symptoms. No visitors will be admitted with a patient. In the event of a minor (under age 18) patient, 1 (one) parent/guardian may accompany the minor.

2. Telehealth: Following the guidance from the CDC, we are working to implement Telehealth services for as many of our services as possible. Not all services are appropriate for Telehealth, and we have created a grid we will be using to look at the visits individually to see which patients will need to come in for an in-person visit, or have their visit delayed until after the pandemic has ended. David Wagner is in the process of setting up this system. It will be tested internally by David and Dr. Fry. The goal as of now is to train staff from Tarrytown and McGregor Street first.

The State of NH and the federal government just told all payors that they need to pay us equally for all visits, either in person or those done by video or phone.

- Supervisors will speak to staff to determine the best use of all skill sets.
- Staff will be moved to another department where their skills can be used or remote Telehealth appointments with patients.

- The first set of staff working with our Telehealth pilot will be trained on our new Tele Health System, 'Doxy.Me' on March 26, 1:00 PM. Your supervisor will inform you if this applies to you.
- Doxy.me appointments are billable as patient visits. When a patient links to our site, they enter a virtual waiting room. Providers can pull a patient, as well as an Interpreter, into a virtual private 'room' for their appointment.

3. Remote Work: We are committed to getting any staff who can perform their job remotely, to work remotely. Technology acquisitions include phones, software licenses, headset, and laptops to optimize remote connectivity. Managers are working to review available resources and to plan for these transitions for their departments.

4. PPE (Personal Protective Equipment): Recommendations have changed. You need to continue to wear full PPE (gown, gloves, mask, goggles) if you have a patient who is symptomatic with a positive screen. The change is that we are now recommending is that you wear a reusable surgical mask with all other clinical contacts. **Please label the mask as yours and please reuse it unless it is visibly soiled or wet.**

AMOSKEAG HEALTH SICK GUIDELINES

- If you are feeling ill, remove yourself from others and go home. Stay there until you feel healthy.
- If you are experiencing COVID-19 symptoms, self-isolate at home and call your physician.
- If you have a negative COVID-19 test result but are still ill, ex. coughing or sore throat, stay home until you are better.

On-site Childcare

Amoskeag Health is offering on-site school-age childcare **ONLY** at the Hollis St. conference room from 7:30am-5:30pm until this **Friday, March 27, 2020**. As we enable more staff to work remotely and close our smaller sites, we plan to end this emergency support and have employees' children at home with them as they work remotely or enrolled in a licensed child care program.

The State of NH has been working to develop a system to match families with local licensed child care programs. **If you have a child(ren) who is an infant, toddler, preschooler, or school-ager** and need care for them, please call Child Care Aware NH at (603) 578-1386 ext. 33 or (603) 578-1386 ext. 28 as soon as possible.



STAFFING COVERAGE NEEDS

DEPARTMENTS NEEDING HELP

none!

AVAILABLE STAFF

- Interpretation Team can help with Appointment Desktop

Transportation Overview: 10am - 11am, March 31

Doxy.Me Trainings 1:00 PM, March 26

INTERIM PROCEDURE FOR FOLLOW UP ABNORMAL PAP SMEARS

Purpose: To address the need to minimize non-essential office visits during the Covid-19 Pandemic

Source: ASCCP communication bulletin to its members March 19, 2020

Proposed updates in guidelines:

1. Individuals with low-grade cervical cancer screening tests (ASCUS HPV+, LSIL) may have postponement of diagnostic evaluations (colposcopy) up to 6-12 months.
2. Individuals with high-grade cervical cancer screening tests should have documented attempts to contact and diagnostic evaluation scheduled within 3 months.
3. Individuals with high-grade cervical disease without suspected invasive disease should have documented attempts to contact and procedures (LEEP)scheduled within 3 months.

