***In this Industry Update you will discover:***

1) *"Feds Should Probe States' 'Concerning' Nursing Home Policies During Pandemic"*
   ***- MCKNIGHT'S LONG-TERM CARE NEWS, 7/6/2020; pg. 1***
2) *"Experts Propose a New Way to Sniff Out COVID-19"*
   ***- MCKNIGHT'S LONG-TERM CARE NEWS, 7/6/2020; pg. 2***
3) *"Infection Surveillance System Targets Disease Hotspots – From COVID-19 to Influenza"*
   ***- SKILLED NURSING NEWS, 7/1/2020; pg. 3***
4) *"'No Good Options': As COVID-19 Surges in the South and Sun Belt, Testing for Nursing Homes Lags Behind"*
   ***- SKILLED NURSING NEWS, 7/1/2020; pg. 5***

## Feds Should Probe States' 'Concerning' Nursing Home Policies During Pandemic

**The country is divided on how the COVID outbreak has been handled thus far. At the heart of the matter is the amount of supplies there are on hand and the measures that nursing homes have been able to take in preventing the spread of the virus.**

Written by: Alex Spanko

7/6/2020

A top health official suggested that the federal government should go back and probe several states that implemented policies essentially forcing nursing homes to take in COVID-19 patients.

"What you're referring to is something we need to go back and look at because it is very concerning," Admiral Brett Giroir, MD, assistant secretary for health at the Department of Health and Human Services, said Thursday during a hearing by the Select Subcommittee on the Coronavirus Crisis.

"The [Centers for Disease Control and Prevention] was very clear that in order to take care of a COVID nursing home patient there needed to be pretty significant mitigation measures — the ability to isolate, all the [personal protective equipment], trained staff, cleaning, etc.," he added.

Giroir's comments came after being asked by Rep. Steve Scalise (R-LA) about the policies. Scalise, along with several members of the subcommittee, sent letters to five states seeking answers regarding their nursing home measures during the pandemic.

"If you couldn't do those things, you shouldn't have it, and there were policies among a few states that said it doesn't matter," Giroir said.

Rep. Nydia Velázquez (D-NY) fired back at the questioning, saying nursing home deaths weren't caused by the actions of a few governors and that the carnage is widespread. She also defended New York's response to the pandemic and said it followed federal guidance.

“That is simply false,” she said in response to Giroir. “The facts are clear. During this crisis, Americans have died in nursing homes in every state in the USA. This includes blue states, red states and purple states.”

The subcommittee’s hearing was focused on the federal government’s response to PPE and supply shortages — an ongoing concern for providers — during the coronavirus crisis.

About 70% of states have between 30 and 90 days’ worth of supplies on-hand, according to Rear Admiral John Polowczyk, vice director of logistics for the Joint Chiefs of Staff at the Department of Defense. More than a month would be more comforting for most providers.

“For those that don’t have that amount, they have at least 30 days,” Polowczyk said.

## Experts Propose a New Way to Sniff Out COVID-19

**One way that can help nursing home administrators determine whether a patient has been infected is the loss of smell. Adding this to the temperature checks could produce more reliable results in the detection of COVID-19 within the senior population.**

Written by: Alicia Lasek

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Adding a smell test to temperature checks would likely raise COVID-19 screening accuracy, according to a new report.

Temperature checks may not be effective in identifying asymptomatic spreaders among nursing home staff, visitors and vendors. Infections without a fever, the use of fever-reducing drugs, and other fever-causing illnesses can interfere with accuracy. Furthermore, no-touch devices — such as infrared thermometer guns — are “not effective” when used as the only means of detecting illness, according to the Food and Drug Administration.

