COVID-19 Impact: Our Ongoing Journey

This meeting will be recorded and will be available at www.fmda.org/journalclub.php
Agenda

• COVID-19 State of the State
• Updates, Guidance, and Recommendations
• Our Journey
• Open Discussion
30 States have higher than recommended positivity.
Florida’s COVID-19 Data and Surveillance Dashboard
Florida Department of Health, Division of Disease Control and Health Protection

Total Cases
722,707
Cumulative Data for Florida Residents:
Positive Residents
713,902
Resident Hospitalizations
45,259
Florida Resident Deaths
14,904
Non-Resident Deaths
180

Data is updated every day at approximately 11 A.M. ET.
Click here to access and download data.

Comparison of counties is not possible because case data are not adjusted by population.

The Deaths by Day chart shows the total number of Florida residents with confirmed COVID-19 who died on each calendar day (12:00 AM - 11:59 PM). Death data often has significant delays in reporting, so data within the past two weeks will be updated.
COVID in LTC

Last Updated: 10/6/2020 4:58:25 PM

1,071 of 138,537 Total Residents
Positive as of October 7 (0.77%)

COVID Positive Residents (SNF & ALF)

Data from AHCA ESS (Emergency Status System)

COVID positive residents and staff in Intermediate Care Facilities are not included in the bar chart totals. The data presented are reported by individual facilities and reporting errors may occur.
GUIDANCE DOCUMENT

Emergency Use Authorization for Vaccines to Prevent COVID-19

Guidance for Industry

OCTOBER 2020

Download the Final Guidance Document
COVID-19: Considerations, Strategies, and Resources for Crisis Standards of Care in Post-Acute and Long-Term Care (PALTC) Facilities

COVID-19 Healthcare Resilience Working Group
Sample Continuum of Care

The table below illustrates how facility operations and delivery of care and management services might shift under different care standards. It is not intended to be prescriptive; rather, it is meant to demonstrate how conventional, contingency, and crisis might manifest in practice.

<table>
<thead>
<tr>
<th>Conventional</th>
<th>Contingency</th>
<th>Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard of Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Normal or usual care and services provided.</td>
<td>• Functionally equivalent care, but may be delayed or adapted</td>
<td>• Crisis care</td>
</tr>
<tr>
<td>o Care delivered based upon the resident’s wishes, as outlined in the plan of care</td>
<td></td>
<td></td>
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<tr>
<td><strong>Space</strong></td>
<td></td>
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</tr>
<tr>
<td>• Census is stable</td>
<td>• Census change variant—potential growth from increasing hospital admissions; potential declines for transfers to area hospitals</td>
<td>• Census declines as residents with acute care needs are transferred, and new admissions and readmissions are deferred</td>
</tr>
<tr>
<td>• Facility has enough space to quarantine new admits/readmits and isolate infected residents</td>
<td>• Number of residents/patients with COVID-19 requires some contingency actions (e.g., more extensive within- or cross-facility transfers)</td>
<td>• Large number of residents with confirmed or suspected COVID-19 requires:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o use of non-certified beds or other spaces within the facility (e.g., communal dining areas), and/or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o transfers to non-certified alternative care sites (ACS) within the community</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Staffing ratios based on the resident assessment and care plan, as well as any state requirements</td>
<td>• Extended shifts, additional shifts, and/or change in allocation of staff</td>
<td>• Unable to meet registered nurse coverage regulations;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Significant change in certified nursing aide and nurse to resident ratios; and/or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Utilization of ancillary staff in supportive caregiving roles</td>
</tr>
<tr>
<td><strong>Supplies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Normal par levels of all supplies with access to supplies that are provided by off-site vendors</td>
<td>• Conservation, adaptation, substitution, and extended use strategies in place for certain supplies, in accordance with national recommendations</td>
<td>• Additional optimization strategies adopted, including</td>
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<tr>
<td></td>
<td></td>
<td>o rationing select supplies and services;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o using non-standard supplies; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o decontaminating and/or reusing PPE</td>
</tr>
</tbody>
</table>
Figure 2. Commission Recommendation Framework

Coronavirus Commission Safety and Quality in Nursing Home Final Report – September 2020
Key Takeaways

The Commission put forward 9 themes and 27 principal recommendations.

- **Immediate and near-term actions by CMS (through policy or regulations, alone and with others) are necessary.**
  The Commission and the public alike call on CMS to continue advocating on behalf of beneficiaries based on the following principles.
  - Residents and families must be able to connect in meaningful ways to ensure the physical and mental well-being of the resident and to protect against neglect and abuse. To achieve positive outcomes, CMS must ensure nursing homes address this need and residents’ other conditions while prioritizing rigorous infection control.
  - Nursing home staff must be kept safe and treated with respect in the workplace, which requires access to the right training and equipment, along with compensation that recognizes the risks they take, their dedication to resident safety, and the quality of the care they deliver.
  - Nursing home management and staff can be more effective if provided with streamlined communications, reporting capabilities, and access to funds that will support myriad additional costs, and can reduce the trauma of some emergency measures by communicating policies in advance and providing advance notice when activated.

- **CMS should work with its partners to identify funding** sufficient to fully pay for each implemented recommendation.

