COVID-19 Impact: Our Ongoing Journey

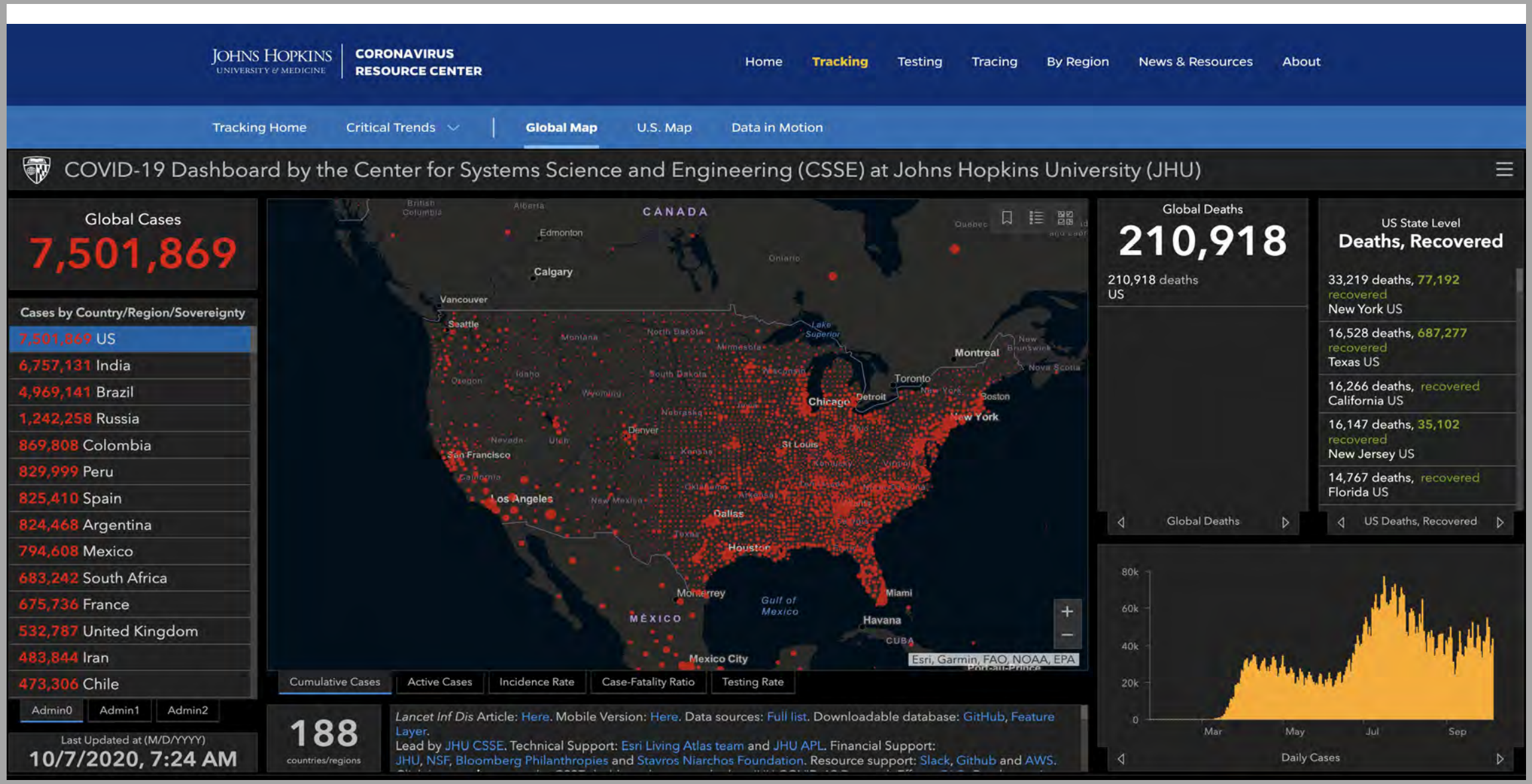
This meeting will be recorded and will be available at www.fmda.org/journalclub.php

