



# CONTINUING CARE: *LOOKING AHEAD*

Ellie Luker, CPA, JD, LLM  
Managing Director – Emergency Preparedness

Michael Masse, OTR/L  
Senior Director – Continuing Care

9.24.20



# MEET MICROSCOPE – “We Put Healthcare Into Focus”

OUR ENTERPRISE-WIDE SOLUTIONS PROVIDE A SPECIALIZED EXPERTISE AND AN IN-DEPTH LOOK AT YOUR BUSINESS.

## Financial, Operational and Clinical Healthcare Expertise. All In One Place.

Enterprise-wide margin optimization requires Financial, Operational and Clinical expertise. Our healthcare experts provide extensive experience guiding healthcare organizations to be more efficient. We know how healthcare organizations work because Microscope has the expertise of our own doctors and nurses on our team. We provide a unique one-to-one relationship with your staff who speak the same language, allowing us to make practical solutions to address the clinical challenges you address every day. The 8 services we offer cover the areas that require constant vigilance in order to be more cost-effective, proactive and compliant with government regulations.



**William N. Wildridge III**

CEO/Managing Partner

315.430.6838

Syracuse, NY

[wwildridge@microscopeHC.com](mailto:wwildridge@microscopeHC.com)





# DISCLAIMER

*The material in this presentation, and presented during this webcast, is designed for, and intended to serve as an aid to, continuing professional education. Due to the certainty of continuous current developments in the healthcare industry, these materials are not appropriate to serve as the sole authority for any opinion or position relating to the subject matter. They must be supplemented with the authoritative source. Before making any decisions, or taking any action, you should consult the underlying authoritative guidance and if necessary, a qualified professional advisor.*

*The presenters and microscope HC LLC shall not be held responsible for any loss sustained by any person who relies on this material or presentation made by the presenters.*

*Copyright is not claimed in any material secured from official US government sources.*



# HOW TO GET CPE

1. At some point during the webinar, please be sure to type a message or question into the question box.
2. Be sure to complete the survey (evaluation) at the end of the webinar.

\*If there is an issue with your question box or if your evaluation does not populate, please email Jackie Al-Nwiran @ [jackieA@microscopeHC.com](mailto:jackieA@microscopeHC.com) to receive credit.

**CPE Certificates will be emailed out next week.**

\*Questions: There will be time allotted at the end of the presentation for a brief Q&A. You can type your questions throughout the presentation into the question box and they will be answered in the order in which they were received at the end of the program.

\* This presentation will be available in PDF format by request.



# TODAY'S PRESENTERS



## ELLIE LUKER, CPA, JD, LLM

Managing Director – Emergency Preparedness

Ellie is a CPA/Attorney and is certified in the National Incident Management System (NIMS) through FEMA. Her unique background and education gives her the ability to assist in the review and implementation of Emergency Operation Plans.



## MICHAEL MASSE, OTR/L

Senior Director – Continuing Care

Mike brings over 22 years of clinical and leadership experience in the healthcare field as an Occupational Therapist, Director of Rehabilitation and as a Regional Manager for a therapy and consulting service company. Most of Mike's time has been providing these services to continuing care facilities.



# AGENDA

## Course Objectives

- Provide a look back on the impact of COVID-19 in our LTCFs and continuing care facilities
- Review impact of Financial Concerns/Business Continuity Concerns from COVID -19
- Review required Emergency Preparedness Updates related to COVID -19 from CDC
- Discuss potential re-design service opportunities
- Discuss facility “Pulse Check” for resident service awareness

## Q&A



# WHERE ARE WE GOING?

WHAT'S BEEN GOING ON AND WHAT'S NEXT FOR CONTINUING CARE SERVICES?





