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MU School of Nursing Programs Assist More Than 500 Nursing Homes Statewide with COVID-19 Response

As the coronavirus pandemic continues to put a strain on health care systems, nursing homes have become overburdened with the challenge of keeping both patients and staff safe and healthy. Older residents in long-term care facilities are especially vulnerable to the effects of a respiratory illness like COVID-19, and nursing homes are not appropriately designed nor staffed to handle large numbers of infectious residents.

Written by: Senior Living News contributing member

7/28/2020

Two MU Sinclair School of Nursing support teams – the Quality Improvement Program for Missouri and the Missouri Quality Initiative – are working with the Missouri Department of Health and Senior Services to provide assistance to more than 500 nursing homes across the state.

"The main goal of our response efforts is to make sure nursing home residents are staying as safe as possible during this very traumatic and challenging experience," said Lori Popejoy, associate professor in the MU Sinclair School of Nursing. "At the beginning of the pandemic, access to personal protective equipment (PPE) was a big concern for nursing home staff. We were able to collaborate with various community organizations to distribute more than 3,000 face shields to nursing homes throughout the state."

In addition to securing and distributing PPE, other efforts include offering recommendations, guidance, and support to nursing home staff and administrators as they navigate and implement the ever-changing COVID-19 infection control practices. As the Centers for Disease Control and Prevention and Missouri Department of Health and Senior Services continue to update their recommendations for mitigating the spread of COVID-19, the support teams are synthesizing, summarizing and organizing this information to help nursing homes establish and modify protocols for isolating sick patients, use PPE properly and notify the family members of infected patients.

“Now that the nursing homes are isolating residents in individual rooms, the residents are no longer dining in groups, attending group activities or inviting outside visitors into the facilities,” said Amy Vogelsmeier, associate professor in the MU Sinclair School of Nursing. “In order to continue providing support to these individuals, nursing homes have adopted creative practices, such as video chatting with family members so residents can see their loved ones, or assigning staff members to check in daily with residents who may be struggling to cope with the effects of social isolation.”

Given the shortage of nurses in Missouri, the pandemic has highlighted the importance of advanced practice registered nurses, who play a key role in identifying and managing illness in nursing homes to prevent avoidable hospitalizations.

“This is a time where the public is really becoming aware of the value registered nurses bring to the health care industry,” Popejoy said. “It has been inspiring to see the impact they have had to mitigate the effects of this public health crisis.”



EAPs and Other Resources that Senior Living Must Put in Front of its COVID-19-Pressured Workers

When we look at the front lines of the war against coronavirus, we see embattled doctors and nurses in crowded hospital rooms, not necessarily nursing home nurses, aides and administrators caring for a population that is most vulnerable to the virus and, some might think, the most expendable. That perception needs to change and our front line workers need to feel better cared for.

Written by: Glenn Day

7/30/2020

What's been playing out in Maryland's long-term care arena as the coronavirus pandemic has spread has been all too common across the country.

As of the week of July 29, the state's congregate care settings accounted for almost 14,000 cases of COVID-19 and more than 2,000 deaths. There were yawning gaps in care, the price paid for the long-standing shortage of workers. When staff members complained of a different yawning gap in PPE equipment, it wasn't uncommon to be told to bring their own. Not surprisingly, more than 3,000 employees of Maryland's assisted living communities, nursing homes and group homes have contracted the virus, with 17 deaths.

Between the physical dangers the staffs increasingly face and the heightened mental and emotional stresses, it's no surprise that workers in the senior living and care sector consider themselves the "forgotten" on the front lines.

The upshot is not unexpected. The mounting physical and emotional pressure may end up making a bad situation worse for the beleaguered senior care community. Increasingly facing staffing shortages (among other pressures) before the pandemic, too many are seeing workers skip shifts or just leave their jobs altogether.

The best thing senior living and employers can do for their employees right now is steer them to the kinds of resources that are out there to help them cope with this crisis and how it's affecting their emotions. The majority of states and thousands of licensed psychologists, psychotherapists and social workers across the U.S. are offering free therapy to healthcare workers who have been overwhelmed by the pandemic fallout. Some examples:

- New York Gov. Andrew Cuomo set the standard on March 21 with a statewide hotline, 844-863-9314, offering free mental health services to anyone needing assistance. It took only four days for 6,000 mental health professionals to volunteer their services.
- [Project Parachute](#) started in Chapel Hill, N.C. to offer mental health resources to all frontline health workers, and it has grown to more than 500 volunteer therapists in 37 states. There's no set format – sessions can be via phone, video or text – and there is no end-date. Those seeking assistance must, however, choose a professional located in their state.
- In Michigan, MI Frontline Support unites licensed clinicians who offer free crisis and coping related resources to all coronavirus frontline workers, including health workers, grocery, delivery and mail carriers. Resources include hotline numbers for video group support, immediate support, meditative podcasts and more.

