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McKnight's SENIOR LIVING
News, perspective and analysis

8 COVID-19 Tips, Tricks and Cautions for Assisted Living and Skilled Nursing

Since the COVID-19 pandemic hit the U.S. earlier this year, everyone – especially those serving the nation's seniors – has been attempting to find the most effective ways to prevent further spread of the disease. Below are several lessons learned that come from the experience of those in the Senior Living and Skilled Nursing fields.

Written by: Timothy J. Holahan, D.O., Dumyati Ghinwa, M.D. & Ryan Gilmartin, MPA

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COVID-19 has targeted older adults in assisted living facilities and skilled nursing facilities, resulting in high mortality, particularly in SNFs[1]. Unfortunately, as you undoubtedly know if you are reading this, many challenges exist to managing a COVID-19 outbreak in these two settings, and each has their own unique regulatory, clinical and social factors to consider.

An increasing number of articles and first-hand accounts of outbreaks in these settings shed light on what is needed to prepare for if COVID-19 cases occur in an ALF or SNF[2]. Here, we describe the eight challenges or issues that leaders and caregivers in these settings need to be aware of once COVID-19 affects residents in a facility.

Take steps to reduce asymptomatic staff transmission.

Asymptomatic staff transmission has been described and is more accepted, as seen in recent articles / editorials[3]. It is becoming evident that healthcare workers in assisted living and skilled nursing are important vehicles in which the SARS-CoV2 is transmitted to residents and patients. Screening procedures, including questionnaires for common signs and symptoms of COVID-19 and temperature checks, may not capture infected but asymptomatic or presymptomatic staff members.

In addition to the use of masks, we recommend limiting staff contact with residents as much as possible and keeping staff assignments as consistent as possible. Doing so might prevent a larger outbreak if an asymptomatic staff member is spreading SARS-CoV-2. Additionally, limiting staff interactions in group settings such as break rooms or meetings might reduce the spread between healthcare workers.

Loss of key staff increases risk of large outbreak.

In our experience, the loss of a director of nursing, infection prevention nurse and / or director of environmental services early in an outbreak increases the risk of a larger outbreak and more SARS-CoV2 spread between staff and residents. There is a clear need to maintain strong leadership in the facility as much as possible.

We recommend finding an alternative nurse or environmental service staff member who knows the facility well to fill these roles and be available on site. Affected leadership staff working remotely might not be able to provide the same level of guidance and ensure adherence to guidelines as being on-site. Lack of leadership presence might increase the risk of transmission, leading to increase morbidity and mortality in the facility.

Assume the outbreak is coming.

The quicker a facility can act, the better[4]. One of the biggest areas of risk to a facility is for a facility to think, “This will not happen in my building.”

Develop policies and procedures for cohorting; ensure appropriate personal protective equipment; order more nasopharyngeal testing swabs; obtain dedicated equipment, such as pulse oximeter and thermometers; and create or implement staffing plans and resuscitation protocols for discontinuing precautions and placement of patients recently discharged from the hospital, etc., now, prior to COVID-19 introduction in the facility. Once the outbreak occurs, interventions need to move quickly and efficiently to limit spread.

It’s never wrong to use more PPE before an outbreak.

Obviously, the expectation is that, at minimum, the current health department guidelines (universal masking, for example) are followed to prevent COVID-19 infection. If enough PPE is available, however, then it never is a bad idea to encourage more widespread use throughout the facility and to use appropriate infectious disease protocols to conserve it[5]. For example, if you have enough face shields, then use them before an outbreak.

Remember, the only way you will know that a COVID-19 outbreak is occurring in a facility is when multiple residents or patients are infected. At that point, you no longer are preventing infection; you are trying to limit it, which can be a losing battle.

Test often.

