Long-Term Care Support Operational Framework

Overview
The novel coronavirus (COVID-19) Pandemic has impacted Long-Term Care (LTC) facilities due to the concentration of high-risk patients, asymptomatic and pre-symptomatic healthcare worker transmission, susceptibility for rapid spread of infections, and varying levels of facility resources to manage outbreaks. Per CDC Guidelines, one COVID-19 confirmed case within an LTC facility is considered an outbreak due to the high likelihood of spread and impact, and therefore Local Health Jurisdiction (LHJ) support of Long-Term Care facilities has been identified as a priority.

Framework Purpose
The Long-Term Care Support Operational Framework is created to offer guidance and resources to Local Health Jurisdictions (LHJs) that support Long-Term Care (LTC) facilities during the COVID-19 Pandemic. LTC facilities include Washington State licensed long-term care residential care, including nursing homes (skilled nursing facilities), assisted living facilities, and adult family homes. The goal is to provide strategies to mitigate facility COVID-19 outbreaks, decrease disease transmission, increase information and training opportunities, support the LTC workforce, and maintain patient care in LTC facilities.

Scope and Concept
The current scope of this Framework includes information and recommended approaches from and for Western Washington Local Health Jurisdictions within the Western Washington Healthcare Coalition service area. The intention is to share the information with all LHJs for preparedness purposes and continue updating this document with new learnings.

Clinical Guidance
This Framework is not intended to provide clinical guidance. Local Health Jurisdictions should seek clinical guidance through appropriate channels.

Partner Goals
In order to successfully support Long-Term Care (LTC) facilities during the COVID-19 Pandemic, Local Health Jurisdictions throughout Washington agree to the following principles:
- Engage healthcare systems to support LTC and include them throughout the patient care continuum (acute and post-acute care)
- Keep COVID-19 residents at the LTC facility instead of transferring patients to acute care hospitals due to space and other resource considerations, unless patient acuity **requires** a higher level of care, care cannot safely be provided, or the resident requests transfer
    - If a LTC resident requires further medical evaluation, LTC facilities should consult their medical director, the resident's primary care provider, and/or utilize telehealth evaluation, if available, to determine appropriate next steps in the medial evaluation
    - If LTC facilities need guidance on isolation, cohorting, or infection prevention, they should contact their LHJ
    - If LTC facilities need support with information regarding alternative placement facilities for COVID-19 residents, they can consult with their Washington Department of Health and Human Services (DSHS) Residential Care Services Field Manager or Regional Administrator.
    - If a Medicaid beneficiary wants to transition from the facility to a different community based setting which includes Assisted Living, Adult Family Home or to a private home, they can contact the local DSHS Home and Community Services (HCS) or Developmental Disabilities Administration (DDA) office for

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assistance. If a beneficiary has confirmed or suspected COVID-19, transition options will be limited. Follow PPE conservation strategies as directed by WA Department of Health

- COVID-19 confirmed cases should be reported appropriately:
  - Any COVID-19 confirmed cases (resident and staff) should be reported to the LHJ
  - Resident confirmed cases should additionally be reported to DSHS through the Resident Care Services Complaint Resolution Unit
  - Family member confirmed cases in Adult Family Homes should also be reported to DSHS through the Resident Care Services Complaint Resolution Unit
- Recognize it is the responsibility of LTC facilities to support COVID-19 patients to the best of their ability considering staffing, PPE, or other resource limitations
- Use of 9-1-1 emergency services will continue for emergency patient transport
- The Regional COVID-19 Coordination Center (RC3) will be used to assist with patient placement of more than 3 LTC residents to acute care hospitals, as well as assist smaller or rural facilities place less than 3 LTC patients where fewer local resources may be available
- Confirmed COVID 19 cases transferred from an LTC facility to a hospital, should be accepted back by the LTC facility, if the facility can safely care for the patient, considering PPE and staffing resources
- Encourage active engagement with LTC residents to consider advanced directives, provider order for life sustaining treatment (POLST) agreements, living wills, or other end of life wishes.