A loss-of-smell test may help solve this problem by catching more people with COVID-19 symptoms, physicians tell STAT. Smell loss (anosmia) has been established as a consistent and very early symptom of COVID-19. In fact, one recent study found that patients with COVID-19 were 27 times more likely than patients with other illnesses to have smell loss, but only about 3% more likely to have a fever, the medical news outlet reported. In addition, smell and taste loss may be ten times more likely in COVID-19 infections than in other causes of infection, according to a study from UC San Diego Health. Plus, many people don’t immediately develop a fever when they contract COVID-19.

Since some people don’t recognize when their sense of smell is gone, a sniff test may be a better option than relying on self reporting, researcher Danielle Reed told STAT. Reed, associate director of Monell Chemical Senses Center in Philadelphia, suggested the use of phenyl-ethyl alcohol on three swabs. One swab would be

doused in the chemical, one would have less saturation and one would have none. This could help to weed out varying degrees of smell loss and false claims, she said. Identifying scents on a scratch-and-sniff card is another option, Reed added.

Skilled Nursing News

## Infection Surveillance System Targets Disease Hotspots – From COVID-19 to Influenza

**A new technology developed by Real Time Medical Systems helps health care providers and SNFs quickly and effectively identify disease hot spots as they appear, which will allow for faster reactions by the staff and administrators around the country. This development could be a key player in the prevention of new cases.**

Written by: Maggie Flynn

7/1/2020

An analytics company that draws on data entered into skilled nursing facilities' electronic medical records (EMRs) launched an infection surveillance system designed to capture signs of infection early – whether from COVID-19 or influenza – and slow outbreaks.

Real Time Medical Systems, which is based in Linthicum Heights, Md., launched its DiseaseWatch data collection service in mid-June. It provides health care providers and SNFs with a centralized platform informed by EMR data.

The platform is currently being used by the Institute for Health Metrics and Evaluation, an independent population health research center at the University of Washington, Real Time executive chairman Dr. Scott Rifkin told Skilled Nursing News on June 19. The institute creates models used by the White House, the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS) and others, he said.

DiseaseWatch paints a fairly comprehensive picture of a SNF's ongoing disease situation because it draws from information entered into the EMR – which most SNFs have, Rifkin told SNN – rather than Minimum Data Set (MDS) information or billing data.

"So at 10 o'clock, you're looking at 8 a.m.'s data," he said. "It's that recent. So a director of nursing can say, 'Hey, I've got a hotspot in my building.' Or people in operations for a chain can say, 'Look, two of my buildings, one in Oklahoma and one in Minnesota, are hotspots. I'd better get on the phone and talk to those buildings and make sure we're doing all the right things.' It's like a fire alarm … you want it to go off when there's a little bit of smoke."

Real Time's software is in more than 1,000 buildings in 42 states across the U.S., with over 120,000 patients. In April, it announced that Montgomery County in Pennsylvania would use the analytics firm's surveillance system in the county's nursing facilities.

The DiseaseWatch system is different from that surveillance system, however, in that it draws on all of Real Time's data resources by putting the product into a platform, "very much a turnkey kind of solution" for a nursing home company of any size, or even an association, according to Rifkin.

"What we've got now is a very convenient tool that anyone can use to find the hotspots three to five days before testing," he said. "The big advantage to that is that if you can start testing and tracing and isolating people a few days earlier, you have less people to test and trace and isolate."

Testing has emerged as one of the key factors in containing the spread of the virus in the nursing home setting. In Colorado, Vivage Senior Living found that by aggressively testing its staff members and sending those who were COVID-19 positive home, cases plummeted.

"What we've learned is that, as we told people to go home if they're positive, the number of new cases has gone down, down, down — down to zero in most of the facilities," Dr. Nicole Ehrhart, director of the Columbine Health Systems Center for Healthy Aging at Colorado State University, who worked with Vivage on the testing, told SNN in May.

Nursing home associations in given states have been particularly interested, Rifkin said, which he believes is a good thing.

"We believe that the industry needs to be at the forefront of being the solution to the COVID issues," he argued. "We don't want the government to tell us necessarily how to handle prevention and everything else. Either the industry is going to take the lead or the government will take the lead, and we want the industry to take the lead. So to that end, we've reached out to a bunch of state associations and said: 'Look, we'd be happy to make this available to your entire membership.'"

