

Nursing Homes COVID-19 Preparedness Task Force

Meeting | August 6, 2020

ATTENDEE LIST:

<input checked="" type="checkbox"/> Trece Andrews	<input checked="" type="checkbox"/> Renee L. Beniak	<input checked="" type="checkbox"/> Betty Chu, M.D.	<input type="checkbox"/> Ann M. Hepfer
<input type="checkbox"/> David E. Herbel	<input checked="" type="checkbox"/> Alison E. Hirschel	<input checked="" type="checkbox"/> Steven M. Kastner	<input type="checkbox"/> Preeti N. Malani, M.D.
<input checked="" type="checkbox"/> Hari "Roger" Mali, II	<input checked="" type="checkbox"/> Mia K. Moore	<input checked="" type="checkbox"/> Melissa K. Samuel	<input checked="" type="checkbox"/> Kari L. Sederburg
<input checked="" type="checkbox"/> Leslie Love	<input checked="" type="checkbox"/> Hank Vaupel	<input checked="" type="checkbox"/> Rosemary Bayer	<input checked="" type="checkbox"/> Curt VanderWall
<input type="checkbox"/> Melissa Seifert	<input type="checkbox"/> Robert Gordon	<input type="checkbox"/> Orlene Hawks	<input checked="" type="checkbox"/> Salli Pung

AGENDA:

Discussion Items / Meeting Goals

ID	Agenda Item	Lead	Time
1	Data Overview - Q&A	Katie Commey	15 min
2	Workgroup Level Setting	Dr. Betty Chu	5 min
3	Workgroup Report Out & Discussion - Placement of Residents - Quality of Life - Resource Availability - Staffing	Workgroup Leads	65 min
4	Next Steps	Roger Mali	5 min
5	Other (as time permits)	All	

Notes:

Data Overview

- Katie Commey presented an overview of COVID-related LTC reporting, data collection, and validation efforts pursued by SOM.
- How is SOM aligning with CDC, NHS, CMS etc?
 - The same data fields and data definitions are used across state and federal reporting.
 - SOM requires daily reporting while federal agencies require weekly reporting.
 - Nursing Homes are required to report, but other LTC facilities are not required to report to any federal agencies.
- Questions around the transparency of facility self-reporting of cases and notifying employees

Workgroup Report Out

- Each workgroup lead summarized the discussion at their last workgroup meeting including emerging recommendations and next steps.
- **Placement of Residents**

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- Identifying the placement options and drilling down on the nuts and bolts for how to implement each option:
 - Alternative care facility (main focus of last meeting)
 - Existing nursing home residents transferred to other locations and use that facility for COVID+ only individuals
 - Expansion of the regional HUB concept
 - Expansion of the existing capacity of all nursing homes for COVID+
 - Utilizing hospital swing beds--portions of hospitals or floors
- Intent for this exploration to compliment the CHRT evaluation
- Alternative Care Facility (ACF) deep dive
 - List of things that would be needed to implement this option: licensing, management, certificate of need, funding, staffing, resident transfers, regulatory oversight, placement of facilities, and procurement of supplies and ancillary services
 - Procedural requirements may not allow timely implementation. This option presented the most hurdles.
- **Quality of Life**
 - Wrap around should include both medical and non-medical services: dental, podiatry, hospice, salon services, communal dining, spiritual support, therapy.
 - There is a desire to provide virtual visitation options to combat social isolation but there are technology barriers. Subsequent meetings they will explore potential solutions.
 - Internet is often limited to a few spots in a facility and less so in resident areas. Cell phone service can also be limited, especially in rural areas. This can make communication and telemedicine difficult.
 - This work group wants to see the safe start recommendations for the High Acuity Congregate Care Reopening Plan. There is likely a lot of overlap in the types of recommendations this group is intending to explore.
 - Goal for next meeting is to share ideas on visitation, mental health, and wrap around services.
- **Resource Availability**
 - What PPE should be stockpiled by LTCs
 - PPE – strategic national stockpile, what does the supply chain look like
 - LTC needs to be more well defined in EOs and epidemic orders that are issued; what facility types does it include?
 - Are all types of LTCs eligible for state resources?
 - Testing
 - Nursing homes receiving point of care (POC) testing equipment
 - Federal government is distributing POC testing machines (antigen) now applied in LTC facilities. The guidance coming out of federal government would suggest duplicate testing with swabs.
 - Availability of supplies is an ongoing concern along with the length of time to get results back from the labs.
 - Staffing
 - CNA schools are not being allowed clinical care rotations due to interpretation of EO related to visitors in the LTC setting.
 - Desire for central location for nursing homes to get coordinated resources/information
 - Workgroup members will be bringing data back related to PPE and testing data

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- **Staffing**

- Discussed adequate staffing levels and keeping staff healthy.
- Need to support direct care staff and career ladders could be a real support to advancing CNAs up professional levels.
- Need to understand CNA supply chain and nurse-aid training programs
 - LARA is providing more details about these training programs and will indicate which ones are actively running during the pandemic.
- Exploring education that needs to be provided at the facility level vs the CNA training programs.
- The goal is to hone in on specific, practical, and actionable recommendations
- Why are CNAs paid fairly low wages?
 - It is directly related to reimbursement rates for Medicaid and Medicare.
 - How does CMS break down their rates for DCWs across settings?
 - CNA's aren't the only shortage, there are housekeeping and other staff shortages.

Next Steps:

PRIORITY	DISCUSSION
Data Overview	
Workgroups	EOG to provide previous recommendations on the High Acuity Congregate Care Reopening Plan SOM to provide template for final workgroup recommendations
Other	

Resources: