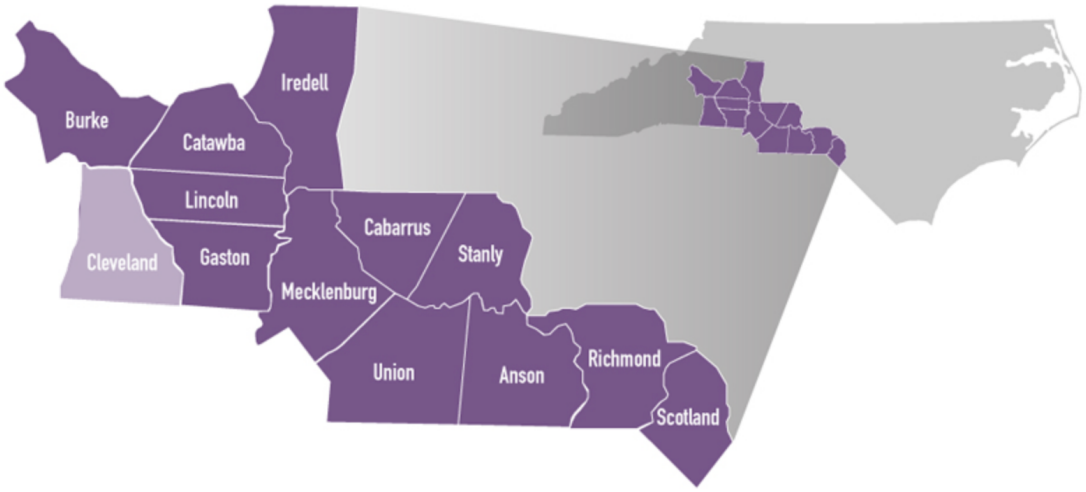
METROLINA HEALTHCARE PREPARDENESS COALITION

LONG TERM CARE NEWSLETTER

February, 2022 Volume 2 Issue 2



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Highlights from January 2022:

REGIONAL UPDATE& WELCOME

Welcome

WRITTEN BY RONALD HENSCHEL, MPH

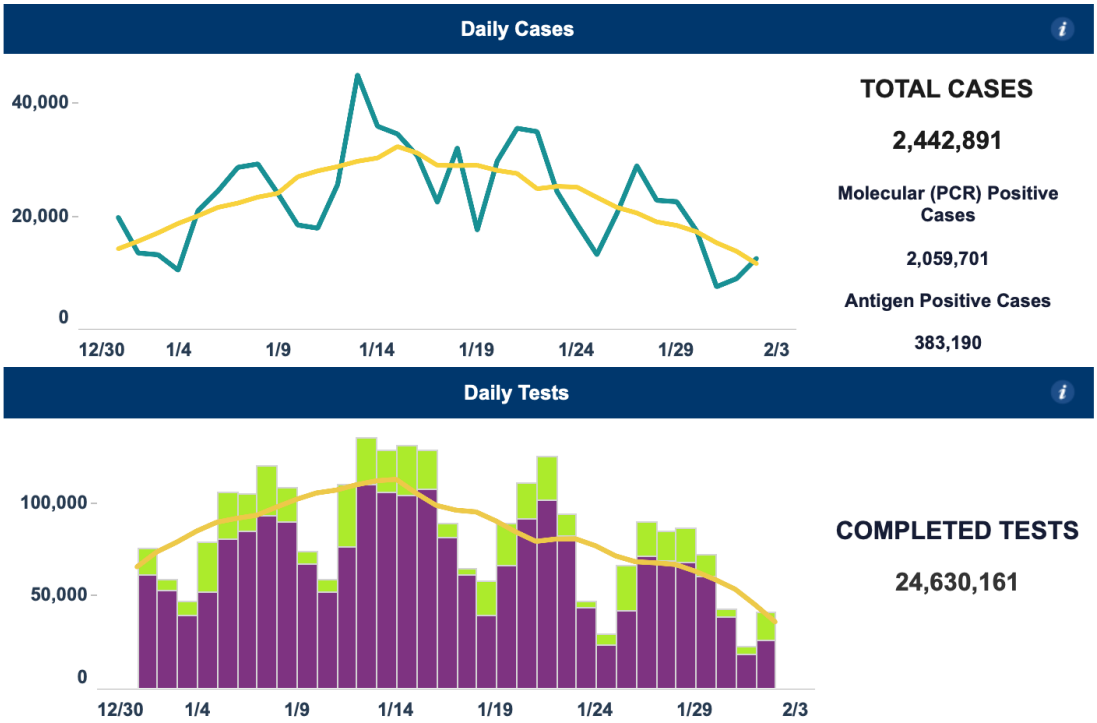
The first month of 2022 has come and gone, as hard as it is to believe that. However, this past month has given us a few surprises, such as new variants, ice, and snow! Around every corner appears to have a new or reemerging challenge for us to meet. While speaking with many of you about outbreaks over the past month, two things have become clear, the number of positives has risen, but the severity of the symptoms is lower. In addition, most residents testing positive are being treated in-house rather than at a hospital. Despite the climb in cases, this is good news, and even if it does not seem like it, we are heading in the right direction.

