



**Tennessee COVID-19 Long Term Care Task Force**  
**January 22, 2021**  
**10:00 AM – 12:00 NOON CST**

# Agenda

Time	Activity	Facilitator
10:00 -10:05 a.m.	Welcome & Introductions	Brent Culberson, Assistant Commissioner, Licensure & Regulation Sally Pitt, Director, Office of Patient Care Advocacy
10:05 -10:35 a.m.	COVID-19 Data and Vaccines	Dr. Mary- Margaret Fill, Deputy State Epidemiologist
10:35 -10:50 a.m.	Transitions of Care Subcommittee	Co-chairs: Rhonda Dickman and Dr. Greg Phelps
10:50 -11:05 a.m.	Enhancing Communication Workgroup	Chair: Dr. Kristi Wick
11:05 - 11:20 a.m.	Mental Health Subcommittee	Co-chairs: Janice Wade-Whitehead and Heather Gundersen
11:20- 11:35 a.m.	Staffing Subcommittee	Co-chairs: Dr. Kristi Wick and Dr. Steve Flatt
11:35-11:55 a.m.	Visitation Subcommittee	Chair: Brent Culberson
11:55 a.m.-12:00 Noon	Next Steps and Closing Remarks	Brent Culberson, Assistant Commissioner, Licensure & Regulation Sally Pitt, Director, Office of Patient Care Advocacy

# Charge for the COVID-19 LTC Task Force

## Purpose

Engage state, local and community stakeholders and state government to establish a formal structure for collaboration in the conceptualization and implementation of policies and strategies to minimize the spread and impact of COVID-19 in long term care facilities and health care systems.

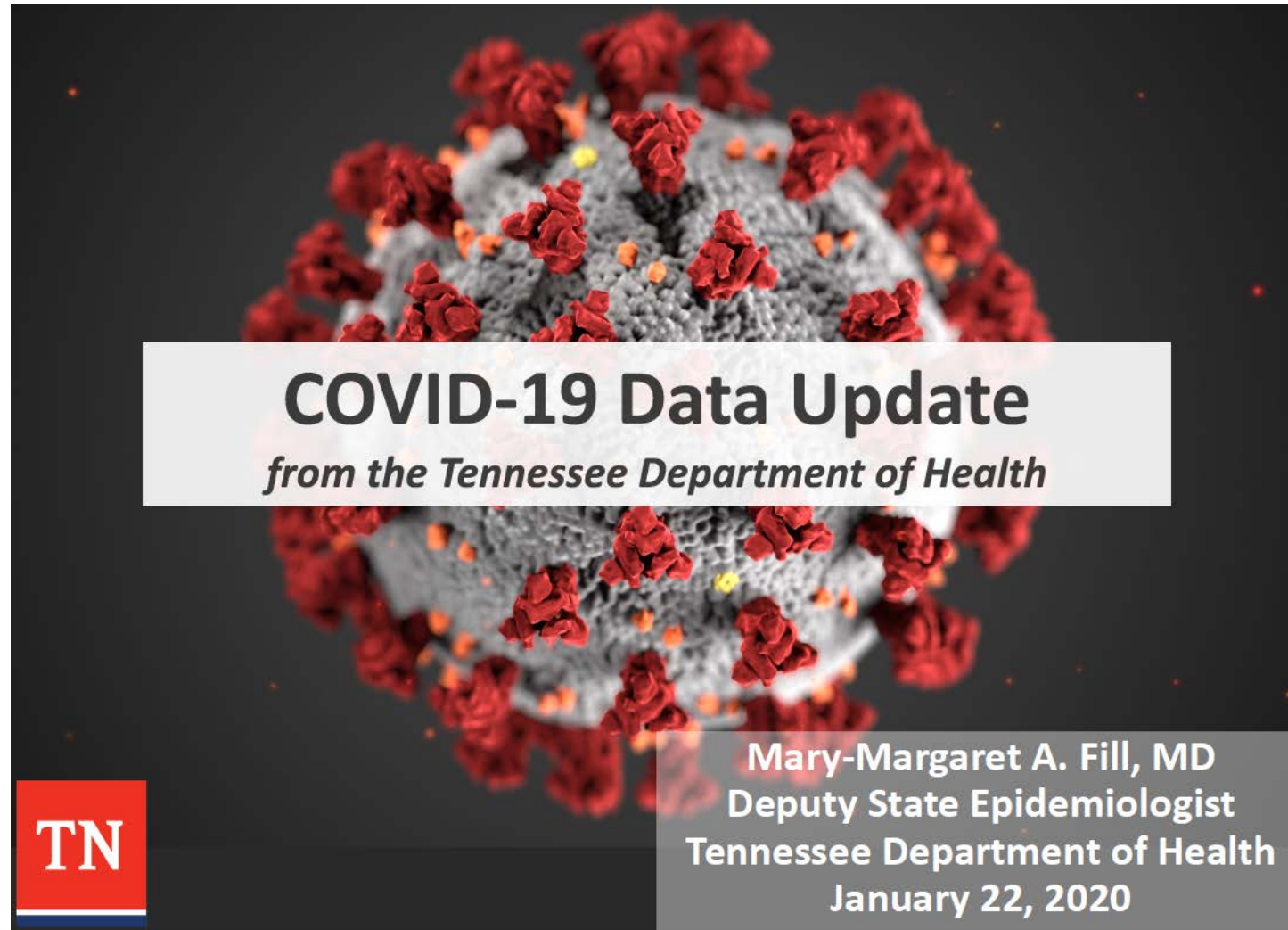
## Objectives

- 1) Monitor the safety and effectiveness of the expanded visitation and activity guidelines and refine them, as necessary.
- 2) Identify emerging issues to create visibility and focus on key priorities across the long-term care system.



# Data and Vaccines

# COVID-19 Data Update



# Critical Indicators

GUIDELINES

## OPENING UP AMERICA AGAIN



### Proposed State or Regional Gating Criteria

(Satisfy Before Proceeding to Phased Opening)

#### SYMPTOMS

Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period

AND

Downward trajectory of COVID-like syndromic cases reported within a 14-day period

#### CASES

Downward trajectory of documented cases within a 14-day period

OR

Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)

#### HOSPITALS

Treat all patients without crisis care

AND

Robust testing program in place for at-risk healthcare workers, including emerging antibody testing



# Syndromic Surveillance

- **Emergency department data**
  - Chief complaints
  - Discharge diagnoses
- **Deidentified**
- **Received within 24h of patient encounter**
- **Reported from 99 hospitals across TN**
- **Syndromes**
  - **Influenza-like illnesses (ILI)** is defined by terms, free text, or discharge diagnoses that are likely to be related to illness caused by seasonal influenza. The visits counted within these criteria will contain a percentage illnesses caused by conditions other than influenza infection. These results should be considered preliminary in nature and are not all confirmed diagnoses of disease.
  - **COVID-like illnesses (CLI):** is defined as symptom terms, free text, or discharge diagnoses specified by CDC that are likely to be related to illness caused by the 2019 novel Coronavirus. The visits counted within these criteria will contain a percentage illnesses caused by conditions other than novel coronavirus infection. The visits counted within these criteria will contain a percentage illnesses caused by conditions other than novel corona virus infection. These results should be considered preliminary in nature and are not all confirmed diagnoses of disease.

