

Connecting Public Health and Long-Term Care Communities
Examples of Barriers and Overcoming Challenges to Support Nursing Home &
Other Long-term Care Facilities with Strike Team
Funding from the American Rescue Plan Act of 2021

Paper #2

Introduction:

On October 1st, 2021 guidance was issued related to building [nursing home and other long-term care facilities strike teams and infrastructure](#). This total of \$500 million will be supported through the American Rescue Plan Act (ARPA) of 2021. It is awarded through the CDC's Epidemiology and Laboratory Capacity cooperative agreement to the current 64 ELC recipients. The CDC, with support and facilitation from The John A. Hartford Foundation (JAHF), invited volunteers to participate in a taskforce that would advise on ways to inform and support the implementation of these funds through the state departments of public health, which can and should align with additional ARPA funding available for [strengthening HAI/AR program capacity](#).

This document highlights some of the many examples of how “strike teams” from various states and locations across the country executed their role during the COVID-19 pandemic to date, along with examples of other collaborations that helped address the pandemic’s negative impact in long-term care settings. The order does not imply ranking. Barriers and solutions are provided. The crisis teams are one strategy in a multi-pronged approach to combatting the surge and workforce challenges. This list is not exhaustive and innovative ideas within the context of the CDC guidance that may not be listed below are welcome. If you have examples that might be of use to other states, please email them to NHStrikeTeams@cdc.gov.

This document is meant to serve as supplemental guidance to the states and territories as they develop workplans for the activities supported by this ARPA funding. A companion paper is also available that describes key action steps that states can take when planning support activities and engaging stakeholders. The companion paper and other useful documents can be found on this [resource page](#).

STRIKE TEAM EXAMPLES

State Spotlight: How the Texas State Healthcare-Associated Infections (HAI) Program Increased Capacity in Public Health Regions to Support Healthcare Facilities During the COVID-19 Response [[LINK](#)]

Barriers/Challenges:

The COVID-19 pandemic presented challenges in how our Healthcare-Associated Infections and Antimicrobial-Resistant Pathogens (HAI/AR) Program provided support to long-term care facilities (LTCF) experiencing outbreaks. As the pandemic unfolded, we quickly realized the need to increase our infection prevention capacity. We sought out support from leadership and partners to modify our staffing structures in order to provide continued quality and focused support to our healthcare facilities.

Solutions:

We received approval and support to build staffing capacity from Texas Department of State Health Services (DSHS) leadership. They provided us with the resources to contract with three Infection Preventionists per public health region, for a total of 24 additional Infection Preventionists throughout the state. The real challenge, however, was finding certified Infection Preventionists to recruit. At that time, healthcare facilities and local health departments were also in the process of recruiting Infection Preventionists, so we were competing for contractors in a limited pool. We decided to partner with the Association for Professionals in Infection Control and Epidemiology (APIC) which aided with the recruitment process. Out of the 24 Infection Preventionists we sought to recruit, we were able to contract with 17. These additional Infection Preventionists were instrumental in building our state's capacity during the response. They performed on-site infection control assessments and provided dedicated support to meet the needs of facilities. Additionally we:

- Coordinated with the Texas Health and Human Services Commission (HHSC)—our regulatory branch—and utilizing established communication pathways—facilitated the coordination of our response activities.
- Held daily meetings with the Health and Human Services Commission (HHSC), DSHS, and the Division of Emergency Management's State Operations Center (SOC), where all communication plans and guidance were developed for dissemination to facilities by HHSC.

State Spotlight: Montana Leverages Partnerships to Manage COVID-19 Outbreaks in Long-Term Care Facilities [\[LINK\]](#)

Barriers/Challenges:

Montana, the fourth largest state geographically in the U.S., spans more than 147,000 square miles (slightly larger than Japan) and is home to about 1 million people. Montana has a decentralized public health system so a lot of the authority and responsibility for implementing rules and regulations and every aspect of pandemic response is held by the counties, many of which have limited staff. Testing for example was a huge logistical challenge, since some facilities are not located near a hospital and our laboratory courier system could not reach every facility.

Solutions:

In order to provide public health support to city and rural areas, we partnered with our state's local health departments, survey agency, Quality Innovation Network/Quality Improvement Organization (QIN/QIO), hospital and public health preparedness teams, and laboratory partners to identify and provide support to long-term care facilities (LTCF) experiencing COVID-19 outbreaks. We worked closely with these partners prior to the pandemic, so these existing relationships led to a coordinated approach during the COVID-19 response. Our team coordinates outbreak response efforts with local public health departments, healthcare facilities, and the state survey agency. We were fortunate to have our Governor's support and some time to plan and respond, so we worked with our state public health laboratory and other laboratory partners to figure out ways to offer baseline testing and implement surveillance testing prior to national LTCF testing recommendations took effect. Our experience during this pandemic has highlighted the importance of infection control.