This month, we will discuss staffing issues due to illness and weather and a conversation about visitation and the challenges that arise from residents' families. We hope that some of these topics will open communication at your facility to better prepare for whatever comes next. We also welcome any feedback or simply sharing stories on how you have managed these and any other hurdles thrown your way!

State Dashboard Data

DATA COLLECTED FROM STATE DASHBOARD

Updated Monday - Friday by approximately 12:00 p.m.
Last updated February 2, 2022 at 12:00 p.m.



County	Cases 12/30/21	Deaths 12/30/21	Cases 02/02/2022	Deaths 02/02/2022	Active LTC Outbreaks 02/02/2022
Anson	4,217	85	6,142	88	3
Burke	16,867	250	22,590	267	8
Cabarrus	37,133	375	52,713	427	18
Catawba	31,232	460	44,564	502	3
Cleveland	19,945	324	27,868	338	10
Gaston	44,781	651	61,380	708	19
Iredell	32,897	348	45,385	391	17
Lincoln	16,940	119	22,694	122	6
Scotland	6,154	110	9,508	117	0
Stanly	12,779	212	18,466	222	4
Union	40,980	388	58,141	425	16
Mecklenburg	176,994	1,314	262,965	1,443	59

The above figures were gathered from the statewide COVID dashboard on both December 29, 2021 and February 03, 2022. The figures are compounding from the initial outbreak of COVID-19 (NCDHHS, 2021).

Stop the Stigma; Start the Awareness

By Kariena 'KC' Bernesser

Healthcare is a profession of compassion, caring, high demands, long hours, and stress even before the pandemic of COVID-19 impacted our communities. Continued forces from COVID-19 to communities, families, friends, and work are increasingly straining healthcare providers' physical and mental health.

COVID-19 and its ongoing demands can create burnout in healthcare providers with the increased levels of care for residents', and residents' family demands. In addition, there is a constant need for expanded PPE use, infection prevention and control methods, and grief of losing residents, loved ones, and co-workers. Burnout from ongoing response to COVID-19 can lead to staff and leadership leaving a facility and profession, as we have seen throughout the country over the past couple of years. There are signs of impending burnout to notice, such as slow erosion of functioning; cynicism; incomplete work; lateness; the impulsive need for change, and chronic physical illness. A movement towards understanding signs of burnout and mental health stress awareness from peers and leadership can benefit all in a facility. Noticing burnout signs in ourselves, each other, and by the administration can address psychological strain in a proactive-positive manner. Such positive concepts to implement area offering support to peers and from leaderships, recognition of the reality of burnout and stress, peer support inside the facilities, identifying possible ways to relieve some stressors, and creating a place to go to take a quiet moment if needed.

Mental health wellness is stigmatized as those who provide healthcare as not needed in the profession. However, mental health wellness is becoming recognized as a necessary consideration when managing or working in healthcare. For example, in 2018, The National Academy of Medicine research showed that 1 out of 4 nurses are identified with post-traumatic stress disorder (PTSD). This research was pre-pandemic of 25% of nurses suffering from PTSD, considerations for post-pandemic impacts to nurses can only be projected to be higher.

