


Connecticut's LTC COVID-19 Response

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Mairead Painter
State Long-Term Care Ombudsman



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- ▶ Thank you for offering this forum to discuss and better understand the impact that COVID-19 has had on the Long-Term Care communities here in CT.
 - ▶ Long-term care settings are in the crosshairs of this national tragedy with millions of residents at greater risk of severe symptoms and death.
 - ▶ Connecticut's long-term care communities were some of the most impacted in our country, both residents and staff suffered significant loss of life.
 - ▶ In addition to a strong medical and infection control response to COVID-19, residents need a strong social and emotional response.
 - ▶ Many are experiencing weight loss, failure to thrive, falls and significant physical decline.
 - ▶ Declines are due to the isolation they are experiencing as a result of visitor restrictions and being quarantined for weeks in their rooms.
 - ▶ Residents require more than nursing care to recover. Their social and emotional wellbeing need immediate attention.
 - ▶ Due to visitor restrictions the LTCOP has had to expand outreach. We have had to think outside of the box, identifying new technology solutions to provide support.

Forum Questions

- ▶ What concerns have you heard specifically related to Nursing Homes regarding the availability and use of PPE, testing for residents and staff, and protocols in place to keep residents safe?
- ▶ What do we need to improve?
- ▶ How do we best prepare our Nursing Homes for any future outbreaks?

Availability and Use of PPE

Concerns related to availability and use of PPE:

- ▶ Concerns related to access of appropriate PPE in each home
- ▶ Questions related to level of PPE required in each cohort
- ▶ Questions related to availability of PPE to facilitate family/friend visitation

Outcomes

- ▶ DPH responded in an innovative way
 - ▶ Prior to having the ability to do in person visits, they used Facetime calls to verify staffing and PPE
 - ▶ Now visits to the home and counting

Testing

Concerns related to testing of residents and staff:

- ▶ Concerns related to testing stopping after 14 days with no positive cases
- ▶ Staff are taking vacations or potentially interacting with others who have been on vacation and without testing they will not know they are positive until it is too late
 - ▶ Testing could be days away and residents could be at risk
 - ▶ Staff can return to work and go into the home, but family/resp party can not

Recommendations:

- ▶ Residents and family members would like testing to remain in place at least until the restrictions on residents and visitation are removed
 - ▶ If the risk is low enough to stop testing, then family members want to visit

Safety Protocols

Concerns Related to Safety Protocols:

- ▶ Access to information
 - ▶ Residents and family members did not feel they were given easy access to information from the beginning
- ▶ Lack of oversight in the facility
 - ▶ Little ability/access to file a confidential complaint
 - ▶ Fear of retaliation
- ▶ Poor communication with residents and family members from some facilities
 - ▶ Transparency
 - ▶ Number of active cases
 - ▶ Deaths
 - ▶ Social and emotional support
 - ▶ Visitation

Safety Protocols Recommendation/Response

- ▶ State Ombudsman updated on daily partnership calls - fully informed to get info to residents and family members
- ▶ Letters sent to residents and family members outlining and explaining the state's response plan
 - ▶ Some done in conjunction with DPH
- ▶ State Ombudsman does Facebook Live outreach was 3x a week/now 1x a week
 - ▶ Participation by both DPH & DSS when requested
- ▶ Case escalation – when appropriate from the LTCOP to DPH/FLIS or DSS
- ▶ Mutual Aid - daily information reporting into the system, collected and triaged

Safety Protocols Continued

Immunity - Executive Order 7V grants nursing homes civil immunity. Residents and family members want this rescinded or amended to better protect the residents and provide accountability.

- ▶ To exempt nursing homes from liability for all except for gross negligence during a period of time when there is unquestionably less oversight gives license to those so inclined to neglect residents' needs and rights.
- ▶ Facilities are being compensated by the State of Connecticut at an increased rate during the pandemic and should be providing the highest level of care.
- ▶ Facilities need to be held to a standard of care for their residents, who are some of the state's most vulnerable citizens at this time.
- ▶ Camera use should be allowed as an added protection through this period of time and any future time when family, friends and advocates are not able to have open access to the facility.

Visitation

Under normal circumstances, there are many individuals who regularly visit the Long-Term Care settings. These individuals are able to observe directly and report any concerning issues.

- ▶ All visitation in long-term care settings is currently limited to video, window or limited outdoor visits,
- ▶ Visitors can't enter the nursing homes to observe the current conditions.
 - ▶ Once they have the opportunity to see the resident outside or on video some are reporting a significant decline.
 - ▶ Concerns reported are related to weight loss, failure to thrive, overall physical decline, and injury/mistreatment.
- ▶ In-person Long-Term Care Ombudsman visits have also been restricted
 - ▶ Every effort is being made to advocate on behalf of residents by the Long-Term Care Ombudsman Program (LTCOP) and use other means of communication with the residents and family members
- ▶ Unquestionably less oversight

Visitation Continued

- ▶ Compassionate Care visits are currently only allowed at end of life
 - ▶ Cases when family was not called in time and no visit took place
 - ▶ Some facilities only offered 1 visit to say goodbye
 - ▶ New CMS guidance is out in a FAQ 6/23/2020
 - ▶ There is new guidance actively being developed to expand the definition of compassionate care visits
- ▶ How are residents “safe” while experiencing extended periods of isolation
 - ▶ Need to expand social and emotional support in each facility while family/friends have limited access
 - ▶ There is CDC guidance on reopening
 - ▶ Homes must reach “Phase III” for visits to be restarted
 - ▶ CONCERN - Homes must have adequate PPE & staffing to reopen

Preparing for Future Outbreaks

- ▶ Residents receive quality care that meets individualized needs including social and emotional
 - ▶ Appropriate staffing levels to meet individualized needs
 - ▶ Require staff in addition to Nursing/CNA's to meet the social and emotional needs of residents
 - ▶ Social Workers, Recreation, Mental Health Support and Religious Support Services
- ▶ Individualized COVID Care planning for each resident
 - ▶ Identify residents needs as addressed on previous person-centered plan of care
 - ▶ How are the identified needs being equally met during the pandemic?
 - ▶ Must include family/resp party when appropriate or identified
 - ▶ Must address their personal care needs - Teeth brushed/in, toileted as needed without waiting more than 20 min, showers – weekly at a minimum - preferably requested
- ▶ Access to outside/time out of room daily (for COVID negative and COVID Positive Units)
- ▶ Access to interaction with family or friends via outdoor visits, phone or video
 - ▶ With choice given and made by resident/support person
 - ▶ Identified area for the winter/poor weather
- ▶ Access to medical procedures as resident/resp party sees necessary

Preparing for Future Outbreaks continued

- ▶ Expand/Define Compassionate Care Visits
 - ▶ Compassionate care visits in order to meet individualized needs identified on the person centered plan of care
 - ▶ Support physical/mental health of resident due to:
 - ▶ Significant unplanned weight loss
 - ▶ Failure to thrive
 - ▶ Increase in behavioral symptoms
 - ▶ Increased difficulty with mobility/independence
 - ▶ Increased falls
 - ▶ No longer able to toilet self
 - ▶ Need for nutritional support
 - ▶ Family/resp party can take extra time or engage to feed the resident