# COVID-19 CASE OVERVIEW

	<u>Cases</u>	<u>Deaths</u>
USA	6.17 million	203,000
World	29.3 million	971,000

- Approaching nearly 70,000 resident deaths in U.S. Continuing Care Facilities
- More than 40% of U.S. Coronavirus deaths are linked to nursing homes
- In 20 states, at least half of all deaths are linked to nursing homes





# ISOLATION IMPACTS ON OUR SENIORS IN CONTINUING CARE FACILITIES

✓ *Anxiety*

✓ *Depression*

✓ *Behavioral*

✓ *Physical*

✓ *Increased Falls*

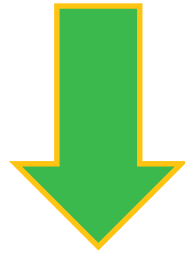
*Other issues.....*

- Essential Workers
- COVID-19 Testing
- Personal Protective Equipment (PPE)



*The Covid-19 pandemic initially caused many Continuing Care Facilities to make difficult decisions in an attempt to control the spread of the virus affecting admissions and census*

- Closed their communities to new or returning residents
- Developed Covid-19 only units
- Mandated to accept Covid-19 patients



**CENSUS and ACUITY**



# 1135 WAIVER

President declares a disaster or emergency



HHS Secretary is authorized to take certain actions



Under section 1135 of the Social Security Act the Secretary may temporarily waive or modify certain Medicare, Medicaid, Children's Health Insurance Program (CHIP) and HIPPA requirements



# MODIFICATIONS AND WAIVERS

- PATIENTS OVER PAPERWORK
- 3 DAY HOSPITALIZATION
- QAPI
- FACILITY WITHOUT WALLS
- WORKFORCE
- PAYMENT
- TELEHEALTH
- COST REPORTING
- NHSN LONG TERM CARE REPORTING MODULE

## Business Continuity Impacts of COVID



- How long can we stay open without new admissions?
- Will Supplier Agreements protect us?
- How will we cover testing, PPE, medical costs from emergency?
- Are we prepared for ongoing change in mix?
  - Medicaid/Medicare/Private pay
- Have we considered potential litigation exposures?



## Types of Financial Relief Available

- HHS Provider Relief Fund
- CMS Accelerated Advanced Payment Program
- Communication Technology Grants
- Employee Payroll Assistance – Deferral and Retention Credit
- Last resort –
  - Stafford Act/FEMA 2020 Emergency Grants – COVID 19 Supplemental



# REVIEW FINANCIAL SURVIVAL PLAN

- Responsibility to coordinate requests for federal and state resources and stay on top of application process
- Cash management policies
- Review Business Owners Policy (BOP) insurance coverages
  - Loss to covered property/equipment
  - Business interruption coverage and loss of business income
  - Closure by government order
  - **Biohazards and virus contamination coverages**
  - Loss of Account Receivables
  - Pollution and environmental coverages
  - Cyber liability





# REVIEW FINANCIAL SURVIVAL PLAN

## ➤ Exclusions Abound

- Many policies exclude virus or biological contamination
- Policy sub limits and deductibles
- Property coverage must establish a direct physical loss -- limited to exposure and period of time to clean from viral outbreak only
- Many business interruption policies provide revenue only for limited number of days
- Mitigation is always required by business owner
- How to prove causation
  - where the viral infection started/entered facility







# LITIGATION PROTECTIONS

## New York: Emergency or Disaster Treatment Protection Act

Grants nursing homes immunity from civil *and* criminal liability when arranging for or providing care pursuant to a COVID-19 emergency rule and acting in good faith.

The Act shields facilities from liability when “treatment of [an] individual is impacted by the health care facility’s or health care professional’s decisions or activities in response to or as a result of the COVID-19 outbreak and in support of the state’s directives.”