Guidance and Resources
The following are areas of COVID-19 Pandemic preparedness and response that Local Health Jurisdictions have found effective to support Long-Term Care facilities.

Communications Readiness
- Identify LTC facilities in your jurisdiction:
  - Generate a list from the DSHS look-up page
  - Review/update any contact lists
- Compile contact information in manner that can be used for tracking. See attached Snohomish Health District "LTCF Outreach MASTER Workbook" example.
- Develop method for communication distribution, such as creating a listserv
- Create space on your LHJ website to tailor information for LTC agencies. The following are examples:
  - Guidance for Skilled Nursing Facilities and Long-Term Care Facilities
  - Recommendations for Long-Term Care Facilities
  - COVID-19 Info for Elder Care
- Determine how you will provide your contact information to LTC and manage questions, to include non-business hours weekends
- Consider use of LTC facility specific email messages. See Tacoma Pierce County Public Health (TPCPH) "Adult Family Home email EXAMPLE".

Public Disclosure Considerations
Prepare for COVID-19 Public Disclosure Requests such as:
- Planning Documents
- Any email that includes "COVID-19" or related terms within it
- Email exchanges and/or documentation related to allocation of resources (e.g. PPE, testing kits, etc.)

Prevention Education and Awareness
- Introduce LTC facilities to the role of the LHJ in the COVID-19 Pandemic, what services or support you can offer to them, and how you coordinate with other organizations, such as the WA Department of Health.
- Ensure that the facility understands you are not a part of any regulatory visits
- Consider that LTC facility layout and patient populations may have a significant impact on the potential spread of COVID-19. Consider use of space to support triage, isolation, and cohorting of residents.
- Proactively share prevention information with LTC facilities, such as:
  - 4/1/20 CDC Presentation "Preparing Nursing Homes and Assisted Living Facilities for COVID-19" on key strategies to prepare for COVID-19:
    - Keep COVID-19 from entering facilities
    - Identify infection early
    - Prevent spread of COVID-19
    - Assess supply of personal protective equipment (PPE) and initiative measures to optimize current supply
    - Identify and manage serious illness
  - Preparing for COVID-19: Long-Term Care Facilities, Nursing Homes
    - Preparedness Checklist
    - Interim Guidance for Nursing Homes
    - Things Facilities Should Do Now
    - When There Are Cases in the Community or in the Facility
- Consider hosting Q&A or Town Hall sessions, which may include:
  - Convening clinical experts on a panel, such as subject matter experts from DOH or universities
  - LHJ employee conversations to review related news and provide context in relation to their work
  - Capturing the Q&A and distributing after the event. See the attached DOH_QA_4.2.20 example.

PPE Conservation, Allocation and Resource Request Expectations
- Communicate PPE conservation and resource request expectations to LTC facilities early to mitigate need for emergency PPE supplies due to depleted resources
- Consider sharing a PPE burn rate worksheet for LTC to begin to use. See example PPE Burn Rate Calculator.
- Educate LTC, especially Adult Family Homes, about PPE conservation methods, security and protection of stored PPE, and expectations for resource requests
- Determine how you may support LTC, especially Adult Family Homes, with potential emergency interim PPE, if needed
- Coordinate with EMS and healthcare systems that may be able to provide interim PPE until resources are available
- Keep in contact with local officials about PPE resource requests inform them about LHJs role to support continued supplies of PPE
- Support LTC in resolving barriers to them obtaining PPE through their regular suppliers, if possible

Assess, Identify, and Test
- Coordinate with EMS providers to identify potential outbreaks, utilizing the Regional COVID-19 Coordination Center (RC3) if appropriate. See attached Regional COVID-19 Coordination Center Operational Framework.
- Conduct facility phone assessments to identify risk categories based on preparedness, patient population, etc. See attached Snohomish Health District "LTC Interview Master" example.
- Provide a line listing form and summary of recommendations from the phone assessment, accompanied with available resources, based on the assigned risk level