State Spotlight: Pennsylvania - Overview of the Regional Response Health Collaboration Program (RRHCP): A Critical Support Network for Long-Term Care Facilities Facing COVID-19
[\[LINK\]](#)

Barriers/Challenges:

In June 2020, the Pennsylvania General Assembly allocated \$175 million from CARES Act funding to establish the Regional Response Health Collaborative (RRHC) Program, a partnership between Pennsylvania Department of Human Services (DHS), Department of Health (DOH), Pennsylvania Emergency Management Agency (PEMA) and 11 health systems including the Healthcare Council of Western Pennsylvania and the Jewish Healthcare Foundation. This program provides clinical and operational supports, and an educational platform for long-term care (LTC) providers as they respond to the COVID-19 pandemic. The LTC settings serviced by the RRHCs are Skilled Nursing (SNFs), Assisted Living (ALs) and Personal Care Home (PCH) facilities. In particular, the RRHCs offer different levels of care to less acute settings that may not have on-site clinical support necessary to navigate the pandemic such as personal care homes and assisting living facilities.

Solutions:

The RRHC established partnerships with health systems covering six regions. These partnerships allow preventative and emergent assistance between healthcare systems and LTC facilities. Facility needs are reviewed daily to ensure preventative and emergent assistance is provided by the RRHC teams. Assistance provided to LTC facilities by the RRHC for preventative and emergent efforts are detailed below. If the health system team and/or facility requires additional assistance, other resources are engaged such as PEMA, National Guard and health care staffing agencies. A "mission" is a discreet activity or action identified by the

DOH/PEMA/DHS team along with the RRHCs to aid a facility. Missions are assigned and/or reviewed via standing program meetings that occur twice a day, Monday through Friday. Additionally:

- RRHCs are required to conduct on-site facility visits twice by the end of the program. During these visit the RRHCs conduct facility assessments and work closely with facilities' administration to assess COVID-19 preparedness and infection control procedures.
- Learning Network (LN), offered by the Jewish Healthcare Foundation (JHF), has been engaged to provide education and communication of state and federal COVID-related guidance to SNF, PCH and AL facilities statewide. Bi-weekly provider webinars are held, recorded and accessible on-demand.

State Spotlight: Taking Action In Nebraska For Long Term Care Facilities [\[LINK\]](#)

Barriers/Challenges:

Long term facilities are supposed to feel more like home than a hospital. Yet they absolutely need the infection control like a hospital. This is where Nebraska Infection Control and Prevention (ICAP) and Nebraska Antimicrobial Stewardship and Assessment and Prevention (ASAP) Program came into the picture. The vision of the state health department was very clear as they decided to partner with the UNMC/Nebraska Medicine experts for making infection control expertise/guidance available to all healthcare facilities in the state.

Solutions:

ICAP team members have developed several COVID-19 related resources that have had a significant impact to the Long-Term Care Centers' patient care and support team processes. Facilities are also receiving the most recent updates through an email distribution list. During periods of increasing incidence of COVID-19, Dr. Ashraf and his hard-working team put together the following for the facilities in their work to keep their residents and staff safe:

- Beginning in March 2020, weekly webinars focused on COVID-19 prevention and containment were initiated.
- Office hours started with a live person staffing a phone for 2 hours in the morning and evening for facilities to call directly with any infection control questions.
- If a COVID-19 case occurs in a facility, they are paired with an experienced infection disease specialist who is associated with ICAP.
- Steps and checklists relating to specific guidance on COVID-19 containment after identification of case were made available on the website ([link](#))
- The team worked closely with the CDC to make remote Infection Control Assessment and Response (Tele-*ICAR*) assessments available to facilities that have

not seen a COVID-19 case but are working on improving their infection control program to keep COVID-19 out of their buildings.

- Nebraska facilities that observe a COVID-19 case are referred by ICAP to the National Emerging Special Pathogens Training and Education Center (NETEC) team for an on-site visit to help in containment efforts.

State Spotlight: Oregon

Barriers/Challenges: The Oregon Health Care Association (OHCA) has been engaged with the state's crisis management infrastructure for months to quickly problem solve and alleviate workforce shortage challenges in the long-term care sector. Oregon has experienced particularly acute impacts during the Delta variant surge as it relates to rising case counts, hospitalizations, and SNF bed capacity.

Solutions: The Governor's office and regulatory agencies have had to prioritize workforce relief measures as a result. This unfortunate situation has allowed OHCA to be more successful in advocating for the prioritization of staffing support, especially at SNFs that are needed to help relieve hospital/ICU bed shortages. The crisis staffing teams through Jogan Health Solutions (more in [McKnight's article](#)) was recently announced by Oregon Governor Brown as a helpful temporary solution. OHCA worked with the state to identify appropriate LTC facilities in the most impacted regions.