As tests have become more widely available, the earlier you can test a resident or staff member, the better. Because staff members seem to be the most common method of spread in a facility outbreak, the sooner you can isolate them and limit their resident contact, the better. Testing can limit spread by focusing on affected staff and tracing their contacts with other staff members so they can be monitored more closely and potentially tested. Early testing of residents also can help cohorting and can limit the exposure to SARS-CoV2 to COVID-19 negative residents.

To be able to perform rapid testing of your residents and staff, develop relationships with your local laboratory directors and county health department before an outbreak to ensure that these procedures are in place.

Always remember, however, that a negative test today does not imply a negative test in the future. Therefore, repeat testing is appropriate if a staff member is high risk or has a high level of exposure or if more symptomatic residents are being identified.

Assume about 20% to 30% of your staff members will become sick or refuse to come in.

Plan for emergency staffing and for how the facility will manage it, now. If an outbreak occurs, it is possible that multiple staff members will be affected, and developing a backup staffing model in the moment is extremely difficult.

Possible options could include the use of agency staffing, re-deploying staff members from other facilities in the organization, partnering with the state or county to ensure a staffing pool exists, or partnering with local your local hospitals to develop a backup staffing system.

A viable option for SNFs is to use the Center for Medicare & Medicaid Services training waiver for certification of nurse aides[6], which can help temporarily certify bedside staff. Another option is to train some of the staff already in the facility (secretaries, front office staff, etc.) to help provide more hands-on care.

Constantly communicate with residents, patients and families.

Constantly communicating, understandably, is very challenging given the scary nature of this illness combined with visitor restrictions in facilities. The more you can communicate with families, however, the better.

Setting up systems to decrease staff burden is ideal. For example, frequently updating the facility website (if there is one), or establishing an automatic call system, possibly could serve this purpose. This service will provide reassurance to families that the facility is actively engaged and involved during an outbreak.

Collaborate with your local community partners.

As COVID-19 has found its way into long-term care, there never has been a better time to collaborate and communicate with community partners in your region.

Many facilities are facing challenges that are difficult to navigate by themselves. Community partnerships, whether they be with other ALFs or SNFs, local health systems, or local county officials, will be essential for facilities to survive this pandemic.

Resources that could be shared across a community include PPE, staff, training and education, and best practices. Establish a regional or community task force with leaders of the health care continuum and county / state department of health that focuses on COVID-19 in long-term care — the further in advance of an outbreak, the better. Doing so will lead to an improved community-wide response when the need arises.

The solutions, proposed ideas and challenges defined in this article are intended to help a long-term care facility reduce spread before it occurs and leverage local community resources to achieve this goal. If these steps are attempted during an outbreak, it often is too late to deal with some of the known barriers or issues, thus leading to further morbidity and mortality. Combining this with the scenario of multiple facilities dealing with outbreaks at the same time further stretches resources and only reiterates the fact that proper planning is warranted.

*Disclaimer: This information is observational and meant for educational purposes only. It does not replace health department recommendations or Centers for Disease Control recommendations. Health department recommendations always take precedence.

Resources

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4. Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID19). Preparing for COVID-19: Long-term care facilities, nursing homes. Accessed May 15 2020.

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Three Ways Senior Living Staff Can Productively Communicate with Families During COVID-19

For the staff within the nation's senior living communities, one of the largest challenges has been the communication with the families of the seniors that they care for. The tech company behind the Carely app has been focused on making that less of a burden for everyone involved.

Written by: Olivia Beaton

6/24/2020

Michael Eidsaune, the founder of Carely, an app centered around connecting families and loved ones in senior living communities, believes that beyond PPE materials being readily available, communication has been the biggest struggle facing senior living communities during the COVID-19 pandemic.

The first strategy that has been extremely effective is regular community-wide updates. Family members are seeking reassurance during this time of uncertainty, especially when they cannot see their loved ones. Eidsaune stresses that regular weekly updates on what's happening, what they're focusing on, and what's changing can help ease worry and create a strong line of communication between senior living facilities and families.

