

Reopening care homes

July 2020

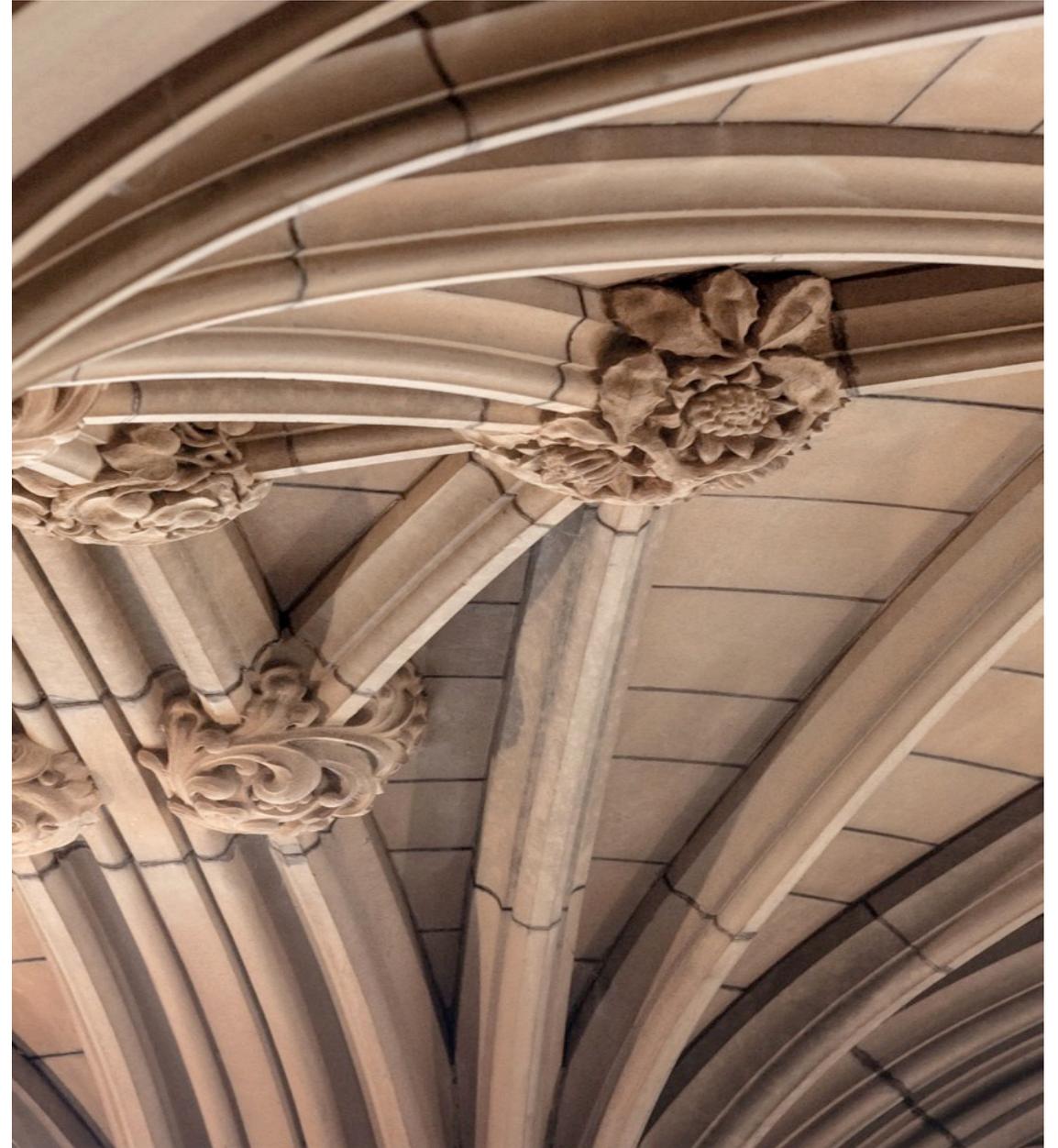
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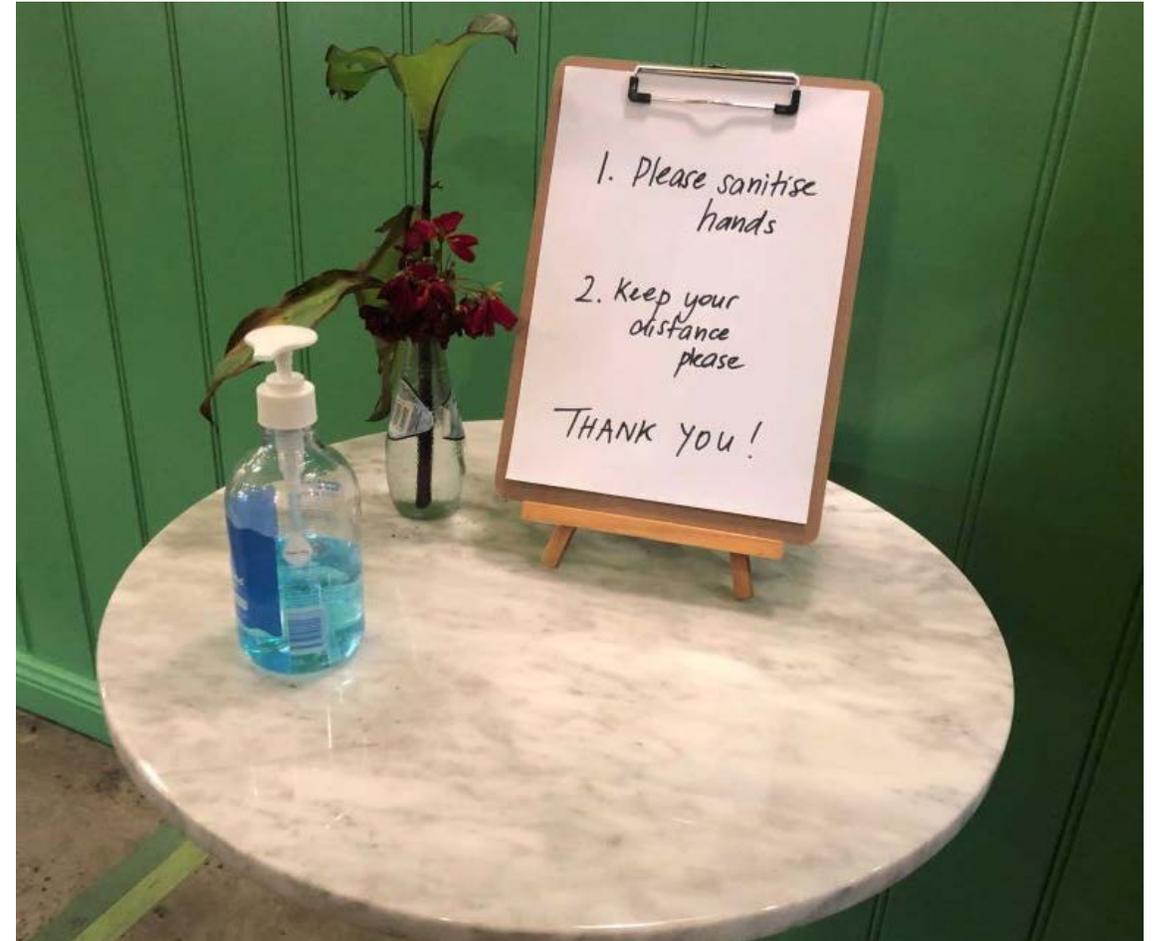
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THE UNIVERSITY OF
SYDNEY



