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


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
Welcome

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
NETEC Overview

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
- Research Network
- COVID-19 focused Webinars
Washington State Public Health Response to COVID-19

Sara Podczervinski, RN, MPH, CIC, FAPIC
Patty Montgomery, RN, MPH, CIC
First in the Nation

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., Sargsis Pogosjans, 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®

“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

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

Transmission Facility to Facility

Shared health care worker

2 Patients transferred

Shared health care worker

Facility A

Feb. 28, 2020

Facility B

Feb. 29, 2020

Facility C

March 5, 2020

Facility D

March 6, 2020

Facility E

March 7, 2020

Facility F

March 8, 2020

Facility G

Facility H

Facility I

Date of First Covid-19 Case Confirmed in Facility

Washington State Public Health Response to COVID-19

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
Good collaboration with facility and the hospital

The state, county and federal teams worked well together

The dedication and courage of the staff at the facility

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
Washington State Public Health Response to COVID-19

Other Settings of Interest

Continuum of Settings

- **Neighborhood homes** where direct-care providers assist 2 to 6 residents
- **Neighborhood facilities** where direct-care providers assist 7 or more residents
- **Specialized facilities** to serve individuals with complex medical and behavioral health needs
- **Facilities providing 24/7 nursing care** to residents with significant needs
- **Clients living in their own homes in the community**
  - Group Homes
  - Supported Living
- **Adult Family Homes**
- **Assisted Living Facilities**
- **Enhanced Service Facilities**
- **Skilled Nursing Facilities**
- **Supported Living (CCRSS)**
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

<table>
<thead>
<tr>
<th>Long-term Care Facility</th>
<th>156</th>
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<tr>
<td>Adult Family Home</td>
<td>155</td>
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<tr>
<td>Total</td>
<td>311</td>
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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.
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
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 (1\textsuperscript{st} & 2\textsuperscript{nd} Shift)
- Four C.N.A’s (1\textsuperscript{st} & 2\textsuperscript{nd} 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
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
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
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

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

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

**NETEC is Here to Help**

**Ask for help!**

Send questions to **info@netec.org** - they will be answered by NETEC SMEs.

Submit a Technical Assistance request at **NETEC.org**.
Questions and Answers
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