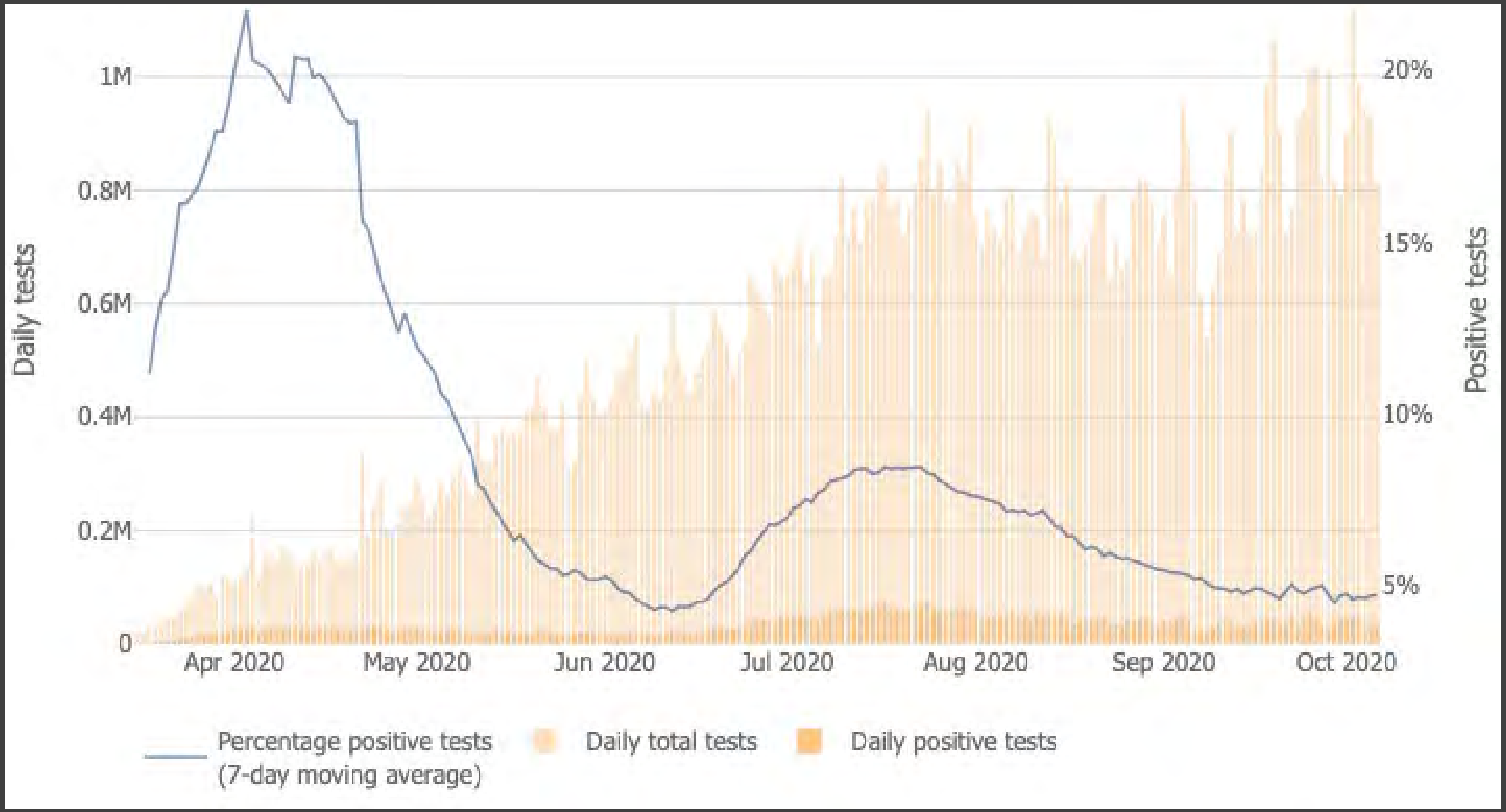
FMDA Journal Club