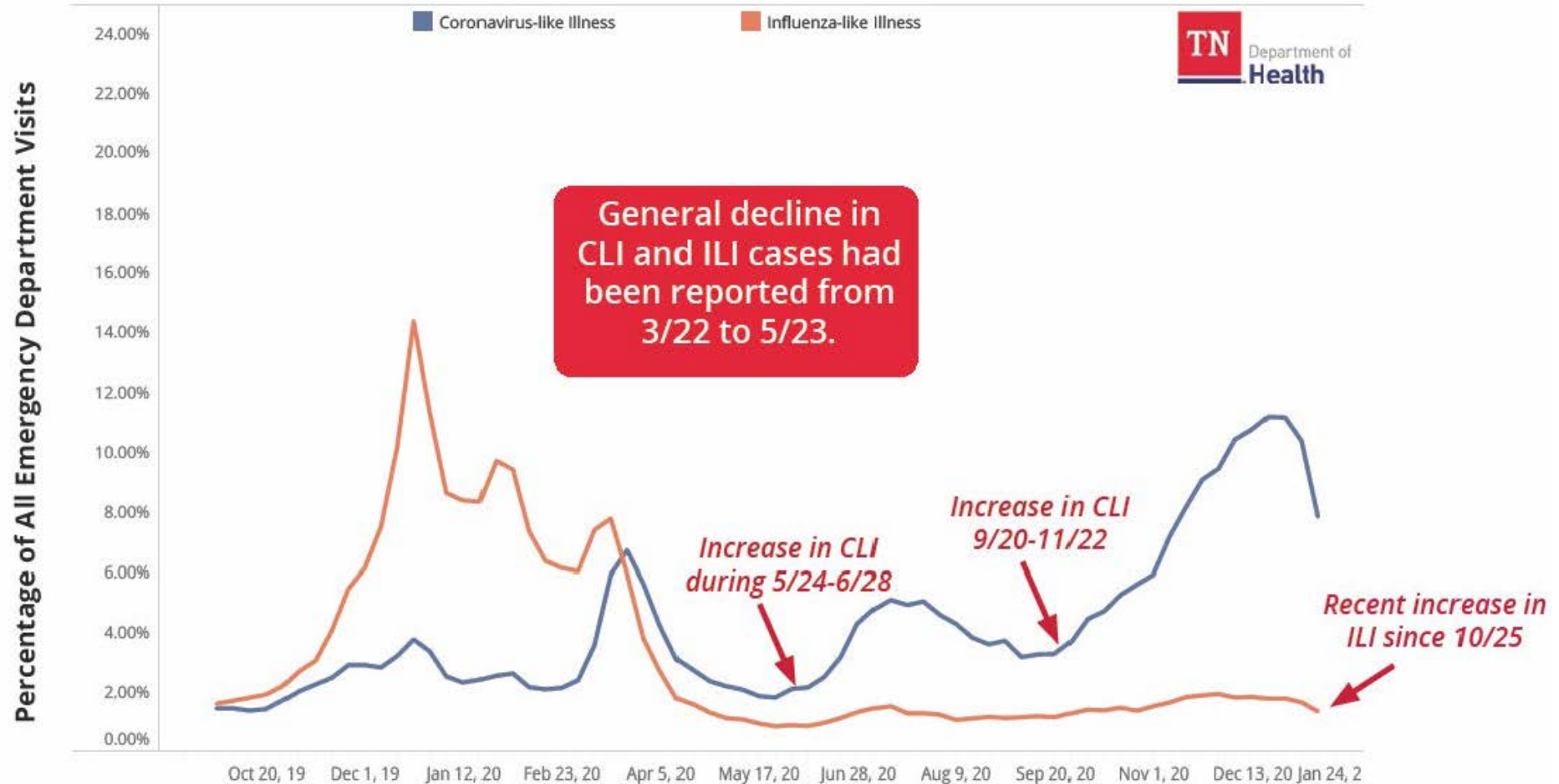
## SYMPTOMS

Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period

AND

Downward trajectory of COVID-like syndromic cases reported within a 14-day period

