



FROM INCREASED INFECTION CONTROL
TO BETTER COMMUNICATION:

NAVIGATING COVID-19 IN THE LTC SECTOR

KATHERINE O'BRIEN

CCOVID-19 has unquestionably left its mark on the long-term care sector, exposing pre-existing problems, such as outdated physical design and high turnover, and revealing the critical importance of infection prevention and control. Still, after many months of battling the spread of the SARS-CoV 2 virus, nursing homes have implemented a few positive innovations and changes especially around infection control. Since the pandemic, many facilities have hired dedicated infection preventionists and some have trained additional staff for infection prevention coach roles. Having infection control staff on-site 24-7 sends the message that “infection prevention is not a single person’s responsibility – it’s everyone’s responsibility on the team,” says Dr. Nimalie Stone, medical epidemiologist for long-term care in the Division of Healthcare Quality Promotion at the Centers for Disease Control and Prevention (CDC). She hopes that these

infection control programs will continue post-pandemic. “I think we have to transform infection prevention and resident safety programs – we cannot go back to business as usual,” she says. “We owe it to our staff, our families, our residents, all of those that we’ve lost in this experience to not let this happen the way it’s unfolded again.”

Another positive change is the dramatic increase in the number of hand sanitizing stations in common areas and in residents’ rooms, says Dr. Stone. It’s vital that CNAs, and anyone else who cares for multiple residents, quickly clean their hands and change PPE when moving from one resident to the next, otherwise they risk becoming a vector for the spread of viruses from one individual to another, she says.

The CDC recommends using multiple mitigation strategies to reduce exposure to SARS-CoV-2, the virus that causes COVID-19, and limit the spread of disease. This layered approach includes improving ventilation (discussed in our

article on physical design), social distancing, wearing face masks and promoting good hand hygiene. Some additional “pillars” for COVID-19 prevention in nursing homes, according to recent research published in JAMA Internal Medicine, include frequent testing of staff and residents, restricting visitors, cohorting known infections and new admissions, and ensuring adequate ratios of full-time, fairly paid staff who work at a single home.

Staffing Problems Amplified

Staff turnover, which has long been a substantial problem in long-term care, has been amplified since the pandemic, points out Dr. Stone. Indeed, some studies, including one focusing on Connecticut nursing homes, found that higher nurse staffing levels as well as higher quality ratings were associated with fewer COVID-19 cases and deaths. According to one expert, quoted in this NPR article, a 20-minute per patient per day increase in the RN staffing level was associated with a 22 percent reduction in COVID-19 cases. (Not all experts are on the same page with this, however – the Characteristics of U.S. Nursing Homes with COVID-19 Case Study found that outbreaks were more related to facility size and location, rather than staffing or quality.)

One LTC organization that has stood out during the pandemic is the Veterans’ Homes in California, which, at least since August, had few COVID-19 cases in its 2,100 residents. In part, this may be related to staffing – the homes were kept fully staffed and extra professionals such as full-time doctors and nurses were hired, according to this Politico.com article. As well, as this Los Angeles Times article notes, nursing assistants look after six or eight residents at a time, in contrast to CNAs in private nursing homes who typically care for 10 or 12 residents

Public health experts have also identified employees who work at multiple facilities as an important risk factor. As this article from The New York Times notes, Life Care Centers of America, which operates about 200 facilities (including

the Kirkland facility in Washington, the first U.S. nursing home to have a COVID-19 outbreak), stopped using contract workers after the pandemic began and employees now work in only one building.

Mission Health's Experience

At Mission Health Communities, which runs more than 50 senior living and skilled nursing communities in Georgia, Tennessee, Wisconsin, Minnesota, Kansas and Missouri, some staff still work multiple jobs. Nevertheless, if COVID-19 flares up in a community, Mission Health asks employees to choose one site to work at until the outbreak is cleared, says regional nurse consultant Mindi Estes.

When it comes staff retention, the problem at Mission’s El Dorado Health and Rehab community, in El Dorado, Kansas, has been resolved – at least for the time being. According to Estes, who works at El Dorado as well as 10 other communities, its turnover rate of almost 80 percent was reduced by about 30 percent. She says this decrease is directly related to an initiative to change the overall workplace culture and attitude of staff. Between January and April 2020, Mission Health, which took over El Dorado in late 2019, implemented workshops that provided staff with examples on how to approach things differently and to create a team building atmosphere. (Read more about Este’s initiative, a Capstone Project for the Executive Fellows Program, in the last issue of The Director.)

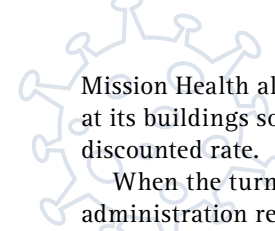
El Dorado also created an award for employees who had a positive interaction with or impacted another employee or resident. “Sometimes just a thank-you is enough for someone, [but] I think a lot of times we just take for granted that they’re going to do it because we asked them to,” says Estes. “They need to feel appreciated, whether it’s a simple thank-you, a candy bar, a gift card, bringing in shift meals so they don’t have to worry about how they’re going to eat that day. We always have to make sure that they know that we appreciate everything that they do for the residents.”

