

COVID-19 Outbreaks in Long-Term Care Facilities: PHSKC Response Overview

Public Health – Seattle & King County (PHSKC) is responsible for preventing and controlling the spread of communicable disease. In the context of COVID-19 pandemic, PHSKC is conducting surveillance to monitor disease trends, investigating outbreaks and making recommendations to mitigate spread. Our mission is to eliminate health inequities and ensure overall population health. Vulnerable populations who live in congregate settings are a key focus of our work.

Approximately 20 percent of all COVID-19 cases and 60 percent of all deaths from COVID-19 illness in King County are among individuals associated with Long Term Care Facilities (LTCF)s.¹ In King County and across the nation, this population is at very high risk for severe illness and death from COVID-19 illness due to age, high rates of underlying health conditions, and close proximity to other people, including others residents and staff.

PHSKC is responding to outbreaks in LTCFs with three major strategies:

- **Improve infection control practices** – to stop the virus from entering a facility and mitigate spread when it does.
- **Facilitate testing** - to identify residents/workers who are COVID positive and further inform infection control.
- **Cohorting** – This includes separating sick residents from the well, in addition to excluding infected staff from the workplace.

Public Health is not responsible for licensing or regulating LTCFs, for ensuring adequate staffing at these facilities, for insurance coverage or payment for care, or for providing direct health or long-term care services to this population. We coordinate with other providers and government agencies who do serve in these roles. This overview describes the three major types of LTCFs, illustrates the current PHSKC response and outlines a vision for a sustained effort to address ongoing waves of COVID-19 in the future.

1. Background: Licensed Long-Term Care Facilities

LTCFs are licensed by the Washington State Department of Health and regulated by the Department of Social and Health Services (DSHS) to provide personal care and room & board to individuals who need assistance with activities of daily living. Payors include Medicare (skilled nursing only), Medicaid, private long-term care insurance and personal savings. These are all high-risk congregate settings, the level of proximity to others varies by facility type. [Strict limits](#)

¹ Related outbreaks are also occurring in Supportive Living Facilities (also licensed by DSHS) and in other forms of senior housing not licensed by DSHS, including KCHA and SHA housing, Permanent Supportive Housing, SHAG buildings and naturally occurring retirement communities (NORCs).

[to visitation](#) are in place in each facility type to reduce the spread of COVID-19. The three main types of LTCFs including the following:

Skilled Nursing Facilities (SNF)

Institutions that provide both personal care and 24-hour supervised nursing care, include Medicare funded sub-acute care for individuals transitioning from the hospital in addition to long-term residents. SNFs serve 50-200 residents who frequently share bedrooms and bathrooms and receive care from a variety of staff, including medical director, nursing staff, occupational and physical therapy, and certified nursing assistants. Skilled nursing homes have additional federal oversight by the US Center for Medicare and Medicaid Services (CMS).

Adult Family Homes (AFH)

Neighborhood homes licensed to care for up to 6 residents. Homeowners and certified nursing assistants provide personal care. AFHs do not have in-house medical staff. A small number of AFHs are owned by a nurse but typically nursing tasks are performed under the supervision of a nurse delegator, some clients also receive home health. Some AFHs are certified to provide specialized care for people with mental health issues, developmental disabilities or dementia. Residents frequently share a bedroom or bathroom.

Assisted Living Facilities (AL)

Senior living communities with varying levels of assistance provided, licensed for 7 residents or more, typically house 50 people or more. Some offer specialized care for people with behavioral health issues, developmental disabilities, or dementia. Housing is typically apartment style with common dining and recreation areas. Larger Continuing Care Retirement Communities (CCRCs) combine independent living, assisted living and SNF on the same campus for graduated care. Nearly half of the individuals served in SNFs and AFHs are income eligible for Medicaid, whereas AL is primarily private pay.

