



Lessons for Long Term Care: What COVID taught us

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Pandemic Pearls

- Power of Resilience
- Politics and Public Health
- Primary Vector
- Perpetual Vigilance
- Purposeful Conversations
- Power of Partnership

Power of Resilience



COVID19 Compounds Losses

- Communal dining
- Social activities
- Visits from family
- Visits to/from doctors and other providers
- Outings
- Religious gatherings
- Homes







Politics and Public Health



Research | [Open Access](#) | [Published: 25 May 2022](#)

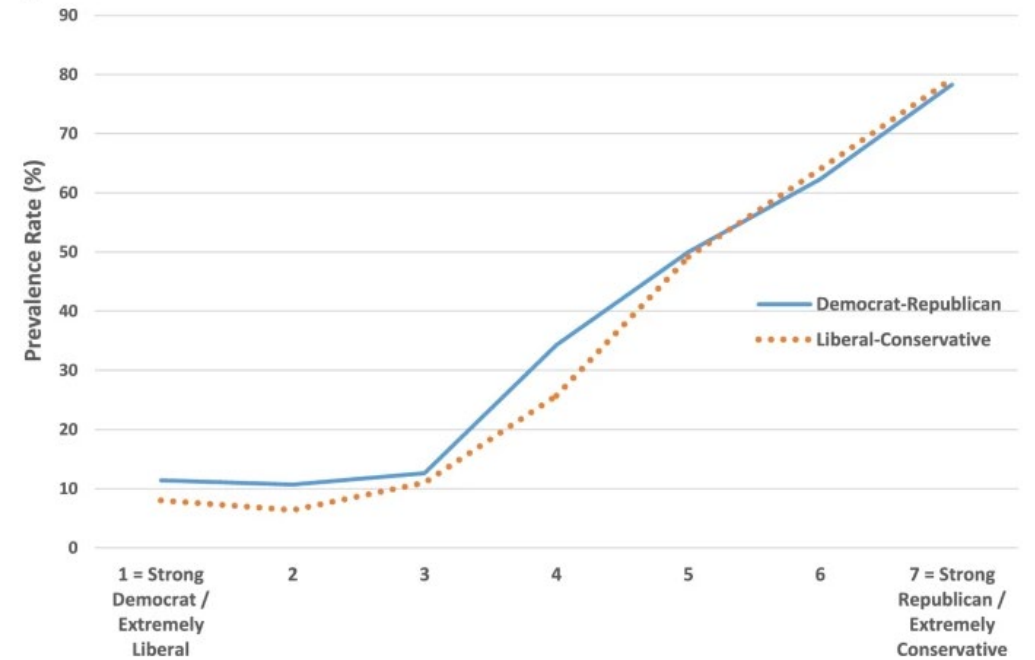
Determinants of COVID-19 skepticism and SARS-CoV-2 vaccine hesitancy: findings from a national population survey of U.S. adults

[Jeff Levin](#)  & [Matt Bradshaw](#)

[BMC Public Health](#) **22**, Article number: 1047 (2022) | [Cite this article](#)

3496 Accesses | **3** Citations | **53** Altmetric | [Metrics](#)

Fig. 1



COVID-19 skepticism by political party identity and political orientation

Frontline Experiences

- "Why are you choosing to experiment on my father?"
- "My son isn't a doctor, but he acts like he is."
- "I want the vaccine, but my daughter won't let me get it."
- "I will not approve treatment with paxlovid or molnupirivir, but if you prescribe ivermectin I will agree to that."
- "Who gave you permission to test my mother for COVID? It's your fault she is being placed in quarantine!"

Primary Vector





U.S. Department of Health and Human Services
Assistant Secretary for Planning and Evaluation
Behavioral Health, Disability, and Aging Policy

COVID-19 INTENSIFIES NURSING HOME WORKFORCE CHALLENGES

Home // Coronavirus (COVID-19) // KFF/The Washington Post Frontline Health Care Workers Survey // Toll of the Pandemic