Secondly, Eidsaune also believes that dedicating staff members to communication roles will be extremely beneficial. By creating specific communication roles, senior living facilities will be able to ensure frequent updates and strengthen the connections between families, residents, and staff. This increase in focusing on communication has been extremely successful and allows for comfort knowing facilities have dedicated roles responsible for keeping loved ones updated about what is going on in the facility and with their beloved resident. Eidsaune has experienced the positive impact of having staff in specific communication roles and he urges other communities to consider making this crucial shift.

The third key to communication during COVID-19 and beyond is the adoption of and rush toward technology. Eidsaune witnessed many senior living communities that already had technology in place, as well as many that had to act quickly to implement means of technology for communication. He believes that technology allows families to have a window into the lives of their loved ones in their senior living facility and helps keep connections alive when face to face interactions are not possible. There are various technologies out there that allow for instant updates and communication that can help ease and eliminate the worry and distance between residents and their families. Being able to see, talk to, and receive updates about loved ones is an amazing solution during this time of isolation and uncertainty.

Moving forward, Eidsaune says “a lot of communities are going to learn from previous experiences both inside and outside of their communities, as we prepare for a second wave, senior living communities need to take the next step to make communication and technology a priority.” These three practices have shown success during the first wave of COVID-19, and when implemented will continue to strengthen communication between senior living staff and families.

McKnight's SENIOR LIVING
News, perspective and analysis

NIC Point-in-time Survey Shows COVID-19 Cases, Testing Higher in Settings Where Residents Have Greater Care Needs

COVID testing has been one of the only ways that we have been able to prevent the spread of the virus. Both residents and staff within the senior care space are highly susceptible to the disease and to keep everyone healthy, the policies and procedures have to keep up with new advances and knowledge.

Written by: Kimberly Bonvissuto

6/24/2020

Suspected and confirmed positive cases of COVID-19 are higher in senior living and care settings where resident care needs are greater, according to results of a small survey released Friday by the National Investment Center for Seniors Housing & Care. But, generally speaking, COVID-19 testing also is more prevalent in higher-need settings.

Although those findings may seem intuitive, NIC’s “Executive Survey Insights: COVID-19” monthly survey is the first to compare current residents’ status across independent living, assisted living, memory care and nursing

care properties, according to the organization.

According to self-reported data on May 31 from 105 senior housing and care operators, confirmed positive tests were the highest at nursing homes (4.3%), followed by memory care (3.7%), assisted living (1.2%) and independent living (0.2%) settings. Suspected positive cases followed the same trend as confirmed cases, with skilled nursing (2.4%) ranking the highest and independent living (0.1%) the lowest.

Testing for coronavirus, according to survey results, was most prevalent in skilled nursing (34.2%) and assisted living (21.9%), followed by memory care (17.6%) and independent living (9.8%).

Unlike cumulative data typically available, which shows growing levels of testing and positive COVID-19 cases over time, NIC's survey offers a snapshot of the testing and reach across all senior housing and care sectors, focusing on resident status on a given day.

"It's important to understand how testing and reach of COVID-19 rates vary across different types of senior housing and care property types, because the residents and the services they require vary by property type," NIC President and CEO Brian Jurutka said. "These facilities changed procedures dramatically since the pandemic began as testing and treatment guidelines became available. The more that is known about COVID-19 in senior care facilities over time, the most informed decisions can be about how to keep residents healthy and safe."
In the early days of the pandemic, he said, there was less personal protective equipment, less testing available and less awareness that the virus could be spread by asymptomatic carriers. Policies and procedures were different than they are now.

"We prevented visitation, suites were set up for potential COVID-19 residents, policies and procedures changed," Jurutka told McKnight's Senior Living. "The cumulative numbers give you no sense as to what happened and how things changed in a community."

Publicly available data, he added, typically refer to "the amorphis group called long-term care facilities" with little or no differentiation among care settings. In addition, data on the effects of COVID-19 on senior living and care largely have been limited to skilled nursing and, in some areas, assisted living communities.

