

NETEC COVID-19 Webinar Series:

Tackling the COVID-19 Storm Through the Lens of Long-Term Care Facilities



Welcome

Ted Cieslak, MD, MPH



➤ **Welcome:** Ted Cieslak, MD, MPH

➤ **Washington State Public Health Response to COVID-19:**

Sara Podczervinski, RN, MPH, CIC, FAPIC

Patty Montgomery, RN, MPH, CIC

➤ **House of Hope Alzheimer's Care Response to COVID-19:**

Carly Snider, Community Nurse, LPN

Tawny McWilliams,

➤ **NETEC Resources:** Ted Cieslak, MD, MPH

➤ **Questions and Answers with NETEC**

National Emerging Special Pathogens Training and Education Center

Mission Statement

To increase the capability of the United States public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens

For more information

Please visit us at www.netec.org
or email us at info@netec.org



Assessment

Empower hospitals to gauge their readiness using

Self-Assessment

Measure facility and healthcare worker readiness using

Metrics

Provide direct feedback to hospitals via

On-Site Assessment

Education

Provide self-paced education through

Online Trainings

Deliver didactic and hands-on simulation training via

In-Person Courses

COVID-19 focused

Webinars

Technical Assistance

Onsite & Remote Guidance

Compile

Online Repository of tools and resources

Develop customizable

Exercise Templates based on the HSEEP model

Provide

Emergency On-Call Mobilization

Research Network

Online Repository

Built for rapid implementation of clinical research protocols

Develop Policies, Procedures and Data Capture Tools to facilitate research

Create infrastructure for a

Specimen Biorepository

Cross-Cutting, Supportive Activities



Washington State Public Health Response to COVID-19

**Sara Podczervinski, RN, MPH, CIC, FAPIC
Patty Montgomery, RN, MPH, CIC**

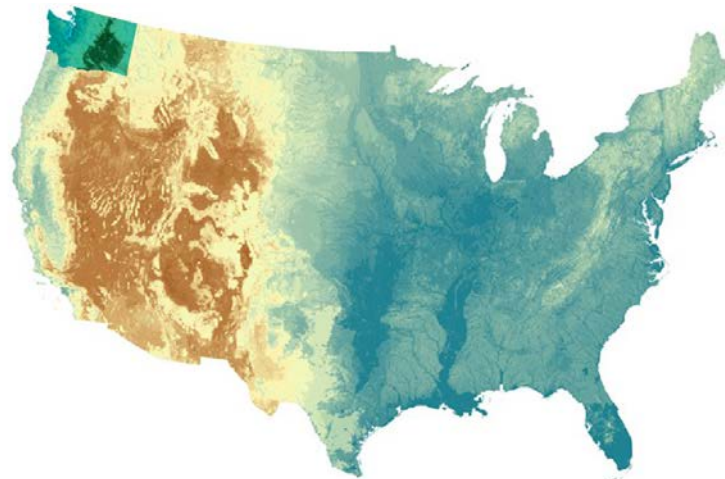


First in the Nation

ORIGINAL ARTICLE

Epidemiology of Covid-19 in a Long-Term Care Facility in King County, Washington

Temet M. McMichael, Ph.D., Dustin W. Currie, Ph.D., Shauna Clark, R.N., Sargis Pogojans, M.P.H., Meagan Kay, D.V.M., Noah G. Schwartz, M.D., James Lewis, M.D., Atar Baer, Ph.D., Vance Kawakami, D.V.M., Margaret D. Lukoff, M.D., Jessica Ferro, M.P.H., Claire Brostrom-Smith, M.S.N., et al., for the Public Health–Seattle and King County, EvergreenHealth, and CDC COVID-19 Investigation Team*



https://www.nejm.org/doi/full/10.1056/NEJMoa2005412?query=featured_home

COVID-19 Preparedness?

Perspective

Long-Term Care Policy after Covid-19 — Solving the Nursing Home Crisis

Rachel M. Werner, M.D., Ph.D., Allison K. Hoffman, J.D., and Norma B. Coe, Ph.D.

Article

Metrics

May 27, 2020

DOI: 10.1056/NEJMp2014811

“Nursing homes have been caught in the crosshairs of the coronavirus pandemic. As of early May 2020, COVID-19 had claimed the lives of more than 28,000 nursing home residents and staff in the United States. But U.S. nursing homes were unstable even before COVID-19 hit. They were like tinderboxes, ready to go up in flames with just a spark. The tragedy unfolding in nursing homes is the result of decades of neglect of long-term care policy.”

