

PROJECT PATIENT CARE.ORG

Newsletter - October 2020

Get Your Flu Shot Today - Do Not Delay!



**We Care About You,
Our Loved Ones,
Neighbors,
Community,
Country, and World**



**That is why
WE WEAR OUR MASK**

Dear Project Patient Care Community,

We hope this finds you and your loved ones in good health and keeping safe --- you will hear this frequently from us because we care!

This newsletter will be devoted to the challenges that nursing home residents and their families face during this COVID-19 pandemic and the opportunities we all have to aid the nursing home residents in their hours of greatest need. Why the focus on nursing home residents? Because they most often have been forgotten in the COVID-19 discussions and are disproportionately effected with high death rates due to COVID-19.

We hope that by devoting this newsletter to the COVID-19 Challenges that nursing home residents face that it will open up opportunities for all of us to lend a hand and find a way to help them in their hour of greatest need.

COVID-19 and Nursing Homes

Can we learn from history? Definitely, but only if we are willing to make changes in the way we think about challenges as being solvable.

The current COVID-19 pandemic in the United States is experiencing approximately 1,000 COVID-19 deaths per day which would equate to 4 or 5 passenger airplanes (B837) crashing each day. Not many people would board planes if that were to happen. So how do we translate the number of nursing home COVID-19 deaths into something that is meaningful enough to trigger change.....while saving lives.

Sustainable change comes about through a concerted effort and focus of patients and consumers working with health care providers. Once the healthcare provider sees the issue from the patients' eyes, there is a greater opportunity for meaningful change for both the patient and provider.

Early 2000 – Nosocomial Infections Does anyone remember in the early 2000's when it was observed that numerous infections occurred to hospitalized patients? Infections were referred to as nosocomial infections – not by their official infectious disease name, but by nosocomial – which means healthcare acquired infection.

Public Infection Information by Hospital At the same time, consumer groups and advocates started questioning why they occurred and demanding they be referred to by their infectious disease name and not 'nosocomial.' As the number of advocates grew and were spurred by large advocate groups, such as the Consumers Union, MRSA Survivors Network, and several more; the demand for information to be made public also grew resulting in public disclosure of infections by hospitals. Public disclosure of infections continues to this day and they are included in the CMS Care Compare web site. While Illinois was the first state to pass legislation calling for MRSA to be publicly reported and in subsequent years, other healthcare acquired infections, many other states subsequently passed similar legislation.

Healthcare Providers Respond with Innovation At the same time the consumer advocates were calling for change, several physicians and infection control professionals were identifying ways to prevent infections and control their spread in hospital and other healthcare settings. Doctors Barry Farr, William Jarvis, Lance Peterson, and several more were innovators in screening, identifying, and containing infections.



Chicago Tribune: Vigil for 3,649 nursing home resident deaths in Illinois as of June 19, 2020

Infections Just Don't Happen Instead of being complacent with the attitude, 'infections just happen,' physician and infection control and preventionists identified best practices in reducing infections. Infections in ICUs and non-ICUs were common place until a few physicians challenged that notion and developed protocols on best practices and bundles to reduce and prevent infections.

Breakthrough with Collaboratives Central line blood stream infections (CLABSI) in ICUs have been drastically reduced through the innovative CLABSI Bundle collaboratives under Dr. Peter Pronovost. Dr. PJ Brennan has also made great strides in reducing infections in ICUs and dismissing the notion that they 'just happen to ICU patients.' Knowing that a patient is at risk for acquiring an infection, Dr. Brennan developed mitigation strategies that prevent infections, even in the ICU.

Complacent on Nursing Home COVID-19 Deaths Why the long discussion on preventable healthcare acquired infections? Because we know when we are complacent and take an attitude that things just happen...that things do happen. When we question our complacency and challenge ourselves to develop mitigation strategies aimed at reducing risk, we know that quality and safety improve.

As the COVID-19 pandemic continues and we enter into flu season and winter climates, how are we implementing mitigation strategies for reducing the number of deaths among nursing home residents? Why is it that 40% of all COVID-19 deaths are nursing home residents – and in Illinois, 54% of all COVID-19 deaths are nursing home residents? Have we become complacent in disregarding the value of the nursing home resident lives by saying, 'they live in congregate settings and are in a health risk age group'? We know what is needed to mitigate the deaths of nursing home residents from COVID-19, but, do we have the will to do what is right?