Immunity does not apply to acts that constitute willful or intentional criminal misconduct, gross negligence, reckless misconduct or intentional infliction of harm

- PROVIDES A LEGAL DEFENSE
- DOES NOT PREVENT THE LAWSUIT
- PLAINTIFFS ATTORNEYS WILL FOCUS ON INTENTIONAL ACTS





# EMERGENCY PREPAREDNESS

## Did Essential Functions Operate?

### What were the successes and failures in your operations

- Infection Control and Source Control
- Appropriate Alternative Facilities – Controlled Spaces
- Essential Staff – Plan for Mass Absenteeism
- Knowledge Management – Identify Key Personnel
- Identify and Obtain Necessary PPE
- Vendor Support and Supply Chain Management
- Security Plan Implemented with Visitor Restrictions
- Crisis Communications Plan – Keeping Families Informed



# EMERGENCY PREPARDNESS

## Document Impact on your Facility

- Evidence of Leadership commitment
- Input is required from the real experts:
  - medical staff, nursing,
  - facilities, engineering, other department managers,
  - community public safety members and
  - **IT Department and maybe technical experts from the outside**
- In the midst of survival mode you must document clearly each challenge and your response
- Analyze your performance



# CMS EP FINAL RULE

## Four Basic Requirements for All Providers





# EMERGENCY PREPAREDNESS

## What have we learned?

- Hazard Vulnerability/Risk Assessment (HVA) needs to address Infection Control because of congregate nature and population served
- Requirement of Responsible Person Charged with On-Site Facility Infection Control Program (ICP) Management
- Implement Source Controls Early
- Testing for Residents and Healthcare Personnel
- Supplier Relationships are Important

# TODAY'S RISK ASSESSMENT: Post COVID - 19

- We have seen the abyss – the worst can happen
- Every crisis has potential to escalate
- Infection Control requires specialized approach
- Now “day-to-day” crises have wider implications because of known resident and healthcare exposures





## RESOURCE:

# BEST PRACTICES WHEN REVIEWING EMERGENCY PREPAREDNESS PLANS

CDC Coronavirus Disease 2019 (COVID-19) Checklist for Nursing Homes and other Long-Term Care Settings

U.S. Department Health Centers Control





# STRUCTURE

- COVID-19 Plan must be incorporated into Emergency Preparedness Plan
- Multidisciplinary committee has been established to address COVID-19 planning





# DEVELOPMENT OF WRITTEN RESPONSE

- COVID-19 Plan must be in writing and available at the facility
- Federal state and local COVID-19 plans are included in facility and coordinated
- Plan identifies **individual responsible** for implementation and organizational structure to be used (should be NIMS based)



# ELEMENTS OF PLAN

- Comprehensive -- addresses residents, healthcare personnel, and visitors
- Monitors public health advisories
- Includes process for inter-facility transfers
- Includes system to monitor COVID-19 infection within your facility
- **Infection Control Procedures** - including Transmission Based Precautions, Standard Contact and Droplet precautions with eye protection and Airborne Precautions
- Provides for ICP guidance review



# FACILITY COMMUNICATIONS

- Key public health points of contact have been identified
- Individual has responsibility for contact with public health resources
- Individual has responsibility for contact with residents, healthcare workers and families during an outbreak
- Current contact information for families/guardians is up-to-date and comprehensive – cell phones, emails
- Communication trees have been created for contacting healthcare workers, families and third party providers/delivery services who may be coming to the facility daily
- Individual responsible for coordination of inter-facility communication during outbreak



# SUPPLIES AND RESOURCES

- Sanitizer or hand washing supplies readily available
- Signage directing ICP in residents rooms is available
- Facemasks and other PPE available and provided
- Respiratory protection program available and activated; respirators and other supplies available
- Trash disposal bins located where necessary outside residents rooms
- EPA-registered hospital grade disinfectants available
- Supplies monitored on daily basis and contingency planning for additional supplied implemented



# IDENTIFICATION AND MANAGEMENT OF ILL RESIDENTS

- Facility has plan to identify and manage residents with respiratory infection
- Facility has plan for active surveillance of respiratory infection
- Plans developed for immediate notification of health department of respiratory infection clusters
- Plan to limit symptomatic or exposed residents to their rooms or designated spaces; limitation of group activities and closing units
- Facility has criteria and process for cohorting residents with symptoms or exposures