First in the Nation

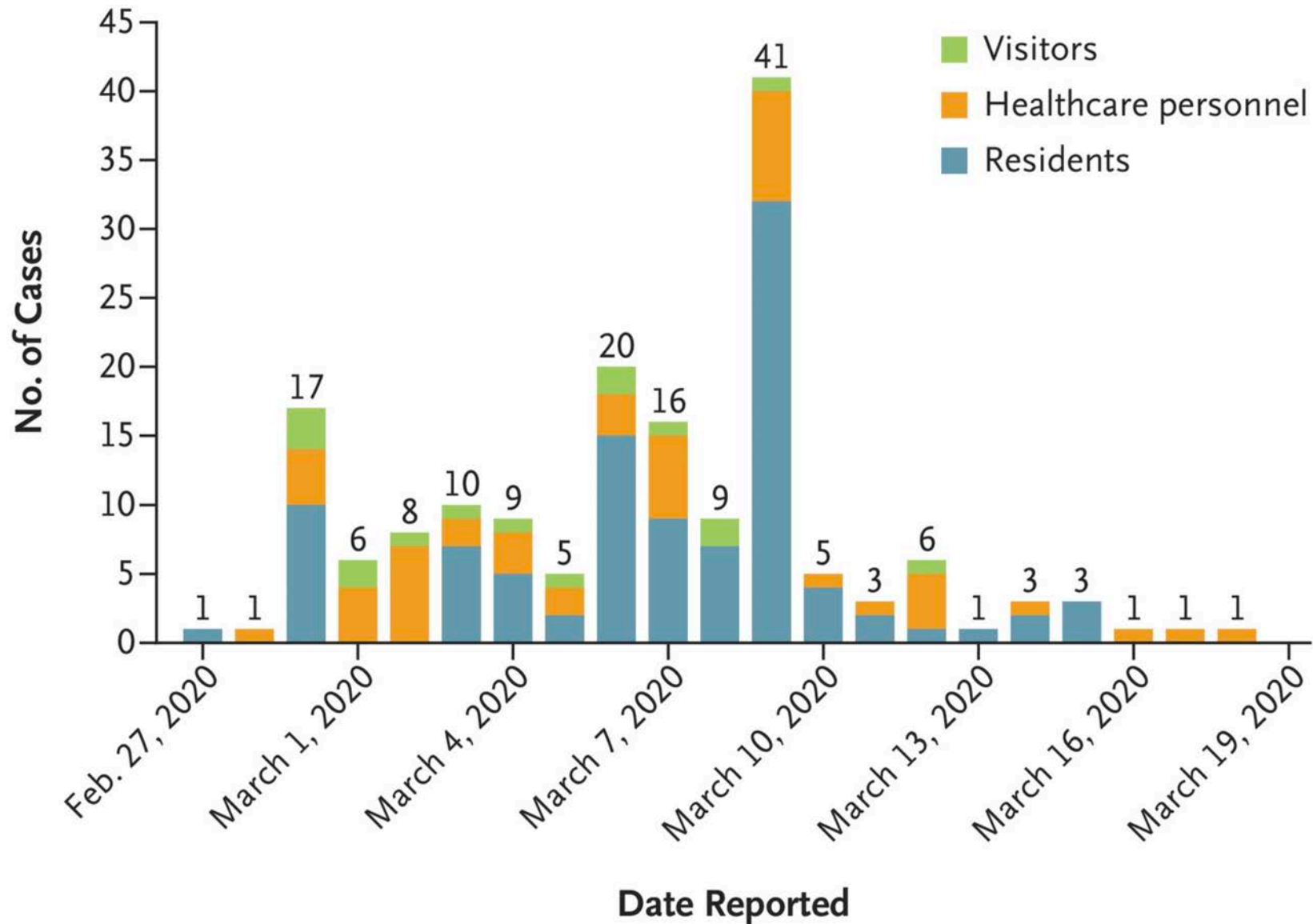
Table 1. Demographic and Clinical Characteristics of Persons with Confirmed Covid-19 Linked to Facility A.*

