

Nursing Homes COVID-19 Preparedness Task Force

Meeting | July 30, 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 checked="" type="checkbox"/> Ann M. Hepfer
<input checked="" type="checkbox"/> David E. Herbel	<input checked="" type="checkbox"/> Alison E. Hirschel	<input checked="" type="checkbox"/> Steven M. Kastner	<input checked="" type="checkbox"/> Preeti N. Malani, M.D.
<input checked="" type="checkbox"/> Hari "Roger" Mali, II	<input 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 type="checkbox"/> Curt VanderWall
<input checked="" type="checkbox"/> Melissa Seifert	<input type="checkbox"/> Robert Gordon	<input checked="" type="checkbox"/> Orlene Hawks	<input checked="" type="checkbox"/> Salli Pung

AGENDA:

Discussion Items / Meeting Goals

ID	Agenda Item	Lead	Time
1	Workgroup Updates - Charter Revisions	Dr. Betty Chu	20 min
2	Center for Health Care Research & Transformation (CHRT) Nursing Home COVID-19 Response Evaluation	Marianne Udow-Phillips	40 min
3	Evaluation Q & A	All	20 min
4	Next Steps	Roger Mali	10 min
5	Other (as time permits)	All	

Notes:

Workgroup Updates

- Workgroups have been formed
- Group consensus was to remove data collection as separate workgroup and fold the conversation around data collection into existing workgroups.
- Need for broader data update to the Task Force so it can help inform workgroups going forward.
- Charter updates
 - Data collection removed as independent workgroup.
 - Renamed "admissions of COVID+ residents" workgroup to "resident placement".

CHRT Nursing Home COVID-19 Response Evaluation

- Marianne Udow-Phillips presented the current progress and next steps.
- Group feedback highlights:
 - CHRT should interview individuals that can speak to a resident's actual experience or quality of life.
 - Echoed difficulty with testing turnaround and supplies availability.

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- Group requested breakdown of PPE data including how much came from where/when/who.
- Staffing is a continual issue. Suggestions were made to seek out cross-training opportunities for staff.
 - CNA schools are essentially shut down, which is creating a lack of work force.
- CHRT should look at “non-essential” healthcare workers’ impact in nursing homes (i.e., OT, PT, dentistry, podiatrists). Would like to take into consideration for continued/next wave and impact to residents.
- Cited testimony received relative to IPRAT experience - is there a “boot camp” that can be offered for proper use of PPE?
 - IPRAT team is working on several enhancements including hiring additional nurse and epidemiologist to create strike teams to do more targeted interventions.
 - Awarded money from CDC to do infection prevention trainings. They are intending to do LTC training on PPE use.
- CHRT touched on concerns about facility star ratings and the dependency upon evaluation teams, noting there is variance and subjectivity across various surveyor teams; hoping to update quality measures with report out of Harvard. CHRT believes they have ideas to offer to strengthen IPRAT surveys. Goal would be greater standardization and consistency (reduce subjectivity).

Next Steps:

PRIORITY	DISCUSSION
Charter Revisions	Data collection removed as independent workgroup Renamed “admissions of COVID+ residents” workgroup to “placement of residents”
Workgroups	Task Force Workgroups will begin to meet independently <ul style="list-style-type: none"> • Provide updates at next Task Force meeting <ul style="list-style-type: none"> ▪ Framework ▪ Challenges ▪ Next Steps Send spreadsheet w/roles identified (SMEs, TF members) and TF phone numbers
CHRT evaluation	CHRT will share updates and results as they become available
Other	Provide summary of IPRAT team function and future plans to leverage CDC grant for training/education Provide PPE data Provide update on LTC data collection and validation efforts Provide COVID incidence trends in facilities

Resources: