



LTC 100 Coronavirus Task Force Executive Summary – Call #4

Developing COVID-19 Proficiency in Your Market

April 6, 2020

Through weekly **LTC 100 Coronavirus Task Force** conference calls with top experts and providers on the front lines, we aim to provide you with **best practices in crisis management** and **valuable business-scenario planning**. This week focused on developing COVID-19 proficiency in your market.

Featured Contributors

Kelsey Hastings, Co-CEO, Advantage Living Centers

Kimberly Townsend, President & CEO, Loretto Management Corporation

Steven Littlehale, Chief Innovation Officer, Zimmet Healthcare Services Group

Eli Gunzburg, CEO, Providence Healthcare Management

Emily Downing, VP & Medical Director, Allina Health

Overview

As SNFs across the nation become more confident in the role of COVID step-down, the industry is seeing the emergence of pioneers in CV management who are gaining critical learnings in receiving and isolating CV patients; PPE usage and protocols; staff management; remote monitoring; and vital reimbursement measures.

There is still a wide disparity among SNFs, however, about how to react in the face of this outbreak, with those on the one hand acting proactively as a hospital decanting solution, and others opting for self-preservation to prevent CV from coming into one's building altogether. This disparity is being felt mostly along the lines of geography and timing (proximity to a surge).

Receiving and Isolating CV Patients

Kelsey Hastings (Advantage Living Centers) has experienced outbreaks in 9 of their 12 facilities and described a 4-week pattern of evolution. Week 1: symptoms emerge, staff fear sets in, and some residents may need hospitalization. Week 2-3: CV19 increases in both staff and residents, staffing becomes more challenging, and the situation becomes chaotic due to lack of adequate staff. Week 4: staff begins returning to work, a reduction in episodes occurs, and settling into the pattern commences. **Advantage Living Centers** has isolated roommates together, and has two isolation units within two of their buildings. Their largest isolation unit is 54 beds and smallest is 10 beds. **Allina Health** (Minnesota), operates 11 hospitals and is partnering with Presbyterian Homes & Services to convert a 50-bed SNF to a step-down site. **Dr. Emily Downing** (Allina) shared how the building is being modified with improved ventilation and additional handwashing stations, and how they are working with the state to obtain PPE.



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PPE Usage Protocols

Some organizations are reporting confidence in their near-term PPE stock. **Eli Gunzburg** (Providence Healthcare Management) stated that they got an early jump on sourcing PPE and, based on their surge models, will have adequate supply for the foreseeable future. **Kelsey Hastings** (Advantage Living Centers) is mitigating spread and creatively conserving PPE by using one gown per room. Staff dons the gown prior to entering the resident's room and then doffs it inside out upon exiting, leaving it draped on a chair for reuse. Hastings made a discovery when dietary staff became ill with no direct interaction with residents. Dishes from resident rooms were making staff ill either through droplets on the dishes or the disbursement of droplets via steam from the dishwashing machine. Dietary staff illness went down after wearing full PPE.

Telehealth

Dr. Kimberly Townsend (Loretto) described how patch and body-worn sensors monitor COVID-19 residents for potential change of condition to reduce preventable ED visits. This technology turns each bed into a monitored bed which sends real-time data to a medical intervention center.

Staff Trepidation

As frontline staff exhibit fear and anxiety, many SNFs are faced with staff shortage due to call-outs. **Eli Gunzburg** (Providence Healthcare Management) is offering premium pay to staff that volunteer to work on CV units. **Kelsey Hastings** (Advantage Living Centers) has turned to agencies to supplement staff shortage.

Reimbursement Considerations

Steven Littlehale (Zimmet) shared a reimbursement update. CARES Act put in place \$100B to fund eligible providers specifically for expenses or lost revenue associated with COVID-19. The average facility may get a 10% distribution which amounts to \$680,000 (cost of PPE supply for two months). Suspension of Sequestration translates to \$47,000 over the course of 8 months for a typical SNF with an average daily census of 15. SNFs should be applying for Medicare Part A and B advanced payment based on 2019 quarter report. CMS ICD 10 code isn't going to give anything more in PDPM reimbursement. However, there are a group of comorbidities and non-therapy ancillaries that can be captured for residents with COVID-19 or PUI.

■ [LTC 100 COVID-19 Business Planning & Crisis Management Resources](#)

To receive an invitation to participate in task force calls, please contact:
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