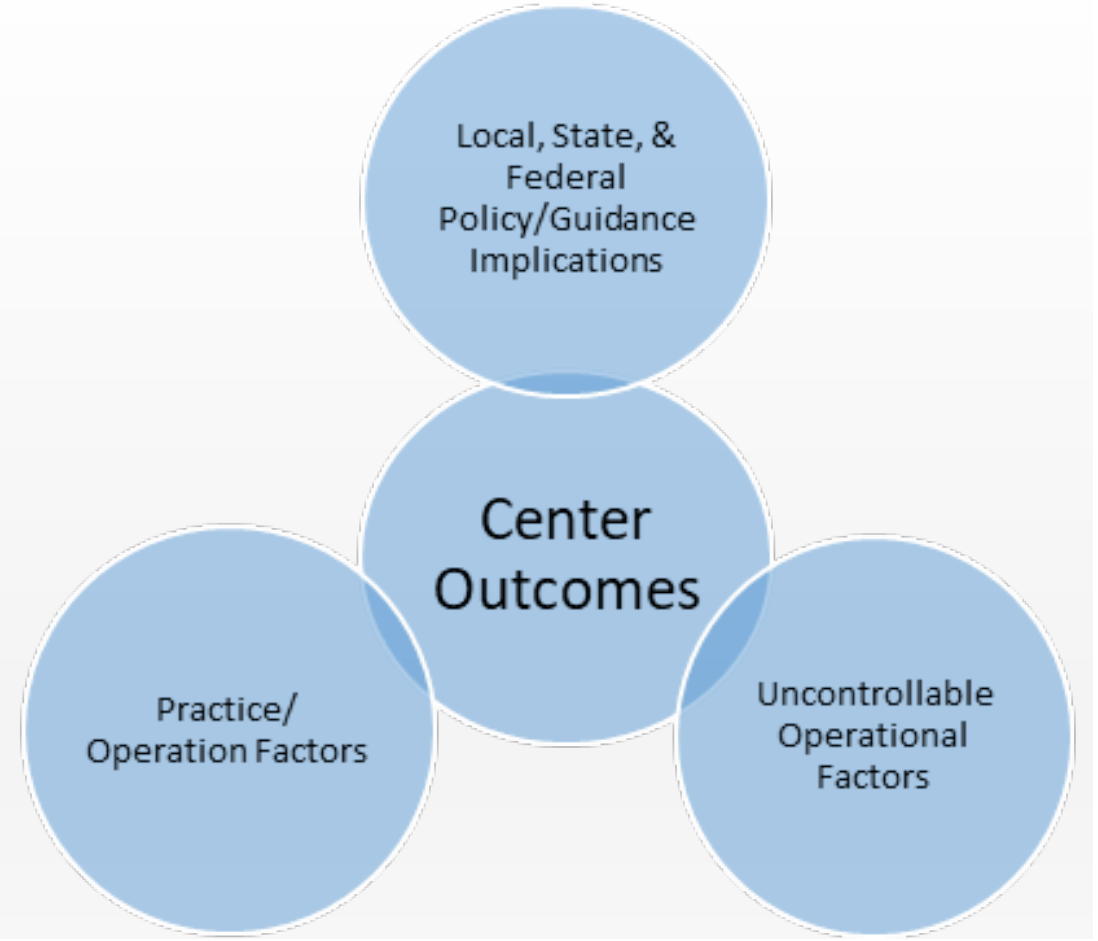


LTC Lessons Learned: Loss & Fear in the Time of COVID

45th Minnesota Gerontological Society
April 29, 2021

Toni P. Miles, MD PhD

The world of Long term care has changed dramatically

Loss & Fear in the Time of COVID

Post Acute Care / Long Term Care / Nursing homes are not isolated.

Closeness was once our greatest resource. Now it is our greatest problem.