# Syndromic Surveillance



# Case Counts (Weekly)

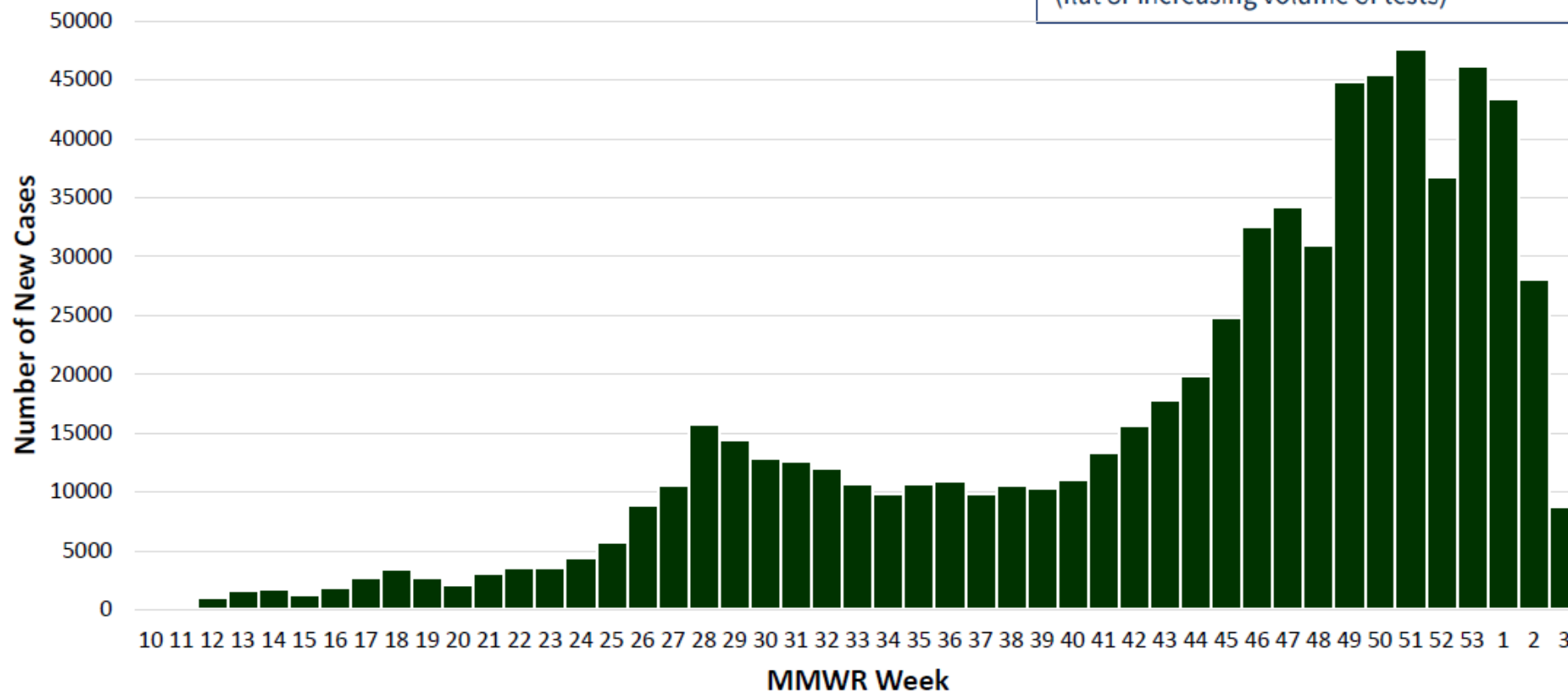
*By Specimen Collection Date*

## CASES

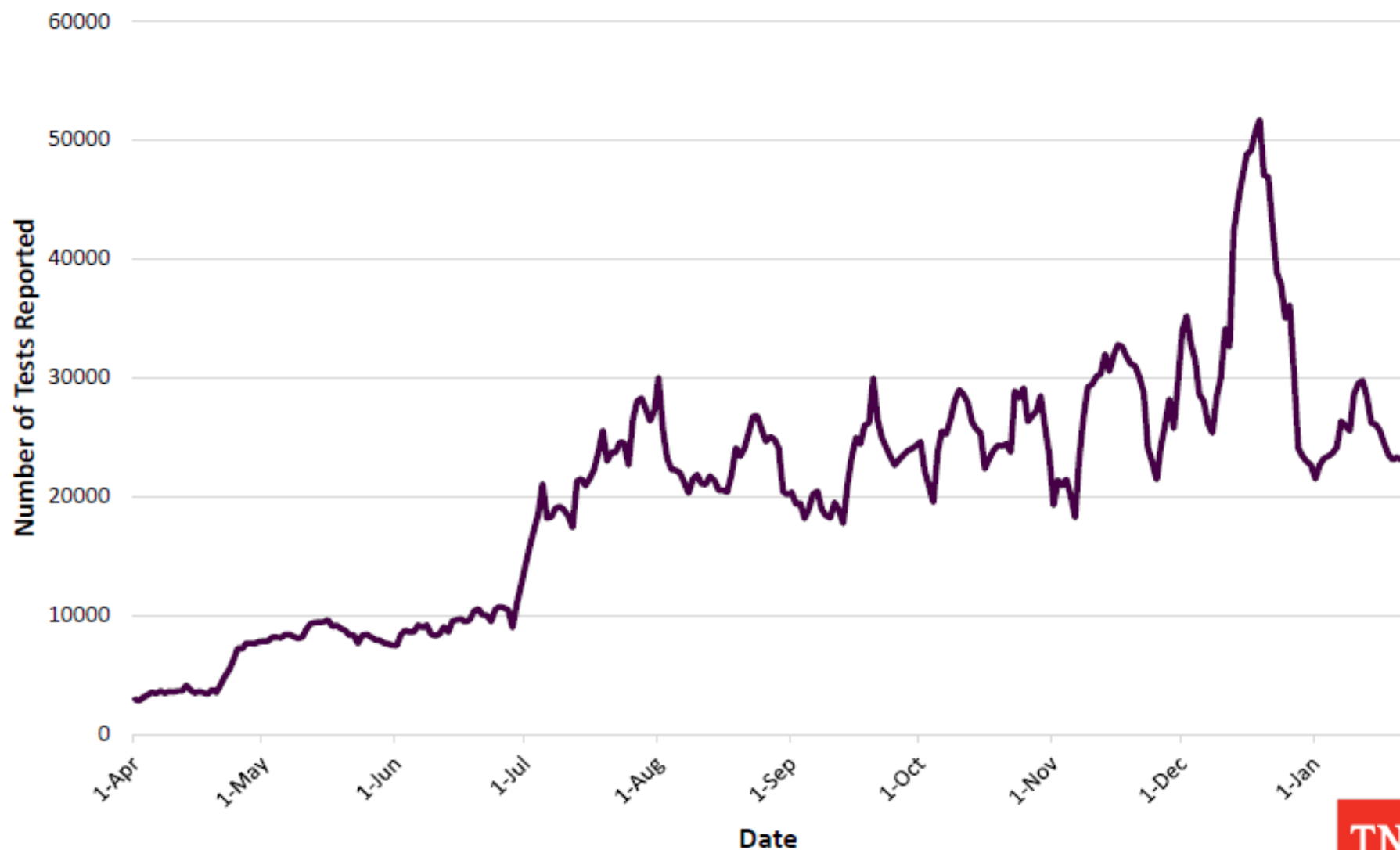
Downward trajectory of documented cases within a 14-day period

OR

Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)