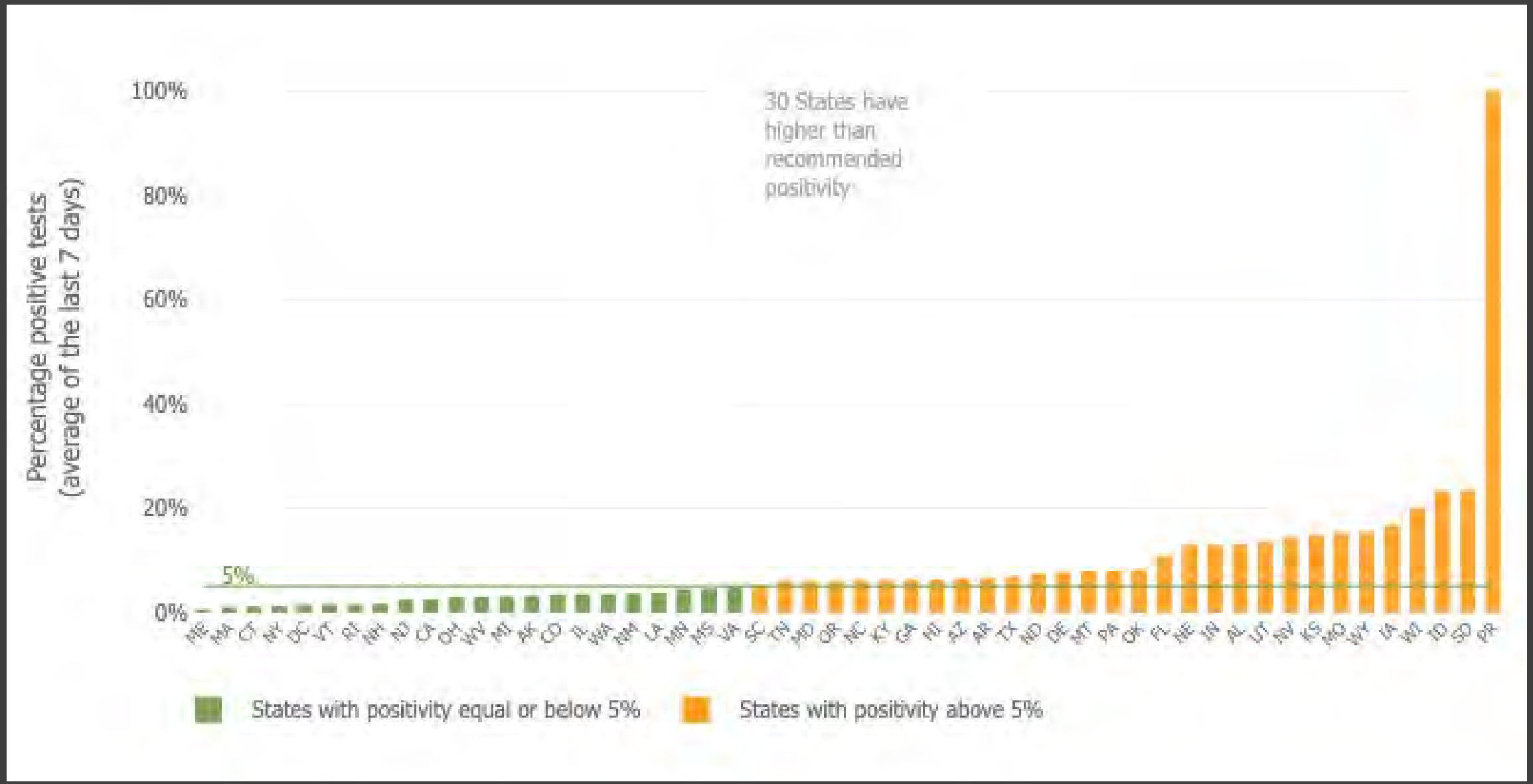
October 7, 2020
Diane Sanders-Cepeda, DO, CMD – Host