Licensed Long-Term Care Facilities				Medicaid		
Setting	Licensed Capacity (beds)	# of Facilities	Avg. Capacity	Medicaid contracted facilities	People served based on claims	Medicaid clients % of licensed beds
Nursing homes	5438	52	103 beds	28	2509	46%
Adult Family Homes	5613	1164	5.8 beds	1007	2602	46%
Assisted Living	9676	148	65 beds	44	847	9%
Total	20,727	1190		1079	5958	34%

2. Response Strategies

PHSKC is conducting surveillance to monitor the impact of the COVID-29 outbreak in LTCFs, coordinating the distribution of personal protective equipment and COVID-19 test kits across the sector, and convening health system, government and community partners. The primary interventions – infection control, testing and cohorting guidance – are applied through both a reactive and proactive response to COVID-19 outbreaks in LTCF:

Reactive

All LTCFs are required to notify PHSKC when either a resident or staff member tests positive for COVID-19 or when they have a cluster of individuals with COVID-like illness. A PHSKC disease investigator responds to these calls to assess the situation and if indicated, schedule an in-person or telephonic infection control and prevention visit and/or testing of symptomatic residents or staff. From initial point of contact, these facilities are requested to report in to PHSKC on the status of their outbreak and stay in contact with our disease investigators for ongoing infection prevention guidance until issues are resolved.

DSHS is responsible for responding to highly impacted LTCFs who are no longer able to care for COVID-19 positive individuals due to insufficient staffing or due to transmission risk. In these cases, PHSKC coordinates with DSHS to assess the situation and where necessary order emergency PPE. To date, there is no identified safe isolation facility for individuals with COVID-19 who require long term services and supports.

Proactive

In addition to this reactive response, PHSKC is proactively reaching out to LTCFs to promote appropriate infection control practices across the sector and to encourage COVID-19 point prevalence testing, defined as one-time testing of all residents and staff. Facility-wide testing can identify asymptomatic and presymptomatic persons and inform infection control measures, including cohorting. This proactive approach involves working with partners to reach out to facilities to offer testing, coordinating supplies, reporting results and recommending infection and prevention control measures based on results. Due to the limited supply of test kits and PPE, and barriers to testing in the AFH and AL sectors, this strategy is being implemented in phases, based on the following criteria:

- proximity of residents to one another
- relative acuity of residents²
- relative ability to accomplish cohorting based on test results
- percent Medicaid clients, as a proxy for income status of residents
- race and ethnicity data for geographic location of facilities

² DSHS data illustrate that Medicaid beneficiaries in Adult Family Homes have significantly higher average level of acuity than Medicaid beneficiaries living in Assisted Living.

Phase 1 - Skilled Nursing Facilities

SNFs are the first priority for point prevalence testing due to the close proximity of living conditions, high acuity level of residents served and high percent of Medicaid clients. The CDC recommends point prevalence testing for SNFs.

PHSKC is working with multiple partners, including Seattle Fire Department and five health systems partners to complete point prevalence testing in all of King County's 52 SNFs. To date all but three are either planned or completed. Test results are used to inform infection control, including cohorting of residents into different wings of the building where possible, and identification of infected asymptomatic staff. We recommend excluding infected symptomatic and asymptomatic staff.

Health system partners have shown initiative to support testing in SNFs through their sub-acute coalitions. These systems rely on the availability of SNF beds to receive clients they release from the hospital, and for high quality of care at SNFs to mitigate readmissions. The major barriers to sustain ongoing testing in SNFs include the lack of insurance coverage among segments of the SNF workforce, and the absence of employee health programs to ensure that health and safety of employees and decrease the risk of transmission from workers to residents.

Phase 2- Adult Family Homes

AFHs are the second priority for point prevalence testing due to the close proximity of living conditions, high acuity level of residents served and high percent of Medicaid clients served. Testing in Adult Family Homes is far more difficult to arrange than in SNFs because there is no medical director to order the test, because most of the workers are uninsured and there are no employee health programs.

PHSKC is starting with a pilot to deepen our understanding of the level of outbreak in this facility type. This pilot will include testing in a total of 60 AFHs, including 20 in Seattle, with testing organized by Seattle Fire Department, and 40 in south King County, in coordination with the Adult Family Home Association and the State Long Term Care Ombudsman. For this pilot, PHSKC is providing an ordering physician and will pay for testing of uninsured workers. Test results will be used to inform Adult Family Home owners on infection control measures including separating residents with COVID-19 as much as is feasible from COVID-19-negative residents. AFHs who are highly impacted will be referred to DSHS for potential placement in SNFs with COVID 19 wings.

PHSKC's reactive testing in affected AFHs (34 as of 5/18/20) and pilot testing of 60 AFHs is the extent of testing planned in the AFH sector. In order to achieve full sweep testing in all of King County's more than 1000 AFH, PHSKC will need to coordinate with DSHS to identify necessary infrastructure. (see Appendix B, state policy recommendations).

