



July 17, 2020

Coronavirus Commission for Safety and Quality in Nursing Homes

Dear Commissioners:

The American Association of Post-Acute Care Nursing (AAPACN) is a professional association encompassing both the American Association of Directors of Nursing Services (AADNS) and the American Association of Nurse Assessment Coordination (AANAC). AAPACN and its subsidiaries represent more than 18,000 long-term and post-acute care nurses across the country. AAPACN is dedicated to supporting nurses and other health care professionals by providing education, certification, and resources to foster strong, collaborative communities. AAPACN's programs and initiatives support and drive high-quality care in long-term and post-acute care (LTPAC) settings.

Our members, the facilities in which they work and the patients they care for, have all been significantly impacted by the COVID-19 pandemic. As a nation, we have passed the grim milestone of more than 130,000 deaths from COVID-19 with nursing home residents disproportionately representing nearly 55,000 or 42% of all COVID-19 deaths. While we appreciate the commitment of this commission to identify opportunities to support quality and safety in nursing homes across the country, and to save the lives of these vulnerable residents, we believe there are two immediate steps that can improve support in the short term:

- 1) Provide sufficient resources to the skilled nursing industry. Most immediately, our members continue to require personal protective equipment (PPE) supplies in significantly greater quantities.
- 2) Streamline and ensure coordination between CMS and state and local governments. CMS must provide resources, including specific guidance on testing and other protocols to ensure consistency among states and surveyors. Absent such guidance, and consistent application across the country, we fear continued challenges in protecting patients and skilled nursing staff.

More broadly, we respectfully submit the following comments in support of the Commission's four objectives:

1. *Identify best practices for facilities to enable rapid and effective identification and mitigation of transmission of COVID-19 and other infectious diseases in nursing homes.*

Identification strategy:

- 1) Ensure sufficient and fully funded access to accurate and rapid results testing for both skilled nursing facility residents and health care professionals. This is especially important when communities experience an increase in infectious disease cases. In the COVID-19 pandemic, AAPACN members have experienced delays of between six to 14 days for laboratory results. Staff who may eventually test positive continue to work asymptotically while waiting for results, increasing the risk of exposure to others. Rapid response of laboratory testing reduces the risk of spread of COVID-19 and improves resident safety. We appreciate the July 15, 2020 announcement and future deployment of rapid testing materials to nursing facilities. We applaud CMS' intent to prioritize test kit distribution in areas experiencing a COVID-19 surge. We ask that CMS continue to provide future updated testing as technology and information about testing improves.

Mitigation strategy:

- 1) Ensure access to sufficient and appropriate supplies of personal protective equipment (PPE) for all nursing facilities care providers. Nursing facilities must be a priority to receive PPE (masks, gowns, gloves) and hand sanitizer. Many, but not all, nursing facilities received a 14-day supply of PPE from the Federal Emergency Management Administration (FEMA) earlier this year. Unfortunately, the quality of the supplies received was in no way sufficient for most facilities. Further, many facilities reported the PPE was not usable or was not intended for medical use.
 - 2) Ensure that state and local governments consider the health and safety of nursing home residents and staff. Nursing facilities are unique in that they are both a congregate setting and home to these vulnerable residents. This unique setting as both a home and care facility significantly raises the risk for infection spread. Communities with rising rates of infection will result in rising infections in nursing facilities. Facilities should be permitted to cohort and isolate resident populations without requirements to accept new and possibly infection but asymptomatic residents.
- 2) *Work to recommend best practices as exemplars of rigorous infection control practices and facility resiliency that can serve as a framework for enhanced oversight and quality monitoring activities*

Infection control practices for enhanced oversight and quality monitoring:

Post-acute care facilities have access to infection control and prevention education and training programs provided via the CDC and other entities. However, the lack of research specific to COVID-19 to create evidence-based practice standards is a significant challenge, especially when caring for frail elderly. In addition, because COVID-19 is a novel virus, development and dissemination of best practices, which can be defined as methods and process of care delivery that are proven over time to be effective, is a tremendous challenge for providers. Creating opportunities for providers to share their experiences in a non-punitive forum and facilitating the development and sharing of best practices throughout the nation would be invaluable at this time.

Facility resiliency framework:

Resiliency relies upon preparation and resources to recover from a crisis or incident. Nursing facility resilience has been significantly undermined by a lack of resources and staffing caused by inadequate funding.

- 1) Funding: AAPACN urges the commission to recommend additional funding for nursing facility programs to support staff salaries, PPE, testing, expanded broadband access to provide greater telehealth capabilities. AAPACN further urges the commission to recommend increases in Medicaid reimbursement rates for skilled nursing services.
- 2) Staffing: Prioritize support for programs, via civil monetary penalties and other available funding sources, designed to attract top talent, retain nurses and nurse aides to long-term care. Programs that include but are not limited to efforts to:
 - Develop the leadership skills and behaviors of nursing home senior managers to encourage retention of direct care staff;
 - Nurture the resiliency of caregivers and avoid burnout to reduce patient safety and turnover;
 - Develop counseling services or other outreach related to the trauma healthcare workers may experience as a result of the pandemic;
 - Enhance gerontological nurse skills, especially for RNs, to meet the needs of medically complex residents at high risk for COVID-19.

- 3) *Identify best practices for improved care delivery and responsiveness to the needs of all nursing home residents in preparation for, during, and following an emergency*

Improved care delivery:

- 1) Support continued, permanent access to telehealth.
- 2) Retain the 3-day waiver so beneficiaries can access skilled nursing benefits and be skilled in place.

Preparation for an emergency:

- 1) Support state coalitions and tasks forces that address contingency/emergency staffing plans for nursing facilities.

During an emergency:

- 1) Support for individual or groups of facilities should be driven by the rate of cases in a community and not limited to the number of positive or presumed positive cases in a facility reported to the National Healthcare Safety Network (NHSN) database. As noted earlier, when cases in a community rise, the likelihood of an outbreak in the facilities located in that same community also increase.

Following an emergency:

- 1) Root cause analysis (RCA) has been employed by nursing facilities to identify the origins of COVID-19 outbreaks. AAPACN believes state surveyors should also use RCA to determine citations related to infection control practices. Several states required facilities to accept COVID-19 positive residents despite having no COVID in the facility. These requirements contributed to outbreaks within facilities. Facilities should be assessed for compliance based

upon their policy, procedure, and processes, and not solely based on whether or not they had COVID in the facility.

4) *Identify opportunities to leverage new sources of data to improve existing infection control policies and enable coordination across federal surveyors, contractors, and state and local entities to mitigate coronavirus and future emergencies.*

- Rapidly-deploy Quality Improvement Organizations (QIOs) infection control support and education to nursing homes with resources focused on infection hotspots.
- Streamline reporting to local, state, and federal agencies to ensure facility staff are not pulled away from resident care to meet fragmented reporting mandates.
- Develop standard federal guidelines for testing, on-site access to residents (family visits, physician visits, etc.), and off-site appointments that states and counties can adopt. Facilities have struggled under the significant increase and varied interpretation of reporting requirements for multiple government entities and organizations.

Thank you for the opportunity to provide these comments. AAPACN's leadership and members stand ready to serve as a valuable resource for your work to ensure the safety and quality of care in our nation's long-term and post-acute care facilities.

Sincerely,



Tracey Moorhead
President and CEO