Characteristic	Residents (N=101)	Health Care Personnel (N=50)	Visitors (N=16)	Total (N=167)
Median age (range) — yr	83 (51–100)	43.5 (21–79)	62.5 (52–88)	72 (21–100)
Sex — no. (%)				
Male	69 (68.3)	38 (76.0)	5 (31.2)	112 (67.1)
Female	32 (31.7)	12 (24.0)	11 (68.8)	55 (32.9)
Hospitalized — no. (%)				
Yes	49 (48.5)	3 (6.0)	3 (18.8)	66 (39.5)
No	52 (51.5)	44 (88.0)	8 (50.0)	61 (36.5)
Unknown	37 (36.6)	3 (6.0)	5 (31.2)	40 (24.0)
Died — no. (%)				
Yes	34 (33.7)	0	1 (6.2)	35 (21.0)
No	67 (66.3)	50 (100.0)	15 (93.8)	132 (79.0)
Chronic underlying conditions — no. (%)†				
Hypertension‡	68 (67.3)	4 (8.0)	2 (12.5)	74 (44.3)
Cardiac disease	61 (60.4)	4 (8.0)	3 (18.8)	68 (40.7)
Renal disease	41 (40.6)	0	2 (12.5)	43 (25.7)
Diabetes§	33 (32.7)	0	1 (6.2)	34 (20.4)

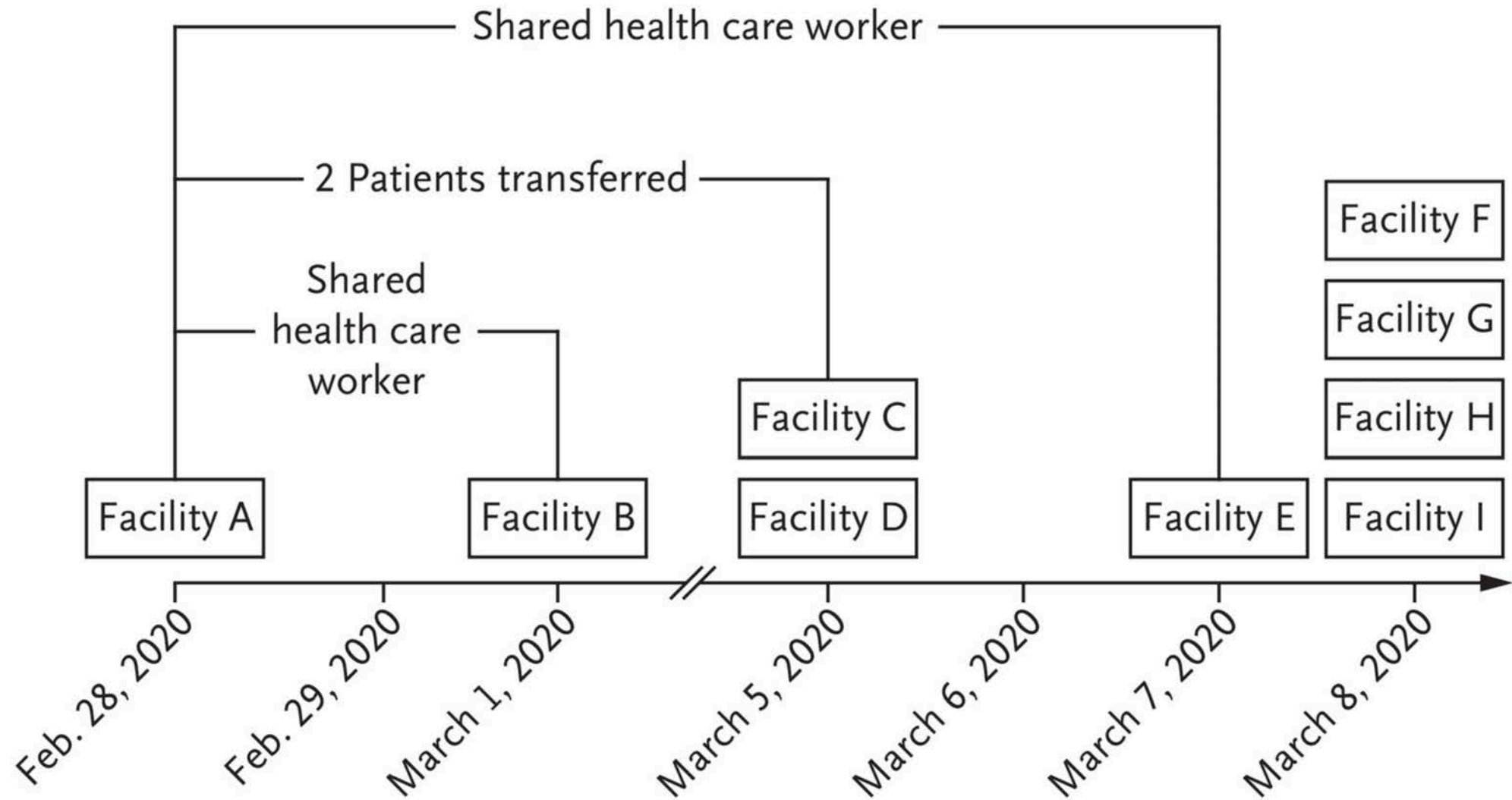
- ➔ **167 cases COVID-19 linked to Facility A**
- 101 facility residents (77%)
 - 50 health care personnel (39%)
 - 16 visitors