We are hidden behind Personal Protective Equipment

Executive Summary: Brief Response to Key Questions	
Question 1:	Contribution of federal, state, and local health policy and pandemic guidance.
Answer:	To fully capitalize on guidance from these different sources, centers need increased harmonization. There were times when the policies appeared to conflict on another.
Question 2:	Impact of operational factors outside of the center's control.
Answers	There are 3 groups that could act as champions for your center if lines of communication were cultivated. These groups include: • Families of residents and staff; the residents of the center and surrounding area • Public safety officials – local, county and state • Healthcare businesses providing service to your center – EMS, the Hospital, and therapists.
Question 3:	Clinical and Operational factors
Answer:	The staff are your greatest resource. Strategies to increase their decisional capacity to initiate an action would increase their value. Current protocols do not fully capitalize on the wisdom contained within the staff.

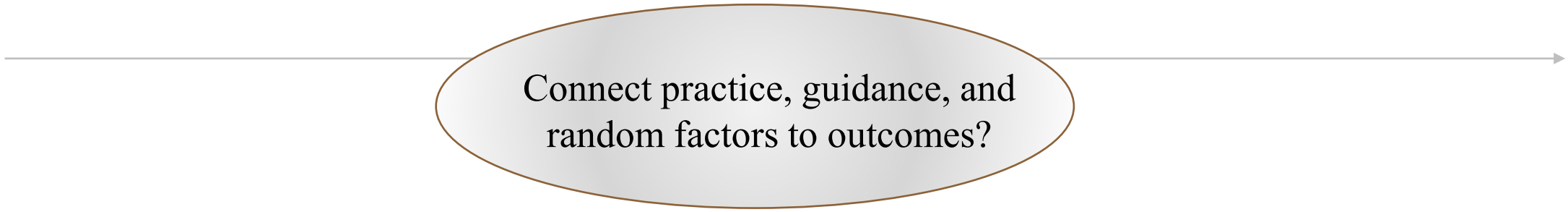
Timeline: February 2020 to May 2020

Critical period at very beginning of the outbreak.
Matching 3 separate sources of data.

In the beginning…
February 2020

In the eye of Hurricane SARS-CoV2
March 2020

Downside of the 1st wave
April 2020

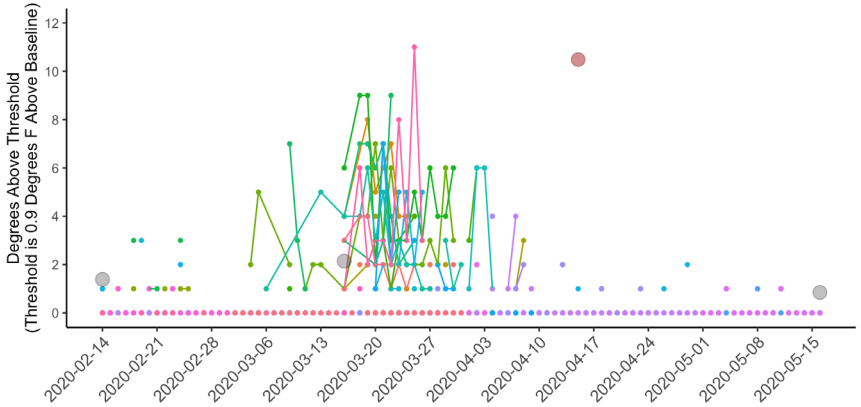


Practice, Operational Factors

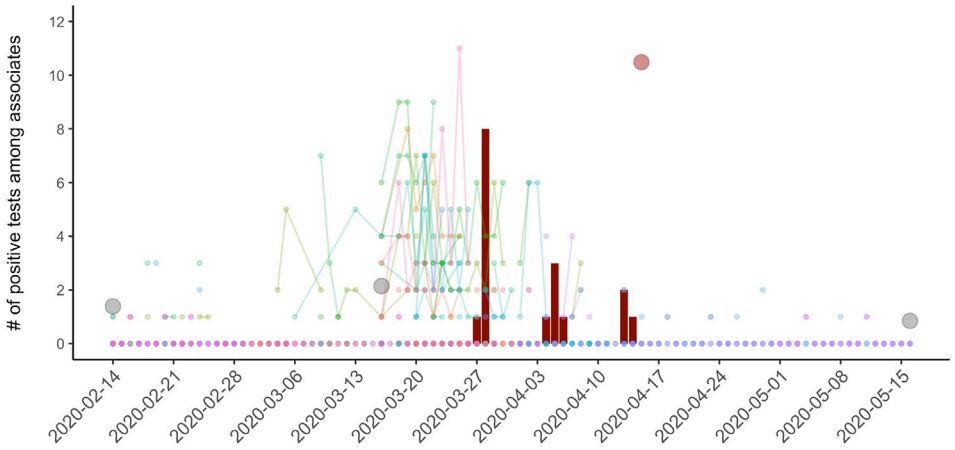
Local, State, Federal policies and guidance. Implications.

