COVID-19: What do we know? Where do we go?
Webinar Summary and Overview

On July 1st, 2020, Greater New York Health Care Facilities Association hosted a webinar to provide the latest updates relating to COVID-19 emergency preparedness planning, testing, and reopening. We've provided a summary for each speaker below.

Q&A with Mark Kissinger, *Special Advisor to the Health Commissioner, New York State Department of Health*

Question: Speak about visitation at long-term care facilities, where are we in that decision?

"Lots of conversations are being had internally with public health staff, epidemiology, the commissioner, as well as, with the governor's office. It is broadly recognized that facilities should be given a few days time, following a DOH announcement that permits visitation, to allow facilities to put into place necessary measures for safe visitation."

Question: What are the biggest issues facing the long-term care industry going forward?

"The main question right now is whether our current structure of long-term care is working. Going forward, we expect to see a greater focus on a more medicalized environment with greater emphasis on infection control. We also expect a transition towards more home-care and away from congregate living."

Question: In regard to the changing requirements for emergency preparedness for long-term care facilities, how is the Department of Health going to address the fact that facilities need more insight as to the implementation of the new statute?

"The basis for this insight will come from the tenets of the emergency planning mandate that was done at the federal level. We would like to create a 'Pandemic Planning Draft' or similar tool that we can send out to people for comments. We would like to work with the association and multiple stakeholders and take into account a variety of perspectives and recommendations. We recognize the issues of storage. The legislature did not mean that each facility must store a 60-day supply as we recognize that this is not feasible. Instead, facilities can utilize a consortium option wherein multiple facilities come together, and a 60-day supply for each of them is stored in a shared warehouse. Perhaps this can even be done on the county level."

Question: Looking at finances, the census is really down for a lot of facilities, which raises questions in regard to staff allocations, financial viability - there's about a 30% reduction in census, and the state is not having to spend money for those beds, any conversation of what that looks like going forward for the budget?

"Everything is on hold until we see what the federal aid package looks like. We had a budget problem going into this pandemic, now given that expenses have changed, revenues have fallen off the table – it's difficult. The Department of Health plays a role not only as regulator, but also as an advocate internally for the providers."

<u>Question</u>: In terms of reporting, the Department of Health only *requires hospitals to report 3x/week, while long-term care facilities are still required to report 7x/week, when will that change?*

"There's a lot of interest in long-term care facilities right now. As we continue to see number of positive cases go down, this will help transition to less frequent reporting."

<u>Question</u>: Where is long-term care going?

"No one is happy with the system we currently have. It is going to take a lot of people and many efforts to change the current structure. We need to get government more involved. The nature of the political process makes it very difficult to get a decision and we need to address that."

John Kerney, *Director of Health Life and Safety, Greater New York Health Care Facilities Association*

John discussed the current CMS emergency plan requirements and provided recommendations for how facilities can implement an effective crisis response. Although John's slides will be made available, his key recommendations for facilities are as follows:

1. Implement an emergency phone line that people can call and get information from
2. Have a readily available list of resources that facilities can contact with questions, and ensure that this is regularly updated and accurate
3. Have procedures and plans for how to get resources
    a. For example, a list organizations at the community level
4. Have pre-arranged scripts of what to say and when to say it as well as agreements with staff about disclosure
    a. For example, staff are prohibited from speaking with the press
5. Have a Media Contact List
    a. If releasing information to the media, the facility must know who it is that is calling, information should not be given to anyone who calls
6. Have After Hours Contact Information
    a. Who is the person that families can call and speak to after daytime staff and administrators have gone home? That person must be educated on emergency procedures and protocols
7. Front Desk Training
    a. The person who is the first contact of a press call, whether that be the front desk or someone else, must be educated on how to respond. The call should not just be forwarded to the next person. Whoever first answers the call MUST find out the following:
        i. *Who* is calling
        ii. *Where* they are calling from
        iii. *What* they want to know
    b. **NEVER** say – "No Comment."