State Spotlight: Washington

Barriers/Challenges:

LeadingAge Washington has been engaged with the state's Long-Term Care Advisory Council since early in the pandemic, to problem solve and alleviate challenges in the long term care sector. Washington experienced particularly acute impacts during the Delta variant surge as it relates to rising case counts, hospitalizations, and SNF bed capacity. Washington hospitals reached crisis capacity due to the inability of LTC to accept patients due to staffing shortages and COVID outbreaks.

Solutions:

The State Survey Agency had to prioritize workforce relief measures as a result, and brought back the Rapid Response Teams, for which funding ended June 1st. This situation allowed the LTC Advisory Council to be successful in advocating for the prioritization of staffing support, especially at SNFs that are needed to help relieve hospital/ICU bed shortages. The crisis staffing teams through AMT Staffing was recently announced by Residential Care Services as part of the Dear Administrator letter, [Critical Staffing Management In Long Term Care Settings](#)

Local Spotlight: Long-Term Care Facility (LTCF) Vaccine Education Program Vital to Chicago's COVID-19 Outbreak Response Effort [\[LINK\]](#)

Barriers/Challenges:

The COVID-19 vaccine roll out in Chicago's long-term care facilities (LTCFs) was a component of a larger initiative to increase vaccine uptake in the City of Chicago. As the Federal Pharmacy Partnership Program (PPP) was introduced, the Chicago Department of Public Health (CDPH) offered to liaise with LTCFs and facilitate the vaccination process. We were uniquely positioned to assist in LTCFs because of existing relationships with LTCFs after the past year of routine individual facility engagement for COVID-19-related infection control guidance. We worked with the community and leveraged the healthcare facility communication platforms we created to support LTCFs during the pandemic to address vaccine hesitancy and provide vaccine education.

Solutions:

We acted quickly to facilitate vaccination coordination in LTCFs because they were included in the first phase of vaccine distribution due to their residents' high risk of COVID-19 morbidity and mortality. In partnership with Project Hope, we held two listening sessions with Directors of Nursing, Assistant Directors of Nursing, and Infection Preventionists at LTCFs in Chicago where we assessed their levels of vaccine hesitancy, discussed vaccine hesitancy among residents, and collected ideas on how to increase vaccine uptake. For example, during the listening sessions we heard concerns from communities of color who felt targeted and pressured to get vaccinated and were hesitant about getting it.

We used the information shared and questions asked during the listening sessions to better tailor our vaccine education efforts in LTCFs. The following was done:

- Converting our weekly COVID-19 LTCF roundtables into a vaccine education and implementation series.
- The CDPH Commissioner hosting a Q&A session for all facilities
- Transforming our existing testing strike teams into vaccine mobilization and education teams.

Additional Strike Teams Information:

- [Implement Nursing Home Strike Teams](#), AMDA – The Society for Post-Acute and Long-Term Care Medicine, March 2021

ENHANCING SURVEILLANCE ACTIVITIES AND PRIORITIZING HIGH-RISK FACILITIES [[LINK](#)]

Health departments exist to improve community well-being and prevent disease, injury, and illness through surveillance, communication, education, and policy development and intervention. During the COVID-19 response, many state and local health departments have worked together to identify healthcare and LTCFs that are high-risk for outbreaks by using test results, hospital admissions data, CDC's [National Healthcare Safety Network](#) (NHSN), and information derived from case investigations to locate COVID-19-positive cases to support outbreak investigation and control activities.

- **Georgia:** The Georgia Department of Public Health uses NHSN data to support focused collaboration between local health departments, the state survey agency, Alliant QIN-QIO, the Georgia Hospital Association, Georgia Healthcare Association, and State Ombudsmen. These data are provided to partners weekly and are applied to target, coordinate, and expand response activities in identified high-risk facilities.
- **South Carolina:** The South Carolina Department of Health and Environmental Control utilizes NHSN long-term care COVID-19 data to identify and aid in prioritization of facilities for regional infection prevention response activities. NHSN data on resident and staff cases, case rates, personal protective equipment (PPE) and staffing shortages, facility outbreak status, and testing capabilities are sent to regional infection prevention teams across the state, who respond to facilities and provide infection prevention guidance and training, assistance with PPE needs, staffing and testing support, and outbreak assistance.

PARTNERSHIPS WITH STATE SURVEYOR AGENCIES [[LINK](#)]:

The state survey agency's role is to conduct inspections, as well as license and certify nursing homes and home healthcare agencies for Medicare and Medicaid compliance. While some state health departments have [partnered](#) with their state survey agencies in the past to identify infection prevention and control best practices and develop training materials, COVID-19 has presented additional opportunities for partnership. Examples of partnership activities during the COVID-19 response include ensuring [continuity](#) of emergency survey and certification activities and conducting timely assessments and surveys to understand the impact COVID-19 has on nursing home infection prevention and control practices.