Uncontrollable factors

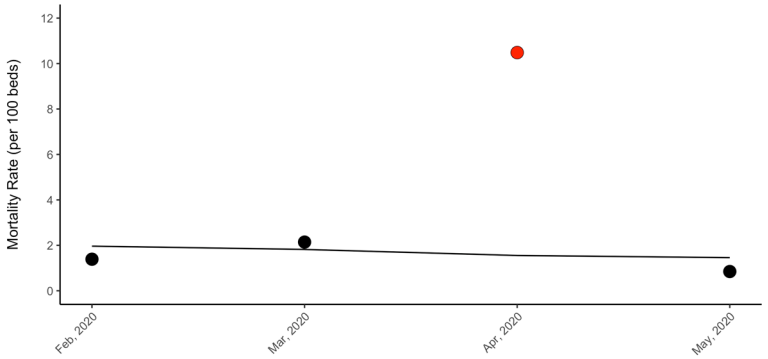
Outcomes: Mortality, Resident health, and Staff health.



Resident Health: Vital sign temperature



Staff Health: SARS-CoV2 testing



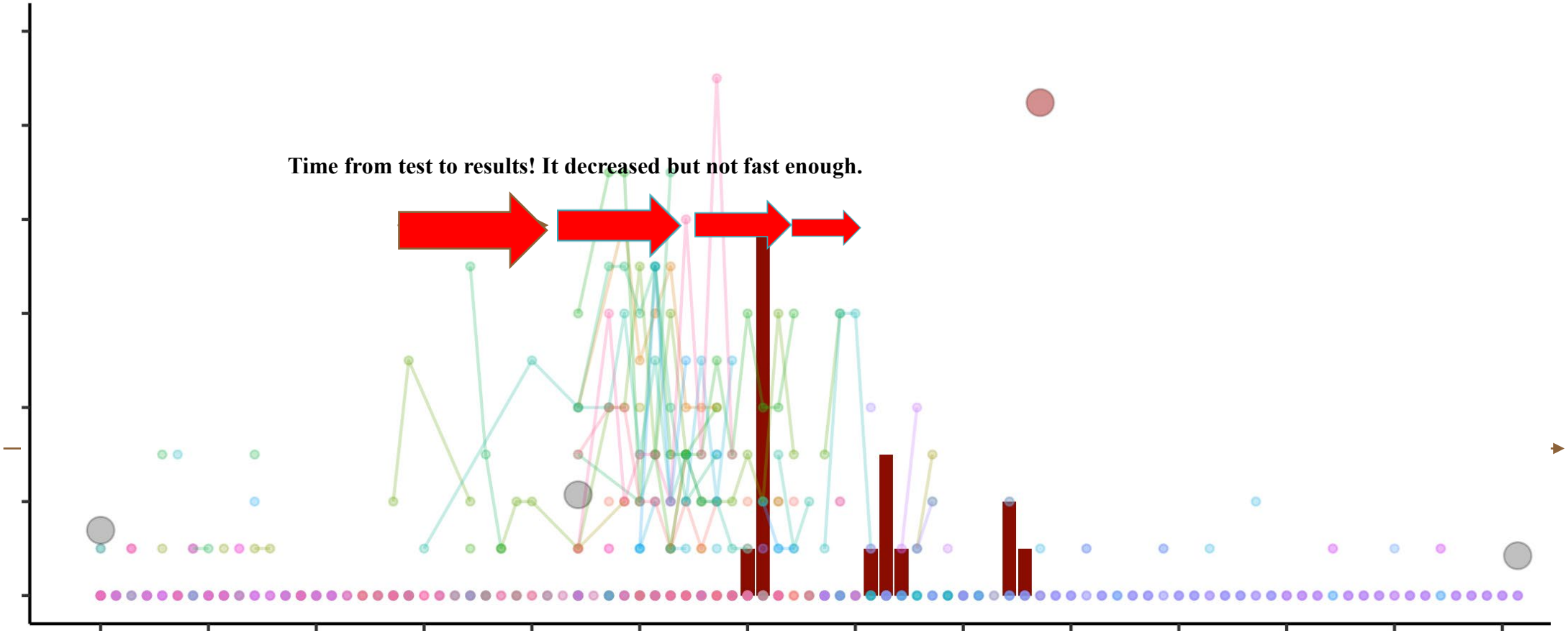
Morality: Rate per 100 beds per month