KFF/The Washington Post Frontline Health Care Workers Survey

Ashley Kirzinger, Audrey Kearney, Liz Hamel, and Mollyann Brodie

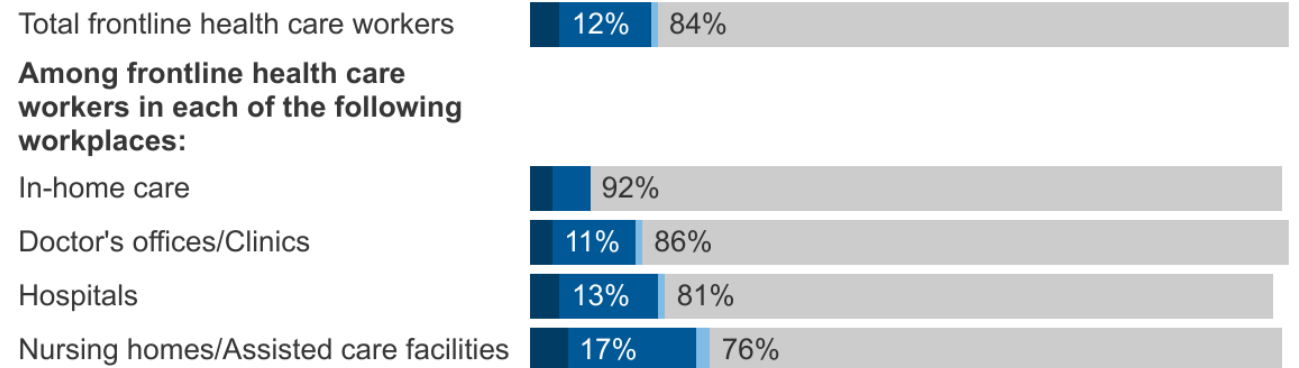
Published: Apr 06, 2021

Figure 6

Some Frontline Health Care Workers Tested Positive For COVID-19, Very Few Experienced Major Symptoms

Among health care workers in each of the following workplaces, percent who say they:

■ Tested positive and experienced major symptoms ■ Tested positive and experienced minor symptoms ■ Tested positive but didn't experience any symptoms ■ Did not test positive for COVID-19



NOTE: See topline for full question wording.

SOURCE: KFF/Washington Post Frontline Health Care Workers Survey (Feb. 11-March 7, 2021)

KFF The Washington Post

Frontline HCW

- Uninsured or underinsured
- Often work through illness
- Often underpaid and working multiple jobs in the healthcare sector
- Inter-facility overtime versus Intra-facility overtime

Perpetual Vigilance



OIG: Pandemic Data Shows Major Changes Needed in Nursing Home Staffing, Surveys, Infection Control

By **Amy Stulick** | January 19, 2023

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A federal watchdog agency is calling for “significant changes” to nursing home operations and oversight in light of new data on Covid-19 infection rates.



The Department of Health and Human Services Office of Inspector General (OIG) calls on the Centers for Medicare & Medicaid Services (CMS) to take action in a report issued Thursday. More than 1,300 nursing homes had Covid-19 infection rates of 75% or more during surges in 2020, even though most of them had no infection control issues as identified by surveys, as well as nursing hours that met or

Feds Advise Nursing Homes on Reducing Winter COVID Infections

🕒 January 19th, 2023



In the new year, the country continues to respond to the COVID-19 pandemic. The United States Department of Health and Human Services (HHS) recently released guidance to nursing homes and long-term care facilities on practical steps they can take to help reduce the COVID-19 infection rates among residents and staff this winter.



Ongoing Infection Control Measures

- Encourage and facilitate vaccination of staff and residents
- Encourage properly fitted masks for staff, residents, and visitors regardless of vaccination status
- Screen visitors for signs of acute febrile illness or active COVID19
- Point prevalence testing
- Social Distancing
- Contact tracing and isolation
- Better ventilation

[COVID-19: Management in nursing homes - UpToDate](#)

Purposeful Conversations



Review

> *Geriatr Gerontol Int.* 2021 Sep;21(9):779-787. doi: 10.1111/ggi.14237. Epub 2021 Jul 27.