- Develop adaptive follow-up assessments to manage volume:
  - For example, you may have a goal of weekly follow-up assessments, but due to increased volume, need to transition to regular, quick check-in's
  - Also, you may need to focus on the highest risk and confirmed facilities, via phone or email
- Facilities that request a site visit or demonstrate continued transmission should receive a COVID-focused infection control site visit.
- Develop testing strategies with LTC to identify cases among residents and staff
- If a facility has the ability to test, but has barriers to collection (lab limitations, supplies, knowledge gaps, specimen transport to PHL) supplies should be provided with support to conduct testing if possible.
- As the LHJ is able, provide test kits and appropriate PPE for specimen collection
- Conduct site visits to provide intervention support and evaluate understanding of compliance requirements
- Note: that determination of testing within an LTC facility needs to consider availability of test kits

Initial COVID-19 Outbreak Support

When a Long-Term Care facility identifies one positive COVID-19 case they should do the following:
- Report to:
  - Local Health Jurisdiction
  - DSHS/ALTSA/RCS via the Residential Services Complaint Resolution Unit
- In addition to assessments, recommend that the facility develop plans to:
  - Interact with the media
  - Notify residents, staff, and families
  - Support staff that may face negative perceptions of their performance due to an outbreak

COVID-19 LTC Facility Advice
- Isolate COVID-19 positive patients in the same area, including a room, hallway, or wing
- Assign dedicated staff to care for COVID-19 patients to minimize staff exposure, as possible
- Use PPE extended use and reuse strategies, if necessary

EMS Coordination and Communications
- When an LTC Facility reports a confirmed case to the LHJ, consider notifying the local EMS agency so that they can take appropriate precautions if visiting the facility
- When a LTC Facility reports a confirmed case, notify RC3 for situational awareness purposes
- Request that EMS notify LHJs if they notice a call pattern from LTC facilities as an early indicator of illness and potential spread
- If you need guidance on EMS transport, refer to DOH
- Note: EMS regularly conducts symptoms checks for their workers, so LTC Facilities should not require an additional symptom check prior to entering the building because additional symptom checks cause EMS to doff PPE, burning PPE and causing delays in transport.

Drop Team* Composition and Procedures
* A Drop Team is a multi-disciplinary team created to be deployed to LTC facilities for support with assessment, testing, and triage. The team may also be called an LHJ Support Team or another name.
- Develop a strategy for Drop Teams to deploy to LTC facilities to assess, test, and triage. See Tacoma Pierce County Public Health (TPCPH) "Drop Team Plan and Job Aid" example.
- Drop Teams can include infection preventionists, clinicians, and educators
  - LTC affiliated with a hospital system would include hospital system staff

- o Unaffiliated LTC teams would be primarily comprised of LHJ personnel, but may also include DOH, CDC, EMS, or hospital staff
- Physicians (which may or may not be the Health Officer) or appropriate mid-level providers, would be included to provide triage
- Collaboration with Hospital System Drop Teams, as applicable:
  - o Prior to Deployment the Drop Team staff will need the following information from the LTC facility:
    - ▪ Information on the number of residents and staff who are symptomatic
    - ▪ Name and contact information for LTC primary point of contact
    - ▪ Availability of supplies to determine what Drop Team may need to bring with them (e.g. UTM vials (COVID test media), NP swabs, biohazard bags, PPE, labels)
  - o Drop Team will notify Local Health Jurisdiction, LTC, and patient of test results
- The Drop Team should act in coordination with the Regional COVID-19 Coordination Center (RC3). This includes informing the LTC facility to notify the RC3 and follow RC3-designated procedures if patient transfers are needed.

Tools for Discussing Palliative Care, Advanced Directives, and Other COVID-19 Topics
- o COVID Ready Communication Playbook – Vital Talk
- o Disclose Serious News Videos – Vital Talk

Healthcare Coalition Support

The Northwest Healthcare Response Network will convene regular calls with LHJs experiencing an LTC outbreak to assist:
- Coordination of strategies, where appropriate
- Connection with other organizations to support, such as LTC associations
- Support advocacy for joint decision making when needed

This document was created by the Northwest Healthcare Response Network in collaboration with the Local Health Jurisdictions of King, Kitsap, Pierce, Snohomish, and Thurston Counties.