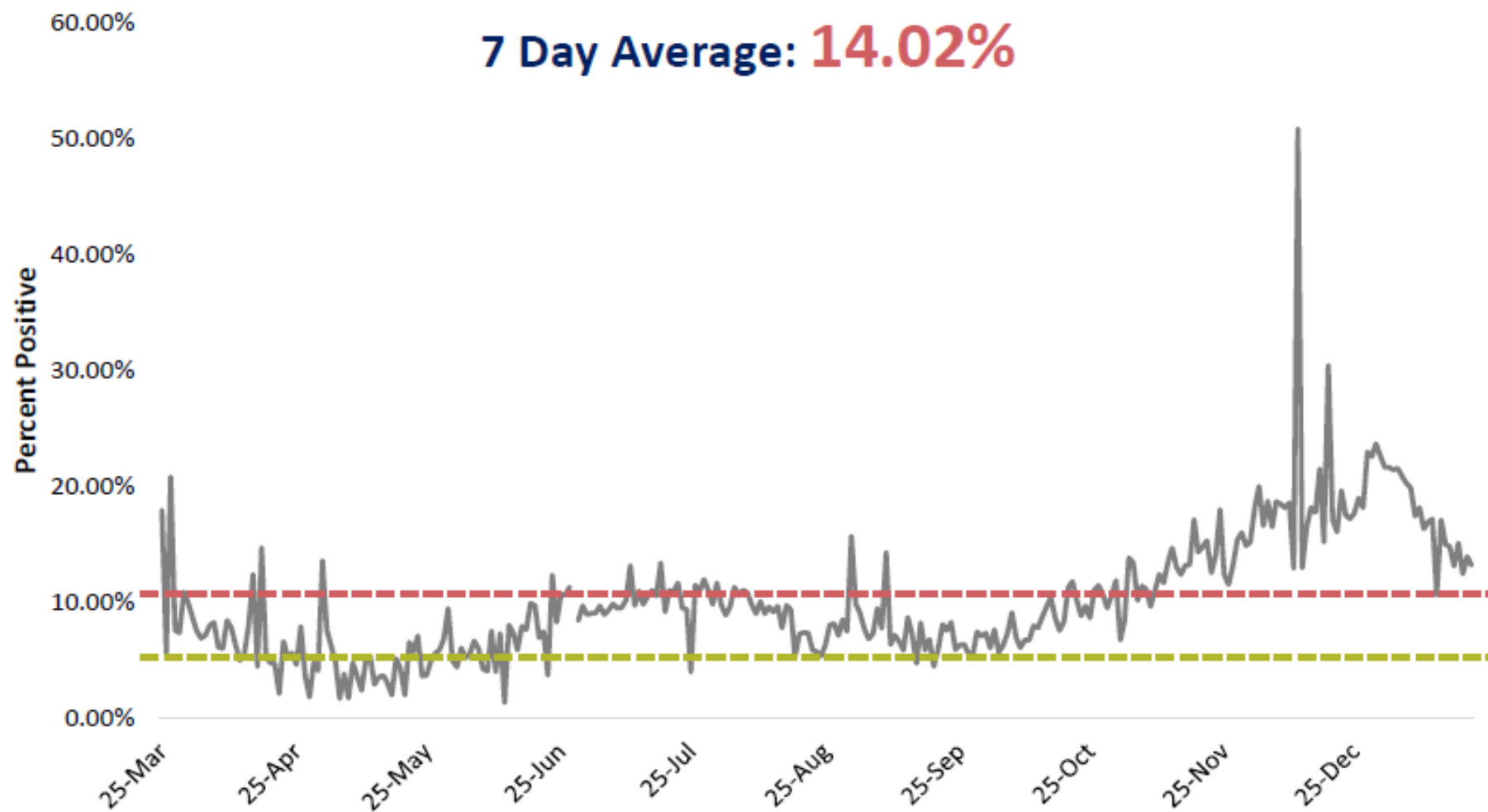


## 7d Average of New PCR Tests (n=6,101,159)

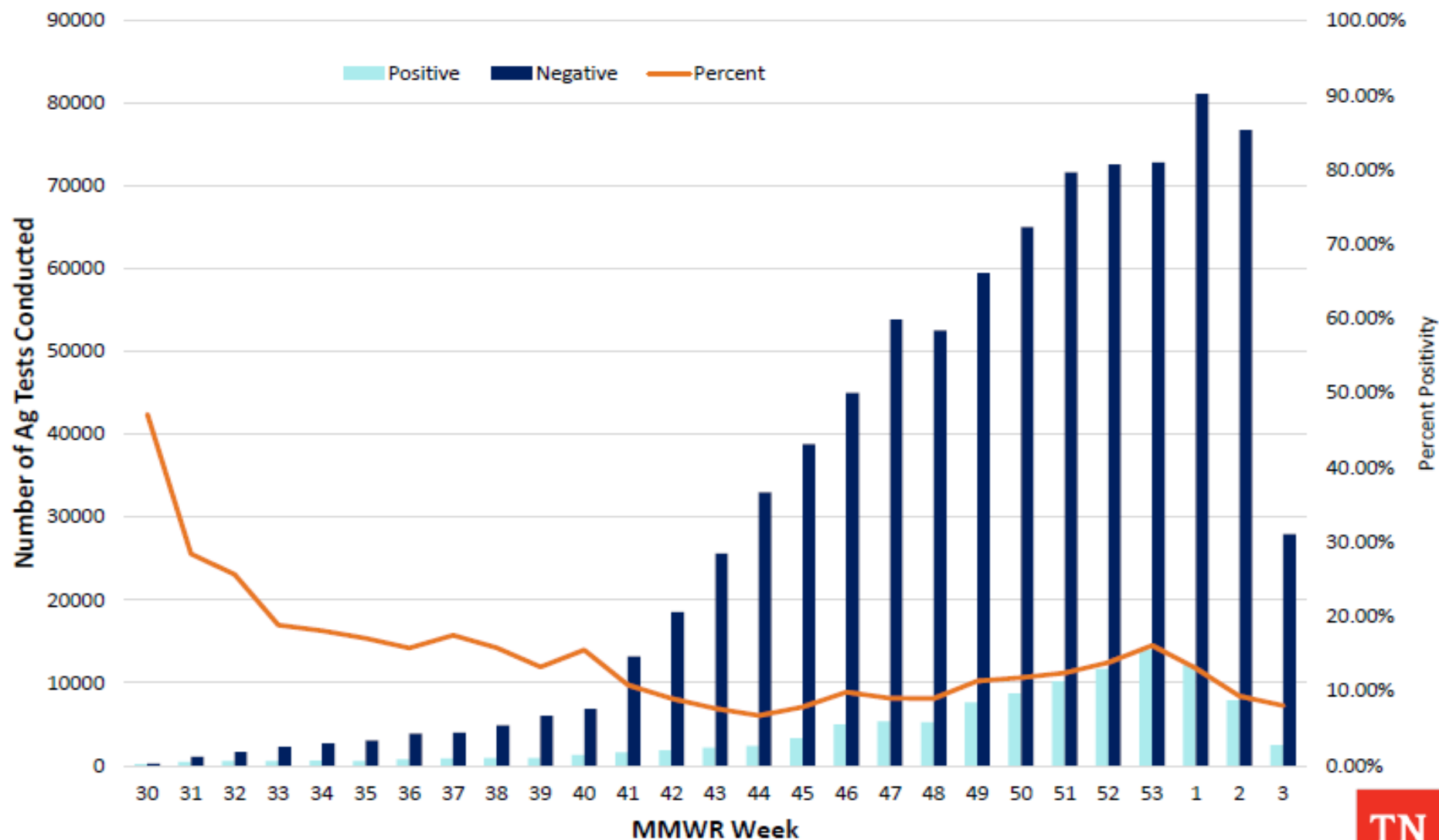


TN

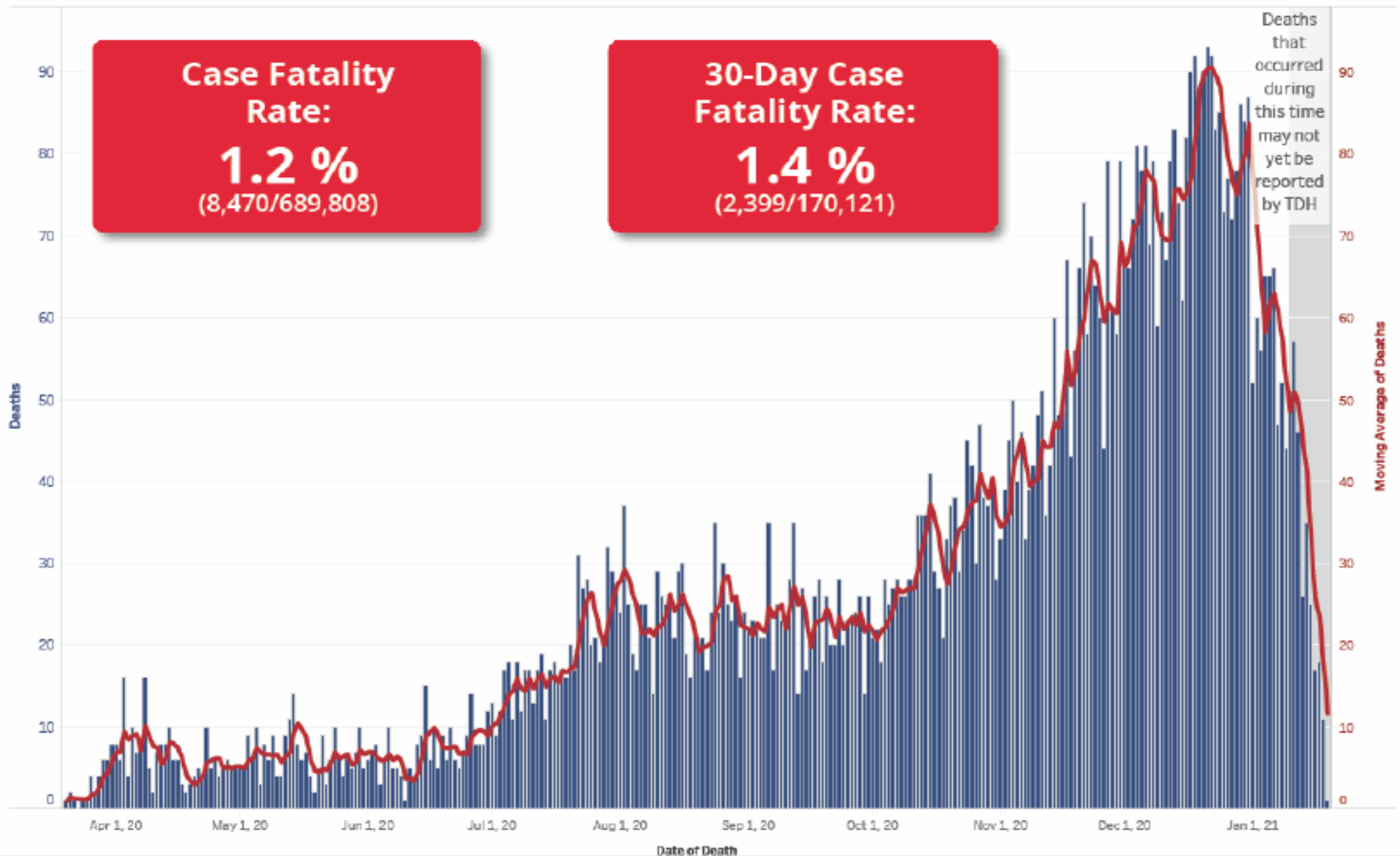
# PCR Test Percent Positivity



# Antigen Testing Data (n=954,150)



# Deaths (n=8,684)



# Healthcare Resources

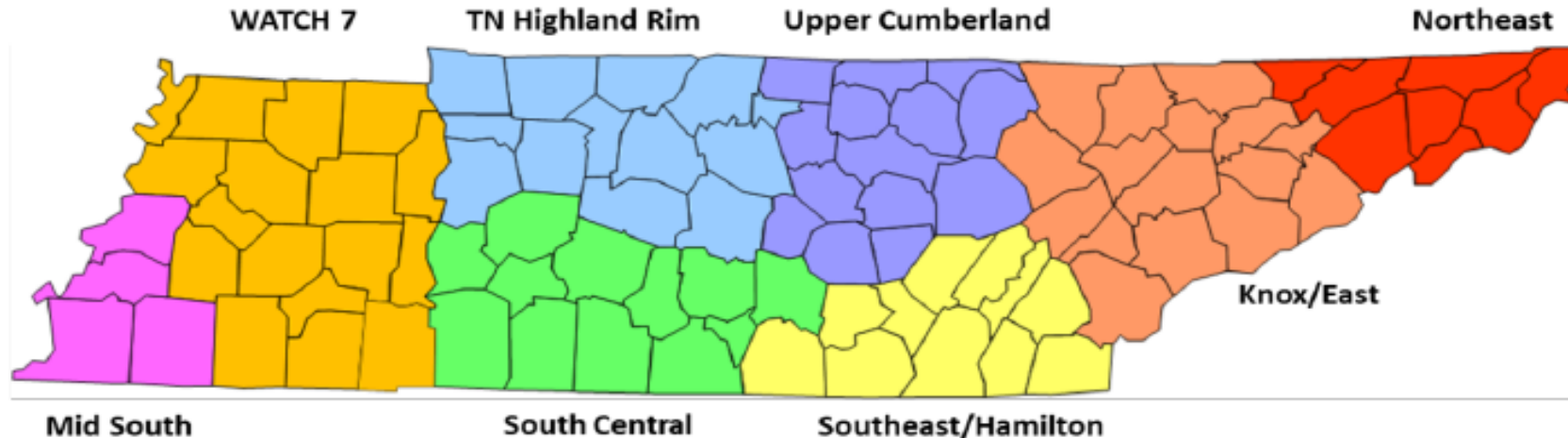
- **Healthcare Resource Tracking System**
  - Established in 2006
- **Acute care hospitals report daily:**
  - Number of beds (floor / ICU / AIIR)
  - Number of ventilators
  - Amount of PPE
  - Number of COVID-19 patients (floor, ICU, ventilated, pending)

## HOSPITALS

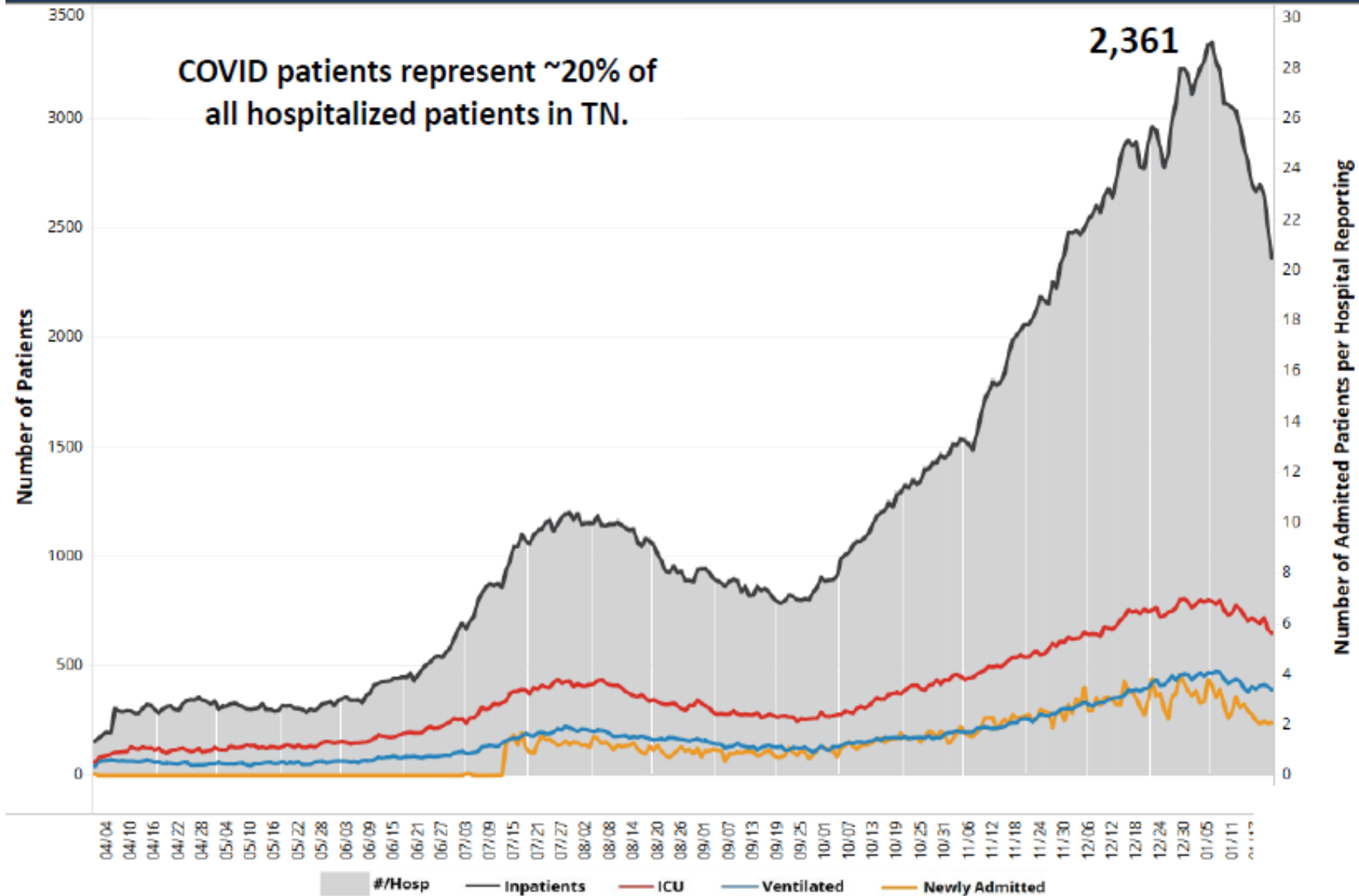
Treat all patients without crisis care

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Robust testing program in place for at-risk healthcare workers, including emerging antibody testing



# Current COVID Hospitalizations



# LTCF Vaccine Administration Progress

Pharmacy Partner	Facilities Assigned	1 <sup>st</sup> Clinics Completed (%)	Vaccines Administered
<b>Phase A (Skilled Nursing Facilities/Nursing Homes)</b>			
CVS	92	92 (100%)	7,549
Walgreens	186	182 (98%)	17,320
Independent <sup>†</sup>	38	14 (37%)	1,240
<i>Total</i>	<i>316</i>	<i>288 (91%)</i>	<i>26,109</i>
<b>Phase B (Assisted Living/Residential Homes for the Aged/Other)</b>			
CVS	323*	106 (33%)	3,877
Walgreens	220*	144 (65%)	6,245
Independent <sup>†</sup>	106*	2 (2%)	50
<i>Total</i>	<i>649</i>	<i>252 (39%)</i>	<i>10,172</i>

\* Distribution of facilities across pharmacy types may change as assignments are finalized.

