

A woman with short dark hair and glasses is speaking and gesturing with her hands. She is wearing a dark top and a necklace. A name tag is visible on her chest. The background is blurred, suggesting an indoor setting. A yellow triangle is in the top right corner.

# CHRT

## Keeping Nursing Home Residents Safe and Advancing Health in Light of COVID-19: CHRT's report to the State of MI

Marianne Udow-Phillips

October 5, 2020



## Study objectives

- Evaluate the state's regional nursing home strategy, comparing Michigan to other states.
- Review national best practices develop recommendations for moving forward
- Consider the continuum of long-term care services to minimize infections, morbidity, and mortality

## Study objectives

- Evaluate the state's regional nursing home strategy, comparing Michigan to other states.
- Review national best practices develop recommendations for moving forward
- Consider the continuum of long-term care services to minimize infections, morbidity, and mortality

## Our Team: Staff

- Marianne Udow-Phillips, MHSA, *Founding Executive Director*
- Robyn Rontal, MHSA, JD, *Policy Analytics Director*
- Jaque King, MPP, *Lead Healthcare Analyst*
- Cristin Cole, MPH, *Healthcare Analyst*
- Erica Matti, MPH, *Healthcare Analyst*
- Meg Normand, MPH Student, *Health Policy Intern*

## Our Team: Consultants

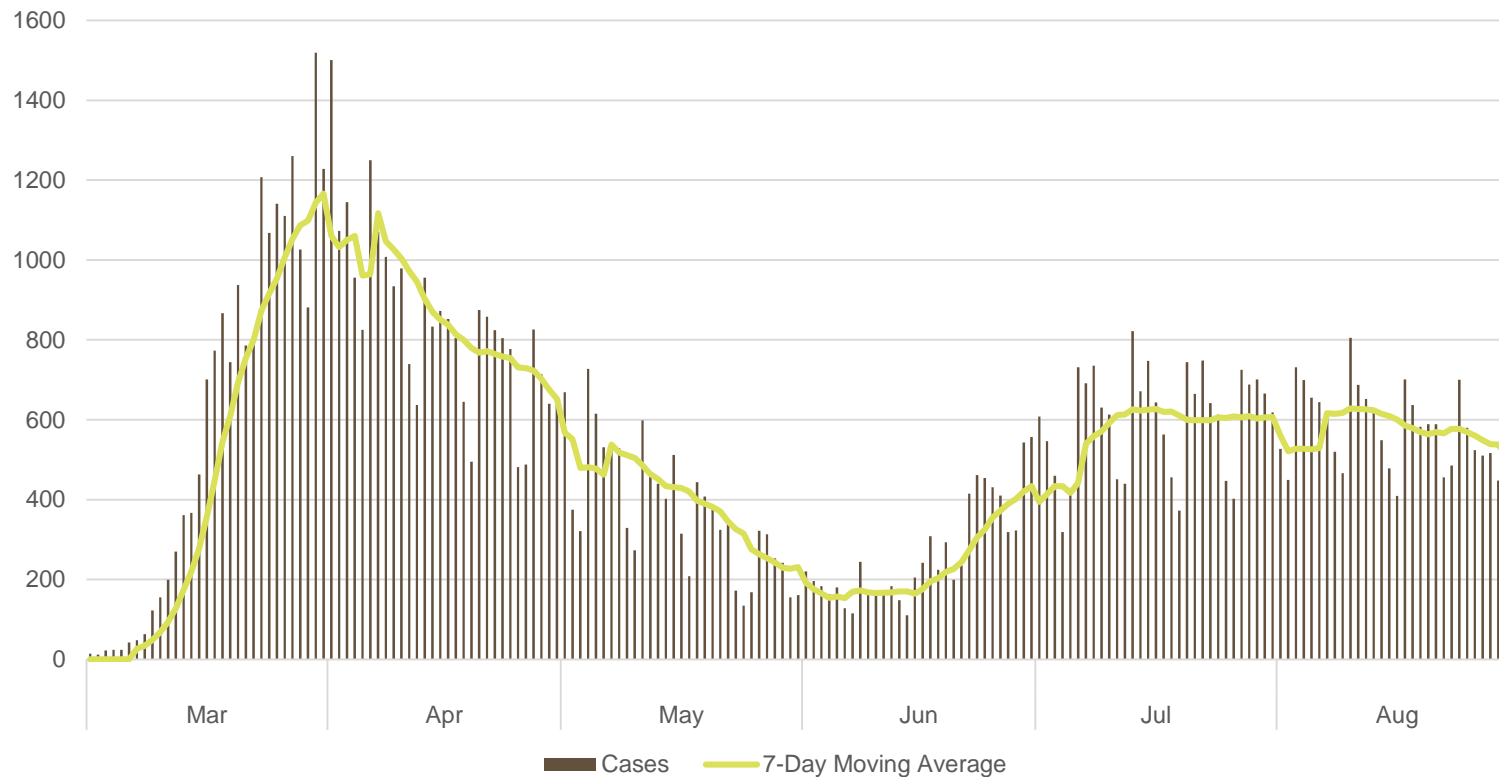
- Brant E. Fries, PhD, University of Michigan, *Professor Emeritus of Health Management & Policy, School of Public Health & Research Professor Emeritus, Institute of Gerontology*
- David Hutton, PhD, University of Michigan, *Associate Professor of Health Management & Policy, Associate Professor of Global Public Health, School of Public Health & Associate Professor of Industrial & Operations Engineering, College of Engineering*
- Lona Mody, MD, M.Sc., University of Michigan, *Amanda Sanford Hickey Collegiate Professor of Internal Medicine, Professor of Internal Medicine, Research Professor, Institute of Gerontology, Medical School & Professor of Epidemiology, School of Public Health*
- Edward C. Norton, PhD, University of Michigan, *Professor, Department of Health Management & Policy; Professor, Department of Economics*
- Meryl Price, MHA, *President, Health Policy Matters*
- Kathy Stiffler, MA, Michigan State University, *Senior Health Policy Advisor at the Institute for Health Policy*