- **CMS must begin now to take steps to solve longer-standing, systemic issues illuminated by the pandemic.**
  A systems focus on long-term care financing and accountability, facility design, workforce, governance/management, technology, and data will help ensure future nursing home safety and quality. The final report will present this discussion.
Principal Recommendations (1/3)

Theme 1: Securing Testing & Screening Capabilities (slides 10 – 11)

- With federal, state, local, territorial, and tribal (SLTT) partners, immediately develop and execute a national strategy for testing and delivering rapid turnaround of results (i.e., results in less than 24 hours) in nursing homes, in combination with CDC recommended screening protocols. Allow nursing homes to tailor the strategy in partnership with federal and SLTT authorities.

Theme 2: Increasing PPE Supply and Use (slides 12 – 13)

- Take responsibility for a collaborative process with federal and SLTT partners to ensure nursing homes can procure and sustain a three-month supply of high-quality supplies of Personal Protective Equipment (PPE) and essential equipment.
- Work with federal partners, including CDC and FDA, to create specific guidance on the use, decontamination, and reuse of PPE and essential equipment.
- Collaborate with federal and SLTT partners to provide guidance on training to all staff on proper use of PPE and equipment.

Theme 3: Rethinking Cohorting Practices (slides 14 – 15)

- Update cohorting guidance to balance resident and staff psychological safety and well-being with infection prevention and control.
- Update cohorting guidance to address differences in nursing home resources for cohorting.

Theme 4: Prioritizing Visitation Activities (slides 16 – 19)

- Emphasize that visitation is a vital resident right. Update and release consolidated, evidence-based guidance on safely increasing controlled, in-person visitation prior to Phase 3 reopening.
- Update and release consolidated, evidence-based guidance on effectively planning for and implementing virtual visitation tools and techniques.
- Provide resources to help nursing homes assess and improve the mental health and psychosocial well-being of residents during and after the pandemic.
- Assess, streamline, and increase the accessibility of COVID-19-related directives, guidance, and resources on visitation into a single source.
Principal Recommendations (2/3)

Theme 5: Supporting Nursing Home Communications with Residents and Families (slide 20)
- Increase specificity and expand breadth of guidance on communications between nursing homes, residents, and families.

Theme 6: Strengthening the Workforce Ecosystem (slides 21 – 27)
- Address nursing home workforce hazard pay; assess and leverage emergency nursing home surge support options; and emphasize minimum care standards.
- Issue guidance for on-the-job certified nursing assistant (CNA) training, testing, and licensure; track all CNAs via a central registry; and catalyze interest in the CNA profession through diverse recruitment vehicles.
- Provide guidance grounded in maximizing equity and preventing employee burnout that allows nursing home workforce members to continue to work in multiple nursing homes while adhering to infection prevention and control practices.
- Require a Registered Nurse (RN) to be present around-the-clock in a nursing home when 10% or more of residents test positive for COVID-19.
- Identify and immediately leverage certified infection preventionists who can support nursing homes’ infection prevention needs.
- Professionalize infection prevention positions in nursing homes by updating regulations at 42 CFR § 483.80 so more fully qualified infection preventionists are available to serve in nursing homes.
- Require nursing homes to employ infection preventionist(s) with specific educator duties (1.0FTE < 30 resident beds; 2.0FTE > 30 resident beds).
- Convene a Long-Term Care (LTC) Workforce Commission and/or Advisory Board to assess, advise on, and provide independent oversight for modernization of workforce ecosystem. (M)
- Work with federal, state, local, public, private, and academic partners to catalyze overhaul of workforce ecosystem.
Principal Recommendations (3/3)

**Theme 7: Catalyzing Technical Assistance and Quality Improvement** (slide 28)
- Identify and **work to achieve funding mechanisms for** – or reprioritize activities of – technical assistance and other contractors to increase the **availability of collaborative, on-site, data-driven support** prior to, during, and after a COVID-19 outbreak.

**Theme 8: Enhancing Facility Design** (slides 29 – 30)
- Identify and share with nursing homes short-term facility design enhancements to address immediate pandemic-related risks that can be implemented at minimal cost.
- **Establish a collaborative national forum** to identify and share best practices and recommendations; **facilitate real-time learning** on how to best use existing physical spaces.
- Collaboratively establish long-term priorities and seek appropriate funding streams for nursing homes to redesign and/or strengthen facilities against infectious diseases.

**Theme 9: Making Data More Actionable** (slides 31 – 33)
- Improve COVID-19 data element standardization and data collection while identifying specific actions that CMS and federal partners will take in response to changes in key COVID-19 data indicators based on data reported by nursing homes.
- Develop a single, bidirectional application to serve as a central interface for nursing home data collection and information dissemination that includes essential COVID-19 guidance, statistics, and outcomes.
- Enhance health information technology (HIT) interoperability to facilitate better communication, improve quality measurement standards, and coordinate integration of nursing home data with data from other health organizations.
Journeying Through the Pandemic

Sharing Our Stories
My Personal Story

1. Telehealth and 911
2. COVID and Group Home Collision
3. Dealing with Disparity
Open Discussion
Questions & Comments

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