Safe Hospital Webinar 3: Long-term Care Facilities and Long-term Care Services During a Pandemic

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Genesis HealthCare

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Genesis Overview

**Genesis HealthCare** is one of the largest providers of post-acute care services in the nation.

- ~45,000 dedicated teammates
- ~40,000 beds

**Operating Occupancy**
75.4% as of September 30, 2020

- 325+ facilities across 24 states
- Approximately 160 clinical specialty units
- More than 300 Genesis physicians and nurse practitioners
- Strong referral network with hospitals
- Genesis also supplies contract rehabilitation services to approximately 1,100 locations across 44 states
Research Collaboration with Brown University, Rhode Island, USA

- “First of it’s kind”
- This collaboration has used EMR and other real-time clinical data to address COVID19-related questions in nursing homes.
- ~30 data files transferred to Brown nightly
  - EMR elements: daily census, vital signs, labs, nursing documentation, medications, treatments, orders, immunization records, diagnoses
  - Minimum Data Set (data collected periodically on all residents)
  - SARS-CoV-2 infection logs (testing data)
  - Staff data: timecard, demographics, immunizations, testing
Community SARS-CoV-2 Prevalence Strongest Predictor of Cases & Case Fatality

Association between SNF characteristics & SARS-CoV-2 case count among Genesis facilities with an outbreak (n=154)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Marginal Effect</th>
<th>Standard Error</th>
<th>95% CI</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Beds (10s)</td>
<td>1.96</td>
<td>0.53</td>
<td>0.92</td>
<td>2.99</td>
</tr>
<tr>
<td>Admissions per bed per year</td>
<td>-5.53</td>
<td>1.96</td>
<td>-7.37</td>
<td>-3.15</td>
</tr>
<tr>
<td>Mean resident age</td>
<td>0.79</td>
<td>0.70</td>
<td>-0.58</td>
<td>2.17</td>
</tr>
<tr>
<td>% Black</td>
<td>-0.13</td>
<td>0.18</td>
<td>-0.49</td>
<td>0.23</td>
</tr>
<tr>
<td>% dementia</td>
<td>0.13</td>
<td>0.12</td>
<td>-0.11</td>
<td>0.36</td>
</tr>
<tr>
<td>Star-rating for health inspections</td>
<td>1.52</td>
<td>2.21</td>
<td>-2.81</td>
<td>5.85</td>
</tr>
<tr>
<td>Star-rating for staffing</td>
<td>-1.75</td>
<td>3.28</td>
<td>-8.18</td>
<td>4.68</td>
</tr>
<tr>
<td>Infection control citation</td>
<td>-5.84</td>
<td>5.05</td>
<td>-15.75</td>
<td>4.06</td>
</tr>
<tr>
<td>Facility underwent full testing</td>
<td>6.44</td>
<td>5.69</td>
<td>-4.72</td>
<td>17.60</td>
</tr>
<tr>
<td>County prevalence (%)</td>
<td>12.60</td>
<td>4.17</td>
<td>4.42</td>
<td>20.78</td>
</tr>
<tr>
<td>Date of first county case</td>
<td>-0.84</td>
<td>0.56</td>
<td>-1.55</td>
<td>-0.14</td>
</tr>
</tbody>
</table>

Note: Analysis was conducted on 154 Genesis skilled nursing facilities reporting at least one confirmed resident case as of May 4, 2020. Point estimates are obtained from a Poisson regression model with standard errors clustered by state. Marginal effects were calculated using predictive margins. County prevalence (as of May 4, 2020) is represented as a percentage in the model, such that a 1 percent change is equivalent to a change in 1000 cases per 100,000 population.

Symptom screening (early) followed by PCR testing, then POC testing

- Reduction of foot traffic
- Dedicated staff, equipment, spaces
- Registered Nurse Infection Preventionist in every site supplemented by:
  - IP Designee, every shift, every unit
  - Virtual IP Rounds
- PPE Calculator, hub and spoke model for PPE deployment
- Creation of COVID-dedicated units and full sites
Rapid Development and Deployment of New Tools and Training
What if my Center has low Community Risk?

Guidance Changes Based on Lower (but Not Zero) Community Risk

August 25, 2020

Changes to the guidance issued on August 24, 2020 are in red italics.

Purpose: This document describes changes to numerous Genesis protocols enacted during the pandemic. These changes to protocol may be enacted only when community risk is lower, defined below.

REMINDER - State/local restrictions and prohibitions may apply, and would supersede this Genesis guidance until/unless resolved.

Definitions: The Genesis standard for Lower Community Risk:
1. County case rate: 3 or fewer cases per 10,000 persons in the county (rolling average per week), AND
2. State positivity: 4% or lower new COVID tests that are positive.

Source: Centers will be updated weekly via an emailed report with the latest changes to community risk. Center leaders must refer to the risk updates provided by email and posted to the Coronavirus Sharepoint Site on Central every week and adjust accordingly.