G'Day from Sydney, Australia



Rationale behind care home lockdowns



Nursing Homes Becoming Islands of Isolation Amid 'Shocking' Mortality Rate

With the deaths of 18 residents in a single nursing home amid a coronavirus outbreak in Washington State, industry leaders recommend strict limits on visits at nursing homes across the country.

CMS guidance restricting visitors except for end-of-life: March 13th 2020

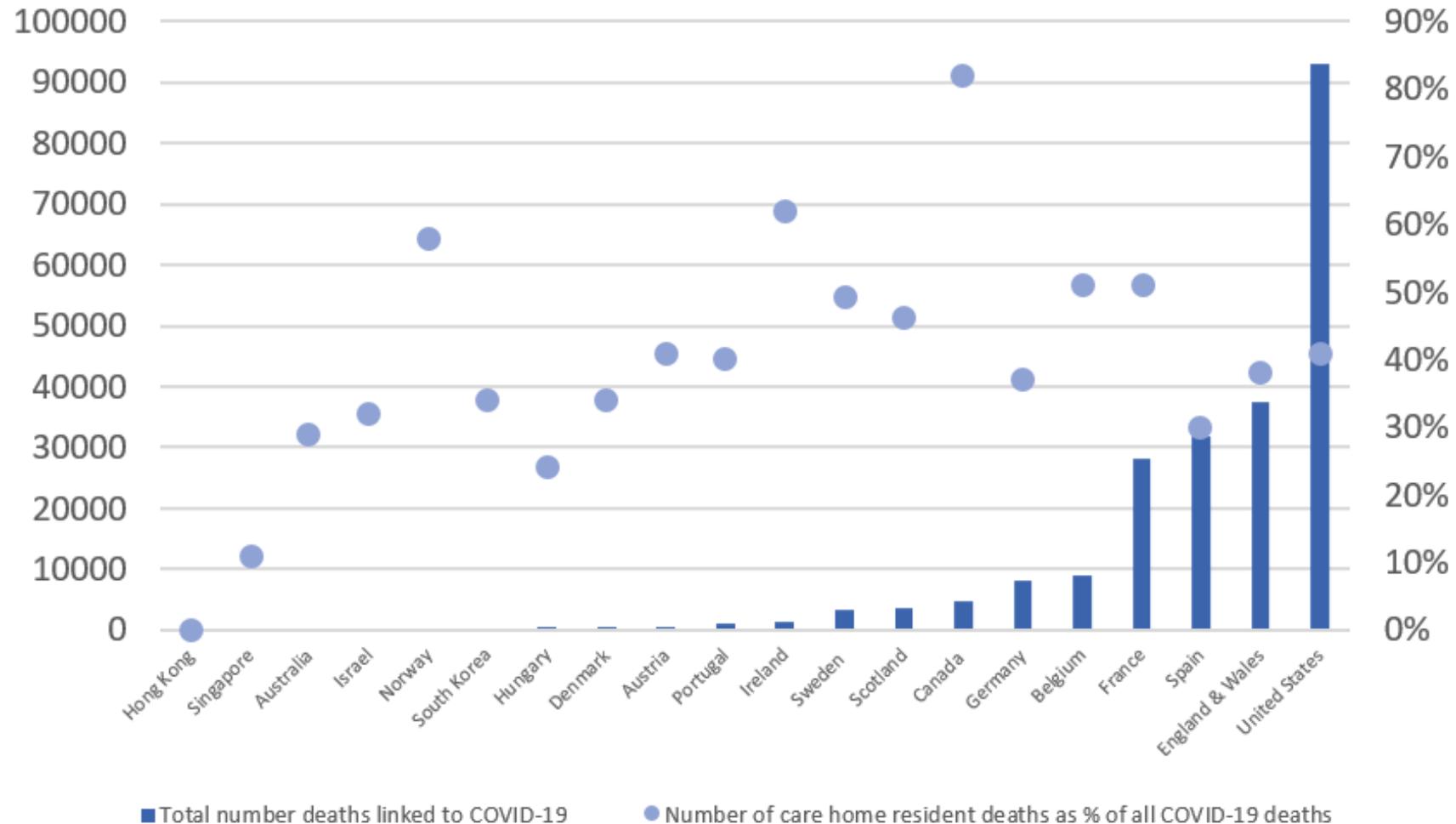
Rationale behind care home lockdowns

- Once COVID-19 enters a care home, it is challenging to prevent spread
- Care home case fatality rates between 0.0% and 33.7%