- ➔ **Preliminary case fatality rate**
- 33.7% for residents
 - 6.2% for visitors
 - No staff members died

Facility Cases



Transmission Facility to Facility



Date of First Covid-19 Case Confirmed in Facility

Gaps Contributing to COVID-19 Transmission at Facility A

- **Staff worked while symptomatic**
- **Staff worked in more than one facility**
- **Inadequate familiarity with, and adherence to, PPE recommendations**
- **Challenges in implementing proper infection control practices**
- **Inadequate supplies of PPE and hand sanitizer**
- **Delayed recognition of cases**
- **Limited availability of testing**
- **Difficulty identifying persons with COVID-19 based on signs and symptoms alone**

What Went Well

1

Good collaboration with facility and the hospital

2

The state, county and federal teams worked well together

3

The dedication and courage of the staff at the facility

4

We were able to test everyone which really helped us gain a better understanding to cohort residents

It Would Have Been Great...

- 1** The media attention
- 2** More PPE (National Stockpile?)
- 3** Nursing home regulations had been updated sooner
- 4** An awareness of other at-risk settings for elders

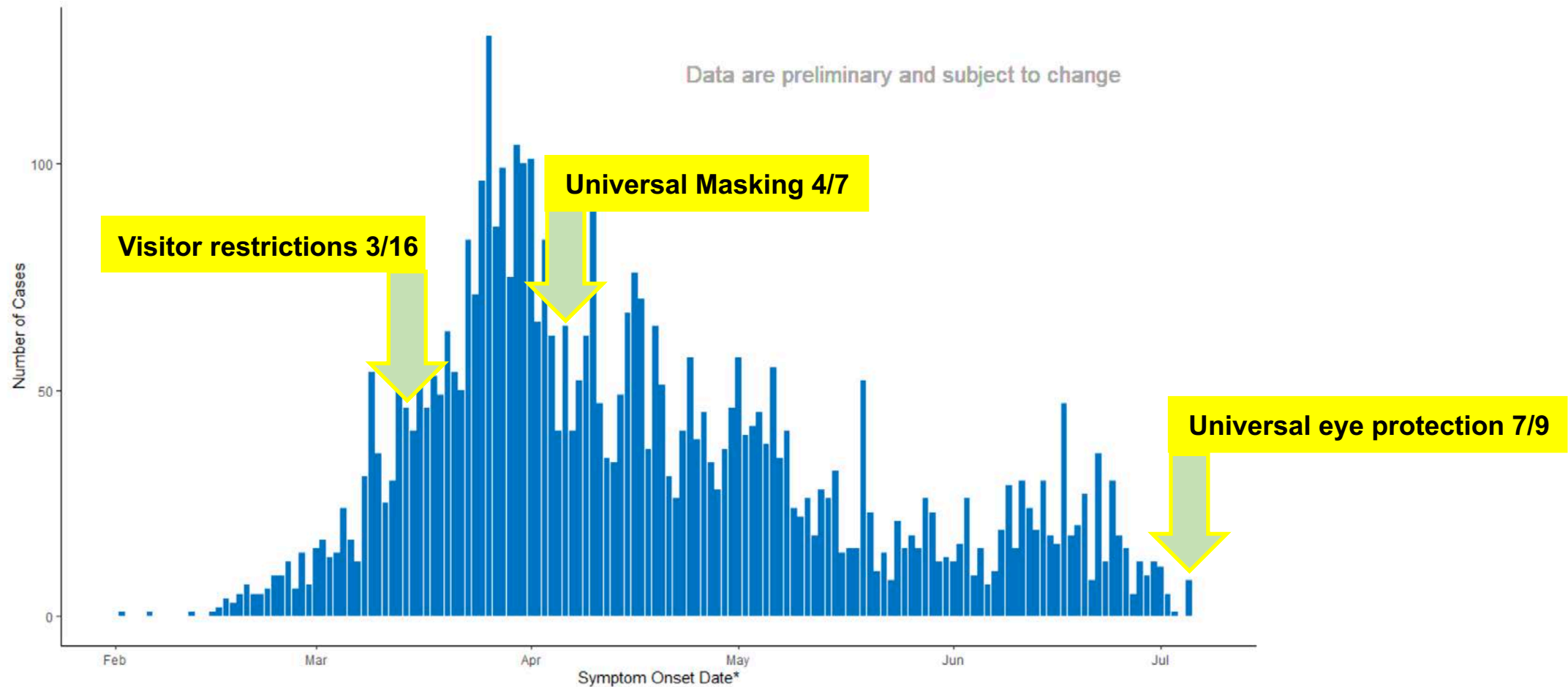
Other Settings of Interest

Continuum of Settings



LTC Associated Cases by Illness Onset Date 7/6/2020

This epidemiologic curve shows the number of LTC associated cases over time by onset date. If onset date is not known, diagnosis date or report date are used. Since there may be reporting delays, data are incomplete for the most recent dates.