Most nursing home residents have been on lockdown for the past 212 days of which many are confined to their rooms where they take all of their meals and try their best to maintain their mobility.

In Italy, doctors and the public refer to the 30%-37% of COVID-19 deaths in nursing homes as the 'silent massacre.' As the Italians warned healthcare organizations outside of Italy of the impending challenges of COVID-19 in nursing homes, it wasn't until the Kirkland nursing home occurrence in the U.S. that many began thinking this could result in the perfect storm (See PPC article by Clicking [Here](#)



SEIU Nursing Home Front Line Health Workers

What is needed to reduce deaths in nursing homes?

Personal Protective Equipment ---

Many non-chain nursing homes do not have the purchasing power to secure PPE – let alone affordable PPE.

Recommendation: The federal and local governments need to step up and meet the needs of the nursing homes and allow for temporary Group Purchasing for PPE and Test Kits. Another idea is to join with local hospitals and try and acquire PPE

through a purchasing arrangement.

Testing Kits --- While nursing homes are getting some testing kits from the federal government, it will not be enough to cover any extended period of time. Once again, the non-chain nursing homes do not have the purchasing power to secure the kits at an affordable price.

As has been stated many times, staff that are asymptomatic or pre-symptomatic are not picked up by most COVID-19 testing kits. As COVID-19 cases increase in the community, there is a correlation to an increase in nursing homes due to staff being exposed in their community and not showing symptoms. Another reason why PPE is essential in all areas of nursing homes.

Recommendation: The federal and local governments need to step up and meet the needs of the nursing homes and allow for temporary Group Purchasing for PPE and Test Kits.

Staffing – We know that most staff working with COVID-19 patients and residents are stressed by their ability to provide full support and service to the patients and residents under their care. Many nursing homes had staff shortages prior to COVID-19, and, with COVID-19 the demand for more staff beyond the pre-COVID-19 staffing levels are needed due to the need for individual support for each resident while they are in lockdown.

Recommendation: Provide for Heroes supplemental funding for nursing homes to go directly to front line staff in recognition of their commitment and putting their own health at risk. Additional funds can be identified in the Payroll Based Journal Reporting submitted to CMS monthly.

Knowledge and training on CDC detection and prevention of COVID-19 – CDC has recently provided on-line COVID-19 training along two tracks: 1) Front-line with little experience in infection control and prevention, and, 2) Advanced with some experience and training in infection control and prevention. While the CDC training is helpful, it is challenging to put training into action for all front-line staff without any feedback.

Recommendation: Local hospitals are typically getting transfers of residents with COVID-19 from nursing homes. Some hospitals are tracking admissions from local nursing homes and are following up with them. Several hospitals have taken the initiative upon themselves and are providing technical support and resources to their local nursing homes.

Ensure that Public health and QIN-QIO staff are able to help train staff in nursing homes that have gaps in performance. Public health and QIN-QIO staff that enter nursing homes for training should also be fully equipped with PPE, routine test kits, and supplemental pay under Heroes payments.

Disparities Exist in Nursing Home Deaths – The publicly available data and reports on nursing home deaths does not include any breakdown by race or ethnicity. However, in a recent published study, University of Rochester Medical Center and IMPAQ “found that nursing homes with a disproportionate number of non-white residents had more new Covid-19 cases among residents and staff and more deaths among residents.” (Li, Y., Cen, X., Cai, X. and Temkin-Greener, H. (2020), Racial and Ethnic Disparities in COVID-19 Infections and Deaths Across U.S. Nursing Homes. J Am Geriatr Soc. doi:[10.1111/jgs.16847](https://doi.org/10.1111/jgs.16847))

Recommendation: Continue efforts that strive to achieve equity in the quality and safety of residents in nursing homes, regardless of the financial status of nursing homes.

It does take a village – Most nursing homes tend to be disengaged from their community, not all nursing homes, but the majority of nursing homes. Given there are approximately 15,000 nursing homes in the US, chances are there are one or more nursing homes near you. *Recommendation:* Take time to reach out to your local nursing homes to determine what they might need and how you may assist them. Granted you will not be able to enter the nursing home, but you may be able to provide them with some basic items that might be helpful, such as cards, magazines, reading material, treats, and sweets.