The goal is to then go to different states together to talk about how to be the solution, about the funding needed at different levels, and about how SNFs can provide the ability for members to pick up hotspots early through the technology. All the while, the data will be housed at Real Time and available to associations without being part of a state system, Rifkin said.

"This COVID issue is not going away overnight," he told SNN. "And the other thing to remember is that the way public health departments are going to look at epidemic [and] pandemic risk is going to be different for the next 10 years – at least. So these are the kind of things state associations are going to be working on with their own membership and in partnership with their own health departments."

Skilled Nursing News

## 'No Good Options': As COVID-19 Surges in the South and Sun Belt, Testing for Nursing Homes Lags Behind

**COVID-19 is as pervasive as ever, especially in the South and the Sun Belt regions. Preventing the spread of the virus is a daunting challenge that has to take place at the local level through taking the right precautions.**

Written by: Maggie Flynn

7/6/2020

Texas and Arizona have emerged as new potential COVID-19 hotspots in the latter half of June, but despite widespread knowledge of the danger to elderly residents, skilled nursing facilities in those states still face hurdles in securing testing and timely results.

New COVID-19 cases in Texas have climbed significantly since mid-June, according to data from Johns Hopkins University, which has been tracking the spread of the illness.

On June 25, Texas Gov. Greg Abbott announced that the state would pause the implementation of the next phases of its reopening plan; the same day, he issued an executive order suspending elective surgeries in Bexar, Dallas, Harris and Travis counties in order to boost hospital capacity.

On June 30, Abbott issued a similar order for hospitals in Cameron, Hidalgo, Nueces and Webb counties.

Arizona has also seen a spike in cases, according to the Johns Hopkins data. Arizona Gov. Doug Ducey on June 29 ordered the state's bars, gyms, movie theaters and water parks to shut down for a month after the state saw an increase in the number of cases and hospitalizations.

Given that multiple studies have found a correlation between community spread of COVID-19 and nursing home outbreak severity, SNF leaders and operators in both states are worried about testing capacity as they try to prepare for the fallout of the growth in cases.

"Community spread plays a huge part in it; it just makes total, logical sense, and we can see it happening here," David Voepel, the CEO of the Arizona Health Care Association, the local affiliate of the nursing home trade group American Health Care Association (AHCA), told Skilled Nursing News on July 1. "We saw from Day One, when it hit down in Tucson. It was at a dialysis center and subsequently at the hospital, and that spread to the nursing homes. It was all right there in Tucson. It was all right there in the community."

That makes securing testing all the more paramount for nursing homes in both states. But doing so comes at a cost as SNFs navigate murky or nonexistent guidance, as well as the realities and pitfalls of lab processing capacity.

**Spending hundreds of thousands on testing**

In Texas, the surge in cases in the community came just after the state finished its "100% testing" in nursing homes, Kevin Warren, the president and CEO of the Texas Health Care Association (THCA), AHCA's affiliate in the Lone Star State, told SNN.

That initiative, which Abbott announced on May 11, mandated the testing of all residents and staff in Texas SNFs and took about a month to finish because of the volume of tests required, Warren said: roughly 90,000 residents

and 120,000 to 150,000 staff.

Even then, there were some snags in testing, he noted. One lab had all the results “considered null and void,” which forced more than 20 facilities to retest. Other facilities had to retest residents due to delays in getting the results back. But overall, the initiative was useful, he emphasized, allowing providers to find where COVID-19 might be lurking among staff or residents — and take steps to mitigate and contain the spread.

But as cases in the state surge again, a one-time testing push is not going to be sufficient. Even a biweekly testing initiative wouldn’t do the job, at least not according to Derek Prince, CEO and managing partner of The Woodlands, Texas-based chain HMG Healthcare, LLC.