Implementation of advance care planning amid the COVID-19 crisis: A narrative review and synthesis

Yoshihisa Hirakawa ^{# 1}, K M Saif-Ur-Rahman ^{# 1 2}, Kaoruko Aita ³, Mitsunori Nishikawa ⁴,
Hidenori Arai ⁴, Hisayuki Miura ⁴

Affiliations [+](#) expand

PMID: 34318579 PMCID: PMC8444945 DOI: 10.1111/ggi.14237

Power of Partnership



Hospital and Community Skilled Nursing Partnership for Monoclonal Antibody Treatment During the Novel Coronavirus Pandemic

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Baylor Scott & White Medical Center – Temple, TX



INTRODUCTION/OBJECTIVE

Skilled nursing facilities emerged as the “canary in the coal mine” at the outset of the COVID19 pandemic. This study examines two collaborative pilots, both focused on the administration of monoclonal antibody (MAB) treatment in a skilled nursing facility (SNF), to reduce hospitalizations and death. The participating SNF is a 130 bed for-profit nursing home with an individual owner. The referring hospital is Baylor Scott & White Memorial Medical Center, a 635-bed non-profit tertiary hospital.

DESIGN/METHODOLOGY

The design is a retrospective case control study in two phases, SNF Outbreak 1 and SNF Outbreak 2. The initial phase took place in December 2020 over the course of a 4-week COVID19 outbreak. The second phase took place in July 2021, during Outbreak 2. Phase 1 cases were those patients who were COVID19(+) and treated with MAB in addition to standard supportive care. Phase 1 controls were those patients who were COVID19(+) but not treated with MAB. Phase 2 cases were those patients who were COVID19(+) and treated with MAB whereas the controls were COVID19(-) patients who were treated with MAB for post-exposure prophylaxis (PEP). Outcome measures included deaths and hospitalization.

RESULTS

During Outbreak 1, the census was 72 and 59 residents tested (+) for COVID19. Of the total (+) COVID19 cases, 37 patients (cases) received MAB, while 22 patients (controls) did not (either because they refused or were outside the treatment window). There were 7 deaths (31.8%) and 7 hospitalizations (31.8%) in the control group. There were 6 deaths (16.2%) and 3 hospitalizations (8.1%) in the treatment group.

During Outbreak 2, the census was 65. Sixteen patients tested (+) for COVID19 and were treated with MAB (cases), whereas 46 patients tested (-) for COVID19, but received MAB for PEP (controls). Three patients refused, and 1 patient was hospitalized before he could receive treatment, later passing away. There were 5 hospitalizations among (+) patients, 2 related and 3 unrelated to COVID19. There were no deaths or hospitalizations in the COVID19(-) group.

We demonstrated significant reductions in hospitalizations and death (75% and 50%, respectively) for those who received MAB during the phase 1 outbreak. During the phase 2 outbreak, only 12.5% of COVID19(+) patients were hospitalized and 6.25% died due to COVID19. Importantly, prophylaxis with MAB drastically reduced the rate of conversion to COVID(+) status and accelerated our ability to extinguish the outbreak.

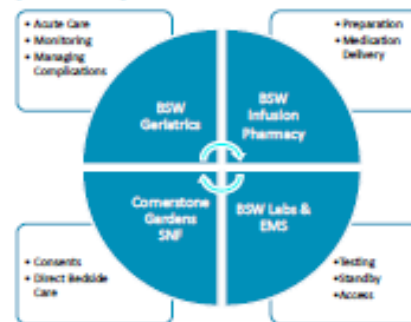
3 Key Lessons Learned

- **Collaboration**
 - Expanding care capabilities outside the hospital requires collaboration
- **Innovation and Agility**
 - Partnership between community providers and hospital teams creates opportunities for innovation and agility
- **Health System Capacity**
 - Preserving hospital capacity depends not only on managing throughput and length of stay, but also on our ability to create care pathways outside the hospital when appropriate.

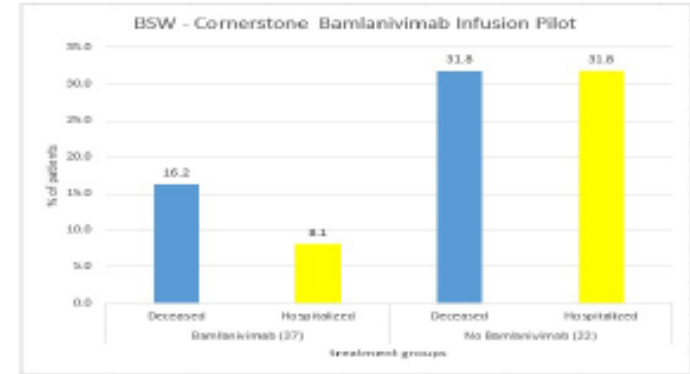
BSW Geriatrics Cross Continuum Penetration



