

Tennessee COVID-19 Long Term Care Task Force

Tuesday, January 22, 2021

MINUTES

Panelist present:

Brent Culberson
Sally Pitt
Bob Vero
Bruce Davis
Caroline Tippens
Charles Ferguson
Chelsea Ridley
Chris Clarke
Claudia Barajas
Frederick Schaefer
Gwyn Earl
Janice Wade
Jesse Samples
Jim Shulman
Joe Evans
Kristi Wick
Maegan Martin
Mary-Margaret Fill
Paul Martin
Quiteka Moten
Rhonda Dickman
Shaquallah Shanks
Steve Flatt
Tina Gerardi
Vincent Davis
Misty Hernandez
Courtney Lewis

Assistant Commissioner Brent Culberson called the meeting to order.

1. **COVID-19 Data Updates:** symptom data: seeing a decrease in Covid like illness in the last few weeks and the flu-like illness remains very low.
 - **Case Counts:** we see a positive trend within the last six weeks. Specifically, within the last two weeks there has been a downward trajectory. Ten to fifteen percent of Tennesseans have the antibodies for Covid.
 - **Testing:** since August Tennessee has been averaging twenty to thirty thousand tests per day. There is a positive trend in PCR test positivity. We are not testing less- testing is very stable. Seen a decline from over twenty percent average to a seven-day average of fourteen percent. Which is still more than the ten percent average where we would hope to be. These are encouraging trends over the last month or so.
 - **Antigen Testing Data:** many long-term care facilities are using for their staff. We are approaching one million tests that have been reported. Averaging seventy to eighty thousand that are being reported weekly and ten or eleven percent are positive.
 - **Deaths:** Tennessee is continuing to see a high number of deaths. Approaching eighty-seven hundred deaths in Tennessee and overall case fatality rate remains stable at 1.2%, but we have seen an uptick in our thirty-day total at 1.4%.
 - **Hospitalizations:** there has been a decline in Covid hospitalizations. Down to about twenty-four hundred Covid patients across the state and twenty percent of hospitalized patients in TN. This total is still much higher than the totals during the summertime and hospitals are feeling a substantial strain from the number of patients admitted.
 - **LTCF Vaccine Administration Progress:**
 - a. Phase A (Skilled Nursing Facilities/Nursing Homes)
 - First activated phase has a three-week head start on vaccinations.
 - In less than a month we are rapidly approaching one hundred percent of facilities having their first vaccine clinics through pharmacies (CVS/Walgreens).
 - Data for the independent pharmacies is largely lagging and has not been updated since last week.
 - There are promising updates in the data. 288 out of 316 facilities have had their first does of vaccine with 26,109 does administered.
 - b. Phase B (Assisted Living/Residential Homes for the Aged/Other)
 - Was activated at the end of December with a two-week lag-time and just started 1st clinics on the 13th of January.

- CVS has already administered to one-third of their facilities, Walgreens administering two-thirds and the independent data is lagging (with good progress).
 - Both CVS/Walgreens is publishing state by state partnership data updates at: <https://cvshealth.com/covid-19/vaccine-information/vaccination-data> and <https://www.walgreens.com/topic/findcare/long-term-care-facility-covid-vaccine.jsp#stayinformed>
- c. Independent Data: appears to be lagging, but it is no fault to the pharmacies. This is due to not having the vaccine to provide and waiting for shipments to arrive. 8,000 doses allocated to independent pharmacies for administration in SNFs/ALFs+ arriving on January 21st. Another 3,000 doses previously allocated to independent pharmacies in late December to mid-January.

The screenshot shows a video player interface. At the top, there is a dark blue header with the text "Vaccine Education" in white. To the right of the header is a small grey box with the letters "MH". Below the header, the main content area is white and contains a bulleted list of resources:

- **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.**

In the bottom right corner of the slide, there is a small red square with the letters "TN" in white. At the bottom of the video player, there is a control bar with a play button, a progress bar showing "00:13:53 / 01:28:43", and icons for settings, full screen, and volume.

2. Transition of Care Subcommittee:

- Monoclonal Antibody (mAb) Infusions, (Rhonda Dickman): nursing home residents that are Covid positive with mild symptoms that are not hospitalized are immediately eligible for treatments and some of the early experiences have been very favorable with individuals who have received this treatment from hospitalization. A role of the subcommittee is partnering with the communications committee in making sure all stakeholders are informed. A lot of communications have already gone out and thoughts are that more focused bi-directional communications would be helpful where

nursing homes will reach out to infusions centers in their communities and vice-versa to talk through the logistics to connect those eligible residents with the treatment. Would like to identify any barriers in the process and see if the subcommittee can help with mitigation as well as identify and share best practices that are occurring to help residents with access to this care. In the material distributed there will be an informational sheet about mAb therapy that the subcommittee would like to get the taskforce committee members feedback on if it would be appropriate to post material on the long-term care website for families, patients, and staff. Just over 17,000 doses of mAb have been allocated to Tennessee and about 7500 of those have been infused. Therefore, there is still a good supply of this treatment available. The Department of Health is maintaining a list of facilities that provide these infusions on their website which will be linked to the information sheet that the subcommittee will send out to the taskforce committee members. If anyone would like to provide feedback they can email: rdickman@tha.com.