If any of the following apply, the Center must revert to standard guidance:
1. Community risk levels exceed either:
   a. 3 cases per 10,000 rolling average per week, OR
   b. If state positivity rates exceed 4%, OR
The “Identity Campaign” to Combat PPE Fatigue

Research Collaboration to Develop and Disseminate Evidence-based Behavioral Economics Interventions to Reduce Infection Risk when away from Work

Identity Campaign

Instill further resolve behind protocol adherence using social proof

I am a colleague at home...

Normalize socially distant interactions with others as opposed to complete isolation

...& I am a _____ at work

Provide extra emotional push with personal staff testimonials

Table tent testimonial from co-worker provides altruistic motivation for non-adherent staff

March 17, 2021
Managing Vaccine Hesitancy

This is our shot to help end the pandemic! Tell us why you want to be part of the big picture!
▪ “On unit” therapy versus therapy in common areas to reduce transmission risk
▪ Telepractice/teleobservation
▪ Care delivery modifications
  ▪ During COVID
  ▪ Post-COVID
## Care Management Clinical Guideline
### COVID-19 (Coronavirus Disease 2019)

### Considerations During Intervention

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Education</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>- Continual assessment of the resident's ability to maintain physiological stability with all activities/interventions</td>
<td>- Breathing: prone positioning best for tissue oxygen perfusion for cough relief; diaphragmatic, pursed lip, paced, paired, and lateral costal breathing</td>
<td>✓ improved strength</td>
</tr>
<tr>
<td>- Vital signs assessment before, during, and after intervention</td>
<td>- Airway clearance techniques (ACTs) - MD consultation required re: risk vs. benefit. May be contraindicated.</td>
<td>✓ improved exercise capacity</td>
</tr>
<tr>
<td>- Assessment for sequelae of increased isolation and decreased mobility including: wounds / compromised skin integrity, contractures, malnutrition, dehydration, cognitive-communication impairments, depression, &amp; pain</td>
<td>- Health literacy, medication and health management</td>
<td>✓ improved exertional dyspnea</td>
</tr>
<tr>
<td>- Determine need for, and ability to use, augmentative &amp; alternative communication (AAC) to meet basic needs</td>
<td>- Active communication with the interprofessional team regarding signs/symptoms of medical instability</td>
<td>✓ improved heart rate recovery</td>
</tr>
<tr>
<td>- All disciplines - assess &amp; treat symptoms of PICS as appropriate</td>
<td>- Activity: RPE &lt;3/10, &lt;3 METS with progression as appropriate</td>
<td>✓ improvement in function</td>
</tr>
<tr>
<td></td>
<td>- Train in energy conservation techniques with functional activities</td>
<td>✓ improved health literacy / management</td>
</tr>
<tr>
<td></td>
<td>- Discharge/transition planning</td>
<td>✓ improved quality of life</td>
</tr>
</tbody>
</table>

### Selected References:
- Greenewalt, S. (2020, April). Retrieved from https://www.youtube.com/watch?v=CysYTo84sY&list=PLme40bpTImF62jxiG1ykRwty0Mtnhaenct2g&index=9&t=0s
Revitalization and Recovery

Our Pathway to COVID-19 Recovery:
Revitalizing the Individual and our Communities

Revitalization Toolkit

Why revitalization?

Our mission is to improve the lives we touch through the delivery of high quality healthcare and everyday compassion.

We are all suffering through COVID-19 and experiencing a multitude of physical and psychological strain and challenges. Pandemic containment can result in weakness, fatigue, physical impairment, disengagement, depression and social withdrawal for many of our residents. Revitalization is the action of inspiring new life and vitality in our communities.

What does revitalization mean to the residents?

♥ Having caregivers around them with a deep understanding of them as a person.
♥ Moving with greater strength and ability.
♥ Gaining satisfaction by being engaged in meaningful activities.

How will we revitalize?

Acting on our culture of compassion and zero harm.

We’ve been diligent in keeping our patients and each other safe, and we look to employ that same diligence in addressing overall well-being through intentional actions in the domains of Physical Health & Function, Mental Health & Wellness, and Social & Leisure Function.

What does revitalization mean to us, the employee?

♥ Offering intentional actions to continue to relieve distress among our residents.
♥ Acting as healthcare HEROes: Helping, Encouraging, Reacting and being Open.
♥ Contributing to our own well-being by engaging with and reflecting on intentional actions.
Lessons Learned

- Preparing for ongoing/future surges and resurgences
- Removing barriers to direct, timely, targeted communication
- Hardwiring gains in infection prevention structures and processes, including supply chain
- Building on relationships with state and federal stakeholders
- Ensuring consumer confidence
- Leading the national conversation about long term care
- Building capability for research collaboration
Looking to the Future

CARE FOR OUR SENIORS ACT
Improving America’s Nursing Homes By Learning From Tragedy & Implementing Bold Solutions For The Future

AHCA
AMERICAN HEALTH CARE ASSOCIATION

LeadingAge

STRENGTHENING LONG TERM CARE THROUGH IMPROVEMENTS

CLINICAL
Enhancing the Quality of Care

WORKFORCE
Strengthening & Supporting Our Frontline Caregivers

OVERSIGHT
Improving Systems to be More Resident-Driven

STRUCTURAL
Modernizing for Resident Dignity & Safety