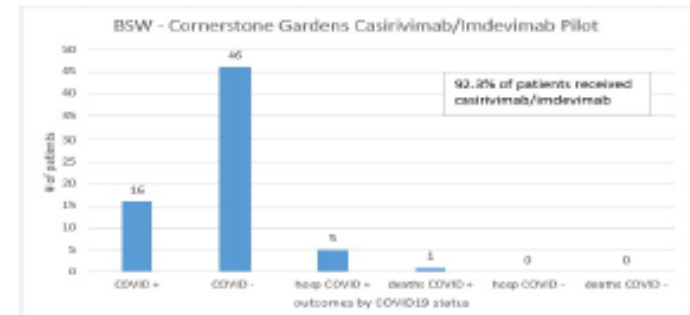
Partnership Participants



Outbreak # 1 - December 2020



Outbreak # 2 - July 2021

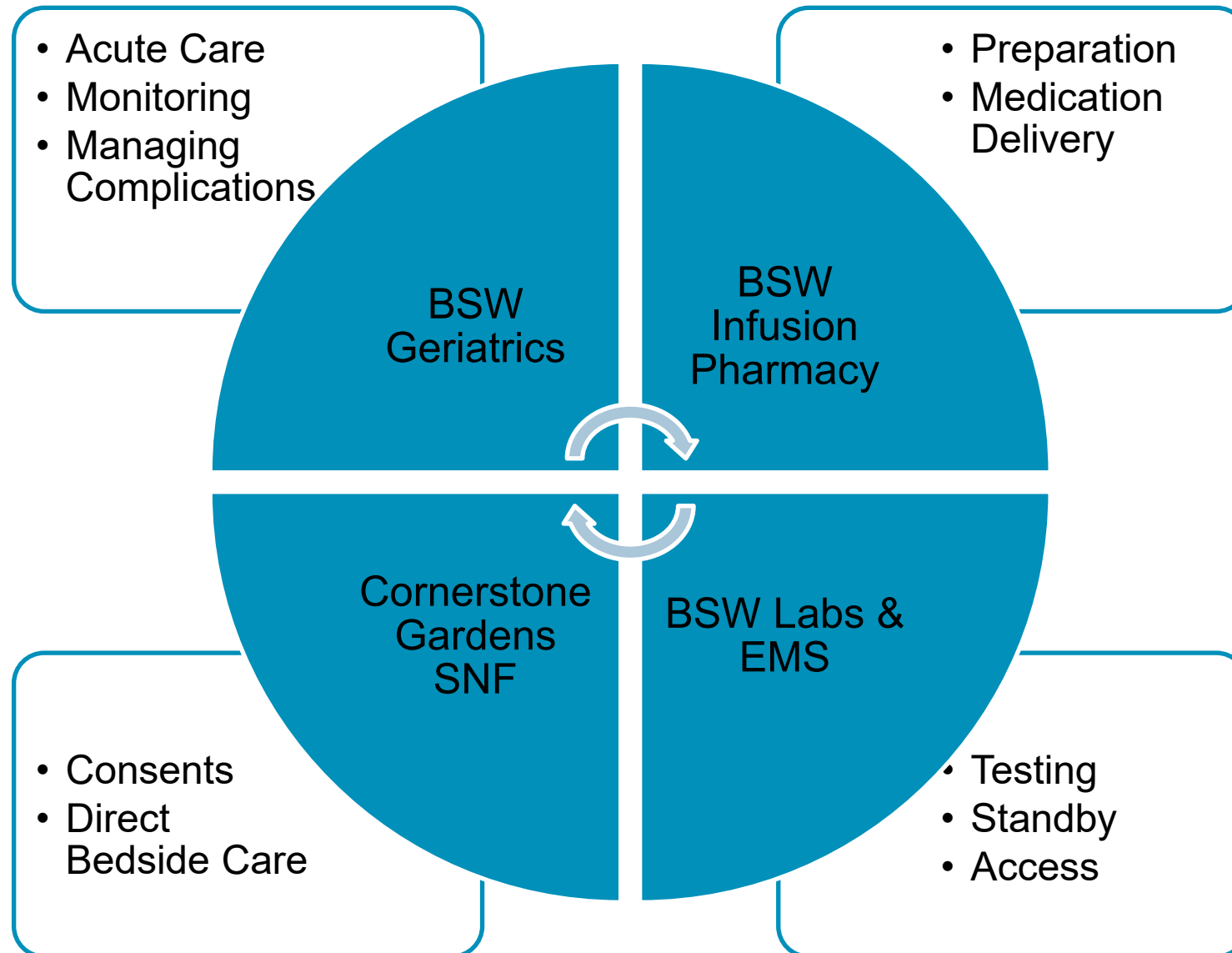


CONCLUSION/DISCUSSION

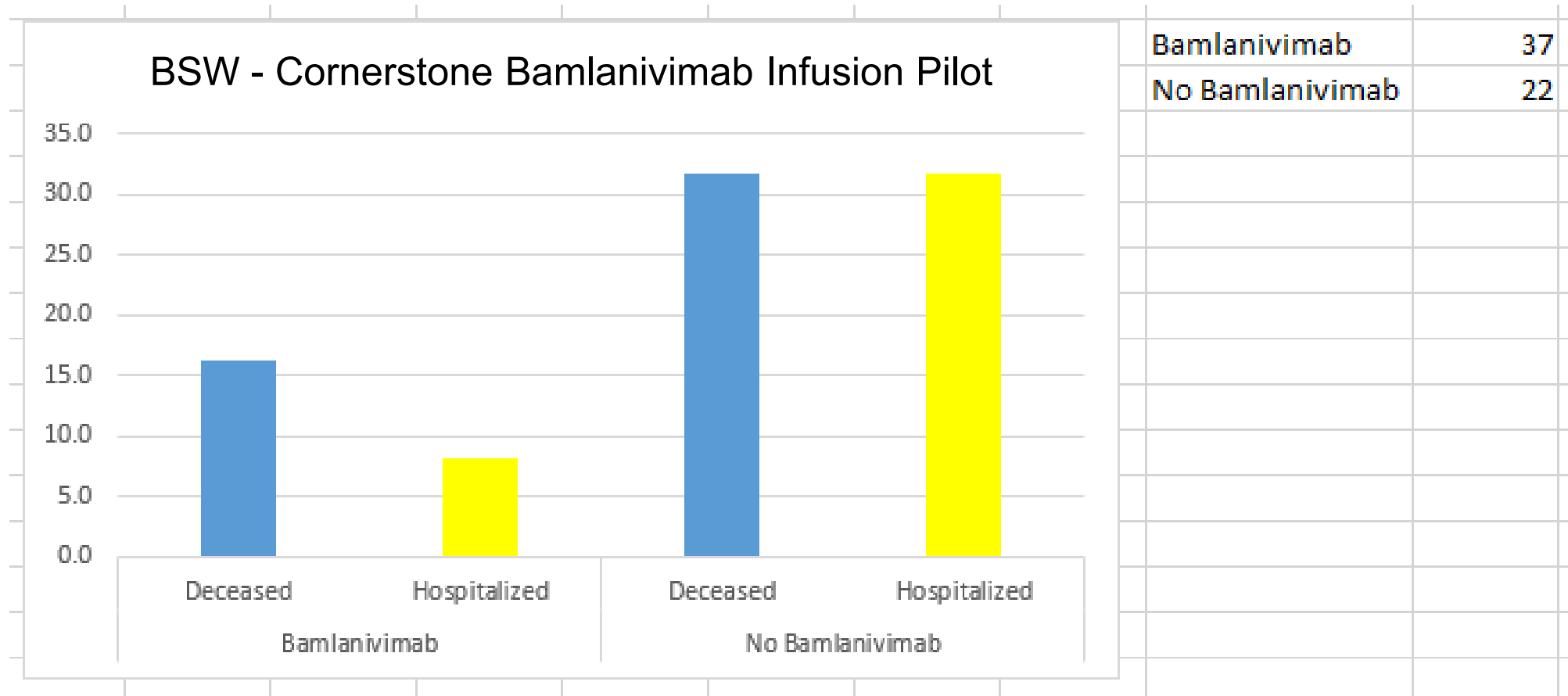
These reductions in hospitalization and mortality would not have been possible without collaboration between the hospital and the community SNF. This creates a unique opportunity to pilot new innovations in collaborative health care modeling with iterative adjustments based on lessons learned during the process. By partnering with the hospital, our nursing home was able to improve outcomes for COVID (+) residents, reduce the spread of COVID19 with PEP, and help preserve hospital capacity by treating residents in place.