Education Corner

Stop the Stigma; Start the Awareness

By Kariena 'KC' Bernesser

In the senior and long-term care facility communities, COVID-19 has placed increased stress, grief, and burnout on those who care for the residents in these homes. Creating awareness for individuals to identify in their peers and themselves can be helpful to getting peer support and, if need be, professional assistance. Understanding each recovery time from individual variant and peak creates psychological distress and forms a psychological crisis. There are three levels of stress: eustress is motivational stress in which the person can manage the stress, needs little to no help, and continues to function reasonably normal; distress is when the stress becomes more than the person can handle or maintain some level of function, but with assistance or time to rest, they can return to some normal level of functioning; dysfunctional is when the person is unable to continue to function at their usual or near-normal capacity and need intervention and assistance. Sharing information on awareness of stress levels in ourselves and our peers is the start to wellness. Offering solutions to assist with stress relief, positive alternatives to coping with stress, and overall recognition that it is okay not to be okay are all steps senior care, and long-term care facilities' staff and leadership can do.

Healthcare professionals and leaders are the ones to stop the stigma mental health does not apply to healthcare providers and start the awareness it is. Attentiveness, outreach, building mental health resilience, and support are suitable mechanisms for those caring for others in long-term care and senior facilities.

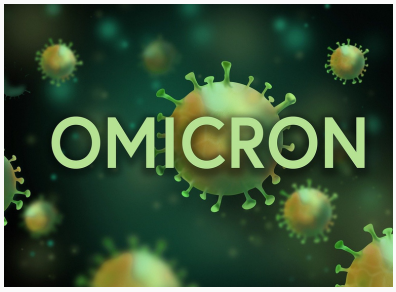
For information on education courses and offerings dealing with mental health wellness for healthcare professionals please visit our website at:
https://metrolinapreparedness.org/mhpc/tools-info/mental-health-wellness/

Together a change can be possible.

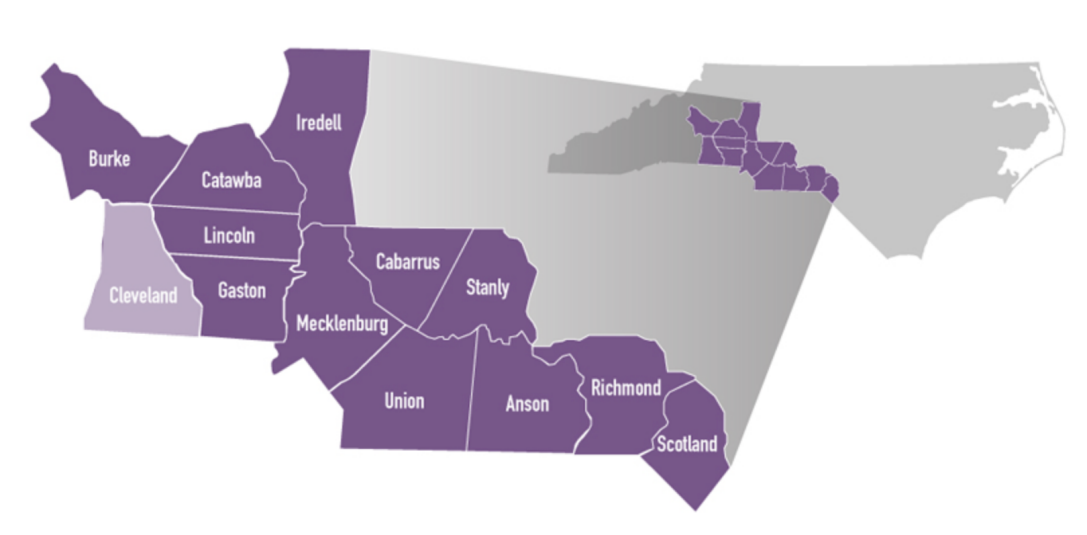
Conversation Starter: Staffing

WRITTEN BY RONALD J HENSCHEL, MPH

This month's conversation starter is about staffing during winter weather and a pandemic. If the pandemic was not enough to cause issues filling the schedule, here comes some nasty winter weather. Covid has dominated our minds for such a long time now that remembering all the other problems affecting staffing challenges can easily slip our minds. Influenza, Rhinovirus, and winter weather have all played a big part in the past in creating staffing challenges. In the past two years, we have seen a more subdued influenza season in North Carolina and nationwide due to Covid-19 restrictions such as social distancing and masking. As discussed before, those numbers will eventually trend upward as those precautions change. Recently we have seen some harsh winter weather come through the state, causing staffing issues along with it.