<sup>†</sup> Data last updated 1/14/21



# Federal Pharmacy Partnership Updates

- **CVS Data:**

<https://cvshealth.com/covid-19/vaccine-information/vaccination-data>

- **Walgreens Data:**

<https://www.walgreens.com/topic/findcare/long-term-care-facility-covid-vaccine.jsp#stayinformed>

# Independent Pharmacy Allocation

- **>8,000 doses allocated to independent pharmacies for administration in SNFs/ALFs+ (shipments arrived yesterday).**
- **Another ~3,000 doses previously allocated to independent pharmacies (late December, mid-January).**

# Vaccine Education

- **COVID-19 Vaccine: Fact vs. Fiction**
  - <https://covid19.tn.gov/covid-19-vaccines/>
  - <https://covid19.tn.gov/stay-informed/blogs/fact-v-fiction-more-covid-19-vaccine-myths/>
  - <https://covid19.tn.gov/stay-informed/blogs/fact-v-fiction-covid-19-vaccine/>
- **Vaccination Communication Toolkit**
  - <https://www.tn.gov/content/tn/health/cedep/ncov/covid-19-vaccine-information/covid19-vaccination-comm-toolkit.html>
- **Additional resources in development.**

# Questions?

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# Transitions of Care Subcommittee

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- Discussion Items
  - Monoclonal antibody infusion treatment for nursing home residents
  - Home Care for COVID-positive discharges
  - Florida Atlantic University Decision Guide implementation through the University of Indianapolis

# Purposed Initiatives

## Monoclonal Antibody (mAb) Infusions

- **Project overview:** Optimize COVID-positive nursing home resident access to mAb infusion.
  - Partner with Communications Subcommittee on informing all stakeholders.
  - Identify and mitigate barriers.
  - Identify and share best practices.
- **How is this project impactful to the COVID-19 pandemic?**
  - Non-hospitalized COVID-positive individuals aged 65 and older may benefit from a mAb infusion if given within 10 days of symptom onset. (See [TDH information sheet](#).)
    - Applies to other high-risk populations receiving post-acute/disability services.
  - Early Tennessee experience with mAb infusions demonstrates effectiveness in preventing advancement of illness and subsequent hospitalizations.
  - The Department of Health maintains a [list of facilities providing mAb infusions](#) on their website.

# Purposed Initiatives – Home Care One-Pager

## What is Home Care? One-Pager

### Project Overview:

- Develop/finalize one-pager that will put home care on the discharge planner's radar for COVID-positive discharges
- Partner with Communications Subcommittee (and other partners) to develop communication strategy

## How is this project impactful to the COVID-19 pandemic?

- Only 1 in 10 COVID-positive patients treated in the hospital are discharged to home care, yet the outcomes for these patients are excellent
  - Home care may not come to a mind as an appropriate post-acute care setting for COVID-19
- Discharge to the most appropriate care setting preserves hospitals' scarce resources and is also likely to reduce readmissions
  - Data suggests that home health visits can reduce the likelihood of hospital readmission by as much as 25%

# Purposed Initiatives – Home Care One-Pager

## WHAT IS HOME CARE?



Home health



Hospice



Personal Support Services



Private Duty Nursing

### Home Care for COVID-19 Patients

Although only 1 in 10 patients hospitalized with COVID-19 are discharged home with home health services,<sup>1</sup> most COVID-19 patients receiving home care services following discharge achieve statistically significant improvements in symptoms and function and 94% of these patients were discharged from home health within about a month.<sup>2</sup>

Patients experiencing COVID-related pain, shortness of breath, urinary incontinence, cognitive impairment, confusion, anxiety, and issues related to functional dependencies may be good candidates for home care services.

Patients requiring skilled nursing services, physical therapy, occupational therapy, telemonitoring, and assistance bathing, ambulating, and other activities of daily living may be properly cared for in the home following hospital discharge.

#### HOME HEALTH

##### PATIENT CHARACTERISTICS

Acutely ill with new or exacerbation of diagnosis:

- Infusion,
- Wound care,
- Diabetes (with or without complications),
- Skilled teaching: medication, disease process, procedure
- Post-Operative Care
- Skilled Restorative Therapy

##### QUALIFYING REQUIREMENTS

Medicare covers intermittent skilled nursing or therapy services ordered by the physician's plan of care (POC). Patient must be determined to be homebound.

TennCare and most commercial payers will require an order from the patient's treating provider for intermittent skilled nursing or skilled therapy.

#### PRIVATE DUTY NURSING

##### PATIENT CHARACTERISTICS

Persons who require eight (8) or more hours of continuous skilled nursing care during a 24-hour period. Skilled nursing care provided by an RN or LPN under the direction of the person's physician. For adults 21+, private duty nursing is only available when medically necessary to support the use of ventilator equipment or other life-sustaining technology.

##### QUALIFYING REQUIREMENTS

- Must meet 2 of the following criteria:
- Must be ventilator-dependent,
  - Must have had a tracheostomy; and/or
  - Must require PEG tube feeding.

#### PERSONAL SUPPORT SERVICE AGENCIES (PSSA)

##### PATIENT CHARACTERISTICS

Persons that, due to a chronic condition, have substantial limitations in two or more major life activities. Services may be provided in the regular or temporary residence.

PSSAs may also serve individuals who simply desire additional assistance in their homes through the private pay model.

##### QUALIFYING REQUIREMENTS

- Licensed PSSAs may provide personal care services to CHOICES recipients. In order to qualify for CHOICES you must be a senior (65+) or adult (21+) who:
- Qualifies for nursing home care, but prefers to receive care at home;
  - Does not qualify for nursing home care, but requires services in order to delay the need.

