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McKnight’s

LONG-TERM CARE NEWS

Nursing Home Coronavirus Cases Nearly Cut in Half in Four Weeks

Written by: Danielle Brown

2/2/2021

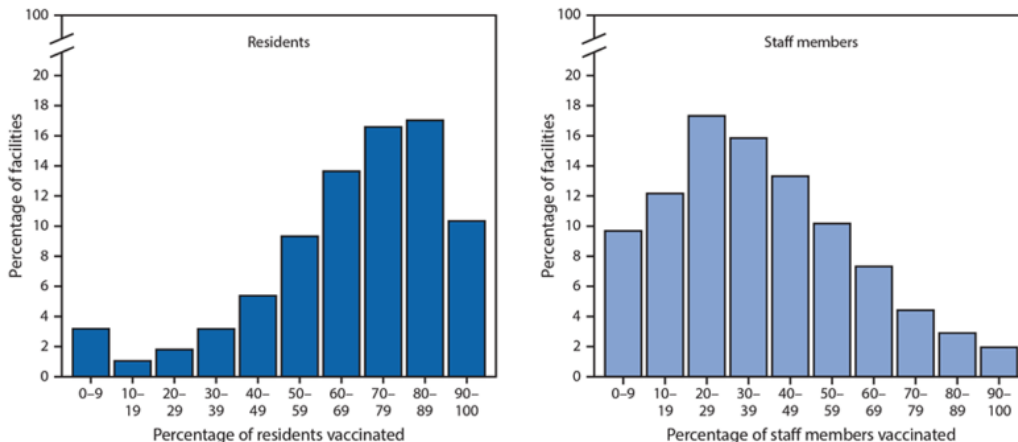
Nursing homes are closer to returning back to normal operations based on coronavirus case trends over the past month.

“What we’re seeing is a lot of early, positive signs,” David Grabowski, Ph.D., Harvard professor and healthcare policy expert, recently [told](#) the Wall Street Journal.

“They’re all encouraging and collectively suggest the vaccine is potentially starting to take effect,” he added.

Federal [data](#) released late last week showed that weekly coronavirus deaths and cases in nursing homes have declined steadily since peaking during the week of Dec. 20 when cases reached 32,522.

FIGURE 1. Estimated percentage* of residents[†] and staff members[§] at skilled nursing facilities[¶] enrolled in the Pharmacy Partnership for Long-Term Care Program who received ≥1 dose of COVID-19 vaccine — United States, December 18, 2020–January 17, 2021



Since then, weekly cases showed weekly declines. Cases were:

- 27,919 during the week of Dec. 27
- 26,261 during the week of Jan. 3
- 25,269 during the week of Jan. 10, and
- 17,584 during the week of Jan. 17, the most recent reporting week.

The percentage of nursing home residents vaccinated against COVID-19 is averaging much higher for residents than for staff members. Source: CDC.

The improvements also came during a time where a large majority of residents signed up to receive their first doses, [according](#) to the Centers for Disease Control and Prevention.

During the first month of the federal vaccine program, skilled nursing facilities that had at least one vaccine clinic saw an estimated median of 77.8% of residents but just 37.5% of staff received at least one dose.

McKnight's

LONG-TERM CARE NEWS

Providers Remain Vigilant Despite Official's Optimism that Herd Immunity is at Hand

Written by: Danielle Brown

2/2/2021

Connecticut nursing homes could be nearing herd immunity levels based on latest COVID-19 case levels, state officials reported over the weekend.

Connecticut's Chief Operating Officer Josh Geballe reported that a "vast majority" of residents have received both coronavirus vaccine shots and 60% of staff have gotten their first dose. That trend has also been followed by a decrease in cases.

"In the last three weeks, the number of weekly cases in nursing homes has declined by 66%," Geballe said over the weekend. "You get your first vaccination, you start to get some protection 10 to 14 days afterwards."

Local [media reports](#) noted that for herd immunity to be achieved then around 75% of the population must be vaccinated against the coronavirus. Geballe indicated that some facilities throughout the state may have met that threshold thanks to widespread administration of vaccines and continued infection control measures, the CT Post [reported](#).

