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The Bethlehem Gadfly coronavirus May 11, 2020

 Latest in a series of posts on the coronavirus 

“As of May 6, 2020, we’ve had 24 deaths here in the City of Bethlehem and 54% of these deaths are associated with long-term care facilities. . . . We are starting to see an increase in deaths from our long-term care facilities. . . . We do currently have outbreaks in seven long-term care facilities in Bethlehem. The Department of Health is looking at a pilot program to test everybody in nursing homes and long-term care facilities but details about that pilot haven’t been released to date. I am only aware of one nursing home in Bethlehem that is testing all the residents and staff. We are continuing to work with the Department of Health and long-term care facilities to insure that they have appropriate infection-control measures in place, appropriate staffing and PPE. As a local Public Health Department we do not license these facilities. The licensing is through the Pennsylvania Department of Health, so we really are serving more as providing guidance and serving as a liaison to make sure that these facilities have all the resources they need during this time. We have been working actively with the state and the consulting firm that they hired, ECRI, in connecting long-term care facilities to this resource and doing virtual visits and phone consultations on infection-control practices.”

Bethlehem Health Bureau Director, May 8, 2020

from Aneri Pattani of Spotlight PA and Rebecca Moss, “Pa. had early plan to protect nursing homes from the coronavirus, but never fully implemented it.” Spotlight PA, May 9, 2020. (Also in the print edition of this morning’s Morning Call.)

The original plan

Pennsylvania's plan to protect its nursing homes was robust and aggressive. In mid-March, before the coronavirus had widely taken hold across the state, emergency response officials drafted a three-page blueprint for quick strike teams of medical professionals that would respond to facilities as soon as a few positive cases were confirmed.

The teams — made of epidemiologists, nurses, emergency management personnel, and medical experts — would show up at a facility within six hours of a call for help, according to internal documents obtained by Spotlight PA. Within two hours, they would complete an assessment of the facility's needs and create a plan to address them.

The teams would train nursing home staff on infection prevention protocols, provide personal protective equipment, help identify secluded quarantine areas, gather information for visitor and staff contact tracing, confirm a staffing plan, and more, according to the documents.

The quick response plan was circulated within the health department, with emails showing staff nurses and others were asked to volunteer. In the third week of March, it was shared with providers, said Zachary Shamberg, president and CEO of the Pennsylvania Health Care Association, which represents more than 400 long-term care facilities.

But the plan was never fully implemented, and a similar — though far more limited — effort wasn't activated until mid-April, long after major outbreaks had already taken hold.

Death traps

The outbreak of COVID-19 was always feared to be particularly acute among older populations in Pennsylvania, which has one of the highest numbers of nursing homes in the U.S. But a growing chorus of providers, advocates, lawmakers, families, and residents now say that state officials were too slow to act and are still not doing enough to help.

In the meantime, some facilities have become death traps.

As of Friday, state officials reported infections at 522 facilities and 2,458 deaths, which is 68% of all COVID-19 fatalities statewide. Roughly 900 new deaths in these facilities have been reported in just the past week.

Despite the alarming numbers, the administration has stuck by its modest goals for increased statewide testing and has not committed to wider testing at nursing homes.

The spin

State health officials said they began sending advisories about COVID-19 to nursing homes in January. Since then, Hutcheson said, the department has provided guidance on separating sick staff and residents from those who are healthy, offered consultations on infection control, and regularly sent facilities personal protective equipment — even as lawmakers, families, and facility staff said supplies remain scarce.

Although the department doesn't have quick response teams by that name, Hutcheson said, "in effect, those things are happening."

"Any provider who wants support and consultation is getting that support and consultation," she said, adding that the National Guard has been used to assist on the ground.

In early April, the Pennsylvania National Guard sent medics and nurses to a few facilities where a significant number of staff were out sick, spokesperson Lt. Col. Keith Hickox said. As the requests for support increased, the guard on April 22 began dispatching a crew to distressed facilities to assess their needs — similar to the original strike team plans.

To date, the guard has visited just 11 facilities — 2% of those reporting cases — and along with supporting testing sites around the state, the guard's medical assets are now near capacity, Hickox said.

On the ground

It's hard to assess the effectiveness of the state's response or which nursing homes are facing the biggest crises because the Wolf administration has refused to release a facility-by-facility list, even as neighboring states — including New York, New Jersey, Maryland, and Ohio — have done so.

Federal regulators are taking steps to make facility data public, but it's unclear when it will be available. Advocacy groups, including the AARP

of Pennsylvania, have called on Wolf to reverse course, saying that information is critical to accountability.

Numerous families statewide told Spotlight PA they are only learning about cases from the news or after their mothers, fathers, or siblings have already tested positive for the virus or died from it. And there are also concerns about how well providers are protecting their residents and staff.

Federal regulators have halted regular inspections, and the state has said it would only investigate complaints that indicate patients are in immediate jeopardy. What's more, state health officials are refusing to say if they have conducted inspections or issued violations at any particular facility in relation to COVID-19, saying the public must wait until they post information online.

The state consultant

Absent more of a presence on the ground, the state has relied on a nearly \$1 million contract with ECRI, a patient safety and health-care research institute headquartered in Plymouth Meeting. The company was hired to consult with nursing homes on proper infection prevention methods, and as questions about the state's response have increased, Levine, the health secretary, has repeatedly touted ECRI's work, but provided few details.

"They can even do sort of a virtual walk around the facility to make sure that everything is being done to protect the staff as well as patients," Levine said on April 6.

But in an interview with Spotlight PA, ECRI management said it was only conducting phone consultations, and that the company had offered to send iPhones to facilities to do video consultations, but was told the health department preferred phone calls.

ECRI has a team of six nurses trained in infection control who consult with any facilities referred to them by the health department. The nurses correct improper protocols that might spread the virus, and then follow up with the facility for several weeks to see if practices improve. They

also help facilities request personal protective equipment from the health department.

“Some facilities are so overwhelmed that people don’t pick up the phone,” said Karen Schoelles, ECRI’s vice president of clinical excellence and safety, and head of the team working for the state. At others, staff answer the phone in tears, traumatized from seeing coworkers get sick and patients die daily.

As of April 29, ECRI had consulted with 76 facilities, or about 15% of all long-term care facilities with cases reported to the state. Providers criticized that number as too low when hundreds of facilities are vying for support.

“If ECRI is the be-all, end-all of the state’s response at this point, why have they not been to every facility?” Shamberg said.

to be continued . . .