Mitigate Risks in LTC

➡ We have providing infection prevention assessments both onsite and remote



Adult Family Home Infection Prevention Assessment Tool for COVID-19

Nursing Home Infection Prevention Assessment Tool for COVID-19

The following infection prevention and control assessment tool should be used to assist nursing homes with preparing to care for residents with COVID-19. Elements should be assessed through a combination of interviews with staff and direct observation of practices in the facility.

Long-term Care Facility	156
Adult Family Home	155
Total	311

Next Steps

➤ **LATER: Reforms and regulation?**

- ✓ **Higher standards for infection control programs**
- ✓ **Higher staff to resident ratio**
- ✓ **Higher educational standards**
- ✓ **Better pay for caregivers**
- ✓ **Paid sick leave and insurance**
- ✓ **Different payment models for elder care**



House of Hope Alzheimer's Care Response to COVID-19

**Carly Snider, Community Nurse, LPN
Tawny McWilliams, Administrator**



Background: House of Hope Alzheimer's Care



Location: North Omaha, Nebraska

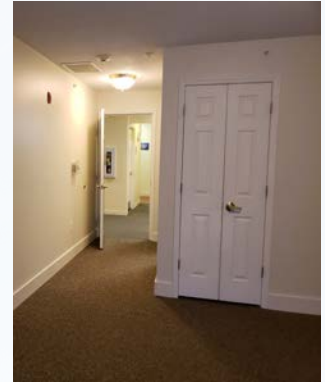
Layout: 4 Neighborhoods with a total of 42 private apartments

- Each neighborhood houses 10 or 11

Services: Assisted Living Memory Support providing all inclusive care

Memory Care Staffing:

- One Community Nurse Manager day shift and on-call
- Two Medication Aides (1st & 2nd Shift)
- Four C.N.A's (1st & 2nd Shift)
- One Med Aide & 3 C.N.A's Overnight