Although such resources are interim, senior living and care operators should think about the longer term needs of their current staff and those they would like to attract when this storm eventually calms. The fact is that emotional issues and substance abuse disorders cost American businesses as much as [\\$100 billion a year](#). Employee assistance programs, or EAPs, are an ideal way to deal with the issues that have only been aggravated since the pandemic – and can pay off by lowering absenteeism by 21% while [boosting productivity by 14%](#).

Organizations that already have an EAP in place should start promoting it aggressively as an option their staffs can use now. If not, these are the steps to take:

1. **Establish your EAP framework.** Start with the nuts and bolts. Who's eligible? Employee and dependents, or is there expanded coverage for other family members? Consider whether to wrap the benefit into the open enrollment process or make it a separate benefits callout. Another consideration is whether to make it part of the onboarding process. Don't forget to require an EAP utilization report in order to adequately gauge how services are being used and determine whether some types of services might require attention.
2. **Assess EAP capabilities.** In evaluating services, one critical concern is the quality and accessibility of the EAP's emergency crisis care. (Test this with periodic after-hours calls to its behavioral health number.) Also important is its access to counselors trained in suicide prevention and substance use disorder treatment. What other resources does it offer? Does it have an online portal with a library with relevant resources your employees can easily access?
3. **"Sell" the program.** With utilization rates averaging less than 7%, employees must be educated and informed on what the services are, who is covered, how and when to access its resources, and what the tangible benefits are. Slick tactics aren't necessary. Simple fact sheets distributed with paychecks or posters with on-point messages along with EAP and crisis hotline numbers posted in common areas are effective. Face-to-face informational sessions are always useful, too.

We are facing an unprecedented health and economic emergency with COVID-19. With the resources to be found in EAPs, senior living and care employees will be better equipped to manage the pressures and continue to carry on.



COVID-19 Antibody Treatment to be Tested on Senior Living Residents, Staff

A new study announced by Eli Lilly and Co. will be enrolling test subjects for 3 rounds of clinical trials for a COVID-19 antibody treatment. They will use a fleet of mobile units to visit care facilities that have workers that volunteer to be a part of the new trials.

Written by: Lois A. Bowers

8/4/2020

Eli Lilly and Co. on Monday [announced](#) that it will test a COVID-19 antibody treatment with the help of assisted living and nursing home residents and staff members. The study will enroll up to 2,400 people.

“While it’s not easy to conduct clinical trials in this setting, we’re taking on the challenge in an effort to help those who need us the most,” Daniel Skovronsky, M.D., Ph.D., Lilly’s chief scientific officer and president of Lilly Research Laboratories, said in a statement.

The pharmaceutical company announced the beginning of BLAZE-2, the third phase of a trial of the antibody treatment, LY-CoV555, against SARS-CoV-2, the virus that causes COVID-19. The study is being conducted in partnership with the National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health; the COVID-19 Prevention Network; and several long-term care facility networks across the country. The Food and Drug Administration reviews results from Phase 3 trials as part of its approval process.

The study will enroll assisted living and nursing home residents and staff members who have had recently diagnosed cases of COVID-19 and who now are at high risk of exposure. It will evaluate the safety and effectiveness of LY-CoV555 in preventing infection and COVID-19 and also test whether a single dose reduces the infection rate and COVID-19 complications.

Clinical trials typically take place in hospitals, universities, physicians’ offices and community clinics, so Lilly said it has created customized mobile research units to address the challenging aspects of running a clinical trial in a long-term care facility during a pandemic. These units include a custom retrofitted recreational vehicle to support mobile labs and clinical trial material preparation, along with a trailer truck that will deliver all clinical trial supplies needed to create an on-site infusion clinic.

To further minimize the burden on the long-term care facilities, additional staff members will be on site to assist with the study. Lilly said it will deploy its mobile research unit fleet in response to outbreaks of the virus at long-term care facilities across the United States.