Matthew Barrett, president and CEO of the Connecticut Association of Health Care Facilities, explained that currently 90% of residents and 60% of staff are now vaccinated. Though the news is encouraging, it's too soon to know how close they are to the mark.

"Even as we are seeing the potential plateau and downward trend of cases, we need several weeks of more data, including an evaluation mortality rates, which lag behind the cases before it would be responsible to

conclude we have turned the corner,” Barrett told *McKnight’s Long-Term Care News* on Monday.

“Still, there is an optimism in the recent data. Moreover, test positivity rates and community spread are also trending downward in Connecticut. These numbers need to be tamped down even further to win the day. In the meantime, Connecticut nursing homes are advised to stay vigilant on core infection control practices as we look to the other side of this epic pandemic,” he added.

Mag Morelli, president of LeadingAge Connecticut, said providers are now “hoping now with the vaccinations successfully going through, with community prevalence coming down and with others in the community being vaccinated that we’re hoping that we see the light at the end of the tunnel.”

“We were hit early last year and then post-Halloween through the holidays we had another resurgence throughout the entire state,” Morelli explained.

She added that providers would “really like to get back to a place where residents and families can be interacting again and visiting again in a much more regular manner.”

“Right now, we really want to make sure that residents can be able to see their families on a more regular basis,” Morelli said.

“It’s really been difficult for everyone — for residents, for families, for staff. To be able to see this vaccination as a shot of hope has just really made everyone feel hopeful,” she added.



Nursing Home Visitation Will Rest on Case Count Declines, COVID Variants — Not Vaccination Rates

Written by: Lisa Gillespie

1/29/2021

Though vaccinations are speeding up in skilled nursing facilities across the country, visitation policies still rely on state and county guidance that hinges on the number of COVID-19 cases both in surrounding communities and inside nursing homes.

In turn, states and other local authorities will likely look toward Centers for Medicare and Medicaid Services (CMS) [guidance](#) as a blueprint for opening up visiting hours to families of patients.

In September, CMS indicated it only recommends reopening if the facility doesn’t have a staffing shortage, has adequate personal protective equipment supplies, and sufficient access to COVID-19 testing.

Prodigy Rehabilitation Group president Babak Amali noted that CMS also only recommends visitation if there have been no COVID-19 cases in a facility for 14 days.

“The bottom line would be to see a downward trend in the positive cases, with or without vaccination,” Amali said.

“If you see the overall new cases are going down, especially in the skilled nursing facilities, you can expect some slight relief in visitation regulations. If we continue to see the spike in the positive numbers and the type of surge that we saw shortly after Thanksgiving and Christmas, chances are the current visitation restrictions will continue.”

The CMS rules emphasize the tightrope that officials across the country have walked since the federal government effectively shut down all non-emergency visits to nursing homes in March, one of the first and most drastic steps aimed at curbing the crisis.

While the 14-day restriction can be difficult to achieve, the goal of routine indoor visits became crucial as summer turned to fall and operators in the northern half of the country were forced to curb outdoor visits — a crucial lifeline in warmer weather.

“CMS understands that nursing home residents derive value from the physical, emotional, and spiritual support they receive through visitation from family and friends,” CMS official David Wright wrote in a September memo updating visitation guidelines. “In light of this, CMS is revising the guidance regarding visitation in nursing homes during the COVID-19 PHE [public health emergency].”

Susan Kayser, a partner at law firm Duane Morris LLP who specializes in aging care compliance law, said vaccination rollouts will likely impact how quickly visitations open back up. But unless vaccinations affect the number of cases, the immunizations alone won't have make an impact.

For instance, some nursing facilities in Minnesota recently reopened for scheduled visits as the state closed in on completing the vaccination process by mid-January, [the St. Paul Pioneer Press reported](#).

But state guidelines don't hinge on vaccination numbers, but COVID-19 cases — and if a facility has been free of new cases for at least 14 days. The facility's home county must have a positivity rate of less than 10%.

“It depends on in part on how quickly the vaccination programs rolled out, varying state to state; In New York, I think quite a few nursing homes are close to finishing them up,” Kayser said, adding that that, in turn, means that there may be less cases. “But in other states, they're still waiting.”