## APPROACH

- 25 structured interviews— national policy experts, state administrators, nursing home leaders, hospital and other clinical leaders
- Comprehensive literature review
- Michigan data analysis
- National data analysis

Michigan's first confirmed case of COVID-19 was on March 10, 2020.  
Michigan cases peaked on March 30, 2020.

Daily New COVID-19 Cases in Michigan



# Michigan nursing home landscape

442 nursing homes

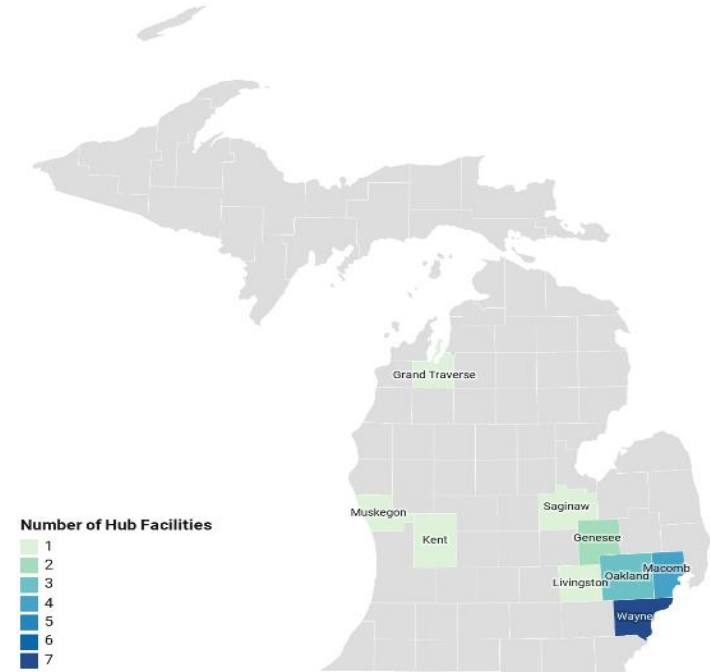
271 nursing homes had 1+ COVID-19 resident case(s)  
209 of these nursing homes had 1+ COVID-19 resident death(s)

171 nursing homes had no COVID-19 cases among residents

112 nursing homes had only staff cases

61 nursing homes had neither staff nor resident cases

MI designated 21 nursing home hubs mid April 2020





COVID-19 disproportionately affected nursing home residents in all states; Michigan lower than the national average for nursing home deaths, as percentage of statewide deaths

### State of Michigan\*:

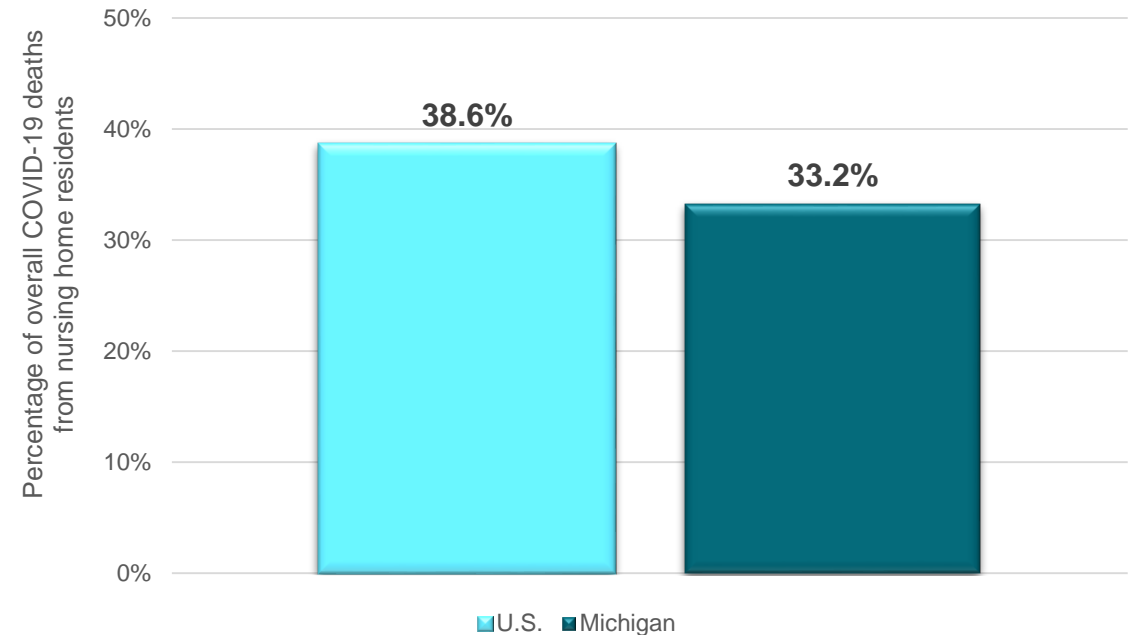
- COVID-19 aggregate cases: **92,450**
- COVID-19 aggregate deaths: **6,317**