Lourdes Martinez, *Partner and Director at Garfunkel-Wild Law Firm*

Lourdes provided a legal review of where we stand in terms of executive orders. She reminded the audience that executive orders are only effective for 30 days. After 30 days, the executive order must be renewed. Lourdes' slides will also be made available, however some of the most

notable executive orders she discussed can be found below:

EO 202.45 – Travel Advisory

If you are coming into NY from a state that has been identified as high-risk, the list of which is being continually updated, you must quarantine for 14 days once you arrive. While there's an exemption for health care workers, they still must test negative before they can go back to work. Additionally, if an employee voluntarily chooses to travel and has to quarantine upon return, the employee is not entitled to be paid. The employee may use paid-time off, but if none is available, the employer is not obligated to pay the employee. The only exception to this is if the employer mandates the travel.

EO 202.40 and 202.30 – Testing

Extended until 7/9/2020

The requirement for testing of all staff/personnel remains 2x/week, except for facilities located in phase 2 regions, in which the requirement is only 1x/week.

EO 202.44 and 202.32 – Laboratory Testing

Extended until 7/21/2020

Labs may continue to carry out COVID-19 testing without a physician's order. Additionally, physicians can order COVID-19 testing without having a patient-physician relationship.

EO 202.39, 202.19, 202.18 – Family Notification

Extended until 7/7/2020, but it is likely that this EO will be extended for another 30 days. States that facility must notify family of any resident testing positive, or any COVID-19 related death within the facility.

EO 202.44, 202.39, 202.15, 202.21

Extended until 7/21/2020

Nursing students may continue to work in facilities under supervision. Physicians from other states may come and work in New York to provide assistance.

Lourdes also spoke about some of the investigations currently underway. Most notable is that by the Office of Inspector General (OIG). The OIG was asked to investigate the decision of several states, NY being one of them, to pressure long-term care facilities into taking COVID-19 patients, and that this occurred despite having underutilized resources such as the navy ship and Javitz Center.

Dr. Tzvi Jonas, MD, MBA – Chief Medical Officer, Sheepshead Nursing and Rehabilitation

Dr. Jonas began his presentation sharing how Sheepshead Nursing and Rehabilitation responded to the COVID-19 public health crisis and the lessons they learned. He then transitioned into PCR Testing, Telemedicine, Advanced Care Planning, and Social Isolation and Loneliness. Dr. Jonas structured these topics in a problem/solution format. His presentation slides, which will be made available, delineate clear solutions to many of these complex problems.

Two of the most notable challenges faced by Sheepshead, and many other facilities, were 1) limited access to rapid and reliable testing and 2) staffing shortages. To address the lack of testing, Sheepshead placed all residents on contact and droplet precautions. To address staffing

shortages, Dr. Jonas highlighted that it takes time to train completely new personnel and that it would be more efficient to pull from within the facility and work with people who already know the workings of the facility. This can be done by rearranging the roles of staff. He provided the example of when the Director of Nursing of Sheepshead fell ill. To fill this role, Sheepshead had their director of infection control fill this role and then 'trained up' to fill the infection control role.

In his discussion of telemedicine, Dr. Jonas encouraged facilities to consider the implementation of a telemedicine system. He discussed the many benefits of doing so, some of which include:

1. Allowing quarantined staff to continue treating patients
2. Reduced staff exposure to COVID-19
3. Increased availability of specialty consults

He also spoke of the widespread expansion of telemedicine reimbursement and the ways in which telemedicine can be financially advantageous.

Dr. Jonas provided several resources for Advanced Care Planning and provided advice for facilities on how to best convey realistic expectations to both patients and loved ones in a time of great uncertainty and fear. These resources can be accessed directly by clicking below:

1. VitalTalk
2. Center to Advance Palliative Care
3. Respecting Choices
4. American Academy of Hospice and Palliative Care

Lastly, Dr. Jonas spoke about the detrimental impact that social isolation and loneliness can have on the well-being of elderly patients and how facilities can identify and manage these risks. Key components of his recommendations include:

1. Maintain existing relationships through video visits
2. Foster new connections through socially distanced activities, virtual religious services, or by matching a staff member with a resident
3. Assist residents in changing their thinking about the social connection through cognitive behavioral therapy and/or mindfulness

Greater New York Health Care Facilities Association would like to thank all webinar attendees for joining us. We welcome any feedback and look forward to hosting subsequent webinars. All presentation slides will be made readily available. Please do not hesitate to reach out with further questions.