In [Virginia](#), however, health officials have said visitation isn't likely to happen for some time because it's still unclear whether the vaccine prevents spreading of COVID-19, and not just minimizing symptoms.

Darren Swenson, CEO of US Post-Acute Care, said he's hoping visitation will start at facilities where his company's physicians and advanced practice clinicians are working sometime during the summer.

“Since the immunization program just recently launched this month, there hasn't been any new or additional guidance that we've seen,” Swenson said. “We're hopeful that going into Q3, that we'll see some relaxation. But that's always dependent upon these other variants of COVID-19 and the effectiveness that immunization will bring us.”

A recent [SNN survey of nursing home operators](#) indicated that the vast majority of providers plan to wait for explicit, official word to reopen their doors to visitors, while half would require proof of vaccination for visitors once the shots become available to the wider public.

A facility's size also plays a role in when a building can reopen: For Gurwin Jewish Health and Rehabilitation, a facility in the New York City suburbs with more than 1,200 residents and staff, the odds of successfully going the required length of time without COVID infections is low as long as overall community rates stay elevated.

“The way in which the formula exists now — and has been for many months — as long as we have just one case, whether it be staff or resident, just one, the clock gets reset in terms of visitation,” CEO Stuart Almer [told SNN last month](#). “It’s mathematically very, very challenging to ever get to the goal that we can have someone visit.”

Residents and families, locked away from loved ones since March, may not understand why visitation isn’t starting again after most patients and staff receive vaccinations. In Florida, family members have complained in [media reports](#) that visitation still isn’t opening back up despite increased vaccinations in facilities.

A complete reopening of visitation will likely be slow to come, Kayser said, although the need is clearly there.

“It’s so desperately needed; it is just so sad that families have not been able to [visit] — it’s not good for the residents,” Kayser said. “So I hope that there will be quick and sensible efforts made by states to address the situation.”



How ‘Informal Leaders,’ Peer-to-Peer Focus Can Boost Staff Vaccine Acceptance at Nursing Homes

Written by: Maggie Flynn

2/1/2021

When the effort to vaccinate long-term care workers and residents began to gather momentum, hesitancy among workers became a prominent issue well before the first shots were administered.

The issue of whether or not workers — burned out by the ongoing tragedy of resident and staff deaths from COVID-19, personal protective equipment (PPE) shortages, and ongoing slow or bungled responses to the crisis by both federal and state governments — would trust the institutions now telling them to take a vaccine came up in December, shortly before the first COVID-19 vaccine received its emergency use authorization (EUA).

Touchstone Communities, which is based in San Antonio and has 28 skilled nursing facilities in the state of Texas, saw the ebb and flow of emotions around the vaccine play out even before the EUA was granted. When news of progress on the vaccines began to trickle out over the course of the summer of 2020, the initial reaction of staff members was quite optimistic, Touchstone COO Leslie Cunningham Campbell told Skilled Nursing News in an interview on January 25.

“Initially, everyone was so hopeful and optimistic about what the vaccine would bring to our population and to our team members,” she told SNN. “I think when we got closer to it, and it was real and the fact that it had happened so quickly, that’s when the team members — mostly the team members — really started to have concerns and questions. Just a lot of questions about: How do we know this is safe? How did this get developed so quickly?”

Many of Touchstone’s employees reported concerns similar to those of workers at skilled nursing facilities in other states. The [speed of the vaccine’s development](#), concerns [related to fertility and having children](#) among the SNF world’s predominantly female frontline workforce, and the [side effects](#) all came up; Touchstone used those to generate a set of frequently asked questions and publish those broadly across its portfolio, Campbell said.

In terms of “global” initiatives for the entire operator, Touchstone held listening sessions and put together educational videos delivering the scientific facts of the vaccines from “a compelling, expert physician,” she told SNN.

“But then we really left it to our frontline leaders to decide what works best in our individual centers,” Campbell added.

This speaks to one of the concerns flagged earliest around staff hesitancy to get vaccinated: the issue of trust.

In December, after the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) recommended prioritizing health care workers and residents in long-term care facilities for the first round of COVID-19 vaccines, the CEO of an organization representing certified nursing assistants warned of a disconnect between frontline workers and their leadership.