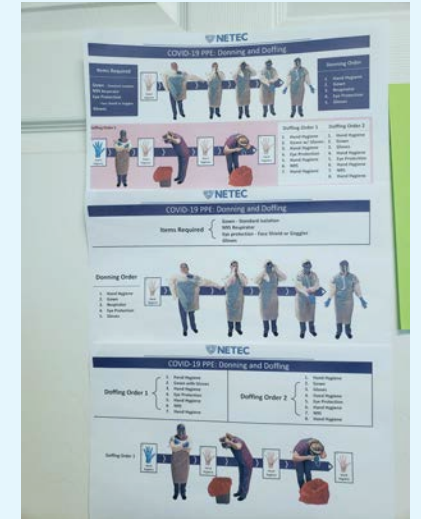
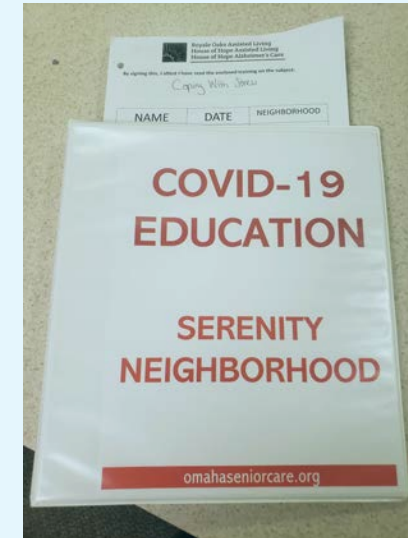
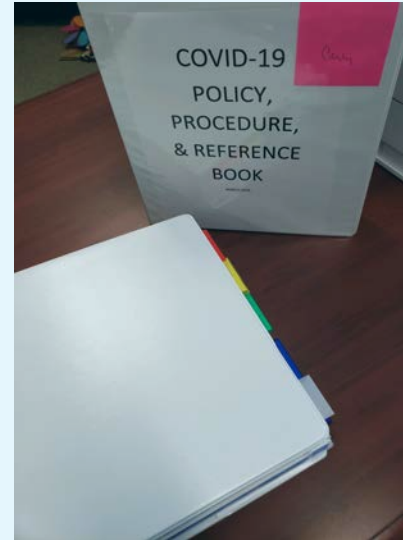


Preparedness: Prior to the COVID Positive Residents

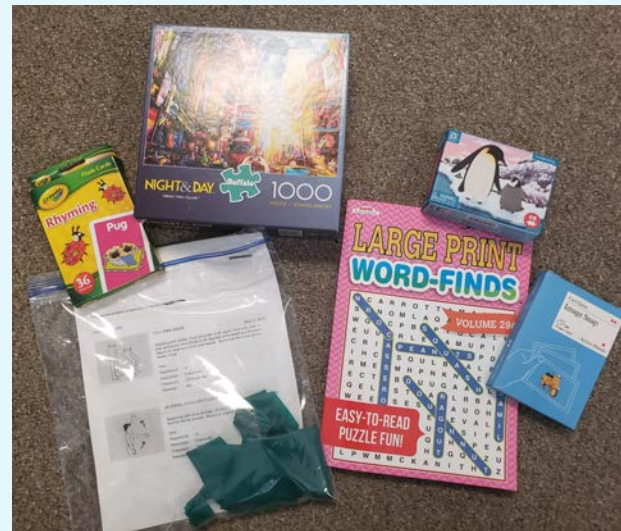
Staff Support

COVID-19 Training Manual

- Hand Hygiene
- Proper PPE Donning & Doffing
- Cleaning/Sanitizing



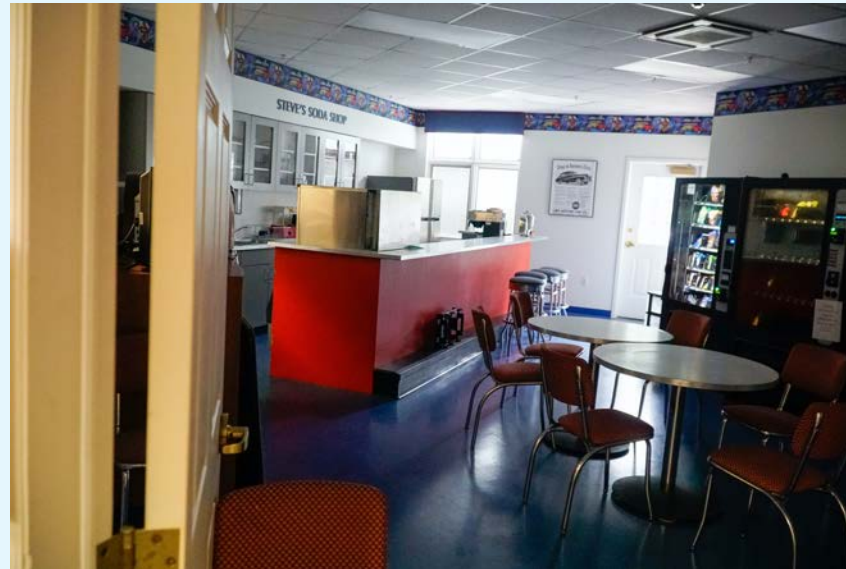
Engaging in 1:1 activities with residents



Preparedness: Prior and During pandemic

Processes to support COVID-19 Positive Residents:

- Screening staff and residents
- PPE
- Visitor restrictions
- Volunteer restrictions
- Non-essential staffing (E.g. hairdresser)
- Staff break rooms
- Staffing and job duties
- Stocking up supplies



The Experience: Discovering COVID-19 Positive Residents



Discovery: Staff Member

How many? 10 Resident and 2 Staff

How many residents may have been exposed? 42

What about staff? 4 directly and up to 10 potential



View down
neighborhood hall.