Salcher-Konrad, M., A. Jhass, H. Naci, M. Tan, Y. El-Tawil and A. Comas-Herrera (2020). "COVID-19 related mortality and spread of disease in long-term care: a living systematic review of emerging evidence." [medRxiv: 2020.2006.2009.20125237](https://doi.org/10.1101/2020.06.20.20125237).

Rationale behind care home restrictions

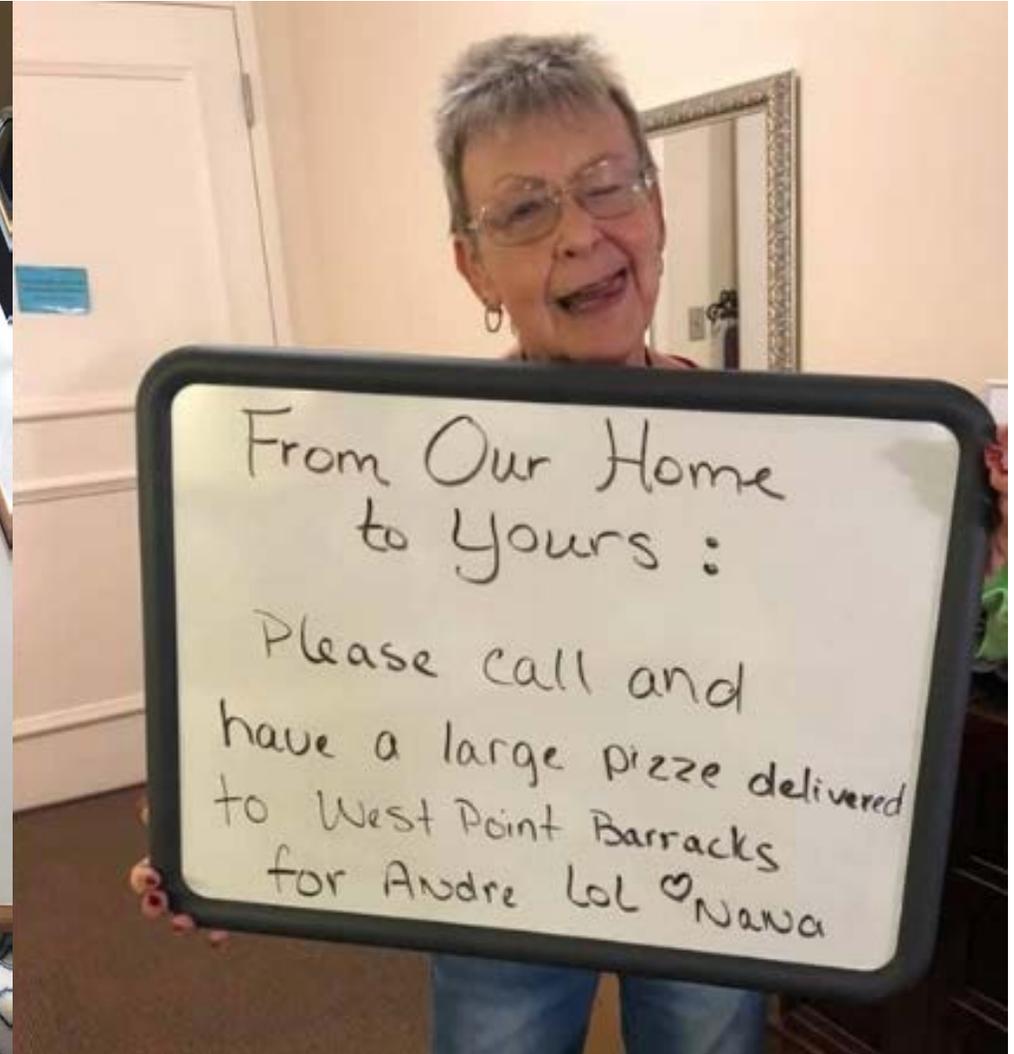


Comas-Herrera, A., J. Zalakain, C. Litwin, A. Hsu, N. Lane and J.-L. Fernandez (2020). Mortality associated with COVID-19 outbreaks in care homes: early international evidence., LTCcovid.org, International LongTerm Care Policy Network, CPEC-LSE.