As we know that a community with a high positivity rate is most often associated with an increase in nursing home deaths due to staff with pre-symptomatic or asymptomatic signs of COVID-19, we can all follow the basic public health guidance – wear your mask, keep a social distance, wash your hands, avoid large crowds, and get your flu vaccine!

It is about the residents..... The residents are spouses, mothers, fathers, grandparents, sisters, brothers, aunts, uncles, cousins, and loved by so many that may be distant and far away or cannot see them due to COVID-19 visitation restrictions. The residents once occupied the roles like many of you – veterans, teachers, nurses, doctors, farmers, engineers, skilled trades, managers, and so much more. They are now in need for you to reach out and care about their future.

Not many of us could survive or be physically and mentally healthy if we were on lockdown for 211 days. Let’s not lose sight of the challenges that isolation, loneliness, depression, and the loss of human touch that many of the residents are experiencing. Not only are the nursing home residents losing their mobility and functional status, they are also experiencing severe depression, loneliness, and facing death alone.

Recommendation:

- Be creative and find a way within nursing homes to allow for visitation. Some suggestions include creating special rooms where families can visit that are not near other resident rooms. Develop plexiglass areas for visitation. In some countries they have devised ways for residents to be hugged by families using plastic covers. Given that this will take effort in developing best practices, the federal government must quickly fund initiatives that can become best practices and set up a clearinghouse for identifying and sharing best practices (this should not be a catalog of practices, but focus on best practices to be implemented).

- Create thank you and thinking of you cards for the residents.
- Provide new magazines or crafts that they can use – consult with nursing home staff.
- Organize a choral group to sing outside of the home once a week.
- Donate new or cleaned iPads with WiFi and Facetime on them so they can see their loved ones. Rotarians in and around Chicago along with Rotarians in Tokyo, have provided Chicago area nursing homes and safety net hospitals with over 260 new iPads for patients and residents to use with their families and for Telehealth visits.

Put aside any feelings you have about the profit motive of some of the owners, investors, and traders of nursing homes and instead think about the residents, staff, administrators that are compassionate, caring, and doing the best they can with what little they have working under difficult circumstances.

Going Forward

Without a doubt, we know that we need to change the model of nursing homes so that we never find our seniors and country in this dire situation. We cannot wait any longer to start investing in alternative designs as there are successful initiatives including community based homes, home health supportive services, Eden Alternative, and the Green House Project.

In addition to patient and patient and family councils – we need to expand the councils to include community members. Community members can be helpful in garnering support and services to meet resident and staff needs. They also care about what happens to their neighbors, the residents in the nursing homes.

Being complacent will continue to get the same avoidable results. There are many ways in which we can turn this around but we must have the will to do so.



New Studies and Reports on Nursing Homes

In recent weeks, there have been several reports on nursing homes during the COVID-19 period that have caught our attention and are worth your read.

Altarum Program to Improve Eldercare recently released the results of a survey they conducted with 365 nursing home residents in 36 states from July through August

2020. The results demonstrate the isolation, loneliness, despair, and depression of nursing home residents that have now been on lockdown for 212 days. In addition to providing aggregate results, Altarum also shared the comments made by the

respondents and provided suggestions on ways in which nursing homes and all of us can make immediate improvements now.

The results and recommendations for change are included in their report, “Experiences of Nursing Home Residents During the Pandemic: What we learned from residents about life under COVID-19 restrictions and what we can do about it”

Click [Here](#) for report

Here are some key findings that Altarum has reported from the survey:

“The survey asked residents how often they engaged in various common social and other activities after the Covid-19 restrictions were imposed compared to before the outbreak.

The findings show that residents’ ability to move freely around their homes, leave the facility, have outside visitors, or even socialize with fellow residents has declined sharply since March and that those restrictions have taken a toll on their emotional health.

Below are highlights from the survey:

Social interactions **outside** the nursing home have dropped sharply

- Only 5 percent of respondents reported having visitors three or more times per week, compared to 56 percent before the outbreak.
- 93 percent of respondents reported that they did not leave their nursing home in a given week for routine activities such as shopping and visiting family, compared to 42 percent before the outbreak.
- Only 28 percent reported they went outside to enjoy fresh air one or more times a week, compared to 83 percent before the outbreak.
- Social interactions and activities **within** the nursing home have also dropped sharply - 54 percent reported they are not participating in any in-home organized activities (such as exercise classes, art classes, resident meetings, and religious services), compared to 14 percent before the outbreak.
- Only 13 percent reported eating their meals in the dining room, compared to 69 percent before the outbreak.
- Additionally, 76 percent of respondents reported that they felt lonelier under the restrictions, an unsurprising finding given that 64 percent also indicated they no longer even leave their rooms to socialize with other residents.