# CONSIDERATION OF VISITORS

- Facility has signage available to prevent visitors with fever or illness from entering
- Facility has well developed criteria for when visitors will be limited, restricted, or able to return
- Facility has process to allow for remote communication technology opportunities for families during visitor restrictions



# OCCUPATIONAL HEALTH

- Facility has sick leave policies that are non-punitive, flexible and consistent allowing ill healthcare workers to remain home
- Healthcare workers are instructed to monitor themselves for symptoms
- Facility has plan to actively screen all healthcare workers upon arrival at work for fever or other symptoms
- Facility has a process to identify and manage healthcare workers exhibiting symptoms
- Facility has a plan for work restriction for workers exhibiting symptoms
- Facility has a respiratory protection plan for workers with medical evaluation, training and fit testing



# EDUCATION AND TRAINING

- Facility has plan to provide training and education about the virus and transmission to healthcare workers, residents and family
- One individual has designated responsibility to coordinate training regarding the virus
- Language and reading level appropriate materials have been obtained to assist in this training effort
- Plans and materials for healthcare workers includes **Infection Control measures**
- Facility has procedure for expediting the credentialing and training of non-facility healthcare workers in event of staffing crisis





# SURGE CAPACITY

- Facility has contingency staffing needs plan that identifies critical/non-essential services based upon residents health status
- One individual has responsibility for daily assessment of staffing needs and availability
- Legal counsel and local health department resources have been consulted regarding appropriateness of declaration of staffing crisis and appropriate staffing alternatives under state law
- Planning for collaboration in the case of area-wide healthcare staffing crisis
- Plan includes coordination for critical supplies
- Plan includes method of prioritization in case of lack of pharmaceuticals or respirators
- Plan includes recognition of increasing need for post-mortem care – including location of temporary morgue if needed



# WHAT HAVE WE LEARNED

- Creation of Safe Spaces within Facility and Community
- Managing Admissions and Re-Admissions
- Maintaining Necessary Testing, PPE, Other Supplies
- Implementation/Release of Visitor Restrictions
- Managing Staff during Infection Clusters or Capacity Surges
- Review Infection Control Procedures and Facility-wide Training



# UPDATE PLANNING AND TRAINING

## ➤ Not About Perfection

- There is no perfect Emergency Preparedness Plan
- Resilience – Keeping plan current and meaningful
- Goal is to protect residents and healthcare workers
- Regulators are necessarily revising their approach
- Your lives have been one big training exercise – Use what you have learned



# Talk of industry re-design has begun...

*But what does re-design in continuing care actually mean?*

- TECHNOLOGY
- WORKFORCE
- ENVIRONMENT
- FINANCES

# TECHNOLOGY

- Technology Advancement
- Expanded Telehealth
- Data Analytics
- Barriers



# WORKFORCE

- Nursing Assistants
- Testing
- PPE





# ENVIRONMENT

- Smaller Spaces
- Nature
- Holistic Versus Medical
- Infection Control
- IT/Technology





# FINANCIAL

- LTC Funding
- Alternative Care Sites
- Reimbursement
- Evolution of a Business Model