Quarantine easing in many countries

- Oxford stringency index
- <https://covidtracker.bsg.ox.ac.uk/stringency-map>

Anecdotal reports of loneliness, isolation



WILL YOU
BE MY
PEN PAL?

WILL YOU
BE MY
PEN PAL?

WILL YOU
BE MY
PEN PAL?



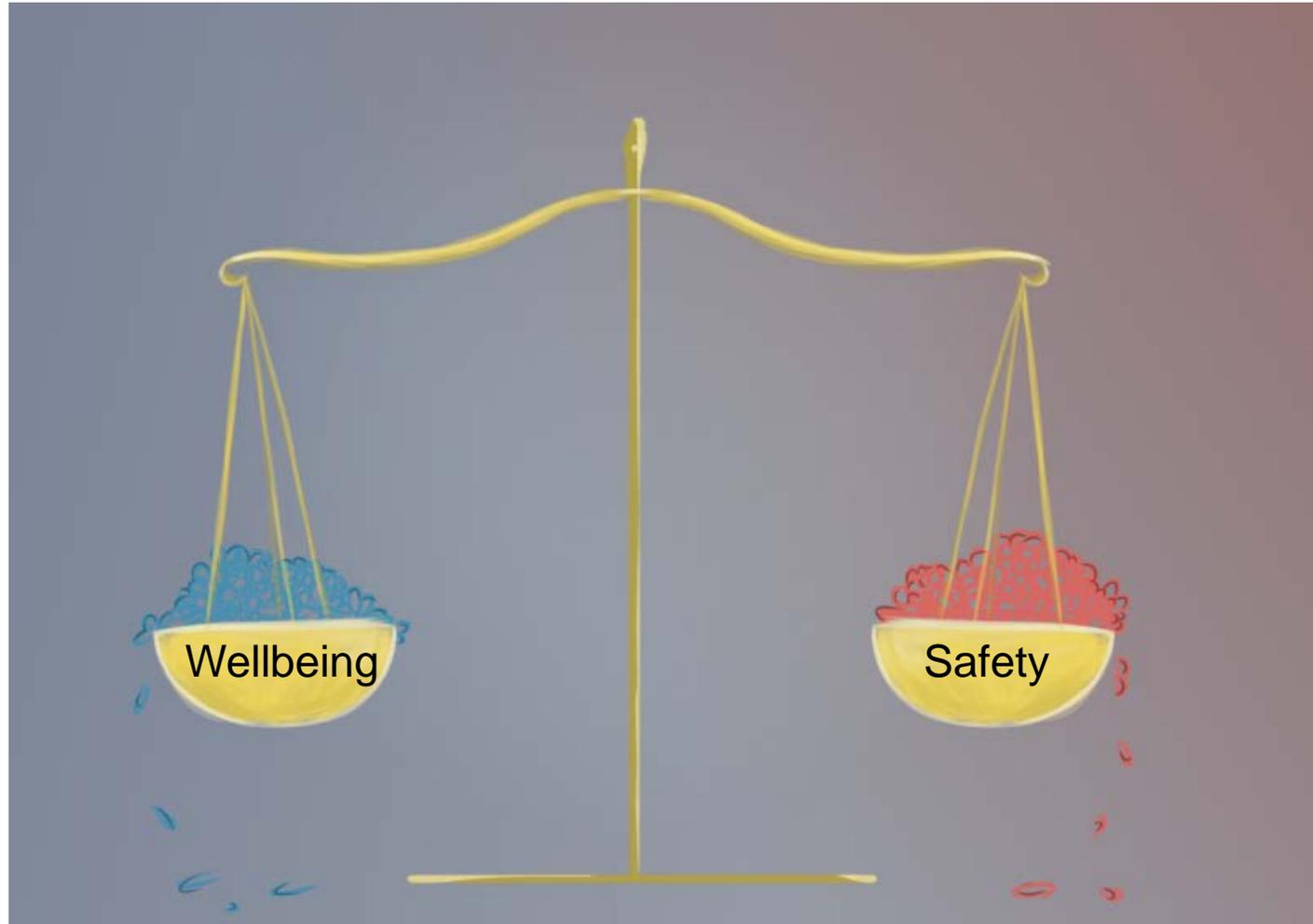
Ms. LENORA
WOULD JUST LIKE
TO RECEIVE THE MAIL

My name is Nancy
I Love to Play Checkers
(I'm the champion here)
I Love to go to Church
& Sing in the male choir
of My church

Ms. Edna
Searching for a Pen Pal
that loves Family Feud
with Steve Harvey!