Many of you may be wondering why this is a topic of discussion. The chance of weather, seasonal illness, and the pandemic causing a large-scale issue is such a low percentage. Honestly, the concept sounds like one of those worst-case scenarios; Sadly, it is a reality. A long term care facility in Thomasville found themselves in that scenario. During the recent winter storm across the state, their local 911 received calls from some residents and families of residents of that facility. They were inquiring why they could not reach staff.

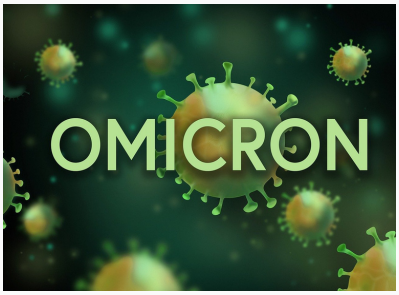


Conversation Starter: Staffing

WRITTEN BY RONALD J HENSCHEL, MPH

The police arrived to find three staff members attempting to take care of 98 residents. No other staff was on site. First responders and emergency management moved in to assist the residents. Two residents were found dead in their rooms, while two more residents were transported out of the facility in critical condition. Local health organizations sent nurses to help assist residents until relief staff could arrive. There was more of a breakdown of leadership, policy, and communication than just the weather and illness at play in this incident.

There are a couple of lessons to be learned from this tragedy. Take, for instance, your emergency plan. Has it been updated with the correct contact information in case of a worst-case scenario? Do enough of your employees know how to find the emergency plan or even look for the emergency operations plan if you cannot do so yourself? Have procedures been discussed to address this type of scenario? Do you have a vehicle that can handle winter weather to assist staff in traveling to and from work in case of bad weather? If you are part of a corporate facility, do they have plans or contact for emergency staffing? The most important part of this lesson is making sure your staff knows what to do when everything goes wrong, and no leadership is to be found. At that point, they become the leader, and they need to know what to do next. A few years ago, it would have been hard to imagine such an event happening, and now, however, it is not difficult to imagine.



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Infection Prevention Discussion

CENTERS FOR MEDICARE AND MEDICAID GUIDELINES FOR RESIDENT VISITATIONS

Visitors, bring joy and smiles to your residents. But unfortunately, they also can carry Covid-19, influenza, and any other host of illnesses into your facility. As I visited facilities over the last two months, more and more, the avenue for the outbreaks has been trending in the direction of visitations. As a result, many facilities have had postings about scheduling visitations with their residents; however, it goes against CMS guidelines. The current guide is as follows, "We note that the reason for visitation restrictions during the COVID-19 PHE were to mitigate the opportunity for visitors to introduce COVID-19 into the nursing home. Per 42 CFR § 483.10(f)(4), a resident has the right to receive visitors of his or her choosing at the time of his or her choosing, and in a manner that does not impose on the rights of another resident, such as a clinical or safety restriction (see 42 CFR § 483.10(f)(4)(v)). In other words, while all residents have a right to visitation, fully open and unrestricted visitation posed a clinical health and safety risk to other residents during this PHE, and therefore, it was reasonable to place limits on visitation. However, current nursing home COVID-19 data shows approximately 86% of residents and 74% of staff are fully vaccinated, and the number of new COVID-19 cases each week has been dramatically reduced." (CMS, 2021) If your facility still has signage that restricts visitations and you are accepting CMS funding, the policy and signage need amending.

The guidance continues to inform about visitations and the document. However, the overall takeaway is that a resident has visitation rights. Therefore, on January 6, 2022, the CMS guidelines about visitations FAQ section was amended to include issues and concerns with Omicron Variant. The bulk of the amendment consists of the following information. "States may instruct nursing homes to take additional measures to make visitation safer, while ensuring visitation can still occur. This includes requiring that, during visits, residents and visitors wear masks that are well-fitting, and preferably those with better protection, such as surgical masks or KN95. States should work with CMS on specific actions related to additional measures they are considering "as well as “Nursing facilities should continue to consult with state and local health departments when outbreaks occur to determine when modifications to visitation policy would be appropriate. Facilities should document their discussions with the health department, and the actions they took to attempt to control the transmission of COVID-19" (CMS, 2022).

Infection Prevention Discussion

CENTERS FOR MEDICARE AND MEDICAID GUIDELINES FOR RESIDENT VISITATIONS

Along with the above amendments, the Centers for Medicare and Medicaid added new items to the FAQ that address the current situation with the Omicron variant surge.

"Q: With COVID-19 cases spiking due to the Omicron variant, should facilities continue to permit visitation?

