



Date: May 10, 2020

To: Chris Crnich, MD, PhD, Subcommittee Chair and members of the Long-Term Care Subcommittee of the State Disaster Medical Advisory Committee (SDMAC)

From: Janet L. Zander, Advocacy & Public Policy Coordinator

Re: Public Comments on Preliminary Long-Term Care Recommendations
a) COVID-19 Testing in Hospital to Nursing Home Transfers, and
b) Treating COVID-19 Residents in Place

The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) is a nonprofit agency committed to supporting the successful delivery of aging programs and services in our service area consisting of 70 counties (all but Dane and Milwaukee) and 11 tribes in Wisconsin. We are one of three Area Agencies on Aging in Wisconsin. We provide lead aging agencies in our service area with training, technical assistance, and advocacy to ensure the availability and quality of programs and services to meet the changing needs of older people in Wisconsin. Our mission is to deliver innovative support to lead aging agencies as we work together to promote, protect, and enhance the well-being of older people in Wisconsin.

Thank you for this opportunity to provide comments on the Long-Term Care Subcommittee's preliminary long-term care recommendations. The work of your subcommittee and that of the State Medical Disaster Advisory Committee is of great interest and importance to the aging network. Like all of you, we are painfully aware that nursing home residents are at high risk of being infected and of dying from COVID-19. Nationwide, COVID-19 has infected more than 150,000 residents and workers at nursing homes and other long-term care facilities. Of those infected, nearly 28,000 have died from the virus. One-third of all COVID-19 deaths in the U.S. are nursing home/long-term care facility residents or workers.¹ As of yesterday, more than 40% (169 people) of Wisconsin deaths from the virus were related to long-term care facilities.²

Having followed the work of the long-term care subcommittee closely over the past several weeks, I am aware how hard you all have worked to put together these recommendations under especially difficult circumstances. In general, we feel the documents are clear and comprehensive and offer the following comments to further strengthen the important work you are doing.

Comments related to COVID-19 Testing in Hospital to Nursing Home Transfers

Given the vulnerability of the population(s) served by post-acute and long-term care facilities (PALTCF), it is imperative that all necessary steps be taken to avoid introducing the virus into facilities with no known or suspected COVID-19 outbreaks. In this scenario, all hospital patients should be screened **and tested prior to discharge to the facility**. The risks are too great to rely

on the presence of signs and/or symptoms to prompt testing. While figures vary as to just what percentage of the positive COVID-19 cases are asymptomatic, it is generally agreed upon that some percentage (25%) of persons infected with the virus will remain symptom free, but still be able to transmit the virus to others. If a hospital does not have the ability to perform rapid COVID-19 testing, a test should still be done and transfers to a PALTCF could occur pending the results, if the facility can effectively quarantine the patient/resident. Testing should be performed at the earliest possible time, in this case, at discharge to ensure results will be available as timely as possible. With testing now occurring for all skilled nursing home residents, this patient would not only require quarantining – with or without testing at the hospital but would require testing at the facility. Testing should not be delayed for anyone whose discharge plan is to transfer to a PALTCF but should be done as soon as this is known. If a PALTCF does not have a dedicated unit/wing for transferring patients/residents, the patient should not be transferred until the test results are available.

Lastly, while transfer trauma is a very real concern and all efforts should be made in most situations to return a patient/resident from the hospital to the original facility where they resided; admissions/readmissions should be banned to a facility with an uncontrolled outbreak of COVID-19.³

Comments related to Treating COVID-19 Residents in Place

Given the serious negative impact of this virus on the health and lives of older adults with multiple comorbidities (the population most likely to be residing in skilled nursing facilities), every PALTCF's should have a state-approved COVID-19 plan for the care and management of residents with confirmed or clinically suspected COVID-19. This plan should **include COVID-19 testing of all residents and staff** and infection control measures⁴. All necessary testing supplies and personal protective equipment (PPE) should be made available to facilities to ensure their ability to care out their plans.

Given the negative health consequences of social isolation and loneliness, we support the subcommittee's inclusion of "implementation of supports to counter the adverse psychosocial effects of isolation." Additionally, given the restrictions placed on visitors and congregate activities, we encourage the implementation of these supports to all PALTCF residents during these difficult times of physical distancing.

Lastly, while recommendation four (4.) specifies the decision to transfer a PALTCF resident with clinically suspected COVID-19 to a higher level of care should be based on – resident stated preferences for hospitalization (among other criteria), section 4.(b)(i) – Discontinue and/or Modify Treatments – makes no mention of resident input. The criteria listed for discontinuing or modifying treatments are: Determine if the aerosol generating therapies (AGT) – nebulized medications, CPAP, open tracheostomy suctioning – is medically necessary. This implies the resident's health care team is making the decision and does not clearly indicate the involvement of the resident who will be affected by the decision. The recommendation further states that unnecessary AGTs should be withheld as long as the resident remains on transmission precautions. Though alternatives are recommended for providing metered dose inhalers in lieu of nebulized medications for residents with confirmed/ suspected COVID-19 infections, no

alternatives are mentioned for other forms of AGT. Stopping these therapies can pose additional risks for residents. While the risks of providing AGT should not be minimized, we also do not want to minimize the risk of discontinuing AGTs and feel the resident and their family (as appropriate) should be involved in these discussions and decisions.

The Greater Wisconsin Agency on Aging Resources extends sincere appreciation to all members of the Long-Term Care Subcommittee and the State Disaster Medical Advisory Committee for your tireless efforts to develop and disseminate guidance to address the medical service and care needs of all those affected by or at risk of a COVID-19 infection during resource-constrained conditions.

Thank you for your consideration of these comments on these important preliminary long-term care recommendations.

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¹<https://www.nytimes.com/interactive/2020/05/09/us/coronavirus-cases-nursing-homes-us.html>

²<https://www.dhs.wisconsin.gov/covid-19/deaths.htm>

³https://theconsumervoice.org/uploads/files/issues/Advocacy_Recommendations_final.pdf

⁴https://theconsumervoice.org/uploads/files/issues/CV_Statement_5.4.20.pdf