# HOW ARE YOU DOING RIGHT NOW?

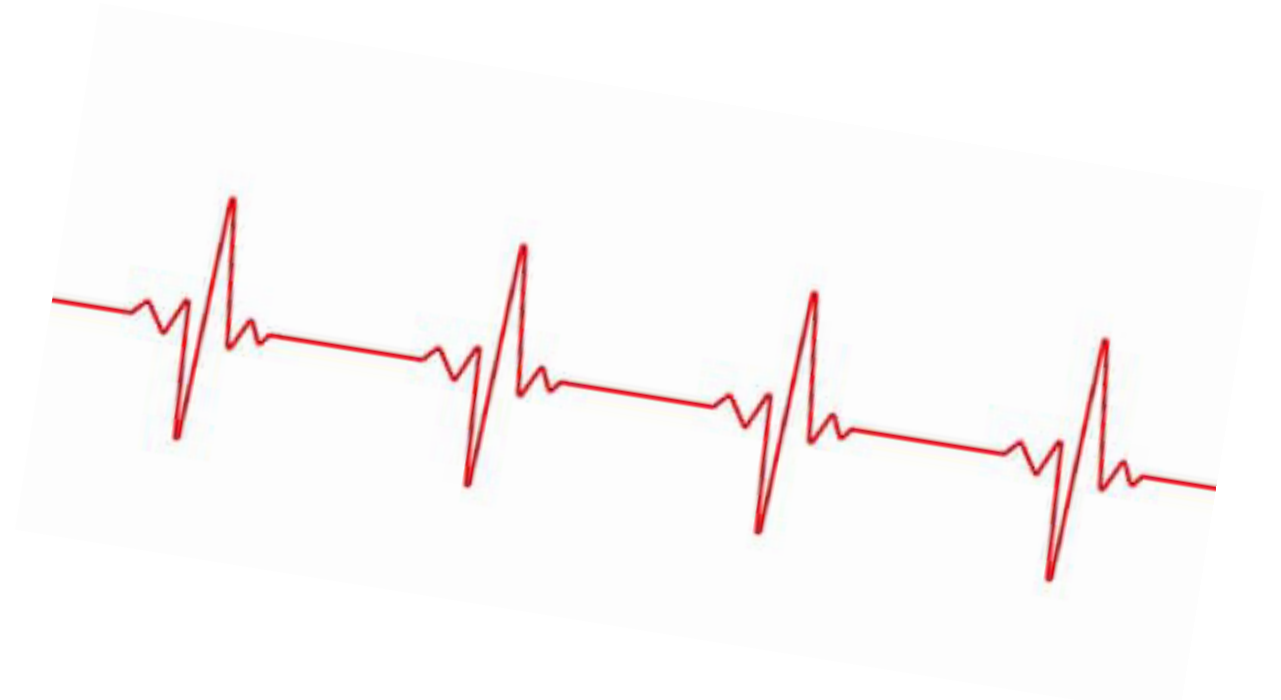
## *What Keeps You Up At Night?*

- During Covid-19 relationships, processes and programs have been disrupted to varying degrees in our Continuing Care communities.
  - Intensity of Focus
  - CMS Waivers/Modifications
  - Service Care Delivery Norms
  - Infection Control
  - Finances



# PULSE CHECK

- Census
- Nursing and Therapy Documentation
- Discharge Planning Model
- PDPM CMG Scoring
- Quality Measures
- LTC Community Services
- Infection Control
- Billing Accuracy
- Post COVID-19 Re-design Plan





# WHAT HAVE YOU LEARNED FROM TRAGEDY?

- You are Prepared
- Your institution will be stronger after COVID-19
- Your residents and their families will be safer after COVID-19
- Your administrative team, finance team and healthcare workers can continue to deliver quality care



To all of our brave healthcare workers on the front line, facilities support staff and leaders who work tirelessly to provide quality care for our seniors and disabled...

THANK YOU!!





# QUESTIONS?





## CONTACT MICROSCOPE'S CONTINUING CARE LEADERS:



**Mary Ellen (Ellie) Luker**

Managing Director – Emergency Preparedness

315.796.5200

[mluker@microscopeHC.com](mailto:mluker@microscopeHC.com)



**Mike Masse**

Senior Director - Continuing Care

607.316.6576

[mmasse@microscopeHC.com](mailto:mmasse@microscopeHC.com)



**William N. Wildridge III**

CEO/Managing Partner

315.430.6838

[wwildridge@microscopeHC.com](mailto:wwildridge@microscopeHC.com)