A: Yes. While CMS is concerned about the rise of COVID-19 cases due to the Omicron variant, we're also concerned about the effects of isolation and separation of residents from their loved ones. Earlier in the pandemic we issued guidance for certain limits to visitation, but we've learned a few key things since then. Isolation and limited visitation can be traumatic for residents, resulting in physical and psychosocial decline. So, we know it can lead to worse outcomes for people in nursing homes. Furthermore, we know visitation can occur in a manner that doesn't place other residents at increased risk for COVID-19 by adhering to the practices for infection prevention, such as physical distancing, masking, and frequent hand hygiene. There are also a variety of ways that visitation can be structured to reduce the risk of COVID-19 spreading. So, CMS believes it is critical for residents to receive visits from their friends, family, and loved ones in a manner that does not impose on the rights of another resident. Lastly, as indicated above, facilities should consult with their state or local public health officials, and questions about visitation should be addressed on a case by case basis." (CMS,2022).

"Q: Why can a resident choose to have a visit even when COVID-19 cases are increasing?

A: It is important to note that federal regulations explicitly state that residents have the right to make choices about significant aspects of their life in the facility and the right to receive visitors, as long as it doesn't infringe on the rights of other residents (42 CFR 483.10(f)(2) and (4), respectively). In this case, as long as a visit doesn't increase the risk of COVID-19 for other residents (i.e., by using the guidance for conducting safe visits), the resident still has the right to choose to have a visitor. Therefore, if the resident is aware of the risks of the visit, and the visit is conducted in a manner that doesn't increase the risk of COVID-19 transmission for other residents, the visit must still be permitted in accordance with the requirements."(CMS, 2022)

Infection Prevention Discussion

CENTERS FOR MEDICARE AND MEDICAID GUIDELINES FOR RESIDENT VISITATIONS

"Q: Are there any suggestions for how to conduct visits that reduce the risk of COVID-19 transmission? For example, should facilities have different policies for vaccinated and unvaccinated visitors?

A: While we strongly encourage everyone to get vaccinated, visitation can occur regardless of the visitor's vaccination status. There are ways facilities can and should take extra precautions, such as hosting the visit outdoors, if possible; creating dedicated visitation space indoors; permitting in- room visits when the resident's roommate is not present; and the resident and visitor should wear a well-fitting mask (preferably those with better protection, such as surgical masks or KN95), perform frequent hand-hygiene, and practice physical distancing. Some other recommendations include:

- Offering visitors surgical masks or KN95 masks.
- Restricting the visitor's movement in the facility to only the location of the visit.
- Not conducting visits in common areas (except those areas dedicated for visitation).
- Increasing air-flow and ventilation.
- Cleaning and sanitizing the visitation area after each visit.
- Providing reminders in common areas (e.g., signage) to maintain physical distancing, perform hand-hygiene, and wear well-fitting masks." (CMS,2022)

The unfortunate side effect of the guidelines is that facilities within low vaccination rate areas may see increased positive test results due to visitations. Vigilance currently is the only answer to address the issue. Screening at the door, insisting on social distancing, wearing masks, and all the same precautions we have heard from the beginning. Though Omicron hit us all hard, the trends are starting to show some reprieve. Please remember your staff's mental health while attempting to reinforce the precautions to keep the residents safe, and thank you for all you are doing to give your residents the best life possible in these uncertain times.

Looking forward:

IF THERE IS A TOPIC THAT YOU WOULD LIKE TO SEE DISCUSSED IN OUR MONTHLY NEWSLETTER, PLEASE REACH OUT TO ME AT RONALD.HENSCHEL@ATRIUMHEALTH.ORG.

References

CMS. (2022, JANUARY 6). DEPARTMENT OF HEALTH & HUMAN SERVICES - CMS. NURSING HOME VISITATION - COVID-19 (REVISED). RETRIEVED FEBRUARY 2, 2022, FROM HTTPS://WWW.CMS.GOV/FILES/DOCUMENT/QSO-20-39-NH-REVISED.PDF

IMAGE CITATION:
CLESLE, M. (2009). WOMAN WITH HANDS ON FACE, STRESS, MENTAL HEALTH. CREATIVE COMMONS. RETRIEVED 2022, FROM HTTPS://CREATIVECOMMONS.ORG/LICENSES/BY-NC-SA/2.5/CA/.

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