The company has 29 post-acute and long-term care facilities in Kansas and Texas.

Originally, HMG planned to continue biweekly testing for all of its employees after testing all staff and residents. But with the recent spike in cases, it had to change gears in mid-June, especially because by that point the state “had not reassessed its opening policy,” according to Prince.

“Given the surge of the number of cases here in Texas, we’ve actually moved from biweekly testing to weekly testing, and then we are still testing our residents as needed,” he told SNN on July 2. “Obviously as they come in from our acute care partners, they are cohorted on an isolation unit. We go the 14 days, they’re isolated, and then we test them.”

HMG is using two different private laboratories for this testing, one in North Carolina and one in Florida. The labs send the kits to each facility, the facilities collect the samples, which are shipped overnight to the labs; the results are returned electronically.

Performing adequate due diligence, and making arrangements to secure the labs, took between three and four weeks for HMG, Prince told SNN. There is currently no reimbursement for testing, and HMG is “predominantly” covering the costs on its own. The company is also conducting testing for contract staff such as housekeepers, rehabilitation workers, and laundry workers; overall, HMG is testing about 2,500 employees each week.

“It was $100,000 for us when we did our initial testing [of residents and staff] in May, and it ballooned up between $200,000 and a quarter-million here in June,” Prince said. “We’re just now getting into July, so … it depends, but I would assume it’s not going to go down.”

**Results — and future testing — in the dark**

The initial baseline testing announced covered by the state Texas, but there’s been no discussion on whether that testing will continue in SNFs, or whether reimbursement of any sort is on the way, Prince noted.

Arizona is still working through its initiative to test both nursing home residents and staff, Voepel told SNN.

The state in mid-May began to test all residents with a polymerase chain reaction (PCR) test, which identifies the genetic material in the virus itself. For all staff, Arizona opted for antibody tests, which show the proteins developed by the human body in response to the disease. The next phase, which started in June, involved giving all staff who were negative for antibodies a PCR test.

All this testing was for 148 SNFs in Arizona, Voepel noted. But as with Texas's testing, it's not clear whether Arizona will have plans for continual testing.

Even now, there is very little guidance on best practices for surveillance testing, Donna Taylor, the chief operating officer of the non-profit senior living provider LifeStream Complete Senior Living — which has 167 SNF beds between two communities and 400 staff members — told SNN via email on July 2.

"We have paid between $100 and $200 [per] test (and in some cases, we have also paid $150 [per] hour for swabbing in addition to the cost of the test)," she wrote. "But the potential human 'cost' of not using an aggressive testing strategy is too high."

Prince agreed, telling SNN that HMG will continue testing for as long as it can.

"When we weren't testing, we were chasing something that we couldn't see, and it ballooned out of control that much quicker," he told SNN. "It's just a much safer process, putting the testing in."

For testing to be reliable, however, the results have to be timely, and at the start of the testing initiative in Texas, providers saw delays of up to two weeks in getting their results back, Warren told SNN. There was no particular region that stood out, but the demand for capacity is a concern that THCA has raised — and one it will continue to work with the state health department on, he told SNN.

"Once we get into the reopening, however testing is a part of the reopening plan, we have got to ensure that we have very quick turnaround test times, so that we are responsive to families and to these facilities, who are making decisions based on the results of the test," Warren said.

In Arizona, the timeliness varies. The state lab can process test results, Taylor told SNN, but because of capacity issues, it will only do this for a resident with symptoms. As a result, LifeStream has to find other sources for testing, where the results can take seven to 10 days to come back.

"That's pretty scary when you have a concern about a potential outbreak," she wrote. "We are using a number of labs — we have used a third-party provider who collects the samples and sends them to various labs throughout the country (wherever they can get processing done); we have used local labs that can give us supplies but we have to do the swabbing ourselves; we have sent staff to retail labs like CVS or Walgreens. With Arizona's number of cases rising, there are no good options right now."