Thank You

Reopening care homes – a difficult balance

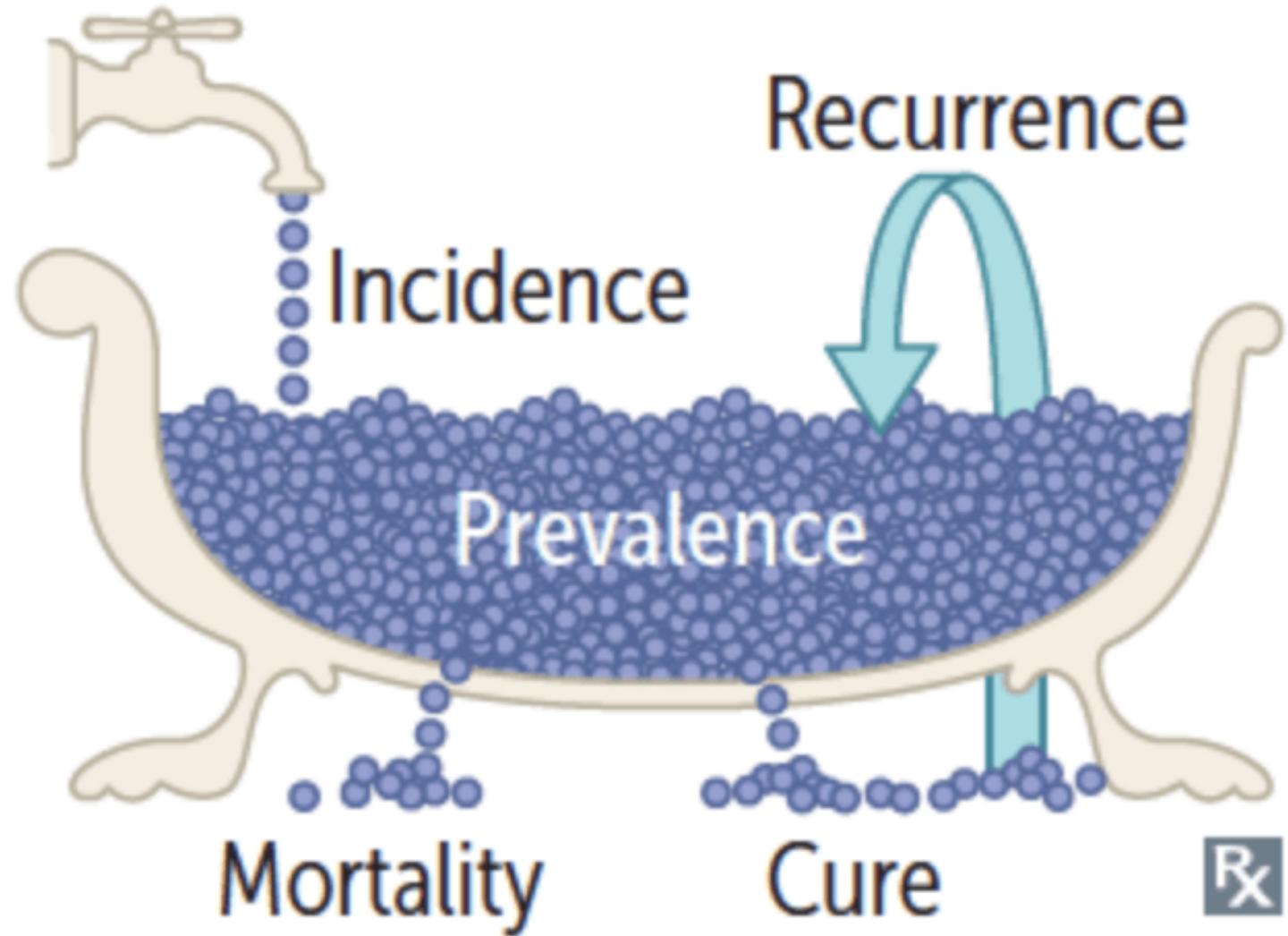


CMS guidelines – factors when considering allowing visitors (18th May 2020)

States to determine criteria for reopening based on the following factors:

- **Case status in community:** State-based criteria to determine the level of community transmission and guides progression from one phase to another. For example, **a decline in the number of new cases, hospitalizations, or deaths**

New cases (incidence) does not correlate to prevalence (current cases)



CMS guidelines – factors when considering allowing visitors (18th May 2020)

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- **Case status in community:** State-based criteria to determine the level of community transmission and guides progression from one phase to another. For example, **a decline in the number of new cases, hospitalizations, or deaths**
- **Case status in the nursing home(s):** Absence of any new nursing home onset of COVID-19 cases (resident or staff), such as a resident acquiring COVID-19 in the nursing home.
- **Adequate staffing:** No staffing shortages and not under a contingency staffing plan.
- **Access to adequate testing:** can test all residents and staff, and get results rapidly
- **Universal source control:** Residents and visitors wear a cloth face covering or facemask All visitors should maintain social distancing and perform hand washing or sanitizing upon entry to the facility.
- **Access to adequate Personal Protective Equipment (PPE) for staff:** All staff wear all appropriate PPE when indicated.
- **Local hospital capacity:** Ability for the local hospital to accept transfers from nursing homes.
<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfopolicy-and-memos-states-and/nursing-home-reopening-recommendations-state-and-local-officials>

