LTC 100 Coronavirus Task Force Executive Summary – Call #2

NYC Coronavirus Update: SNFs as Crisis-Management Partners to Acute Care
March 23, 2020

LTC 100 conducted the second in a recurring weekly series of Task Force conference calls on the global Coronavirus pandemic and its implications for U.S. healthcare providers.

The following summarizes the findings from our March 23 call focused on New York City, which has become the epicenter of the U.S. outbreak, and how skilled nursing facilities can be crisis management partners with acute care.

Speakers

- **David Grabowski**, PhD, Professor Health Care Policy, Harvard Medical School
- **Scott LaRue**, CEO, ArchCare (SNF & HH in NYC)
- **Robert Cerfolio**, EVP & Chief of Hospital Operations, NYU Langone Health

Takeaways

- In the U.S., NYC is emerging as *the* hotspot of the Coronavirus spread and is the new bellwether of how other markets may be impacted soon.
- A 10X to 20X impact is hitting the acute care system nationally as a result of COVID-19 versus a normal flu season.
- The acute care system across the country will experience an intense need for ICUs, ventilators and ECMOs.

David Grabowski on public policy and where skilled nursing can fit in during this crisis:

- There is a lot of debate between full lockdown vs. being less strict. It's difficult to generalize the experience in Wuhan to the U.S. given that Wuhan did a total lockdown.
- There doesn't seem to be a lot of enthusiasm at the federal level for a full lockdown. States have been the leaders and there is quite a bit of variation.

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- At this point, we need to flatten the curve by providing economic support for households, making certain we stay connected to individuals living alone, especially older adults. "Short term pain for long-term gain." We can continue improvement with a more aggressive lockdown.

- Acute care pressure points: getting an adequate supply of ICU beds, ventilators and PPE; and having staff who can work and safely care for patients.

- This is going to impact every market in the U.S.

- Hospitals and SNFs are going to need to work together. Few SNFs around the country currently have the capability and staffing to admit a COVID positive patient and safely treat that resident while keeping them isolated – this needs to change quickly!

- Hospitals will need to discharge patients and SNFs will need to be thoughtful about which patients they admit. We are going to need to think very strategically about how we organize services within SNFs. Some SNFs are going to be up to the task and there are some excellent providers who can do this care quite safely. T

- Utilizing dorms, hotels or military barracks to help with excess capacity is an area of exploration.

■ **Robert Cerfolio, EVP & Chief of Hospital Operations at NYU Langone on what he's experiencing in the acute care system in NYC:**

- Statistics:
  - There are 225 COVID positive patients at NYU Langone Health (as of 3/23)
  - Another 100 PUI (patients under investigation)
  - Well over 100 patients on ventilators
  - It certainly can effect young people. They have an 18 year old and 20 year old on oxygenation

- Every anesthesia machine can be turned into a chronic ventilator with a humidifier.

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- A typical flu patient is on a ventilator for about 3 days. A typical COVID-19 patient is on a ventilator for 15 days! This is a major contributor to the shortage of ventilators.

- Ambulatory surgery centers can be turned into ICUs.

- For PPE supply, the key is conservation. Staff get one N95 mask and use it for a week. While there is very little data on giving Hydroxychloroquine prophylactically, it has been administered post-exposure. The same with the antiretroviral drugs and Interleukin 6.

Scott LaRue, CEO of ArchCare on his experience on the post acute side in NYC:

- ArchCare instituted disaster plan on February 23, 2020. The first positive case in NYC was on March 3, 2020.

- Phase 1 - Implemented training on PPE and infection control, obtained lines of credit.

- Phase 2 - Positive COVID cases within the community, but not yet within their facilities/programs:
    - Locked down facilities/programs and prohibited visitors
    - Took staff temperatures at the beginning and end of shifts as they entered/left
    - Stopped all ancillary activities in the SNFs

- Phase 3 – Positive COVID cases within their facilities/programs.
    - The lack of PPE is an enormous problem.
    - N95 masks are only being used for aerosol generating procedures.
    - Working with hospital partners to expand capacity, adding 67 beds in a facility and thus creating a COVID positive unit. Cohort any positive patients to a singular unit.

Learnings & Best Practices

- Focus on mobilizing supplies and training staff

- Review transfer protocols

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- Treat all patients as if they are COVID-19 positive and only test if it will change the course of training/treatment

- Keep leadership healthy by switching to phone and virtual. If not possible, no more than 10 people in room with 6 feet of distancing

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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