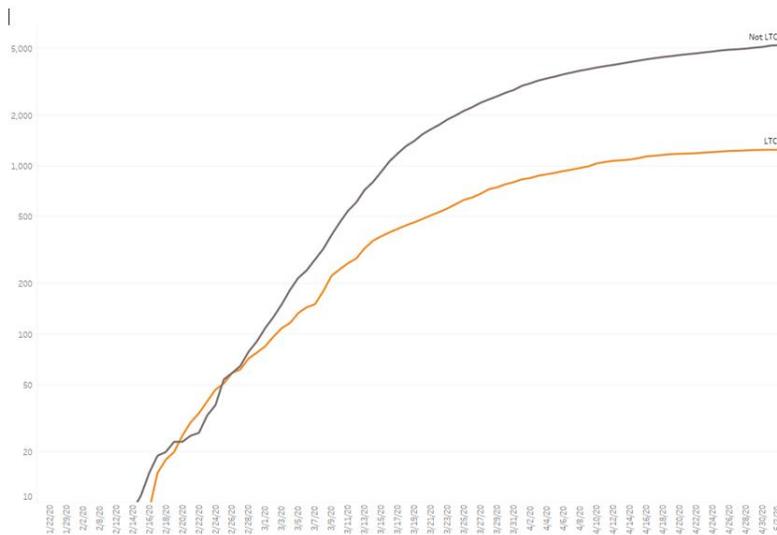
Phase 3 – Assisted Living, starting with AL with Memory Care Units

ALs are the third priority for point prevalence testing because residents in their own apartments have a greater ability to practice physical distancing, because clients are lower acuity and because residents are higher income on average. Both the residents and the facilities have greater access to resources such as PPE and test kits, than Adult Family Homes. At this time, PHSKC has worked with partners who have completed point prevalence testing in limited number of ALs associated with SNFs and in ALs with memory care units. In addition to testing of symptomatic individuals in 15 facilities and infection control support in 14 (as of 5/18/20).

As within Adult Family Homes, the absence of a medical director to order testing and the lack of insurance for major segments of the workforce are the major barriers to testing. PHSKC is currently developing a priority list of 12+ ALs in South King County with high percentage of Medicaid clients with memory care units for a potential pilot project, and working with industry leaders to develop protocols for these facilities to orchestrate testing on their own.

3. Recommendations for a Sustained LTCF Response

COVID-19 is likely to be an ongoing, long-term challenge in LTCFs. As the chart below illustrates, LTCF cases in King County are leveling off in tandem with overall cases. However, if or when a second wave of cases hits in the fall, in combination with the occurrence of seasonal influenza outbreaks in LTCFs, the impact could be very significant. Established infrastructure and resources for testing, monitoring, infection control and cohorting guidance in all facility types will be necessary, enabled by the state-level policy changes outlined in appendix A. Without a significant investment in resources and infrastructure, the burden of potentially preventable morbidity and mortality may be high.



PHSKC Sustained Response recommendations:

This section illustrates the strategy for sustaining the PHSKC LTCF response for the next three-month time period, May – July 2020. Before the conclusion of this period, this work will be re-evaluated and adjusted as needed.

A sustainable response to COVID-19 in LTCFs will require:

- Availability of test kits
- Availability of personal protective equipment
- A standing order or other mechanism to ensure that testing does not require securing an order from each individual resident and worker’s primary care physician
- A responsible party at the facility to receive test results, report results to residents and workers and take appropriate infection control actions based on the results.
- Insurance coverage for COVID testing and related care for all residents and workers
- Ongoing infection control and prevention capacity at all facilities
- Isolation locations for individuals with COVID-19

Public Health Actions Across Facility Types

Conduct surveillance of COVID-19 outbreaks in the Long-Term Care sector

Provide infection prevention and control assessments and cohorting guidance.

Convene government entities / health and Long-Term Care sector partners

Identify policy and system change necessary for an effective response

As needed, distribute test kits to LTCF providers unable to otherwise obtain them

Coordinate with the Office of Emergency Management regarding PPE distribution to this sector

Skilled Nursing Facilities

Work with partners to complete one point prevalence testing in as many of the 52 facilities as possible (45 out of 52 completed as of 5/18/20) all but three scheduled.

Support SNFs to ready themselves to complete ongoing repeat testing, independent of Public Health.