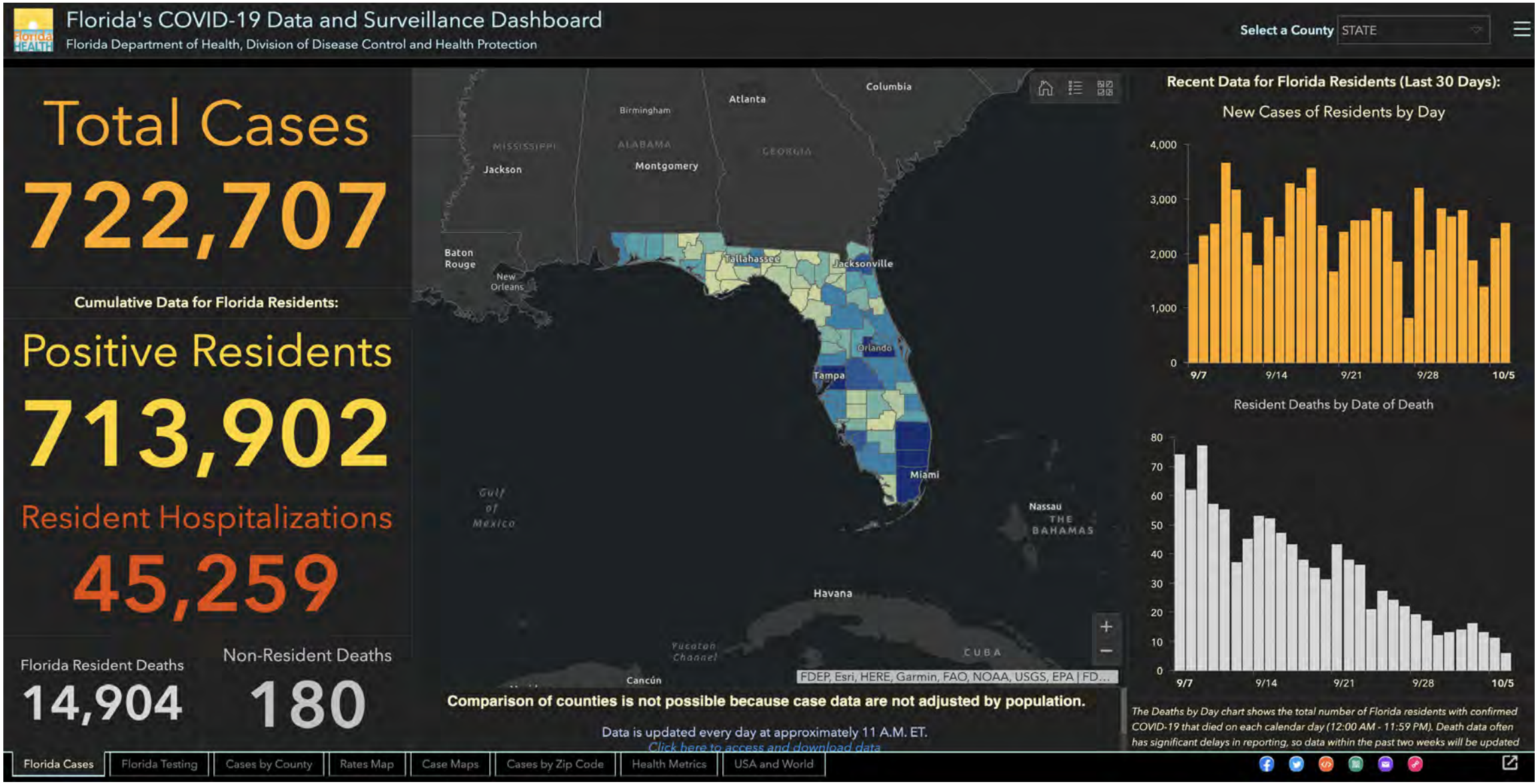
Agenda

- COVID-19 State of the State
- Updates, Guidance, and Recommendations
- Our Journey
- Open Discussion


JOHNS HOPKINS UNIVERSITY & MEDICINE
CORONAVIRUS RESOURCE CENTER
Home
Tracking
Testing
Tracing
By Region
News & Resources
About
Tracking Home
Critical Trends
Global Map
U.S. Map
Data in Motion
COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)
Global Cases
7,501,869
Cases by Country/Region/Sovereignty
7,501,869 US
6,757,131 India
4,969,141 Brazil
1,242,258 Russia
869,808 Colombia
829,999 Peru
825,410 Spain
824,468 Argentina
794,608 Mexico
683,242 South Africa
675,736 France
532,787 United Kingdom
483,844 Iran
473,306 Chile
Admin0
Admin1
Admin2
Last Updated at (M/D/YYYY)
10/7/2020, 7:24 AM
CANADA
Edmonton
Calgary
Vancouver
Seattle
Montana
North Dakota
Minnesota
Lake Superior
Ontario
Montreal
Toronto
Detroit
Chicago
Boston
New York
Denver
St Louis
San Francisco
Los Angeles
Dallas
Houston
Miami
Havana
CUBA
Monterrey
MÉXICO
Gulf of Mexico
Mexico City
Esri, Garmin, FAO, NOAA, EPA
Cumulative Cases
Active Cases
Incidence Rate
Case-Fatality Ratio
Testing Rate
188
countries/regions
Lancet Inf Dis Article: Here. Mobile Version: Here. Data sources: Full list. Downloadable database: GitHub, Feature Layer.
Lead by JHU CSSE. Technical Support: Esri Living Atlas team and JHU APL. Financial Support:
JHU, NSF, Bloomberg Philanthropies and Stavros Niarchos Foundation. Resource support: Slack, Github and AWS.
Global Deaths
210,918
210,918 deaths
US
Global Deaths
US State Level
Deaths, Recovered
33,219 deaths, 77,192 recovered
New York US
16,528 deaths, 687,277 recovered
Texas US
16,266 deaths, recovered
California US
16,147 deaths, 35,102 recovered
New Jersey US
14,767 deaths, recovered
Florida US
US Deaths, Recovered
80k
60k
40k
20k
0
Mar
May
Jul
Sep
Daily Cases