<sup>1</sup> Lavery AM, Preston LE, Ko JY, et al. Characteristics of Hospitalized COVID-19 Patients Discharged and Experiencing Same-Hospital Readmission — United States, March–August 2020. MMWR Morb Mortal Wkly Rep 2020;69:1695–1699. DOI: <http://dx.doi.org/10.15585/mmwr.mm6945e2>external icon

<sup>2</sup> Bowles, Kathryn H; McDonald, Margaret, et al. Surviving COVID-19 After Hospital Discharge: Symptom, Functional, and Adverse Outcomes of Home Health Recipients, November 24, 2020. Annals of Internal Medicine: <https://www.acpjournals.org/doi/10.7326/M20-5206>

## WHAT IS HOME CARE?



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# Decision Guide Pilot Program

- **Pilot program through the CMP funded Regional Healthcare Quality Improvement Collaboratives Project**
  - Southeast Collaborative
    - 12 facilities participate
    - Dr. Greg Phelps ( Task Force Member) is the collaborative lead for this region
- **Pilot period February- May 2021**
- **One-pager**
  - for hospital discharge planners,
  - COVID-19 specific information
  - include advance directives information
- **Data Collection**
  - ED visits and hospitalizations of nursing home residents





# Enhancing Communication Workgroup

# Enhancing Communication Workgroup

- COMMUNICATION TO LTC STAKEHOLDERS
  - Workgroup Role: Collect, vet, and distribute current information to LTC stakeholders in TN.
  - Tools: Website, Email, Listserv
  - **How Items are Posted to the Website:**
    - Submit items for communication to LTC Stakeholders to the Enhancing Effective Communication (EEC) Subcommittee ([kristina-wick@utc.edu](mailto:kristina-wick@utc.edu)).
    - Items will be review by the EEC committee and, if approved, sent to Dr. Fill for final approval as indicated.
    - Once approval has been received, the items will be posted on the website. [TDH LTC Website](#)
  - **How Items are Sent Through the Listserv:**
    - EEC members will submit the most important informational items for the week to Kristi ([kristina-wick@utc.edu](mailto:kristina-wick@utc.edu)) by Monday of each week at 5pm cst.
    - Kristi will consolidate the submitted items into one document and will forward the document to the entire LTC Taskforce.
    - LTC Taskforce members should review the document and submit edits and/or suggestions by each Tuesday, 5pm cst.
    - Approved items will be emailed to stakeholders on Wednesdays via the Listserv.
    - [Listserv Survey Link](#)

# Enhancing Communication: Home Screen Tiles

serious medical conditions are at higher risk of morbidity and mortality related to COVID-19, especially those living in long-term care facilities.

The COVID-19 pandemic has heightened awareness of the importance coordinating across multiple sectors to prevent and mitigate the impact across all aspects of long-term care. In September 2020, Governor Bill Lee's Unified command Group announced the development of the Tennessee COVID-19 Long-Term Care Task Force. This task force is charged with developing and implementing new policy solutions to address immediate and future issues impacting long-term care facilities and residents during the COVID-19 pandemic.

Members of the Long-Term Care Task Force include private and public sector stakeholders such as American Association of Retired Persons (AARP), Leading Age, Tennessee Healthcare Association/Tennessee Center for Assisted Living (THCA/TNCAL), TennCare, and many more. A complete list of Tennessee COVID-19 Long-Term care Task Force Members can be found by [clicking here](#).

Previously held Tennessee COVID-19 Long-Term Care Taskforce meeting recordings and upcoming meeting information is provided below. All meetings are open to the public and can be accessed by using the log-in information provided. Please allow up to one week for meeting recordings and summaries to be posted once a taskforce meeting concludes.

> Meeting One: September 29, 2020

> Meeting Two: October 27, 2020

> Meeting Three: December 15, 2020

> Meeting Four: January 22, 2021 (Upcoming)

