



COVID-19 Special Edition # 7 - April 19, 2020

NEW CHANGES WITH NURSING HOMES

Goal is to Control and Reduce the Spread of COVID-19

In an effort to reduce the spread of COVID-19 infections and deaths in Nursing Homes throughout the country, the Centers for Medicare and Medicaid announced in the evening of April 19, several upcoming [regulatory changes](#).

Of significant importance to residents and families, CMS will be requiring that facilities notify its residents and their representatives to keep them informed of the conditions inside the facility.

Specifically, “at a minimum, once these requirements are in place, nursing homes must inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours. Also, updates to residents and their representatives must be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours. Facilities will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered.”

Currently, nursing homes must notify State or Local health department about residents or staff with suspected or confirmed COVID-19, residents with severe respiratory infection resulting in hospitalization or death, or ≥ 3 residents or staff with new-onset respiratory symptoms within 72 hours of each other.

“CMS and CDC will soon provide nursing homes with specific direction on standard formatting and frequency for reporting this information through the CDC’s National Health Safety Network (NHSN) system. Currently, this information is provided optionally by nursing homes. The required collection of this information will be used to support surveillance of COVID-19 locally and nationally, monitor trends in infection rates, and inform public health policies and actions. This information may be retained and publicly reported in accordance with law.”

A couple of weeks ago, CMS urged nursing homes to conduct COVID-19 testing within their homes using outside labs. Additionally, CMS has repeatedly reiterated the need for nursing homes to comply with the 2019 Nursing Home Infection Control Worksheet (ICWS) which is a collaborative effort by CMS and CDC and meant to be used by facilities as a self-assessment tool. It comprises both regulatory requirements and best practices in infection prevention and control with several domains including *Infection surveillance and outbreak response*.

DISPARITIES ARE ON OPEN DISPLAY WITH COVID-19

Heartbreaking, saddened.....but not surprising. When the news came out in Chicago that 60% of the deaths from COVID-19 were black, non-Latinx and yet in Chicago black, non-

Latinx people are only 30% of the population – many Chicagoans that have been working for equity were not surprised. If you look at a **map of Chicago**, the concentration of COVID-19 deaths overlap with the black communities with a high concentration of diabetes, hypertension, chronic kidney disease, and negative social determinants of health. To simply put this in perspective, New York University School of Medicine analysis in 2019 showed that the residents in Englewood, a predominantly low-income African community on the south side, had an average life expectancy of 60 years old compared to nine miles northeast in high income Streeterville where the average life expectancy is 90 years old.

Throughout the country we are seeing and hearing about the race and ethnicity equity gaps in COVID-19 testing, infections, deaths, food supply, and lost wages.

Heartbreaking, saddened.....but not surprising. When the news came out in Chicago that 25% of the COVID-19 deaths were nursing home residents and in many of Illinois counties and in U.S. communities, the percentages are much higher.....many people that work in and work with nursing homes were not surprised. Nursing homes have the most frail residents with high risk conditions for COVID-19 and are living in close proximity to each other. Over the years, nursing home surveillance and surveyors have widely varied; nursing home ownership has consistently turned over; the nursing homes have been poorly funded and face staff shortages with little support in infection prevention and control. Now the nursing home staff face many challenges including lack of Personal Protective Equipment (PPE), untrained staff in infection prevention and control, and even further decreases in staffing due to so many staff infected with COVID-19.

Recently, many resources were directed to nursing homes during this pandemic. It is critical that the nursing homes receive ample supplies of PPE and are trained in infection control and prevention along with ways to protect residents in an outbreak. CMS is encouraging Nursing Homes to have labs come into the nursing homes to conduct rapid COVID-19 tests of residents and staff. Telehealth should also be used routinely as many physicians are limiting their on-site nursing home visits to every 30 days. Telehealth provides a quick way to assess residents health as soon as they first experience a negative change in health. With COVID-19, many people take a rapid turn in their health, which is why consistent monitoring and staff acting without hesitation to use Telehealth is key for improved outcomes of nursing home residents.

If we know where we are at high risk of COVID-19 infections and deaths, we need to make sure that we devote the resources needed to the communities and facilities that are in need.

What can we do? Check in with neighbors and local nursing, assisted living, and developmental disability homes to see what you can do to help. While no visitors or volunteers are allowed in the nursing homes, you may be able to assist them from outside the nursing home.

Our Eyes and Hearts Are Now Open. As we battle COVID-19 and after we are through this pandemic, we need to keep our eyes open and never forget the inequities that we all saw and confront the determinants of health to build a just society. There will be a great deal of rebuilding after COVID-19 and we need to make sure that inequities are addressed.