Visitors to be permitted within phase 3 of “Opening up America Again”

Before entry, all visitors must be screened

- No temperature
- No signs or symptoms of illness

During visits: visitors must

- practice social distancing
- hand hygiene
- wear a cloth face covering for the duration of the visit

Additional US state guidance

- 26 states have issued guidance (1st July 2020)
- Some specify additional requirements beyond CMS
 - Facility is COVID-19 free (various definitions)
 - residents and visitors have not tested positive for COVID-19 and not showing any symptoms
 - Outdoor visiting only
 - The visitor must be screened for exposure to and/or symptoms of COVID-19.
 - Visitors are limited in number (typically 2 or fewer) and visits must be scheduled in advance
 - Restrict visitors by age (12 or older)
 - Visitors should wear PPE
 - Residents should wear a mask, if tolerated, for the duration of the visit.

<https://www.leadingage.org/regulation/reopening-visitors-review-cms-and-states-guidance-nursing-homes>

Additional US state guidance (continued)

Facility Requirements:

- Set up and manage schedule for visitation
- may limit the number of visits, and days of the visits, depending on facility needs and staffing capacity
- Provide the space, PPE, and alcohol-based hand rub for residents and visitors to use during the visit
- Outdoor visitation space accessible without having to enter indoor areas
- Assign staff trained in COVID-19 infection control and prevention to assist residents to and from the visitation space, and remain present to observe the visit while providing space for confidentiality
- Thoroughly disinfect the space between visits, ensure good air flow and accessibility



Massachusetts Becomes First State to Resume Nursing Home Visits After COVID-19

By **Alex Spanko** | June 3, 2020

Share



The state of Massachusetts on Wednesday began allowing nursing home visits for the first time since the start of the coronavirus crisis, becoming the first state to ease strict quarantine protocols in long-term care.

Local NPR station [WBUR initially reported](#) the state's decision.

The Bay State had issued a blanket ban on all non-essential visitors to nursing homes in mid-March, at the start of the nationwide

Take the new 24/7 approach

- Board certified clinicians
- Your own assigned team
- Multiple medical specialties
- Daily rounds
- Seamless EMR integration
- Reduced hospitalizations
- Improved Reimbursements
- Increased census
- Driving CMI/RUGS and PDPM capture
- Higher QMs
- Increased CMS ratings
- Greater profitability

What are you waiting for?



Massachusetts Department of Public Health COVID-19 Dashboard - Wednesday, June 03, 2020

Dashboard of Public Health Indicators

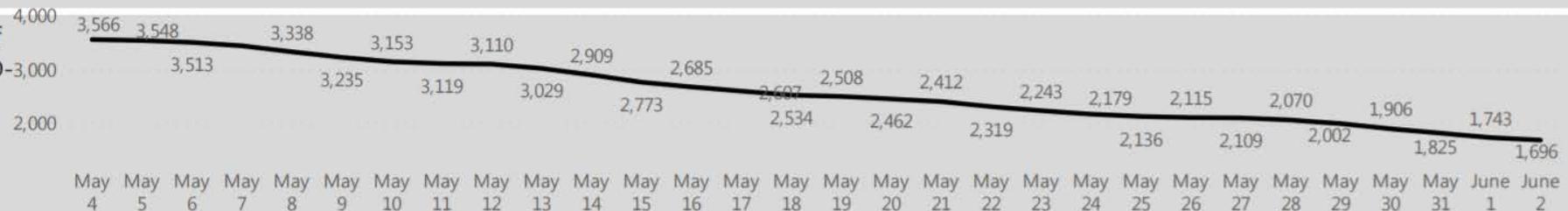
Percent Change Since
April 15th

7 Day Weighted
Average of Positive
Molecular Test Rate



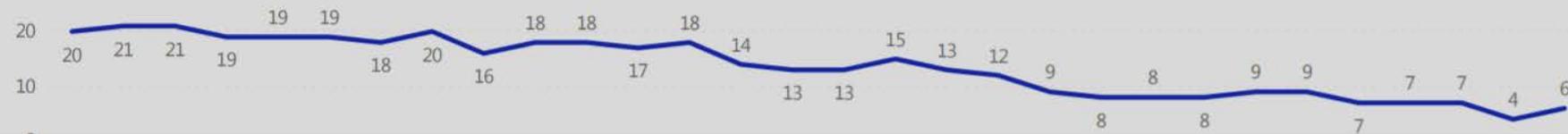
-79 %

3 Day Average of
Number of COVID-19
Patients in
Hospital*



-53 %

Number of
Hospitals using
Surge Capacity



-71 %



Dashboard of Public Health Indicators

Below is the status as of June 1, 2020:

Indicator	Measure	Status
1	COVID-19 positive test rate	●
2	Number of individuals who died from COVID-19	●
3	Number of patients with COVID-19 in hospitals	●
4	Healthcare system readiness	●
5	Testing capacity	●
6	Contact tracing capabilities	●