9



another view of dining
and kitchen

15



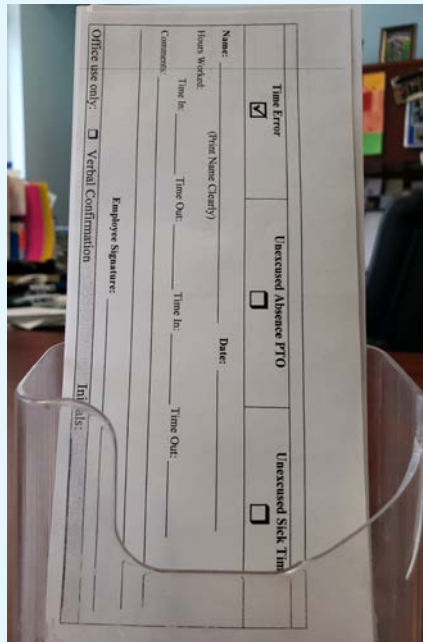
COVID-19 Activation

➤ All planning processes were kept in place from the preparation stage

- Moved screening process from paper to digital

➤ Worked closely with ICAP to verify processes, this collaboration led to changes

- Entrance and exit locations
- Doffing and donning areas



Office Use Only: ☐ Verbal Confirmation

Employee Signature: _____

Name: _____ Date: _____

Time In: _____ Time Out: _____

Unexcused Absence PTO ☐ Unexcused Sick Time ☐



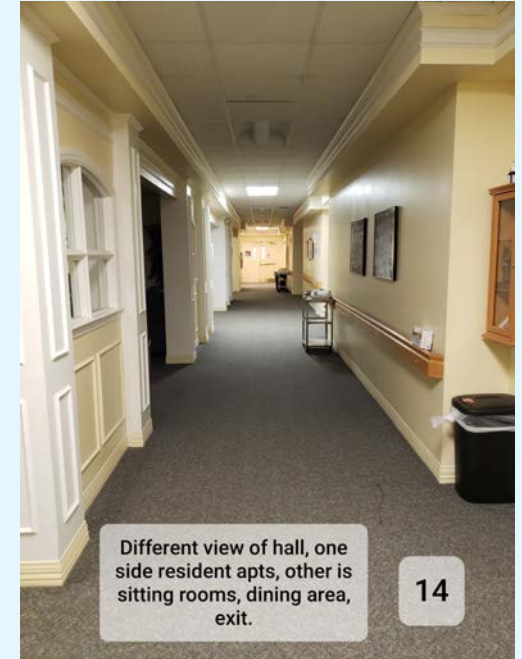
COVID-19 Activation

➤ Isolating patients went better than expected

- Challenges with residents understanding the limitations placed on movement outside of their individual apartments

➤ Creating COVID negative and COVID positive zones

- Isolated patients by room
 - Did not move residents to different areas
 - Dedicated C.N.A.s, Medication Aide and Nurse manager for each area
 - Used a color sign system to differentiate positive and negative rooms
- Offered staff a safe area to change clothes and shower prior to exiting their shift
- Memory Care staff did not use the main timeclock
 - Implemented a paper time sheet



COVID-19 Activation

► Possible resident exposure:

- Monitored for signs/symptoms
- Initial symptoms: diarrhea and runny nose

► Testing:

- Tested 8 residents on April 7th due to being symptomatic
- Received positive results on April 8th, which prompted further testing in the two adjoining neighborhoods on April 9th
- Positives remained in the two adjoining neighborhoods
- All residents and staff were tested May 2nd
- Results received May 7th with all negative,
- Exception - one resident remained positive, tested negative May 19th



COVID-19 Activation

Mealtime

- C.N.As delivered meals
- Served on paper products
- Residents that could feed themselves and did not need cues or reminders were served first
- Residents that needed assistance were served last after in order to provide appropriate attention