Provide support with ongoing infection control and cohorting guidance. Provide access to test kits and PPE supply as needed.

Respond to facilities in crisis with referral to DSHS for transfer to SNF designated to care for residents with COVID-19.

Adult Family Homes

Complete pilot point prevalence testing in up to 60 AFHs; based on results, evaluate if point-prevalence across all homes is indicated.

Continue to work with DSHS, Adult Family Home Association and Long-Term Care Ombudsman to expand infection control practices and testing capacity in this sector.

Reactive testing & infection prevention and control visits.

Respond to AFHs in crisis with referral to DSHS for transfer of residents with COVID-19 to designated SNFs

Assisted Living

Work with associations and industry leaders on guidance document for ALs to conduct ongoing self-testing and monitoring

Conduct point prevalence pilot testing in select number of high Medicaid facilities in South King County with memory care units

Reactive testing and infection prevention and control visits.

Referral to DSHS for transfer to COVID positive SNFs.

Appendix A: Data collection, data management, and case investigation

Data management systems to support the COVID-19 response to Long Term Care Facilities is labor intensive, with a work-flow that includes the following key steps:

- Responding to reports of cases and clusters (online RedCAP survey, Public Information Call Center (PICC), DOH, LTCF, WDRS, EMS, other) and f/u with facilities that have a case and have not reported
- Create a unified and streamlined system for LTCFs to report cases among residents and staff. (Note: there are several duplicative systems across agencies; we are working towards integrating data collection efforts to decrease the burden of reporting).
- Completing initial calls with reporting facilities (initial interview form, education checklist/Infection Control and Prevention (ICP) measures), answer questions regarding testing/cohorting, and discuss media disclosure. Update King County Communicable Disease DataBase (CDDDB) with information and email LTCF Toolkit
- Interviewing some individual cases among residents and staff (rare – usually done by DOH); update Washington Disease Reporting System (WDRS) with new data; Link positive cases reported by LTCFs (residents and staff) to WDRS records.
- Maintain team assignment distribution list in the LTCF Teams Site; coordinate work with other teams including coordination of data collection between the analytics and informatics team and the Investigations team.
- Review line list (weekly) link to cases in WDRS to CDDDB record, usually ends in additional call to the facility to reconcile numbers; for duration of investigation
- PICC onboarding to assist with linelist data entry; PICC helps support data collection from facilities that aren't responding to requests for records/information.
- Review deaths from facility linelist, or deaths entered on LTCF Teams Site. Check death Teams Site to ensure death team aware (if not, add to their Teams site). Update CDDDB.
- Crosscheck data from WDRS against data in CDDDB.
- Create/update dashboard for internal/external audiences. Maintain a clean list of facilities (LTCFs, shelters, etc.) with a case for public reporting.
- Provide ongoing infection control guidance and support until transmission controlled (many calls/emails over multiple weeks – can be very lengthy calls; resource intensive).

- Responding to LTCFs calling for guidance on COVID prevention/control in their facilities. Receive requests for ICP visit. Submit request for visit, enter in CDDB.
- Receive testing requests or request for testing supply, submit Mobile Assessment Team (MAT) request. If testing occurs, investigators provide ICP planning in the event of positive cases. Document in CDDB.
- Create a system to track testing at AFH and other LTCFs. Enter scheduled testing events into the CDDB. Create/maintain dashboard on Tableau to filter for scheduled events.
- Review /create new policies and staying up to date on new guidance from DOH/CDC

Appendix B Proposed State-Level Policy Changes

To effectively mitigate the spread of COVID-19 in long term care facilities, the following state policies are recommended:

1. **An emergency rulemaking** to require all licensed LTCFs to ensure COVID-19 testing and monitoring of all residents and staff, on a frequency determined by the State Department of Health.
2. **A standing order for COVID-19 testing**, issued by DSHS, for of all residents and staff in licensed LTCFs or other mechanism to remove the need for obtaining an order for each individual resident and staff member.
3. **Coverage for COVID-testing and COVID-related care for all staff working in LTCFs.**
Clear policy to enable reimbursement for COVID-testing and COVID-related care for all staff working in LTCFs, including those who are undocumented.
4. **Medical oversight at the facility level**
Requirement all LTCFS have an emergency pandemic plan in place an identified licensed health care provider to coordinate communicable disease monitoring, coordinate response efforts in their facility.