Previous research has demonstrated that social isolation, an already common reality for many older adults pre-pandemic, can accelerate declines in physical and mental health. The findings of Altarum’s survey add to this body of evidence by capturing how the current health crisis has exacerbated this further.”

“The Cost of Inaction: 11 Deaths An Hour” by Senators Ron Wyden (Oregon) and Bob Casey (Pennsylvania) The report highlights the challenges that nursing homes have in containing the spread of COVID-19 while at the same time addressing the increase in depression, isolation, and loneliness. The report includes background, findings, and

proposed solutions to be enacted to curtail the death and harm that nursing home residents are experiencing. Click [Here](#) for the report.

AARP – Variety of Studies and Reports – with a recent report that raises the issue of **“Is Extended Isolation Killing Older Adults in Long-Term Care? Five months of COVID-19 lockdowns have created a mental health crisis”** The article focuses on the mental health of nursing home residents and the associated physical decline due to the isolation and loneliness. Click [Here](#) for article

There are also some resources for those in need of help and those wanting to make a difference locally by going to [AARP Community Connections](#)

RESOURCES

“Patient and Family Engagement During COVID-19”

Maryland Patient Safety Center

<https://www.marylandpatientsafety.org/pfacqs.aspx>

“COVID-19 Update: Addressing Social Disparities”

Patient Safety Movement Foundation

Session 1 <https://www.youtube.com/watch?v=s9BuzDq9a5E&feature=youtu.be> **NEW**

Session 2 <https://www.youtube.com/watch?v=ccYTaeINP7A&feature=youtu.be> **NEW**

Co-Presented by:

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PPC, H2PI, and Consumers Advancing Patient Safety Joint COVID-19 Series:

NEW Interview with George Bakris, M.D., A Physician/Patient Point of View on the Importance of Your Continued Care

<https://www.youtube.com/watch?v=JiMOiCGKsB8&list=PL85nvxr3ClzPJichPfeCOcrNSGWzU6mo7&index=10&t=0s>

Long Term Facilities - Part I Pat Merryweather-Arges

<https://www.youtube.com/watch?v=ArOsBAAtJoPk>

Long Term Facilities - Part II Swati Gaur, MD, Medical Director at New Horizons, Georgia

<https://www.youtube.com/watch?v=lqt3-Qvl8eA&t=10s>

COVID-19 Testing - Moira Larsen, MD, MBA, MedStar Health

<https://www.youtube.com/watch?v=mE6053dCqEk>

Health Equity - Ron Wyatt, MD, MHA, MCIC Vermont

<https://www.youtube.com/watch?v=1rfhxX8LKAY>

The Important Role of Telehealth in Mental Health - Wendy Hayum-Gross, Licensed Clinical Professional Counselor, Grow Wellness Group in Naperville

<https://www.youtube.com/watch?v=OKoMOHOyw8s>

Elective Procedures in Hospitals - Kellie Goodson, MS, CPXP, Vizient; Pat Merryweather-Arges, MA, PPC

<https://www.youtube.com/watch?v=oYBagqu3a78>

Learning from COVID-19 Patients - Josh Weissburg

<https://www.youtube.com/watch?v=kNGnYBuWD8&t=56s>

Preparing for Hospital Visit - Rosie Barthel, Patient Advocate

https://www.youtube.com/watch?v=Ih0GVGf_HW8&list=PL85nvxr3ClzPJichPfeCOcrNSG_WzU6mo7

Finding Hope and Meaning Through Stories in COVID-19 Pandemic Series

MedStar Health Institute for Quality and Safety - with 11 healthcare leaders throughout the series:

How has the COVID-19 pandemic affected you personally and professionally?

What stories have you heard or experienced that are COVID-19 related and you can't forget?

What will this teach us for the future of healthcare?

What technology or innovations look transformative for the future as a result of COVID-19?

<https://www.youtube.com/playlist?list=PL85nvxr3ClzPPgQN-be5Wh9jzYcGLUjpR>

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/>

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/>

**PROJECT
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We Enjoy Hearing from YOU!

Please feel free to contact us at any time as most of the time we are still all working remotely from our homes.

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Thank you!