1M
0.8M
0.6M
0.4M
0.2M
0
Daily tests
20%
15%
10%
5%
Positive tests
Apr 2020
May 2020
Jun 2020
Jul 2020
Aug 2020
Sep 2020
Oct 2020
Percentage positive tests
(7-day moving average)
Daily total tests
Daily positive tests

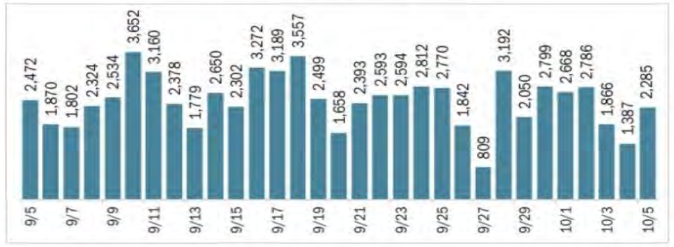

Percentage positive tests
(average of the last 7 days)
100%
80%
60%
40%
20%
0%
5%
30 States have higher than recommended positivity
States with positivity equal or below 5%
States with positivity above 5%


Florida's COVID-19 Data and Surveillance Dashboard
Florida Department of Health, Division of Disease Control and Health Protection
Select a County
STATE
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
Columbia
Atlanta
Birmingham
MISSISSIPPI
ALABAMA
GEORGIA
Jackson
Montgomery
Baton Rouge
New Orleans
Tallahassee
Jacksonville
Orlando
Tampa
Miami
Gulf of Mexico
Nassau
THE BAHAMAS
Havana
Yucatan Channel
CUBA
Cancún
FDEP, Esri, HERE, Garmin, FAO, NOAA, USGS, EPA | FD...
Comparison of counties is not possible because case data are not adjusted by population.
Data is updated every day at approximately 11 A.M. ET.
Click here to access and download data
Recent Data for Florida Residents (Last 30 Days):
New Cases of Residents by Day
4,000
3,000
2,000
1,000
0
9/7
9/14
9/21
9/28
10/5
Resident Deaths by Date of Death
80
70
60
50
40
30
20
10
0
9/7
9/14
9/21
9/28
10/5
The Deaths by Day chart shows the total number of Florida residents with confirmed COVID-19 that 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
Florida Cases
Florida Testing
Cases by County
Rates Map
Case Maps
Cases by Zip Code
Health Metrics
USA and World

Current Situation in Florida

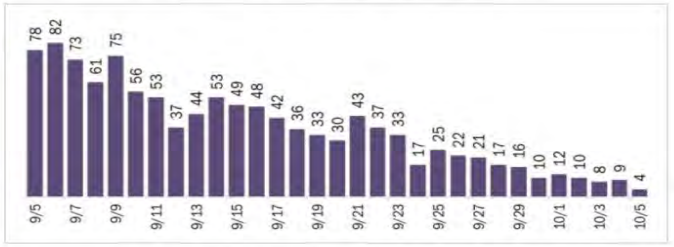
as of **9:25 am EDT, Tue. Oct. 06, 2020**

New Cases by Day



Click to View Larger

Death by Date of Death



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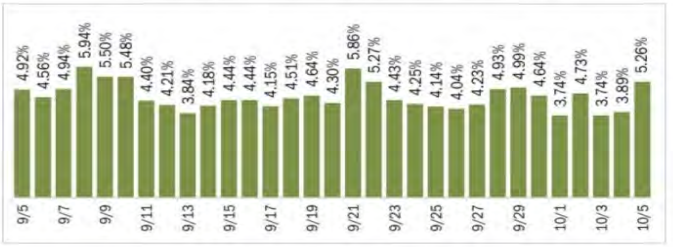
New Case Positivity Rate



