Nursing Homes COVID-19 Preparedness Task Force

Meeting | August 13, 2020

ATTENDEE LIST:

□ Trece Andrews	⊠ Renee L. Beniak	⊠ Betty Chu, M.D.	🛮 Ann M. Hepfer
⊠ David E. Herbel	⊠ Alison E. Hirschel	Steven M. Kastner	⊠ Preeti N. Malani, M.D.
☐ Hari "Roger" Mali, II	☐ Mia K. Moore		⊠ Kari L. Sederburg
□ Leslie Love	⊠ Hank Vaupel	☑ Rosemary Bayer	☐ Curt VanderWall
☑ Melissa Seifert	☐ Robert Gordon	☐ Orlene Hawks	⊠ Salli Pung

AGENDA:

Discussion Items / Meeting Goals

ID	Agenda Item	Lead	Time
1	Final Recommendation Template Timeline	Dr. Chu	10 min
2	Workgroup Report Out & Discussion Resource Availability Staffing Quality of Life Placement of Residents	Workgroup Leads	70 min
4	Next Steps	Dr. Chu	10 min
5	Other (as time permits)	All	

Notes:

Discussions expressed in workgroup that scope of concerns expressed indicated systemic issues within industry and outside of ability for workgroup to provide recommendations to Governor at the end of August. Directive is to scope efforts to address preparedness of 2nd surge of COVID-19.

Final Recommendation Template

- Intent is to tie recommendations to goal of task force and use smart framework to produce recommendations that are actionable and measurable.
- Group recognizes that many ideas are evolving from workgroup conversation that will be placed in "parking lot" (i.e., staffing wages), which will be held for future consideration for work beyond initial goal as identified by Governor, should their be the opportunity to do so.
 - <u>Future Considerations Online Collection Tool</u> created to collect items that might be considered beyond initial Task Force goal (COVID response work) – open through August 28
- Once the Task Force prioritizes recommendations to go to Governor's office, a review of alignment for stages will be conducted

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Workgroup Report Out

Resource Availability (Ann Hepfer)

PPE

 Supply chain coordination and management statewide so that facilities are not competing against each other for PPE. Procurement should be coordinated to increase purchasing power and supply-chain management.

Testing

- Better coordination with laboratories and suppliers is necessary.
- Exploration of securing dedicated capacity in designated labs for nursing home specimens, issuing a hierarchy of specimen prioritization to labs, and improving clarity surrounding problems faced by labs.
- Funding stream discussion on future funding stream; need long term funding mechanism.
 Current source is COVID relief funding which expires end of calendar year. Need to look at funding attribution model. Looking at reimbursement structure instead of upfront grant funding model.

Data

- Looking at how to standardize data collection tools, limiting the frequency of reporting, and improving coordination of data submission.
- o Identifying key data elements that would create actionable information

Staffing (Renee Beniak)

- Adequate Staff
 - Would like to develop a one-stop-shop website to display all of the information on training locations, which programs are active, and other enhancements
 - Exploring a marketing plan and public service announcements to get more people into training
- Healthy Staff: physical & mental
 - o Exploring staff supports to enhance mental health and wellbeing
 - O Q: Is there a grant idea for physical as well as mental?
 - A: Physical piece dovetails with preceptor program (i.e., appropriate use and training of PPE to maintain health)
- Expert & Engaged Staff: preceptor development programs
 - Need to identify best practices in preceptor development programs and establish a minimum standard for what to include in a preceptor program

Quality of Life (Salli Pung)

- Mental Health
 - Exploring methods to reduce isolation such as safe return to communal dining and group activities, particularly outdoors.
- Wrap around services
 - Currently evaluating whether service or provider is classified as an "essential employee". Looked specifically at religious services, personal care services, podiatrists, dentists. Lack of access to these are having significant impact to resident emotional wellbeing.
 - Q: Has the group thought about how tele-visit might be incorporated in these services and how does technical literacy play into that consideration?

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- A: Some facilities have technical limitations (i.e., internet connectivity). There
 are some discussion of applications that could be leveraged by resident family;
 equipment use carries staffing time for management considerations.
- Discussions of a program being used by school systems that may be leveraged for LTCF. May be an opportunity for legislation to support (in terms of technical access to internet).

Visitation

- Exploring concept of designated visitors; encompassing training of safety precautions for these individuals. Looking at Nebraska for successful model.
- Need to consider LHD guidance which seems to vary widely within same and across LHDs.

Additional considerations

- Data collection: resident surveys may be viable option to collect data
 - Q: Would it be useful to survey family of residents?
- Need additional clarification on Epidemic Order, particularly as to intent of compassionate care. Guidelines on Safe Start seem more reasonable
- Should look at exploring different populations for which discrete visitation recommendations would be developed (i.e., dementia patients).

Placement of Residents (Melissa Samuel)

- COVID only nursing facility
 - Workgroup identified substantial procedural problems that would negatively impact timely implementation; as with alternative care setting challenges, there are significant concerns for viability (i.e., staffing, transfer)
- Regional HUB program
 - Identified certain success; appears to be most nimble and viable option, leveraging lessons learned from implementation to-date to effect improvements
 - Specific improvements needed are TBD and expected to be informed by CHRT analysis

Hospital systems

- Workgroup needs more time to fully evaluate viability; could work in certain parts of the state working with Regional Hub and leveraging swing bed program/excess capacity.
 This method poses staffing and economic related issues (hospital billing vs. skilled nursing), among others.
 - Funding mechanisms to look at (per LARA): Swing Bed, Observation, Respite
- Optimal recommendation may be a hybrid of 1 and 3 to meet needs of surge on regional basis.

PRIORITY	Next Steps
Final Recommendation Template	Workgroups submit preliminary recommendations in the online tool by August 19.
Workgroups	Review timeline document to ensure submission of recommendations is feasible with remaining meetings scheduled.
Other	Review and complete the Future Considerations online template through August 28.

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Resources: all sent in separate email on 8/14

- Timeline document
- Final recommendation template
- Future considerations template