Newly Reported Cases Today
429

Total Cases
101,592

Newly Reported Deaths Today
68

Total Deaths
7,152

New Patients Tested by Molecular Tests
8,362

Total Patients Tested by Molecular Tests
614,133

Population of Massachusetts = 6.9 million



Massachusetts Department of Public Health COVID-19 Dashboard - Wednesday, June 03, 2020

COVID-19 Cases in Long-Term Care (LTC) Facilities

Residents/Healthcare Workers of
Long-Term Care Facilities with
Probable or Confirmed COVID-19

21,785

Long-Term Care Facilities
Reporting At Least One Probable
or Confirmed Case of COVID-19

350

Probable or Confirmed COVID-19
Deaths Reported in Long-Term
Care Facilities

4,447



Massachusetts Department of Public Health COVID-19 Dashboard - Sunday, July 05, 2020

COVID-19 Cases in Long-Term Care (LTC) Facilities

Residents/Healthcare Workers of
Long-Term Care Facilities with
Probable or Confirmed COVID-19

23,554

Long-Term Care Facilities
Reporting At Least One Probable
or Confirmed Case of COVID-19

369

Probable or Confirmed COVID-19
Deaths Reported in Long-Term
Care Facilities

5,173

1769

19

726



SPAIN
RISE IN
CASES

FRANCE
ON A
KNIFE EDGE

GERMANY
SPIKE IN
INFECTIONS

CHINA
SECOND
WAVE

Quarantines reimposed - California



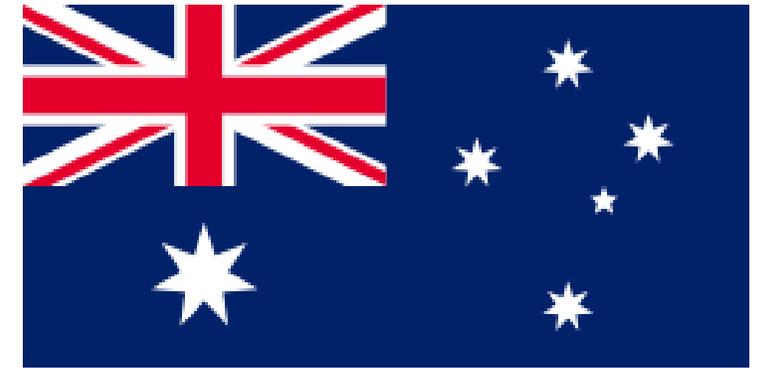
Quarantines reimposed - Leicester



Aged care homes lift coronavirus lockdowns for families on 'Mother's weekend'

By Claire Moodie

Posted 9 May 2020, updated 10 May 2020



No COVID transmission through visitors

Variability on how care homes are 'reopening'

- Window visits
- Inside visits
- Hairdressers, entertainers and other non-essential personnel



Australian experience, Industry code released 14th May

INDUSTRY CODE FOR VISITING RESIDENTIAL AGED CARE HOMES DURING COVID-19

UPDATED 3 JULY 2020

OBJECTIVE

The objective of the Code is to provide an agreed industry approach to ensure aged care *residents* are provided the opportunity to receive *visitors* during the COVID-19 pandemic, while minimising the risk of its introduction to, or spread within, a residential care home.

<https://www.health.gov.au/resources/publications/industry-code-for-visiting-residential-aged-care-homes-during-covid-19>

Sections in Australian code not covered in CMS guidance

Rights of residents and visitors e.g.

- To receive timely and regular updates and information about what is happening in the Home, consistent across the whole resident population, and with increased frequency of communication local COVID-19 prevalence and transmission risk.
- To maintain contact with their local community outside the home, including to participate in religious and cultural gatherings via alternate means
- To be provided with *additional ways to connect* such as window contacts, video conference or telephone calls

Responsibilities of residents and visitors e.g. to follow infection control

Sections in Australian code not covered in CMS guidance

- **External outings and small family visits** are permitted for residents and visitors where these can be conducted in a safe manner. This means that there are appropriate infection prevention measures in place and an agreement by the resident and family to provide accurate information, and engage in risk mitigation procedures while on the outing/family visit and screening procedures on return. Providers will provide residents, family and representatives with information on their procedures and the impacts of non-compliance with those procedures prior to the visits/outing. It is reasonable for aged care providers to request residents, families and representatives to document their agreement and compliance with this procedure.

Code complaints process



1. Initial request – discussion between resident/visitor and facility, may include formal complaint to facility
2. Supported request – Older Person's Advocacy Network (funded network of organisations around Australia) to assist with discussion
3. Complaint to the Aged Care Quality and Safety Commission