“My concern is not necessarily the vaccine, if it’s proven safe,” Lori Porter, the CEO and co-founder of the National Association of Health Care Assistants (NAHCA), told SNN on December 2. “My fear is that if we don’t educate them, if we allow the facilities to provide the education on the vaccine, there is a trust issue. CNAs do not trust their leaders.”

On February 1, the CDC released [a Morbidity and Mortality Weekly Report \(MMWR\)](#) that confirmed a wide disparity in vaccine uptake between residents and staff. Out of 11,460 SNFs with at least one vaccination clinic conducted during the first month [of the CDC’s Pharmacy Partnership for Long-Term Care Program](#), a median of 77.8% of residents had at least one dose — compared with a median of 37.5% of staff members.

“Barriers to SNF staff member vaccination need to be overcome with continued development and implementation of focused communication and outreach strategies to improve vaccination coverage,” the report said.

Identifying ways to address the issue of trust took various forms at Touchstone, Campbell told SNN. At the onset of the pandemic, the company had developed a centralized COVID-19 support team with the task of distilling information into practical guidelines and communication for frontline workers, she said. The operator also held daily COVID-19 briefings and weekly “all-hands” meetings — and when discussions of the vaccine first began to surface, those briefings and meetings began to cover the news.

In December, when the EUAs for [Pfizer’s \(NYSE: PFE\) COVID-19 vaccine](#) on [December 11](#) and to Moderna’s (Nasdaq: MRNA) [on December 18](#) were granted by the Food and Drug Administration (FDA), Touchstone ramped up its communication efforts accordingly, Campbell told SNN.

That included one center designating workers as “hall leaders,” who were responsible for doing one-on-one Zoom outreaches with patients and residents and the responsible parties for them to answer questions and address any concerns; that effort was led by nurses, Campbell noted. At another center, the director of nursing (DON) and medical director held small-group town halls and met informally with team members to answer their questions.

“The clinical leadership was really important here,” Campbell said. “And we endeavor to equip clinical leaders, whether formal or informal, on all three shifts just to be advocates for the vaccine ... and those team leaders, those informal leader sometimes are more powerful than the actual leaders of the facility — that peer-to-peer ability to share knowledge and insight and influence in that way.”

But in some cases, Touchstone had to think outside the box when it came to finding trusted sources. All of its facilities have had their first vaccine clinics; as part of its efforts to address worker hesitancy, Touchstone tracked

facilities where the vaccine acceptance rate among staff was low at the first clinic to conduct a root cause analysis of what was happening there — and the causes of the low acceptance rate.

Touchstone also conducted surveys before the first vaccine clinic, so it had a sense of which facilities might be at risk for low uptake among workers. Leadership emerged as a critical factor, Campbell said.

“One of our rural communities where we knew we were at risk [of a low acceptance rate], we knew the local leaders were somewhat new — very committed, but new, and hadn’t really garnered the real trust of the team members yet, because they were new,” she told SNN. “So we tapped into some influential community members who had involvement in our center before the pandemic, and they began to really talk up the opportunity and be available as a resource to team members, to residents and family members in the community. And that was really effective.”

Other examples of focusing on the local needs of each facility included making sure that hotlines and communications available in both English and Spanish, since Touchstone has “quite a presence in the Rio Grande Valley in deep south Texas,” with a large majority of its team members speaking only Spanish.

For Touchstone, the result of its efforts has been to have more than 55% of its team members sign up to receive the vaccine; more than 80% of residents who are not currently positive and isolated for COVID-19 have opted in, Campbell told SNN.

For her, the experience has shown the value of centralizing as much as possible to relieve some of the burden of fighting COVID-19 that the individual centers carry, as well as the value of transparency in communication; both establish a foundation for trust.

“Another thing is the peer-to-peer support system, and how important that is for adoption [of the vaccine], along with the fact that leadership matters,” Campbell said. “And yes, that’s the administrator, it’s the DON, it’s me leading the charge from the corporate office ... but it’s also that informal leadership that’s equally persuasive and powerful, and tapping into those informal leaders in each community.”