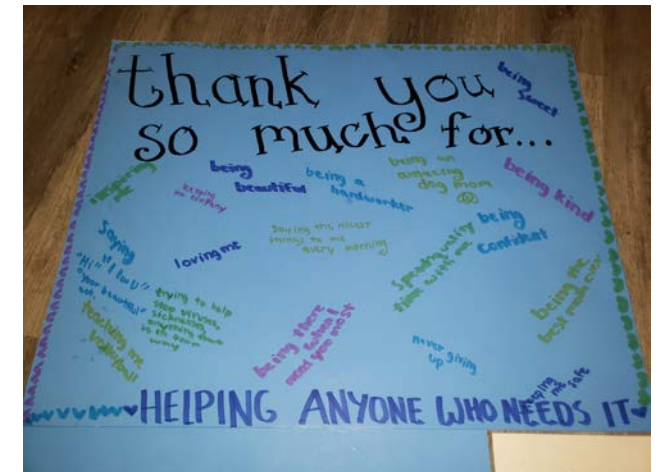


What Worked Well

1

Leadership/Teamwork/Support

- ✓ **Being present and a leader on the floor**
- ✓ **Communication: being open, honest, and listening**
- ✓ **Strong support system**
- ✓ **Open to ideas**
- ✓ **Continuous teaching and learning, being an example**



What Worked Well

2

Building Layout

- ✓ Memory Care layout was beneficial
- ✓ All private apartments and bathrooms
- ✓ Separate entrances and exits for positive/negative areas
- ✓ Dedicated staff in negative areas – did not cross staff between other parts of community
- ✓ Staff was all-inclusive

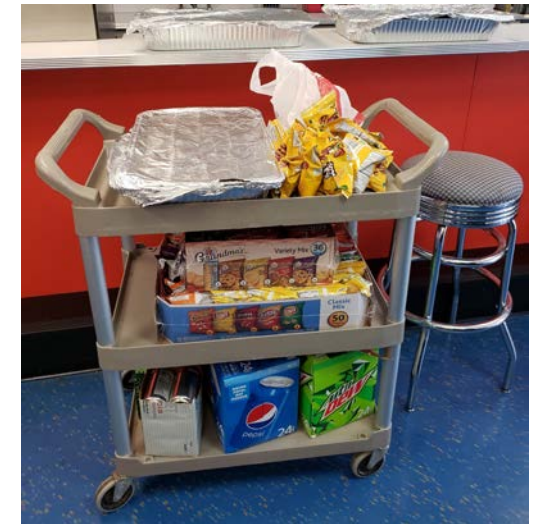


What Worked Well

3

Infection Control Practices

- ✓ Direct care staff cleaned/sanitized multiple times a shift
- ✓ Dedicated staff: no maintenance, housekeeping, activity, or management
- ✓ Removed and turned around furniture
- ✓ Snacks and treats were individualized
- ✓ Washable gowns

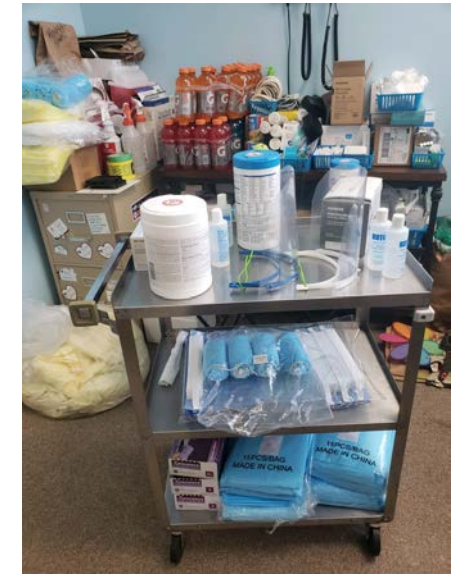


Three Things That Would Have Been Good to Have in Place

1 Staff preparation

2 Training

3 Supplies and dedicated equipment





NETEC Resources

Ted Cieslak, MD, MPH



NETEC is Here to Help

NETEC will continue to build resources, develop online education, and deliver technical training to meet the needs of our partners

Ask for help!

- ➔ Send questions to info@netec.org - they will be answered by NETEC SMEs
- ➔ Submit a Technical Assistance request at [NETEC.org](https://www.netec.org)

Questions and Answers



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