***Practically for Amoskeag Health this would mean
several changes in our procedures:***

1. Since Dr. Fry is out of the office for the foreseeable future, priority should be given to schedule high grade pap smears (HSIL, ASC-H, AGUS) with Dr. Kiprop.
2. Chrissy Groleau and Kate Guardado should look at his schedule critically and look at Dr. Kiprop's capacity when he is at the Hollis or Tarrytown offices. Since routine Physical Exam appointments will be cancelled, there is a good chance that he will have openings. He might be able to be booked for two a day at those offices.
3. The same team, along with Dr. Fry, will look at her schedule critically when she returns to work, and ensure that there is prioritization to schedule LEEPs procedures, with the patients who have the longest time for their diagnosis of High grade disease. Schedules might have to be flexible depending on the need in our patient population.

4. Any questions of how to manage a particular patient's cervical pathology management, or a sense from the nurses that the patient needs to talk to a doctor should be directed to Dr. Fry, available remotely in the interim.

MANCHESTER DRIVE THRU LAB TESTING - TESTING SITE AT ARMORY

Due to an influx in patients, the turnaround time for results has increased to 5-7 days. This is as of 3/19/2020.

The state's mobile testing site at the Armory is taking appointments. There are a limited number of tests at this site each day. Staff have to call the hotline and schedule a time for the patient. Once a patient has a time slot, and only then, should staff email the lab requisition form.

Please do not email the lab requisition form without first calling to schedule because those patients will be turned away.

COVID-19 SCREENING & ALGORITHM AS OF 3/25/2020

This information is from the NH DHHS website and gets updated every few days.

Key Points and Recommendations:

Access to COVID-19 testing has improved, but testing still potentially exposes the public and healthcare system to contagious cases and consumes limited personal protective equipment (PPE) and testing supplies. DPHS continues to recommend that you prioritize testing for symptomatic patients including:

- Healthcare workers and first responders
- Family members of healthcare workers and first responders (because it impacts the ability for these individuals to return to work)
- Any person residing in, or who has worked or visited, a long-term care facility (LTCF) or healthcare setting
- Patients hospitalized with fever or respiratory illness
- Patients who may have had close contact with a large number of people

Patients NOT in the above groups with mild illness consistent with COVID-19, who are not in need of medical care, do not need testing and can be managed at home. When patients are being managed at home for suspected or confirmed COVID-19:

Provide them the following information:

- Caring for yourself at home
- Preventing the spread of COVID-19 in homes
- Cleaning and disinfection guidance
- Instruct the person to self-isolate at home until they meet CDC's "7days/72hours" guidance for discontinuation of home isolation for persons with COVID-19:
- At least 7 days have passed since symptoms first appeared, AND
- At least 72 hours (3 days) have passed since recovery – which is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms.

All asymptomatic close contacts of a person with confirmed COVID-19, or persons who are being presumptively managed as COVID-19 (without testing), should stay home for 14 days from the last day of exposure; for a household contact this period would start from the last day a symptomatic person is on home-isolation. Close contacts must still quarantine for 14 days even if they are tested and found to be negative for COVID-19 during the quarantine period.

QUICK TEXT GLOSSARY

.covid19

- Do you have any fever or respiratory illness (i.e. shortness of breath, cough)?
- AND
- Are you a healthcare provider?
 - Have you had contact to a large number of people?
 - Have you exposed others in a healthcare or long term care setting?
 - (If pt. has symptoms and answers "YES" to one of these questions, send note to Team nurse to arrange testing)

.covid2

We are concerned about your symptoms. Our current workflow will be to contact the Armory and seek additional guidance. A nurse will call you with a treatment plan today. We recommend that you stay at home until you hear from us.

.covidprevent

- Patient had multiple questions about coronavirus and all were answered and routine education provided. Measures to be taken to prevent spread of virus: Wash your hands often with soap and water for at least 20 seconds
- Do not touch your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Cover your cough and sneeze
- Clean and disinfect objects and surfaces frequently and with standard cleaning supplies
- Stay home if you have a fever or are not feeling well.

**Mike is off until Thursday so please send
any facilities related issues/ questions to Alma. Thank you!**

PARTNER ANNOUNCEMENTS

Elliot Lab Operating Status as of 3/25

OPEN

The Elliot at River's Edge
Doctor's Park
Elliot Medical Center at Londonderry

CLOSED

Elliot Diagnostic Center
The Elliot at Hooksett
The Elliot at Bedford

Past Updates:

3/24 YMCA offering "Grab & Go" brown bagged dinners for children up at age 18 on **weekdays from 4:30 PM - 5:30 PM** at the Teen Center at the YMCA of Downtown Manchester, 32 Stark street, Manchester. No pre-screening necessary. For additional information please contact Adrienne at aroyal@graniteymca.org or 603-232-8694.

3/23 Elliot Breast Health only seeing patients for diagnostic reasons and starting this week will only be open 2 days.

3/23 FIT NH: The Day Resource Program at the New Horizon shelter is open and we are staggering entrance on the hour from 8 am - 4 pm to reduce traffic into the building. Food pickups at the pantry will continue to be by appointment ONLY for Manchester residents who are income-eligible. Please call 603-641-9441 ext. 221 to schedule an appointment.

3/20 CMC Screening for COVID-19 at Main Entrances

Below are links to directions for our patients to our McGregor office.

3/19 Walgreens - beginning March 19th, most Walgreens locations, including 24-hour stores, will now be open from 9 a.m. until 9 p.m. (local times) during weekdays until further notice. These store hours will also apply to weekends while pharmacy hours on weekends will largely remain the same.

3/19 Easter Seals is not providing preventative or elective procedures. They are seeing clients for emergency needs only for the next couple of weeks and will reassess and update Amoskeag Health.

3/19 Haas Dental is closed for the next 3 weeks and is available for emergency care only during this time

3/19 CMC and ELLIOT are not conducting any wellness visits/routine visits at this time. Therefore, referrals are delayed until July.

3/18 - All screening mammogram appointments are being canceled for the next four weeks at **Elliot Breast Health** 668-3067. They are only seeing diagnostic problems for now.

3/18 - CMC's **Poisson Dental Clinic is closed** for all dental patients until April 6.

3/18 IOM, UNHCR Announce Temporary Suspension of Resettlement Travel for Refugees

HUMAN RESOURCES

Stress and Coping - The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. Coping with stress will make you, the people you care about, and your community stronger.

[Learn how you can help](#)

FAQ's for Earned Time - Temporary Change to Earned Time Usage:

During the next two months employees will be allowed to go into the negative on their Earned Time in the following instances:

- If they are quarantined at the instruction of their healthcare provider or government official, or sent home at request of AH management
- If they are currently diagnosed with Covid-19
- If they are caring for a family member who is currently quarantined at the instruction of their healthcare provider or government official

***** If they are caring for a family member or dependent who is unable to care for themselves due to the Covid-19 related closing of their school, childcare facility or similar and we are unable to provide assistance with childcare or similar; or allow you to work remotely in some capacity.*

QUESTIONS:

1) *My child's school has closed may I go in the negative on Earned Time?*

- a. Only if we cannot assist you with our temporary daycare or assist you with finding an alternative

2) *I live with my mother who is elderly and has an illness that puts her at risk, can I go into the negative?*

- a. Only if we cannot assist you with remote access or deploy you to another department remotely

3) *I am not feeling ill, but I have been exposed to someone with a positive test for Covid19 and I have to self quarantine per the healthcare provider, may I go in the negative?*

- a. Yes

4) *I have been ill and tested positive for Covid19, may I go in the negative?*

a. Yes

5) *My child's school has closed, I have no earned time and I don't want to utilize the company offered day care, can I go in the negative?*

a. No – as of 3/19/20 you will not be allowed.

***** If you missed time prior to 3/19/2020 due to caring for your child who was out of school and you don't have earned time, you may go in the negative for those days only. Going forward you will have to meet the above criteria.**

IT UPDATES

In preparation for the Centricity EMR V20 upgrade we need to change the login method used to log in to the EMR. Currently the EMR uses application level authentication which means the user account and password is exclusive to the EMR. **Beginning on Sunday, March 29th at 6AM the CHAN EMR will change to Active Directory authentication.** With this change users will now use the same username/password to login to the EMR, CPS, Citrix and Docutrak. This change will not make any modifications to EMR roles and privileges. The only impact would be if the user has been using a different password for the EMR than the one they use to log in to Citrix.

Please share this reminder with your staff as soon as possible. We will also notify staff through the EMR via a popup alert and a flag will be sent to their desktop reminding them of these changes.



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How to use PPE

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