- Home Care One-Pager, (Maegan Martin): subcommittee has spent a lot of time making sure that people receive care in the most clinically appropriate setting. Only ten percent of Covid patients treated in the hospital are discharged to home health. While there is not a lot of research, there is a recent study out of New York that found that of those patients that did receive home health the outcomes were really good. 94% of patients that were discharged to home health were discharged from home health within about thirty days (average of 32 days in care). Also, there were statistically significant improvement of symptoms. The group modified an existing document to identify some common Covid-related symptoms and conditions in an effort to provide connection with a hospital discharge planners and others whose job would be to assist the patient with getting to the most appropriate post-acute care setting.
- Decision Guide Pilot Program (Shaquallah Shanks): in 2019 the Florida Atlantic University developed the decision guide. This was piloted in eight states, which included TN. This pilot showed positive results such as a 31.2% of reduction in hospital transfers. To reduce the number of presentable ED visits and hospitalizations of nursing home residents the subcommittee purposed that a pilot would occur for the implementation of the decision guide to hospitals and nursing homes through CMP funded University of Indianapolis Regional Collaborative. The Southeast Collaborative would serve as the pilot. There are twelve nursing homes that are currently participating in the collaborative. Taskforce member Dr. Greg Phelps serves as the collaborative lead for this region. During the four-month pilot period, only

nursing homes that are currently participating in the collaborative would participate in the pilot so that we do not place any additional burden on facilities. Monthly data would be collected to track progress of the project. Data would be collected from a collaborative that is not participating in the project in order to truly measure the impact. Data would not be required from the nursing homes. The data collection and analysis would be gathered from TDH health care facilities and the University of Indianapolis staff. As part of the pilot an additional one pager would be developed. On the one pager, Covid-19 and advanced directive information would be included. Florida Atlantic would also assist to include a Tn specific menu drop down on their website as a free resource.

3. **Enhancing Communication Workgroup:**

- Communication to LTC Stakeholders, (Kristi Wick): a few ways that the subcommittee has been looking at collecting and embedding information to provide to long-term care stakeholders through posting items on the LTC website. Chelsea has been working hard on getting a space where all the common information can be accessed. If anyone in the task force comes across resources that they feel would be helpful in posting on the website, please forward to the subcommittee members or Kristina-wick@utc.edu. Members will then work with the Department of Health to make sure the information/resources are appropriate to post. Once the group receives approval, the information will be posted.
- List Serv (Chelsea Ridley): communicate directly with the stakeholders who are interested in gaining information from the taskforce related to covid-19. The idea was to get the List Serv going with individuals who are interested in receiving information to provide basic contact information for the purposes of communicating during the pandemic. This is a basic survey in which the group would ask for the task force's approval. Once Covid eases, the survey would no longer be active. Every week the subcommittee would come up with the five-seven most important items for that week, those items would be sent to the task force for review/editing, and then the items would be sent to List Serv on Wednesday.

4. **Mental Health Subcommittee:**

- (Janice Wade) working to identify sources for emotional and mental health support across the state. Want to get resources out rather quickly. Hope to work with the larger work group and communications group to tailor the information specifically toward long-term care and the elderly adult population along with healthcare workers. Would like to leverage Dr. Monty

Burks (TDMHSAS) to get communications to his network of faith-based organizations who would reach older adults that are not in long term care facilities. The subcommittee would like to develop a one pager left at vaccine administration sites that would be developed by Centerstone consisting of contact information for crisis counseling that would be updated with county-specific contact phone numbers.

Resources identified are:

- Covid hotline
- FEMA Crisis Counseling for Covid-19 (services are available electronically)
- TN Hope Line
- Care Through Conversation through TCAD
- Emotional Support Line (healthcare and front-line workers)
- 2021 Pandemic/Essential Employee Child Care Payment Assistance through DHS.
- One Pager, (Bob Vero): in our workgroup we focused on getting as much information in a consolidated way. The one-pager would have one statewide hope line number for the older-more vulnerable individuals. The emotional support line is a statewide number to provide the emotional support of connecting people to local resources (more than connected individuals to psychological support. Would also connect individuals to Covid resources). The help line would consist of each designated provider for Covid services (mobile crisis teams). The Department of Mental Health designated its mobile crisis team. All 95 counties are covered in Tennessee. Mobile crisis teams have an assigned response region and the help line number will tie back to the mobile crisis response teams. There will be a different number depending on which county the flyer is being used.

5. Staffing Subcommittee:

- (Kristi Wick/Steve Flatt): Had one meeting.
 - Group is working to provide additional staffing and building up workforce with the sustainability of keeping current staff.
 - Working on CNA Recruitment: needs assessment.
 - Preparing to send out across the state within the next week.
 - Look at an Interstate agreement. CNA's could work across borders especially in Metro areas.
 - Several long-term care corporate sponsors that are working to increase wages.
 - Welcoming Vincent Davis to assist with directing questions regarding licensure.

6. Visitation Subcommittee:

- (Brent Culberson): collaborative group looking at updating guidelines.
 - A lot to learn about the science of the vaccine.
 - Virtual Visitation: facilities that are utilizing specific electronic devices to provide virtual visitation. Propose to the taskforce surveying the facilities in order to provide information on how they are utilizing those devices through subcommittee members use of survey monkey.
 - Conversation of looking at other state guidelines (specifically Michigan) and share feedback/discussion for revision to Tennessee's Long-Term Visitation Guidelines.

7. Next Steps

8. **Closing Comments** great discussion amongst the different subcommittees. As you formulate your prospective, the value is to come in contact with other's and evaluate what they may have to offer to the taskforce (specifically tools that they are using).

-Adjourned.