These cumulative data, he said, show a growing number of COVID-19 positive and suspected cases since the beginning of the pandemic. NIC's point-in-time survey offers insight into the effects of visitation policies, access to PPE, testing and resolution of early COVID-19 cases on trends.

"These are important constructs, because the population that resides within the different care settings are different," Jurutka said. Nursing home residents who need higher rates of assistance with activities of daily living will have more contact with staff members, increasing their risk of exposure to the virus, compared with independent living residents who have little contact with caregivers and a lower risk of exposure, he added.

"As we get further into the pandemic, in addition to looking at the cumulative numbers, it's important to look at the current penetration of COVID-19 within care settings," Jurutka said. "The data reinforce that COVID-19 affects residents of different types of senior living facilities differently. A main reason is because these facilities offer different levels of care and serve different populations. Each must be considered separately to form and implement a sector-wide response."

The cumulative data, he said, paint a slightly different picture than current penetration rates, which are a more relevant metric for those looking at senior housing and skilled nursing today.

"Cumulative data is important for certain studies and certain metrics, but in-place data will be important as we start to reopen and we understand how the changes and procedures — social distancing and PPE and testing — impact what's in a building today," Jurutka said. "We are smarter about this than we were three months ago, and we'll be smarter two months from now. There should be some recognition of the fruits of these efforts and labor. It's an important additional metric to cumulative data."

NIC plans to update the information monthly and put out a call to operators to use the survey as an "opportunity to help tell their story," he said. For this survey, 57% of the respondents said they operate senior housing properties (independent living, assisted living or memory care), 22% operate continuing care retirement communities, and 21% operate nursing homes. Increasing participation would allow the organization to provide key data sets, such as a geographical view, Jurutka said.

In other coronavirus-related news:

- Montana Gov. Steve Bullock announced an updated directive that permits safe visitation in assisted living communities and nursing homes that are able to follow infection control protocols based on guidance from the CDC and the Centers for Medicare & Medicaid Services.
- Maryland Gov. Larry Hogan has announced a phased reopening plan for the state's assisted living communities. The plan requires universal screenings and face coverings for staff and visitors, mandates widespread testing and allows for limited visitation.
- The Centers for Disease Control and Prevention has updated and expanded the list of people at risk of severe COVID-19. Older adults and those with underlying medical conditions remain at increased risk for severe illness, but now the CDC has further defined age- and condition-related risks. The CDC removed the specific age threshold from the older adult classification, warning that the risk increases steadily as one ages, and it's not just those aged more than 65 years who are at increased risk for severe illness.
- A new study from the Canadian Institute for Health Information finds the proportion of Canadian COVID-19 deaths in long-term care facilities is about twice the average of rates from other developed countries. Long-term care residents made up 81% of all reported COVID-19 deaths in Canada compared with an average of 42% among all countries studied. The definition of long-term care varies by country but in Canada includes both residential facilities with 24-hour nursing care and facilities with fewer services, such as retirement homes and assisted living communities.
- The Birmingham Green assisted living and nursing home facility in Manassas, VA, celebrated its 130th individual recovery from the coronavirus. The total number of people at the facility who have recovered includes 56 staff members, 15 residents at its Willow Oaks assisted living facility and 59 residents at its nursing home.
- Local retirement community residents protested after Marion County, OR, decided to isolate people with COVID-19 at a Super 8 motel in Woodburn. Marion County Health and Human Services is finalizing a nine-month contract with the hotel to allow people exposed to the virus to self isolate for up to two weeks. The 81-room hotel would be monitored 24/7 by security.
- California and San Diego County officials recently rolled out plans for mass COVID-19 testing in nursing homes, but there is no roadmap for widespread testing in assisted living communities, according to those in the senior living industry. There are almost 600 assisted living facilities in San Diego, ranging from small homes to upscale facilities with 250 residents.