NEED INFECTION CONTROL TRAINING?

As far as infection control training goes, there are several options for nursing homes to consider. For instance, NADONA offers a 15-week online Infection Prevention and Control IPAC-22 Certificate of Mastery Program that’s been updated to meet the new regulations regarding Infection Control and the Infection Preventionist. This course, which is a prerequisite for IPAC board certification (IP-BC), includes nursing contact hours for those states that require nurses to do continuing education hours to renew their license. Topics include pathogens and infections, PPE and isolation precautions.

As well, the CDC and the Centers for Medicare & Medicaid Services (CMS) have collaborated on a free Nursing Home Infection Preventionist Training course, which covers the foundational principles and practices for infection prevention and control programs in nursing homes.

The National Nursing Home COVID Action network is working with academic centers/quality improvement partners to support small groups of 15-20 nursing homes. Their focus is currently on COVID-19 prevention and response; however, the model has the capacity to build into other infection prevention and resident safety topics in the future. Nursing homes that are certified to participate in Medicare and Medicaid programs can partake in a free 16-week training program that covers \$6,000 for staff training time. ☺



Mission Health also implemented curbside grocery pickup at its buildings so staff can buy some food items at a discounted rate.

When the turnover rate was high at El Dorado, the administration relied heavily on nursing agencies. These days they are usually only called if staff is sick or has tested positive for COVID-19. “Residents like seeing the familiar faces, especially since a lot of them don’t get to see their family,” she says. “I think [they like] that consistency of care and knowing that they have the same person coming in—‘they know me, I know them, they know what I need to feel comfortable, they know what to say to me when I’m upset or I’m missing my family.’”

So far, no resident at El Dorado has tested positive. “I feel like their bubble has been protected because they’re following the CDC guidelines and doing what they need to do to keep their residents safe,” says Estes. In addition to recently hiring a dedicated infection control officer, El Dorado has increased cleaning to all high-surface areas, limits visitors to compassionate visits, and screens all staff and residents that enter the community.

Although Mission Health tries to focus on the positive, Estes notes that staff sometimes still get frustrated. “The biggest thing ... is just making sure that we’re all communicating with one another and validating each other’s frustrations,” Estes says. She adds that Mission Health makes it a point to update staff on the latest CDC recommendations, to explain why they need to clean with a certain disinfectant, and to make sure they have the necessary PPE to safely care for residents who test positive. “If you just throw things at them and they don’t understand why they are doing this they might not do it,” she says. 🍷

More Resources

- Association of American Medical Colleges: **Hospitals Partner With Nursing Homes to Prevent and Fight Outbreaks**
- Balsillie School of International Affairs: **International Perspectives on COVID-19 and the Future of Nursing Homes**
- CDC: **COVID-19 in Long-Term Care Facilities**
- Centers for Medicare and Medicaid Services: **Nursing Home Reopening Guidance for State and Local Officials**
- Infection Control Today: **How to Build Cost-Effective Infection Prevention Programs at Long-Term Care Facilities**
- Net Health: **Tips for Fulfilling CMS’ New Reporting and Testing Requirements for Long-Term Care Facilities**



Katherine O'Brien is a freelance writer/ editor/ghost-writer in the B2B/B2C health, aging and non-profit sectors who creates content that engages and educates target audiences and sells brands. She has written about advanced health and medical topics like dementia, cancer and aging for both general audiences as well as healthcare professionals and administrators.

LEARNING FROM NURSING HOMES THAT KEPT COVID-19 AT BAY IN THE FIRST WAVE

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With a global pandemic that is still evolving, no one can definitively say why some nursing homes avoided the losses that many in the long-term sector experienced. Still, many of the organizations below had a few points in common: they were aware of what was happening globally, they prepared early, and they mounted a swift and thorough defense.

Maryland Baptist Aged

Maryland Baptist Aged facility in Baltimore, which reported no cases of COVID-19 as of last October, had hired a full-time quality assurance infection-control nurse prior to the pandemic. In late February/early March 2020, administrators locked down the facility. The measures they took included:

- Adopting a rigorous screening process
- Taking temperatures of employees three times a day
- Putting community meals on hold
- Providing staff with on-site meals
- Ordering extra masks early
- Bringing in extra activity staff

Sources: PBS News Hour – **This Maryland Nursing Home Has Had No Coronavirus Cases. How Did They Do It?** (July 9, 2020), Baltimore Sun – **Update: West Baltimore Nursing Home Continues to Beat COVID-19** (Oct. 13, 2020)

Vernon Manor

By late February, 2020, Vernon Manor in Vernon, Connecticut, where all residents tested negative, took a number of actions, including the following:

- Creating a threat analysis to look at weaknesses and strengths
- Restricting visitors
- Ordering extra masks (the facility also provided staff with PPE for personal use)
- Placing air purifying units in high-traffic areas
- Installing air scrubbers in isolation units
- Sending out time-sensitive updates to families
- Creating a COVID-19 Facility Resource Guide

Sources: iAdvance Senior Care: **What We Can Learn from Vernon Manor’s Zero Positive COVID-19 Cases** (July 6, 2020)