Overview of Massachusetts’ COVID-19 Response in Long-Term Care Facilities

July 8, 2020
The purpose of today’s presentation is to provide you with an overview of Coronavirus Disease 2019 (COVID-19) burden in Massachusetts nursing and rest homes and share how the Administration has responded to protect the health and safety of our residents. Specifically, we will share how the Administration has:

- Increased infection control oversight;
- Addressed personal protective equipment needs;
- Implemented a surveillance testing strategy; and
- Modified policies as we move further into reopening phases.
Confidential, Draft and Pre-Decisional

Note: DPH began reporting both confirmed and probable COVID-19 cases and deaths as of 6/1/2020. Newly reported totals are a result of a retrospective review of probable cases and deaths dating back to March 1, 2020.
LTC positive test rate, compared to statewide average positive rate

DATA AS OF 6/29/2020

Legend:
- % of total tests positive (statewide)
- % of all other tests positive
- % of tests positive in LTCFs

Source: MAVEN
LTC positive tests as % of total

Data collected as of 6/29/2020

Legend
- All other
- LTC facilities

Source: MAVEN
LTC Tests As Share Of Total Tests

Data collected as of 6/29/2020

7 day average of number of tests

Legend
- All other positive tests
- All other negative tests
- Positive Tests in LTCFs
- Negative Tests in LTCFs

Source: MAVEN
### Timeline of Massachusetts Nursing Home COVID-19 Response

**March 16th**
- DPH announced visitor restrictions to nursing homes across MA and PPE guidelines

**March 31st**
- Launched mobile testing program in nursing homes and rest homes for in-facility testing of residents with UPI symptoms (DPH, MANG, State Public Health Laboratory Broad Institute of Cambridge)

**April 6th**
- DPH guidance on the use of PPE, caring for residents with presumed or confirmed COVID-19

**April 7th**
- $80M funding for Nursing Facilities announced – $50M for all NF across the state (10% increase) and $30M additional for dedicated COVID-19 sites of care

**April 8th**
- Launch of Long Term Care Staffing Portal

**April 13th**
- Expanded state-sponsored testing of all staff and residents (symptomatic/asymptomatic) for facilities that request testing

**April 15th**
- MassHealth Nursing Facility Investment ($50M investment, or a 15% increase for eligible facilities) to support COVID-19 dedicated wings/units, bringing total new funding to $130M

**April 16th**
- Launch $1000 signing bonus for all individuals that register through the LTC Staffing Portal and work for ~30 days in a nursing home (128 hours)

**April 27th**
- Announced Accountability and Support Policy tied to up to $130 million in additional funding

**May 1st**
- Launch of MA National Guard clinical teams

**May 14th**
- Published nursing facility infection control competency checklist

**May 15th**
- Announced pro-rated signing bonus of $500 for 15 days (64 hours)

**June 30th**
- Announced LTC surveillance testing strategy

- Completed final, Round 4 of Clinical Audits, w/ a total of 1,005 audits completed

**End of Clinical Audit Period #1, w/ 360 NF audits complete**

**June 30th**
On April 27th, the Commonwealth announced that all nursing facilities would be regularly audited based on a 28-point Infection Control Checklist, and that the state would provide up to $130 million in additional funding to incentivize and support strict adherence to infection control standards.

The infection control checklist was developed in accordance with the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS), and Massachusetts Department of Public Health (DPH) guidelines; the audits are completed by licensed nurses and clinical staff trained in infection control.

Requirements focus on ensuring the safety of residents and staff.

This bi-weekly report will show the category each facility has been placed into based on their audit, and their overall score.

Based on a facility's score on the 28-point checklist, the facility will be placed into three categories:

1. **Green** means a facility is “In Adherence” and scored at least 24 out of 28.
2. **Yellow** means a facility is “In Adherence but warrants reinspection” and scored at least 20 out of 28.
3. **Red** means a facility is “Not in Adherence” and scored under 20 and/or missed at least one of six core competencies that represent the most critical infection control measures facilities need to implement.

There were 122 facilities that received a score over 20 points, but are in the “Red” (“Not In Adherence”), due to a missed core competency (e.g. improper PPE use); all facilities in the “Red” will receive targeted infection control training and re-audited by 5/29.

If you have concerns about the infection control standards at a facility, please reach out directly to the facility.

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### Audit Results (through 5/30)

<table>
<thead>
<tr>
<th>Total audits completed</th>
<th>Round 1</th>
<th>Round 2</th>
<th>Round 3</th>
<th>Round 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total facilities in adherence</td>
<td>360</td>
<td>230</td>
<td>243</td>
<td>172</td>
</tr>
<tr>
<td>Total facilities in adherence but warrant reinspection</td>
<td>228</td>
<td>180</td>
<td>221</td>
<td>152</td>
</tr>
<tr>
<td>Total facilities not in adherence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Facilities with score &gt;20 but missed core competency</td>
<td>119</td>
<td>49</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>- Facilities with score &lt;20</td>
<td>13</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Percentage of facilities not in adherence</td>
<td>37%</td>
<td>14%</td>
<td>6%</td>
<td>6%</td>
</tr>
</tbody>
</table>

*Round 4 audits were conducted at facilities that (1) are found to be “Not in Adherence” or “In Adherence but Warrants Reinspection” in Round 2 (2) have historic infection control or quality issues, and/or (3) are randomly selected for an audit.*
By July 31st, conduct at least one required Center for Medicare and Medicaid Services (CMS) Infection Control Survey at each CMS certified nursing home.