Family Resources

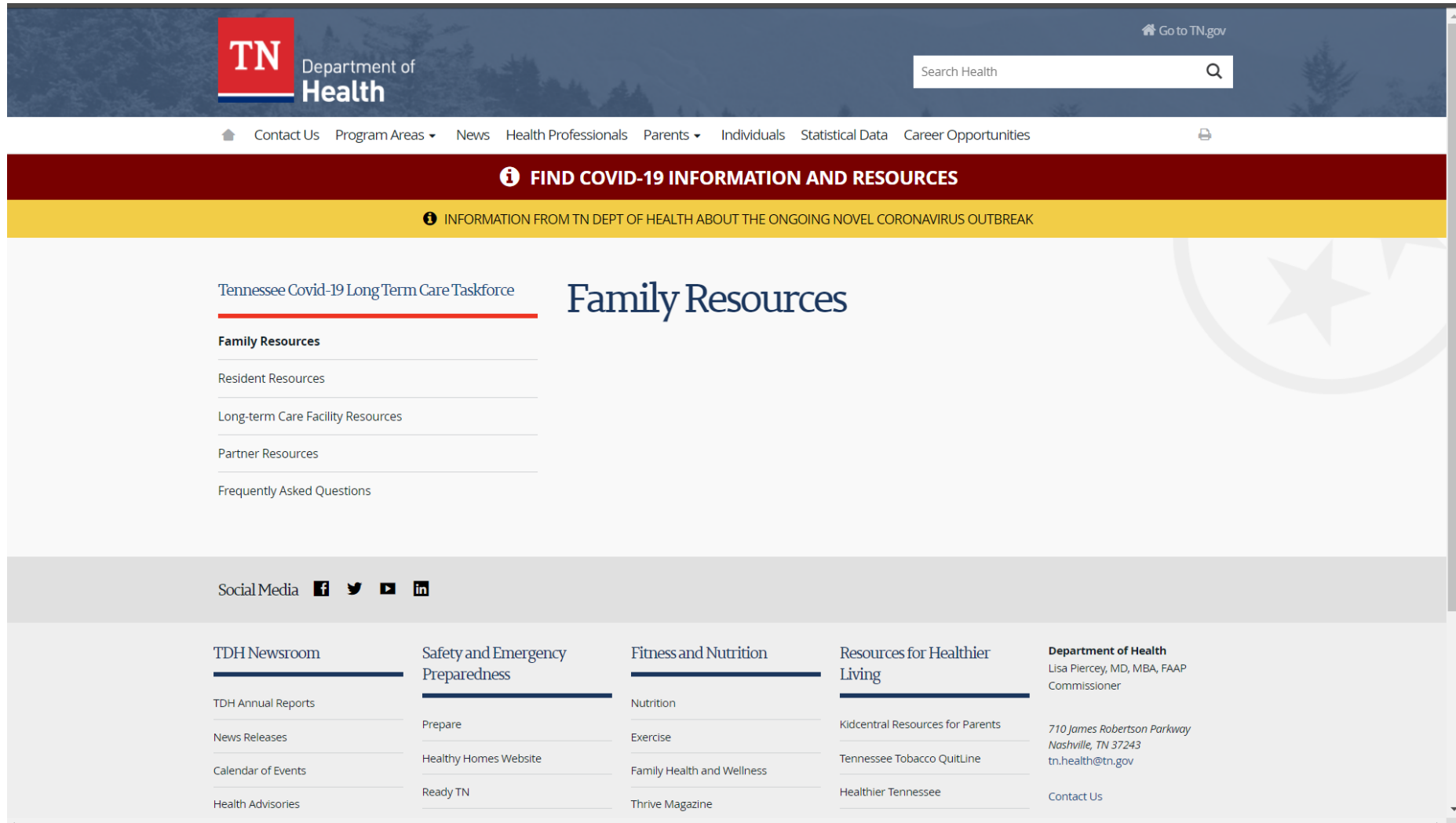
Long-term Care Facility Resources

Frequently Asked Questions

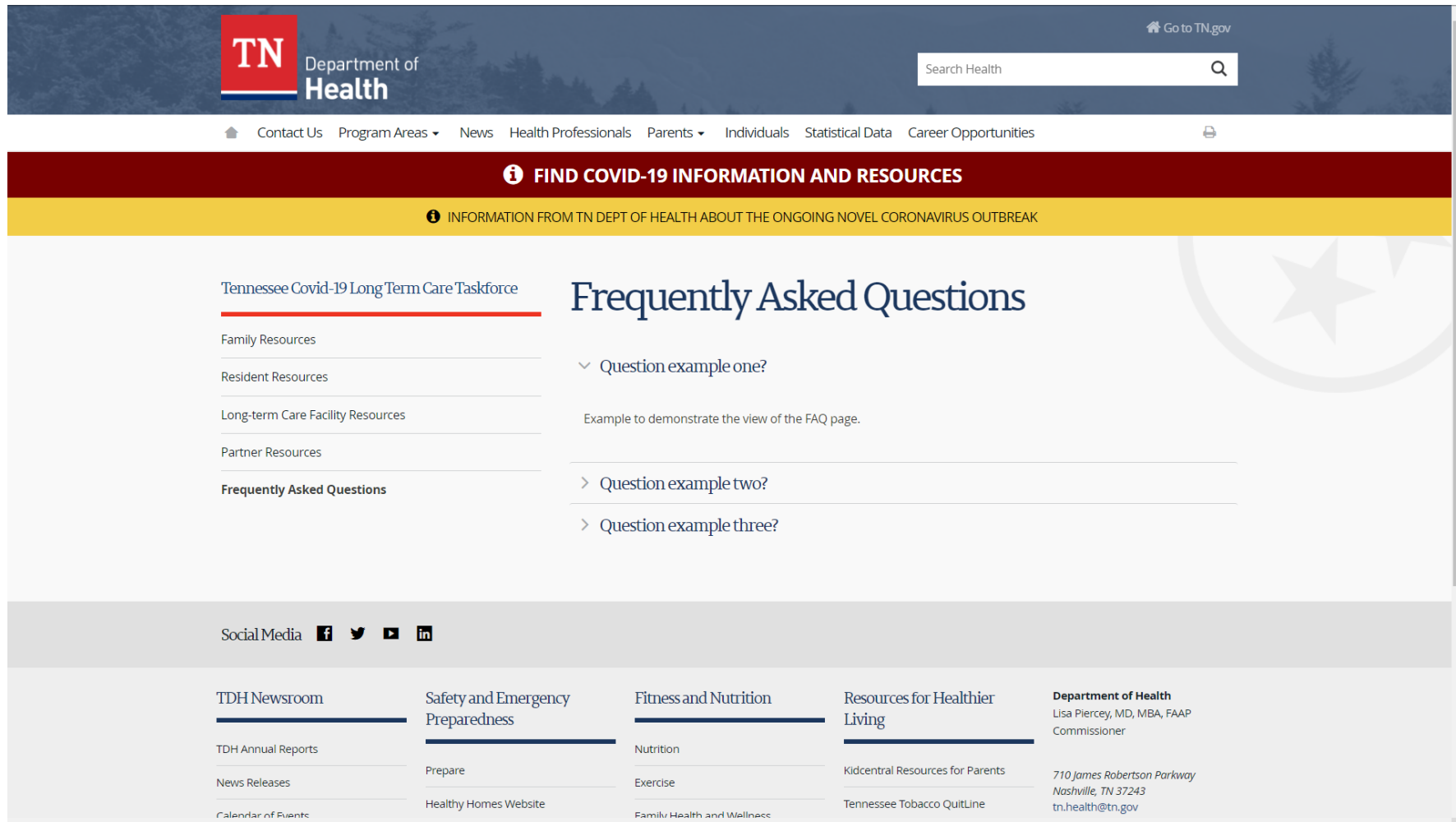
Resident Resources

Partner Resources

# Enhancing Communication: Side Views



# Enhancing Communication: FAQ Design





# Mental Health Subcommittee

# Mental Health Subcommittee

- Working to identify sources for emotional/mental health supports across the State and sort them by target population
  - Will work with larger LTC Workgroup and Communications subcommittee to tailor messaging specifically to the long-term care and elderly adult population as well as healthcare workers
  - Can leverage Dr. Monty Burks at TDMHSAS to get communications out to his contact network of faith-based organizations to reach older adults not in long term care facilities
- Prototype one-pager developed by Centerstone is included; can be used as a leave-behind at vaccine administration events; contact information for crisis counseling can be updated with county-specific contact phone numbers

# Mental Health Subcommittee

General information and resources for mental health and emotional support for all populations:

- COVID-19 Hotline: 877-857-2945, available from 10 a.m. to 10 p.m. CST daily.
- FEMA Crisis Counseling for COVID-19 response is available through 11 community providers that cover all 95 counties in Tennessee
  - Services are available electronically so that individuals can receive support remotely
  - Since this is managed at the local level, there's not a single point of contact, but each county is covered by a provider – should county-specific information on this program be distributed to long term care facilities statewide? This contact info is what can be included in the last section of the one-pager prototype developed by Centerstone.

# Mental Health Subcommittee

Some resources for mental health and emotional support specific to older adults:

- The TN Hope Line, 844-600-8262, is a free phone call that is answered Monday-Friday from 9am-3pm (CT) by trained volunteers who offer encouragement and hope for lonely senior adults ages 60+.
- Care Through Conversation through TCAD - online signup link:  
<https://www.tn.gov/aging/our-programs/care-through-conversation.html>



## Care Through Conversation: TCAD Telephone Reassurance Program Registration Form

We recognize that older adults and caregivers are facing many hardships due to COVID-19. We want to show you care through conversation and make sure your needs are met during this very difficult time. Each week, we can have a volunteer call and check on you or a loved one. During these calls, we will check-in, assess your needs, and see if there is any way we can better assist you. At minimum, our volunteers will conduct one call a week, but you can request more if you need it. If you would like to be added to our telephone reassurance registry, please submit the registration information below.

# Mental Health Subcommittee

Some resources for emotional and other support specific to healthcare workers:

## **EMOTIONAL SUPPORT LINE (888) 642-7886**

(1-888-MHART-TN)

### **Hours Available:**

**6:00 a.m. - 10:00 p.m. (CDT), 7:00 a.m. - 11:00 p.m. (EDT)**

The Tennessee COVID-19 Emotional Support Line is a free service for healthcare workers, first responders, and educators battling coronavirus on the front lines and providing essential services.

**2021 Pandemic/Essential Employee Child Care Payment Assistance through DHS:** designed to help support essential workers so they can stay on the job during the COVID-19 emergency. Through payment assistance and a network of temporary care locations, parents who work in specific occupations can have support accessing child care until March 31, 2021. This Child Care Payment Assistance Program makes payments directly to the child care provider. More information available at <https://www.tn.gov/humanservices/covid-19/child-care-services-and-covid-19.html>



# Staffing Subcommittee

# Staffing and Care Delivery Subcommittee

- CNA Recruitment
  - Needs Assessment: Current CNA Training Programs in TN
  - Consider a interstate agreement for CNA's to work across state borders
  - Several LTC corporate sponsors are working with THCA to propose legislation to use the SNF assessment fee to increase wages for CNA's
  - Welcome Vincent Davis, Director of Health Care Facilities to our subcommittee



Visitation Subcommittee

# Visitation Subcommittee

- Virtual Visitation and How Facilities are Utilizing Devices
- Conduct a Survey of Facilities that received funds to receive Communication Technology via the Civil Monetary Fund Program
- Review other state guidelines and share feedback for future revisions to the Tennessee Long Term Visitation Guidelines



**Wrap-up and Next Steps**

# Contact Us

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Division of Health Licensure and Regulation  
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