“We are grateful to the NIAID team for their exceptional partnership on this innovative trial, and we are deeply appreciative of the care facilities, their staff and the many residents who will be participating in this important study,” Skovronsky said.

One of the long-term care organizations participating in the trial is the Symphony Care Network, which includes assisted living and transitional care.

“We commend Lilly and NIH in recognizing the critical need for developing medicines to combat the spread of the virus among some of the most vulnerable populations,” Alexander Stemer, M.D., a board-certified infectious disease expert and co-chair of Symphony Care Network’s COVID-19 task force, said in a statement. “As the scientific community searches for safe and effective therapies for COVID-19, we are proud to participate in this leading-edge study given its potential to save lives.”



House Appropriations Leader Calls for Immediate Federal COVID-19 Relief for Senior Living

A leader of the House Appropriations Committee has called on the Department of Health and Human Services to place senior living communities on the same playing field as nursing homes in the prioritization of resources to fight COVID-19.

Written by: Kimberly Bonvissuto

8/4/2020

In a [blog](#) in “The Hill,” Rep. Kay Granger (R-TX), the ranking member of the committee, called on HHS to “immediately start providing help and resources to senior living facilities.”

Granger said she has worked with Chairwoman Nita Lowey (D-NY) to ensure that stimulus money was provided to help care for older Americans but that HHS has “not acted quickly enough” in administering some of these programs and that senior living communities still have not been prioritized for financial relief.

“The administration did a good job of prioritizing nursing homes early on in the pandemic so that they could get the personal protective equipment (PPE) supplies they needed. But many of our elderly don’t live in nursing homes; they live in senior living facilities, like Sagora Senior Living in my congressional district,” Granger wrote. “We need to focus on getting resources to help these vulnerable Americans. And we need to do it now before it’s too late.”

Granger relayed what senior living providers already know — they have had to source their own supplies and testing capabilities, incurring significant expenses. She called on HHS and the administration to prioritize all senior living communities for PPE, testing and receipt of a vaccine when one is available.

“They should have the same access to rapid results testing kits and supplies of PPE and funding as nursing homes,” Granger wrote. “This would allow these senior living facilities to first test both residents and staff to find

out who is COVID-19-positive, and then to use PPE supplies to combat the disease and contain its spread.”

Granger stressed the importance of providing senior living operators with the “tools they need to fight the disease,” calling it a “basic measure of fairness that senior living facilities be treated the same way nursing homes are by HHS.”

“Our senior living facilities are home to the Greatest Generation,” she wrote. “They deserve our greatest respect during this pandemic. And that’s exactly what we must give them now before it’s too late.”

In other coronavirus-related news:

- One media outlet presents what it sees as the [pros and cons](#) of federal COVID-19 [liability protections](#) for long-term care operators and other businesses desired by Senate Majority Leader Mitch McConnell (R-KY). Here is a [COVID-19 chart of state immunity statutes](#).
- California has deemed COVID-19 testing to be an [urgent healthcare service](#) during the pandemic and a medically necessary basic healthcare service for healthcare service plan enrollees who are essential workers — including those in congregate care settings — regardless of whether they have symptoms or a known or suspected exposure to the virus.
- Florida Gov. Ron DeSantis said all assisted living communities and nursing homes, (including those with COVID-19 cases) in the state have been [checked](#) to ensure they had working generators onsite to continue providing care as Isaias, which weakened from a hurricane to a tropical storm over the weekend, hit the state.
- Virginia has become the first in the nation to approve [workplace safety standards](#) to prevent the spread of COVID-19 in the workplace. Application of standards is based on the risk exposure level. Included in the high-risk category are skilled nursing, assisted living and nursing homes.
- Arizona’s long-term care facilities need [real-time testing](#), not a [task force](#) to provide recommendations on visitation once it resumes, according to an opinion piece in the Arizona Republic. The opportunity now is to restore in-person visitation as quickly as possible through real-time testing.
- UK researchers are testing [robots](#) to ease the social care burden at assisted living communities during the COVID-19 pandemic. Ambient Assisted Living initially will focus on finding solutions for priority groups — including those who have lost their vision or hearing, or who have dementia — to ease pressure on care workers. U.S. operators are conducting [a similar study](#).
- Western Carolina University’s Rapid Center spent the summer using 3D printing technology to develop [personal protective equipment](#) for healthcare workers in the community. Among the companies receiving face shields was Brookdale Senior Living.