“We are all in this together.”

ADVANCE CARE PLANNING

DO YOU HAVE ADVANCE DIRECTIVES ?

National Healthcare Decisions Day was April 16 - a day dedicated to having everyone focus on their health care plans, specifically, their Advance Directives.

Who? Every adult, 18 years and older, should at a minimum, complete a Health Care Power of Attorney. In this era of COVID-19, many confirmed COVID-19 patients are being admitted to the hospital without any Advance Directives as most never expected to end up in the hospital. Sometimes the unexpected can happen - a car accident, stroke or heart

attack, falls, etc.

Why? If you were to become unconscious or unable to express yourself, the Advance Directives will allow for your wishes to be followed either through written instructions or your agent named as the Health Care Power of Attorney.

What? Each state has created their own forms to conform to the state laws. All states have the following forms:

- Living Wills
- Health Care Power of Attorney
- Declaration for Mental Health Treatment
- Practitioners Order for Life-Sustaining Treatment (POLST)

When? No better time than NOW. If you already have the forms completed, it is important to review the signed forms annually or when you have a change in your health and wish to update the forms.

Where? The forms are all available free of charge at most state agency or not-for-profit sites, including:

- [AARP State Advance Directives](#)
- [Practitioner Orders for Life-Sustaining Treatment](#)
- [Project Patient Care Podcasts](#)

How? The forms should be completed based upon the wishes of the person for which the forms are for. The thought process, wishes, preferences, goals of care and life should be discussed with loved ones before the forms are completed. To help in guiding you and your family in your discussions, there are several resources available, including:

- [Prepare for Your Care](#)
- [Conversation Project](#)

During this period of COVID-19 where many are under strict Stay at Home Rules and all are maintaining a Social Distance, you can have the forms signed electronically by circulating the forms or using a service that will also store them in the cloud. We will have more information on this soon as many of you may be using cloud storage already for your forms.

What to Do With Signed Forms? It is important that you give copies of the forms to

1. Your primary care or specialty care provider as they will store in your medical record,
2. Your agents specified on the Health Care Power Of Attorney Forms - tell them to keep a copy of them in their car glove compartment so they are readily available, as well as storing in their cloud
3. Make sure if you have a chronic or end of life condition, that you keep copies on your refrigerator, night stand, anywhere that an EMT might find them if they are having to transport you in an emergency.

Dr. Julie Goldstein on Advance Care Planning

PODCAST

Dr. Julie Goldstein provides a wealth of information on the value and importance of Advance Care Planning and how best to approach completion of these forms in our April 2020 Podcast. Dr. Goldstein explains the different forms and provides perspective on how and when to complete them to ensure your values, wishes, and care goals are honored.

Julie Goldstein, MD, Medical Director, Advance Care Planning and Shared Decision-Making in Serious Illness for Advocate Aurora Healthcare while also serving as Chair of the Ethics Committee at Advocate Illinois Masonic Medical Center. Julie has over 30 years of



practice in Medicine, Palliative Care, and Clinical Ethics, and as she says, she “has been privileged to be a guide for people with serious illnesses, helping them and their families understand and control their healthcare decisions. She has helped them live their lives-- and their deaths-- with dignity and integrity.”

Dr. Goldstein is an Internist and is Board Certified in Hospice and Palliative Medicine. She is Founding Chair of the POLST Illinois Task Force; Board Member of Illinois Hospice and Palliative Care Organization; and Founder of Chicago End-of-Life Care Coalition.

Dr. Julie Goldstein's Podcast can be found at the Project Patient Care web site by clicking [Here](#)

COVID-19 Resources

There are many resources readily available from international, national, state, county/city government agencies. Typically resources are centralized with most in state and city departments of public health.

A few links:

World Health Organization - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Centers for Disease Control and Prevention (CDC) - www.cdc.gov

Centers for Medicare and Medicaid Services (CMS) -

<https://www.medicare.gov/medicare-coronavirus>

State of Illinois - <https://www2.illinois.gov/sites/coronavirus/Pages/default.aspx>

Illinois Department of Public Health - <http://www.dph.illinois.gov/>

Illinois Nursing Home COVID-19 Confirmed Cases and Deaths - [Chicago Tribune](#)

City of Chicago - <https://www.chicago.gov/city/en/sites/covid-19/home.html>

National Association for Healthcare Quality (NAHQ) COVID-19 Quality Resources -

<https://nahq.org/education/covid-19-resource-center/>



We Enjoy Hearing from YOU!

Please feel free to contact us at any time but during the COVID-19 'Stay at Home' period, we are all working remotely from our homes.

Contact us at:

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Thank you!