### Nursing Home Residents\*:

- COVID-19 cases: **8,546**
- COVID-19 deaths: **2,100**

### Nursing Home Staff\*:

- COVID-19 cases: **4,226**
- COVID-19 deaths: **21**



Sources: Michigan long-term care COVID-19 report (March – August 19, 2020); the Kaiser Family Foundation Report, the COVID Tracking Project; and the CDC (March – August 20, 2020). National long-term care COVID-19 data was adjusted to isolate COVID-19 cases and deaths for nursing home residents only.

MDHHS hub strategy was executed in a crisis situation and was a logical and appropriate response to the surge

## Key Findings

- Michigan's response was consistent with the federal and state guidance available at that time.
- Nursing home resident COVID-19 infection rates were positively correlated with county COVID-19 prevalence rates for both hub and non-hub nursing homes.
- COVID-19 infection rates in hub facilities were also correlated with staff infection rates, consistent with community prevalence rates.
- Hubs overall had a lower percentage of deaths among residents with COVID-19 (17 percent) compared to non-hubs (26 percent).

Residents can be maintained safely within nursing homes with adequate PPE, testing, staffing, cohorting, and infection control protocols.

## Principal Recommendations

- **PPE:** develop a statewide process to track and distribute PPE between facilities for cluster outbreaks.
- **Testing:** establish pooled testing (and adjust based on expected prevalence in sample). Direct testing supplies to areas based on community and nursing home prevalence.
- **Staffing:** increase staff compensation, address staff burnout, expand Rapid Response Staffing Resource (done), full-time infection preventionist, prohibit staff from working at multiple facilities.
- **Cohorting:** require plans from all nursing homes; cohorting on a separate floor is best practice; separate wings/units are safe with adequate PPE and other safety protocols.
- **Infection control protocols (guidance and training):** develop and disseminate key elements of guidance in easy to use formats (e.g., checklists). Expand Infection Prevention Resource and Assessment teams and increase technical assistance, e.g., Médecins Sans Frontières module.

# Structural Recommendations

## Structural

- **Maintain hub strategy with enhanced criteria:**
  - Criteria include cohorting; training; staffing star rating; historical death rate/case rates; hospital collaboration; infection control
- **Hospital discharges:**
  - If possible, maintain patients in hospitals for the full recommended CDC isolation period;
  - Where not possible, for patients no longer needing hospital level care, transfer to a hub is preferred;
  - If hub transfer is not possible or desirable for specified reasons, patients can be transferred to other nursing homes following specified criteria.
- **Continuity of care:**
  - Nursing homes should have collaborative arrangements with hospitals and local health departments
- **Community-based supportive services:**
  - Encourage health plans to incentivize nursing homes to maintain adequate home and community-based services and PPE– including nutritional supports.

# Access Recommendations

## Access

- **Access to behavioral health & ancillary services:**
  - Require nursing homes to have plans to ensure adequate access to behavioral health and ancillary services.
- **Visitation:**
  - Broaden state visitation policy to enable outdoor visitation in accordance with CMS guidelines (done). And, indoor visitation in certain circumstance

# Operational Recommendations

## Operational

- **Data and reporting:** clarify data reporting guidance to nursing homes, perform routine data quality and validation checks, and expand state's analytic capabilities.
- **State departmental and stakeholder alignment:** strengthen communication, policy development, and implementation between and within state departments. Continue engaging stakeholders to include multiple perspectives in the development of state guidance and policy.

# CHRT



## **Our mission.**

To inspire and enable evidence-informed policies and practices that improve the health of people and communities.

## **Subscribe.**

Text CHRT to 22828

## **Contact us.**

Phone: 734-998-7555

Website: [www.CHRT.org](http://www.CHRT.org)

E-mail: [CHRT-info@umich.edu](mailto:CHRT-info@umich.edu)

Twitter: [@CHRTumich](https://twitter.com/CHRTumich)

## **Our expertise.**

Identifying evidence-based approaches that improve policy and practice.

## **Our programs.**

- Demonstration projects
- Program evaluations
- Issue briefs
- Physician/consumer surveys
- Fellowships
- Backbone support