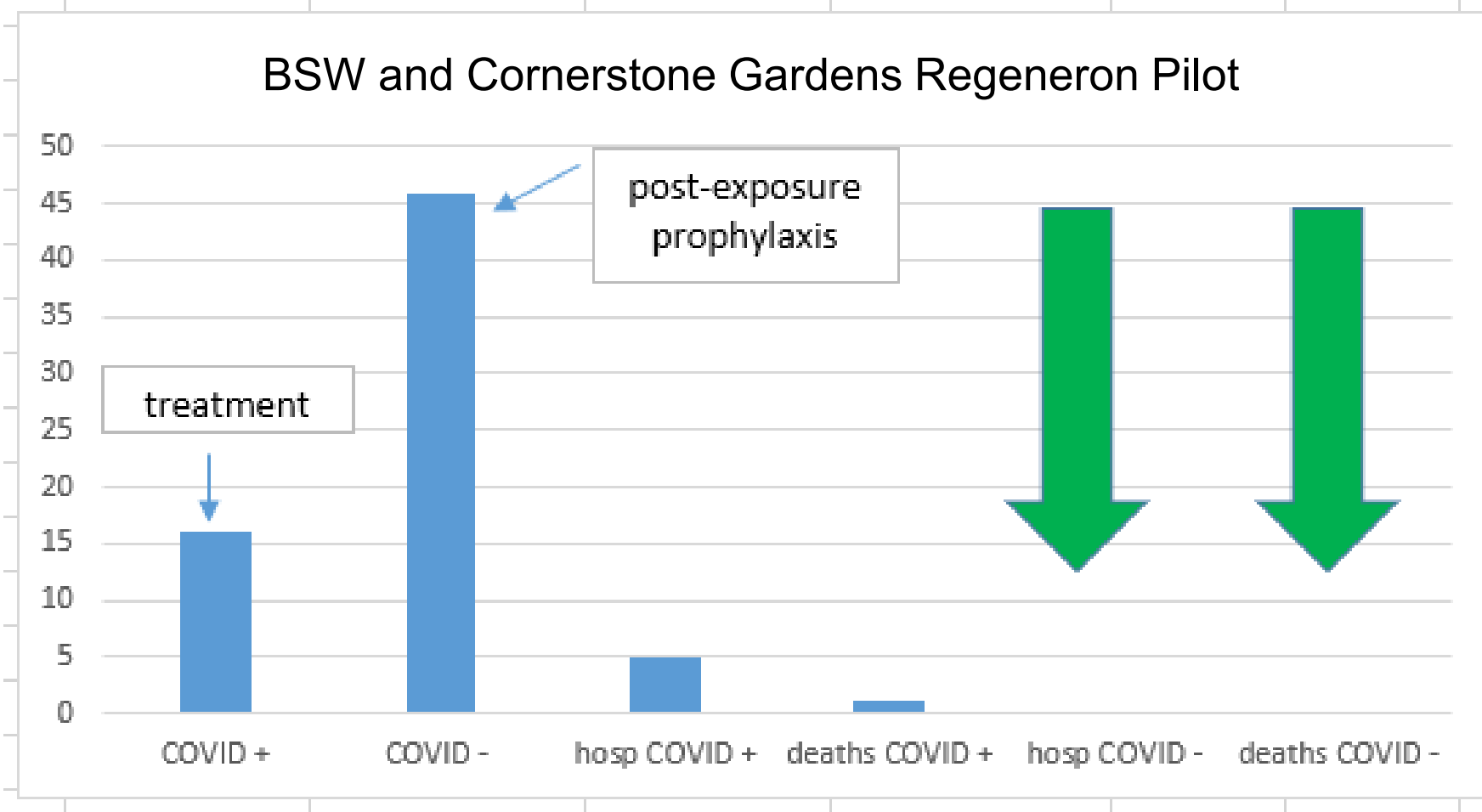
Partnership Participants



Outbreak # 1 - December 2020



Outbreak #2 - July 2021



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Questions and Comments are Welcomed