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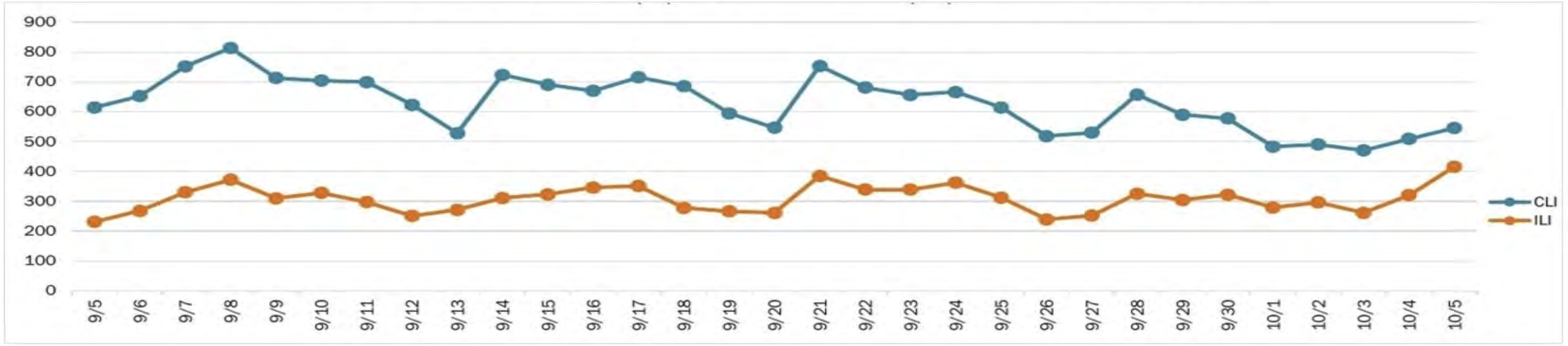
Influenza-like illness (ILI) and COVID-like illness (CLI) ED and FSED visits



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COVID in LTC

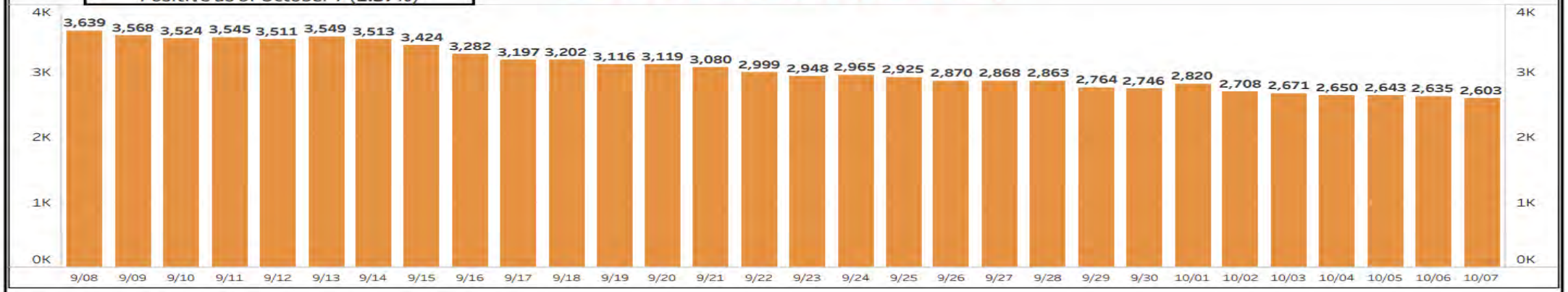
Last Updated: 10/6/2020 4:58:25 PM

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

COVID Positive Residents (SNF & ALF)

2,603 of 189,832 Total Staff Positive as of October 7 (**1.37%**)

COVID Positive Staff (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.

Updates, Guidance, and Recommendations

GUIDANCE DOCUMENT

Emergency Use Authorization for Vaccines to Prevent COVID-19

Guidance for Industry

OCTOBER 2020

Download the Final Guidance Document

Final

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.