Is an outbreak happening? Yes!

In the beginning…
Feb

In the eye of Hurricane SARS-CoV2
March – April 2020

Downside of the 1st wave
MAY



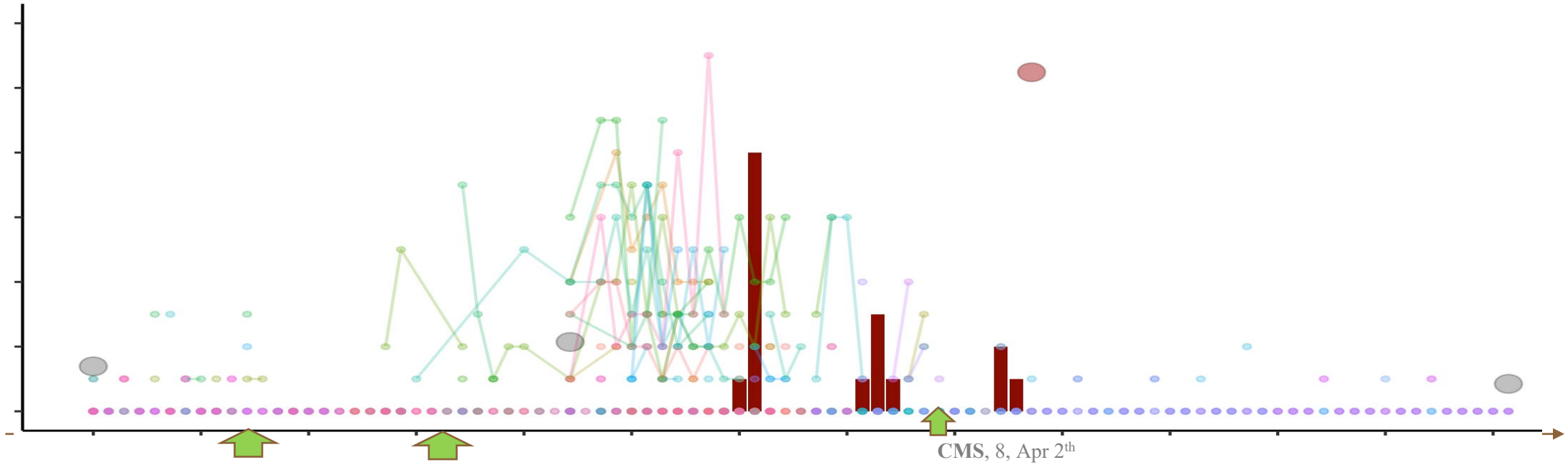
Once available, staff testing follows same trend as clinical indicators.