Per CMS, facilities with an infection control deficiency receive a directed plan of correction, and additional actions based on the scope and severity of the tag.

Nursing homes that previously did not have a COVID-19 case in a staff or resident and homes that report any additional three cases in one week are also targeted for a CMS Infection Control Survey.

Total CMS Certified SNFs in MA | 381
---|---
Number of Required Surveys Completed or Scheduled to Complete by 6/29 | All initial surveys completed!
Daily Communication with Homes that Have Active COVID-19 Cases

- Implemented daily surveyor structured check-ins to homes to assess infection control measures, staffing and PPE availability
- Assigned an epidemiologist to each home to provide individualized guidance
Personal Protective Equipment Distributed From SNS

PPE Distributed to Nursing Homes, Rest Homes and ALRs by Region

- Southeastern Massachusetts
- Metro West
- Western Massachusetts
- Central Massachusetts
- Metro Boston
- Northeastern Massachusetts

**Categories:**
- NH/RH/ALRs
- Total

**Equipment Types:**
- PPE N95s/KN95s
- PPE Masks
- PPE Gowns
- PPE Gloves

**Numbers:**
- 0
- 200000
- 400000
- 600000
- 800000
- 1000000
- 1200000
- 1400000
- 1600000
• The State is providing surveillance testing guidance for LTC settings

• All LTC settings are expected (required for SNFs/RHs) to complete a new round of baseline testing

• Settings will then fall into one of three testing “levels,” depending on baseline testing results and the regional transmission rate

• A positive case at any point will trigger weekly testing of all staff (Level 3) and one test of resident close contacts

• Skilled Nursing Facilities are required to abide by these guidelines and self-report their required testing levels

MA COVID PCR Adaptive Testing Regimen

Testing Levels

1. Bi-weekly sampling of 30% of staff
2. Bi-weekly all staff surveillance testing
3. Weekly staff surveillance testing, until no positive cases in 14 days

No new positive cases

Low regional transmission rate

High regional transmission rate

Positive cases

One-time re-testing of all residents

New positive case in staff or resident

Test all close contact residents

1. Regions with fewer than 40 cases in the last 7 days per 100,000 residents are low-transmission; regions with >40 are high-transmission; regions defined as MA EMS regions
2. MassHealth sanctions of $30 / violation; each day a staff member is not tested constitutes a violation; e.g., 100 staff not tested for 7 days = 700 x $30 = $21,000
3. For nursing facility reporting, two weekly reporting cycles, which may or may not align exactly with 14 days

Test
Case
Metric

Baseline staff test
Surveillance Testing Data Collection and Reporting

- Each Wednesday, as part of the Weekly Public Health Report, the Commonwealth publishes the regional transmission rate for each EMS region in order for providers to identify their testing level for the next period.

  ![Map of EMS regions](image)

<table>
<thead>
<tr>
<th>Cases per 100K Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-Day Total as of 6/24/2020</td>
</tr>
<tr>
<td>EMS Region</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>

- Providers will be required via online survey to report each Thursday data points for the week prior (Thursday - Wednesday), including:
  - The testing level the facility followed for the previous week
  - Counts of tests and results for staff
  - Counts of tests and results for residents
  - Count and COVID-19 status of new admissions

- EOHHS will publish self-reported testing compliance rates by facility every week on Wednesday as part of DPH's public health reporting
Nursing and Rest Homes are Reintroducing Activities with Modifications

<table>
<thead>
<tr>
<th>Activity Dimensions</th>
<th>Current State</th>
<th>Modifications and Allowances</th>
<th>Future phases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitation</td>
<td>Supervised Outdoor visitation</td>
<td>Ensure minimum 30 minute visits offered at a variety of times and days to meet family needs</td>
<td>Indoor visitation</td>
</tr>
<tr>
<td>Congregate activities</td>
<td>Restricted unless medically necessary</td>
<td>Communal dining with appropriate social distances and PPE</td>
<td>Group activities, including outings</td>
</tr>
<tr>
<td>Non-essential personnel</td>
<td>Not allowed</td>
<td>Not allowed</td>
<td>Entry of non-essential personnel such as hair dressers</td>
</tr>
</tbody>
</table>

DPH will use Statewide metrics and Facility level metrics to facilitate reopening decisions.
Ongoing Initiatives and Actions

- Conduct onsite infection control surveys, as identified and issue directed plans of correction, based upon survey findings
- Coordinate with sister agencies on additional response and actions for chronically low performing nursing homes
- Support surveillance testing implementation and monitor testing findings
- Continue epidemiology support
- As part of reopening framework, introduce additional nursing home and rest home activities, based upon state and facility level data
- Collaborate with public health partners to intensify efforts to mitigate transmission rates
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