	Conventional	Contingency	Crisis
Standard of Care	• Normal or usual care and services provided. ○ Care delivered based upon the resident's wishes, as outlined in the plan of care	• Functionally equivalent care, but may be delayed or adapted	• Crisis care

Space	• Census is stable
	• Facility has enough space to quarantine new admits/readmits and isolate infected residents
		• Census change variant—potential growth from increasing hospital admissions; potential declines for transfers to area hospitals
		• Number of residents/patients with COVID-19 requires some contingency actions (e.g., more extensive within- or cross-facility transfers)
			• Census declines as residents with acute care needs are transferred, and new admissions and readmissions are deferred
			• Large number of residents with confirmed or suspected COVID-19 requires:
			  ○ use of non-certified beds or other spaces within the facility (e.g., communal dining areas), and/or
			  ○ transfers to non-certified alternative care sites (ACS) within the community

Staff	• Staffing ratios based on the resident assessment and care plan, as well as any state requirements	• Extended shifts, additional shifts, and/or change in allocation of staff	• Unable to meet registered nurse coverage regulations; • Significant change in certified nursing aide and nurse to resident ratios; and/or • Utilization of ancillary staff in supportive caregiving roles

Supplies	• Normal par levels of all supplies with access to supplies that are provided by off-site vendors	• Conservation, adaptation, substitution, and extended use strategies in place for certain supplies, in accordance with national recommendations	• Additional optimization strategies adopted, including
			  ○ rationing select supplies and services;
			  ○ using non-standard supplies[9]; and
			  ○ decontaminating and/or reusing PPE

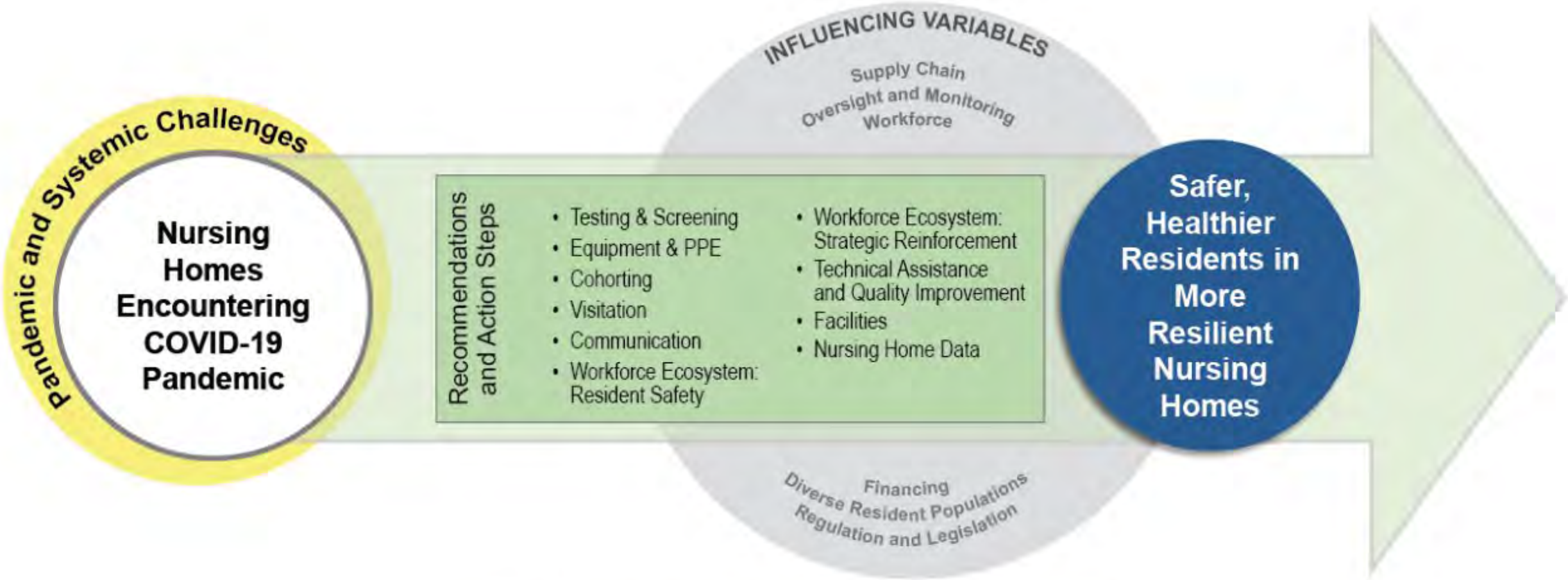


Figure 2. Commission Recommendation Framework

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.

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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.

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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.**

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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**.

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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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Best Care Practices
In the Post-Acute & Long-Term Care Continuum

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