Volume, timing and sources of guidance: External Factors

Feb

Hurricane SARS-CoV2
March – April 2020

May



CMS, 2 memos, Feb 6th
GA DPH, 1, Feb 4th
Governor's Office, Feb 28th

CMS, 2, Mar 4th
CDC, 11, Mar 4th
GA DPH, 7, Mar 13th
FEMA, 1, Mar 29th
GHCA, 35, Mar 2nd
Governor's Office, 19
IA/ ICS / UPDATES, 118, Mar 2nd
GA Licensing, Mar 14th

CMS, 8, Apr 2th
CDC, 13, Apr 15th
DCH Data, Apr 3rd
GA DPH, 3, Apr 7th
GHCA, 31, Apr 1
Governor's Office, 11, Apr 1
IA/ ICS / UPDATES, 160, Apr 1
Exec Order, 18, Apr 1

NEW FRAME OF REFERENCE
Practice and clinical indicators will always be your first clue to an outbreak.
There is a time lag between these indicators and guidance from external agencies.
These agencies only reference a portion of the information you need. For example, CDC is only focused on infections while CMS is only concerned with facilities regulation. Corporate harmonize these different views.
CMS recommends testing based on community positivity rates. These rates have a 14 day lag.
Cultivate community sounding board for getting your message out.
Need discussion / consensus on DNR / POLST and COVID infection response.

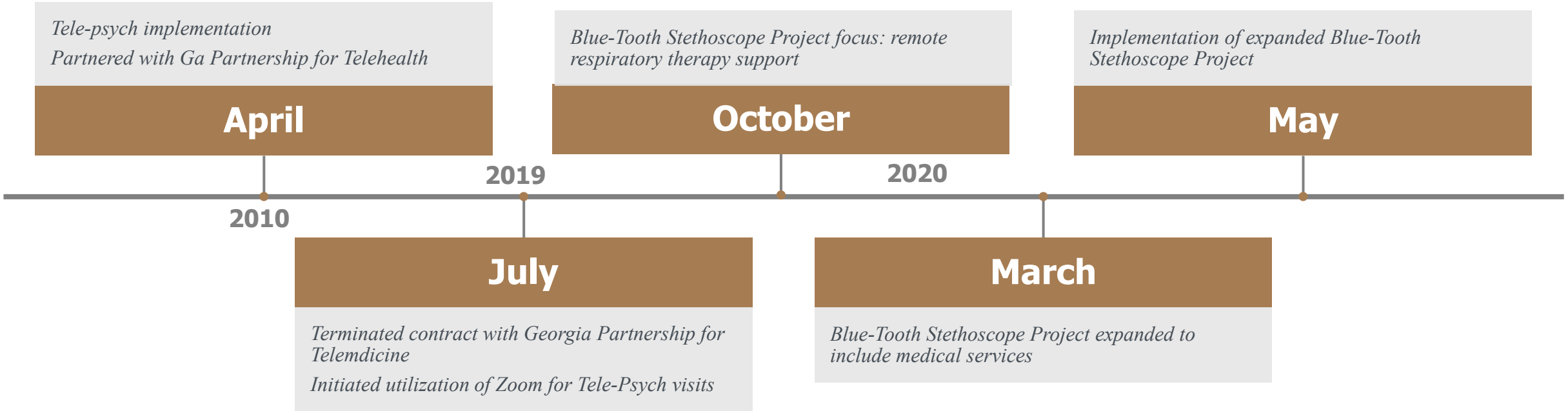
Infection control is different from an outbreak investigation!
When you know what the ‘bug’ is, its control strategies.
When you **don’t** its an investigation.

Actions: Immediate, Within next 6 months, longer term.
Immediate Actions:
• Review StopWatch training and develop COVID related response triggered by clinical factors.
• Review equipment and staff training in vital sign assessment.
Within next 6 months:
• Consider adding a Spiritual Support Corp to the building containing at least 2 people.
• Increase communications with external service providers.
Longer term:
• Consider a formal connection with the local health department. Perhaps a ‘Sentinel Program’ designed to increase communication about community spread of infectious diseases.

Example: StopWatch Protocol.
https://www.nyrah.org/Materials/NYRAH_StopWatch_poster.pdf

Telehealth: One of the many examples where this group was head of the game.

Example of service delivery: Role of telehealth before, during, and after outbreak



Eden Alternative

Making visits possible

Things will change but we can make them better.