The Industry Code for Visiting Residential Aged Care Homes during COVID-19

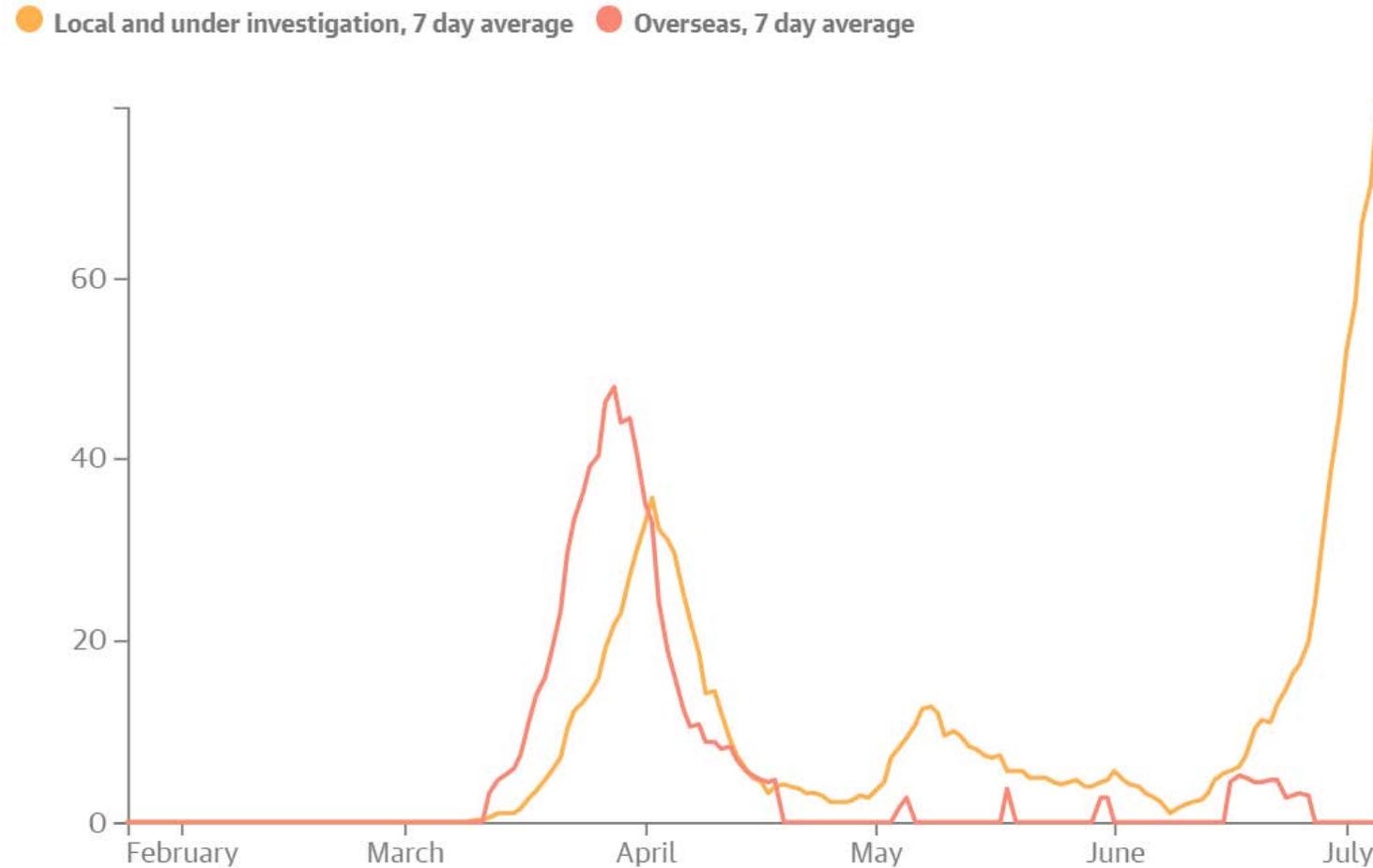
<https://agedcarequality.govcms.gov.au/resources/fact-sheet-industry-code-visiting-residential-aged-care-homes-during-covid-19>

How will the Aged Care Quality and Safety Commission consider the Code in its regulatory activities?

The Commission recognises the Code as an important element to assure consumers and their families of the actions that aged care providers will take to ensure that individuals in residential aged care can remain connected with their family and friends during the COVID-19 pandemic.

The Code specifies industry-agreed acceptable practice and provides clarity about the application of emergency provisions. Application of the Code by providers can help inform the Commission's understanding of how a provider is meeting its responsibilities to provide safe and effective care and services, to meet the needs and preferences of their residents. Evidence of how a service is applying the Code will be considered, where relevant, by the Commission in monitoring and assessing providers in relation to the Aged Care Quality Standards and the Aged Care Charter of Rights.

Victorian COVID new cases (by source of infection)



Guardian graphic | Source: | Health and Human Services Victoria

Quarantines reimposed – 10 Melbourne postcode including total lockdowns of 5 towers, care homes closed to visitors in those locations



Some (of many) unresolved issues

- Determining when outdoor and indoor visits can happen (community prevalence as well as new cases for COVID-19)
- How facility is defined as COVID free (14 days since last positive test)
- How residents are defined as COVID free (depends on availability of tests)
 - Negative test (in what time period)?
 - Time since positive test?
 - Lack of symptoms?
- Ensuring quality during visitor restrictions
 - USA - CMS – regular re-certification inspections start during Phase 3 of reopening
- Wearing of Masks
 - Essential for visitors (indoors only or outdoors?) Essential for residents?
 - What type of mask? Who provides the mask?
- Outdoor visits in winter (building new structures)

How are safe visits and other wellbeing measures being funded?



Outside In Collective



Outside In Collective



Resident voice almost missing completely

