

Nursing Homes COVID-19 Preparedness Task Force

Meeting | August 27, 2020

ATTENDEE LIST:

<input checked="" type="checkbox"/> Trece Andrews	<input checked="" type="checkbox"/> Renee L. Beniak	<input checked="" type="checkbox"/> Betty Chu, M.D.	<input checked="" type="checkbox"/> Ann M. Hepfer
<input checked="" type="checkbox"/> David E. Herbel	<input checked="" type="checkbox"/> Alison E. Hirschel	<input checked="" type="checkbox"/> Steven M. Kastner	<input checked="" type="checkbox"/> Preeti N. Malani, M.D.
<input checked="" type="checkbox"/> Hari "Roger" Mali, II	<input type="checkbox"/> Mia K. Moore	<input checked="" type="checkbox"/> Melissa K. Samuel	<input checked="" type="checkbox"/> Kari L. Sederburg
<input checked="" type="checkbox"/> Leslie Love	<input checked="" type="checkbox"/> Hank Vaupel	<input checked="" type="checkbox"/> Rosemary Bayer	<input type="checkbox"/> Curt VanderWall
<input type="checkbox"/> Melissa Seifert	<input checked="" type="checkbox"/> Robert Gordon	<input checked="" type="checkbox"/> Orlene Hawks	<input checked="" type="checkbox"/> Salli Pung

AGENDA:

Discussion Items / Meeting Goals

ID	Agenda Item	Lead	Time
1	Final Recommendation Review <ul style="list-style-type: none">• Process	Dr. Chu	10 min
2	Presentation of Preliminary Recommendations <ul style="list-style-type: none">• Resource Availability• Staffing• Placement of Residents• Quality of Life	Workgroup Leads	75 min
4	Next Steps	Dr. Chu	5 min
5	Other (as time permits)	All	

Notes:

MSA and Dr. Chu provided overview of process to compile and submit final recommendations. It was outlined for TF members that bulk of discussion would be geared toward specific Placement topic for which there is no consensus, and that per guidance from Governor's office the Task Force is asked to provide a recommendation on the topic based on the majority endorsement.

Each workgroup reviewed their recommendations, highlighting changes made pursuant to survey feedback received from larger Task Force group:

Resource Availability

- Update made to reporting recommendation; department to explore making reporting less burdensome on facilities while maintaining states' ability to respond to a COVID-19 crisis.
- Specify that testing is to be diagnostic

Staffing

- Changes to title(s) of recommendations
- Broaden/clarify that physical and mental health staff to include all staff

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Meeting | August 27, 2020

Quality of Life

- Speaking to pattern of task force feedback relating to consideration of PPE and presence of COVID/IC practices; these were incorporated into implementation steps which are detailed in the full recommendation document.
- Important aspects WG considered:
 - o Importance of resident choice and preservation of privacy
 - o Relabeling Compassionate Care to Social Connectivity and Quality of Life Visit; wanted to move away from interpretation that compassionate care is applicable only to end-of-life/terminal scenarios

Placement

- #1 Hospital Capacity – add language that state should develop funding mechanism to cover 10-day isolation period wherein residents remain hospitalized; Whenever possible hospitals not discharge COVID positive back to nursing facility if < 72 hours
- #2 Care and Recovery Centers – previous Hub designation does not guarantee CRC status; allowance of virtual review in such instances that on-site is not practical or feasible; explore funding mechanism around retention process to support hospitalization hold of beds while unused
- #3 No change
- #4 Use of facilities not designated as hubs but would be required to have criteria above and beyond, in line with what CHRT recommended.

Discussion highlighted lingering dissent around the following key points:

Acceptance of CHRT recommendations

- Clarification provided that the CHRT report/recommendation is a tool for consideration in development of TF recommendations
- Question raised as to sufficiency of CHRT recommendations in guiding/evaluating adequacy of COVID preparedness

Self-certification; dissent between balance of appropriate agency oversight and flexibility to meet (potential) demand for surge capacity.

- Preference by some members expressed for allowance for alternatives to on-site survey/review
- Concern expressed that many facilities, but not all, will assess their capabilities thoughtfully and accurately.
- Some members expressed strong preference for external authority evaluation of qualification to meet COVID+ preparedness criteria.

Prioritization strategy

- Concerns expressed that star rating and case:death ratio requirement would eliminate a volume of facilities from consideration, potentially limiting availability of beds during surge ad/or regional accommodation; discussion about realistic potential of second surge capacity constraints beyond what has been experienced to date
- Discussion on whether non-hubs should fall behind hubs and hospitals in priority order for new admissions in the event of a second surge.

PRIORITY	Next Steps
Final Recommendations	SOM is compiling all final recommendations in a report to be submitted by August 31.
Workgroups	
Other	All TF members were sent a survey to vote on a resolution for the placement recommendation without consensus; they must respond by COB August 28.

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