- **Arkansas:** Building on prior collaborations during the 2014-2016 Ebola outbreak, the state health department's healthcare-associated infection (HAI) program collaborated with the Health Services Permit Agency, LTCF stakeholder groups, and the state's HAI Advisory Council to convene regularly scheduled calls to share response activity updates and data, review infection prevention and control resources, and discuss recommendations for LTCF improvements.

- **Iowa:** The Iowa Department of Public Health and the Department of Inspections and Appeals worked together to develop a LTCF reopening [plan](#) that addresses visitation, screening, testing, and survey activities for each phase of reopening to mitigate and control the spread of COVID-19.
- **North Carolina:** The North Carolina Department of Health and Human Services [adapted](#) CDC's Nursing Home COVID-19 Infection Control and Assessment and Response (ICAR) [tool](#) for local health departments to use to assist LTCFs in preparing for COVID-19 survey activities.

COLLABORATIONS WITH QUALITY INNOVATION NETWORK [[LINK](#)]

Quality Improvement Organizations Quality Innovation Network – Quality Improvement Organizations ([QIN-QIOs](#)) are entities that contract with the Centers for Medicare & Medicaid Services to provide targeted assistance to nursing homes and assisted living communities to improve patient safety and quality of care. Health departments that collaborated with QIN-QIOs during the COVID-19 response connected with subject-matter experts, implemented quality improvement initiatives to identify and address challenges in infection control practices, and accessed new models of care and best practices on a national scale.

- **Alabama:** The Alabama Department of Health [collaborated](#) with the Alliant QIN-QIO, CDC, local health departments, the Alabama Nursing Home Association, and nursing home staff and residents to evaluate COVID-19 response efforts using CDC's [ICAR](#) tool. For some states with state survey agencies located within the health department, this internal partnership emerged during the COVID-19 response. 3 discuss approaches to addressing challenges implementing infection control practices and identified ways health departments and nursing homes partners can better support nursing home response efforts.
- **California:** The California Department of Public Health is working with the Healthcare Services Advisory Group (HSAG) and CMS to [implement](#) HSAG's quality improvement initiatives to achieve improvements throughout California nursing home facilities to reduce COVID-19 infections. HSAG convenes weekly calls with public and private stakeholders to coordinate communication between hospitals and nursing homes on the status of COVID-19 patients, emergency department surges, LTCF capacity, PPE and testing resources, infection prevention training, and telehealth.
- The **Oregon** Health Care Association (OHCA) has been engaged with the state's crisis management infrastructure for months to quickly problem solve and alleviate workforce shortage challenges in the long-term care sector. Oregon has experienced particularly acute impacts during the Delta variant surge as it relates to rising case counts, hospitalizations, and SNF bed capacity. The Governor's office and regulatory agencies have had to prioritize workforce relief measures as a result. This unfortunate situation

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COLLABORATIONS WITH HEALTHCARE ASSOCIATIONS [[LINK](#)]

Healthcare associations represent hospitals, healthcare networks, LTCFs, and other healthcare partners. They are dedicated to advancing their local healthcare system and the well-being of their communities. During the COVID-19 response, some healthcare associations have hosted regularly scheduled public and private stakeholder calls to share updates, challenges, and best practices; developed COVID-19 educational webinars and podcasts; and distributed newsletters and email blasts sharing COVID-19 resources with their members. Multiple health departments are collaborating with healthcare associations to support these activities by providing technical assistance, participating on calls to provide updates, and sharing new and existing state and federal resources.

- **Ohio:** The Ohio Department of Health (ODH) and the Ohio Hospital Association (OHA) [partnered](#) to help coordinate and share COVID-19-related communications and protocols between state and federal agencies and Ohio's healthcare delivery network. OHA has previously partnered with the ODH to develop a regional emergency preparedness network and to lead the Ohio Emerging Pathogen Coalition.
- **Florida:** The Florida Department of Health and Agency for Health Care Administration partnered with the Florida Health Care Association to [develop](#) a series of webinars to share state-level guidance on testing, reporting, patient cohorting, and patient transfer and admissions to LTCFs.
- **Arizona:** [Disaster Ready – Emergency Preparedness Infection Control](#) is a state-wide program administered by the Arizona Health Care Association and LeadingAge and funded by the state's Department of Health Services to assist skilled nursing facilities in developing emergency preparedness plans and providing education and technical assistance in industrial hygiene and facility sanitation.

Resource Document on Collaboration Efforts:

[Partner Coordination Efforts to Strengthen Infection Prevention and Control Practices](#), STHO, April 2021