



150 YEARS
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PUBLIC
HEALTH

Massachusetts Department of Public Health

Overview of Massachusetts' COVID-19 Response in Long-Term Care Facilities

July 8, 2020

Overview

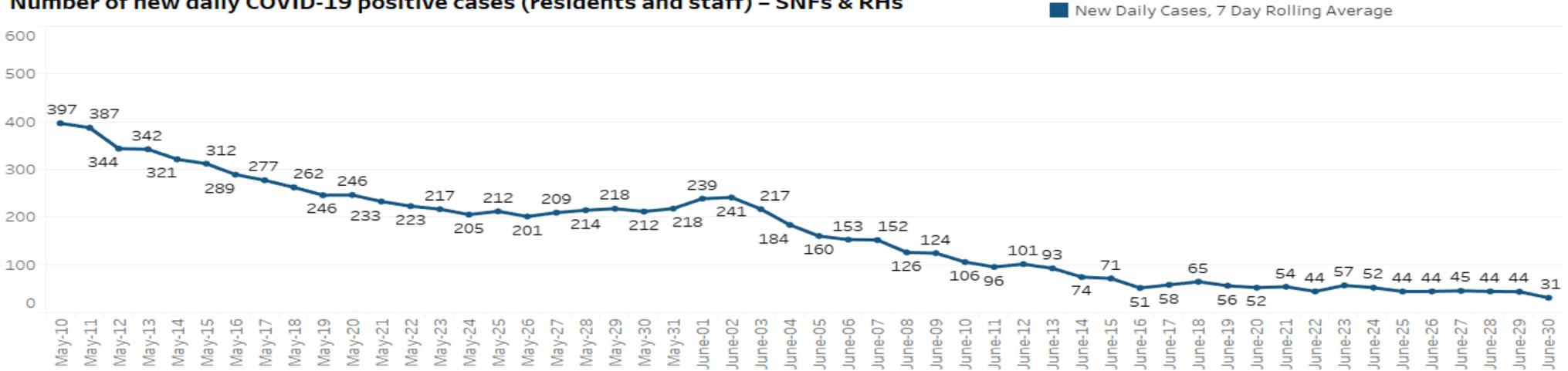
The purpose of today's presentation is to provide you with an overview of Coronavirus Disease 2019 (COVID-19) burden in Massachusetts nursing and rest homes and share how the Administration has responded to protect the health and safety of our residents. Specifically, we will share how the Administration has:

- Increased infection control oversight;
- Addressed personal protective equipment needs;
- Implemented a surveillance testing strategy; and
- Modified policies as we move further into reopening phases.

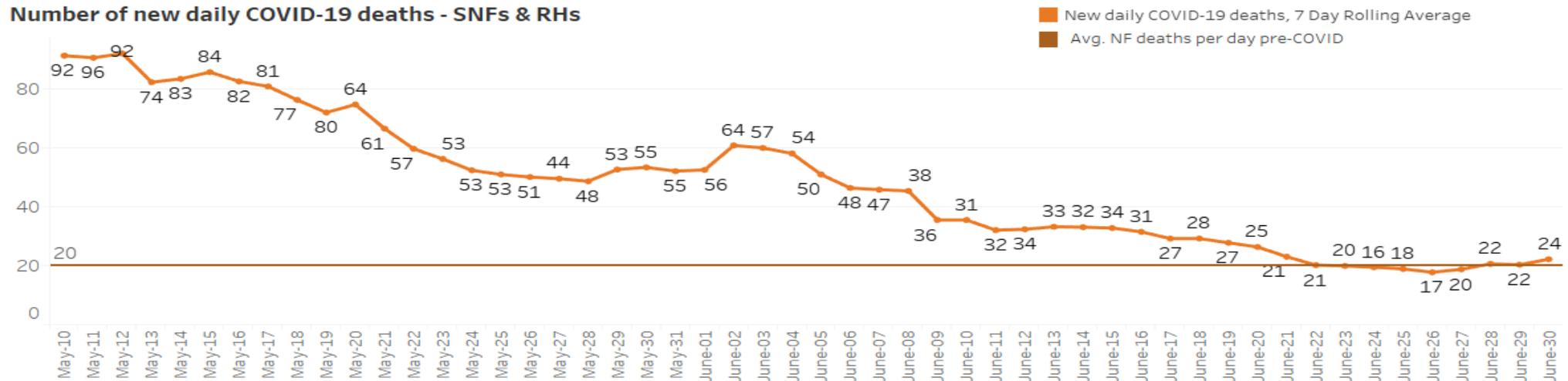
Rolling Average Cases and Mortality

DATA AS OF 6/30/2020

Number of new daily COVID-19 positive cases (residents and staff) – SNFs & RHs



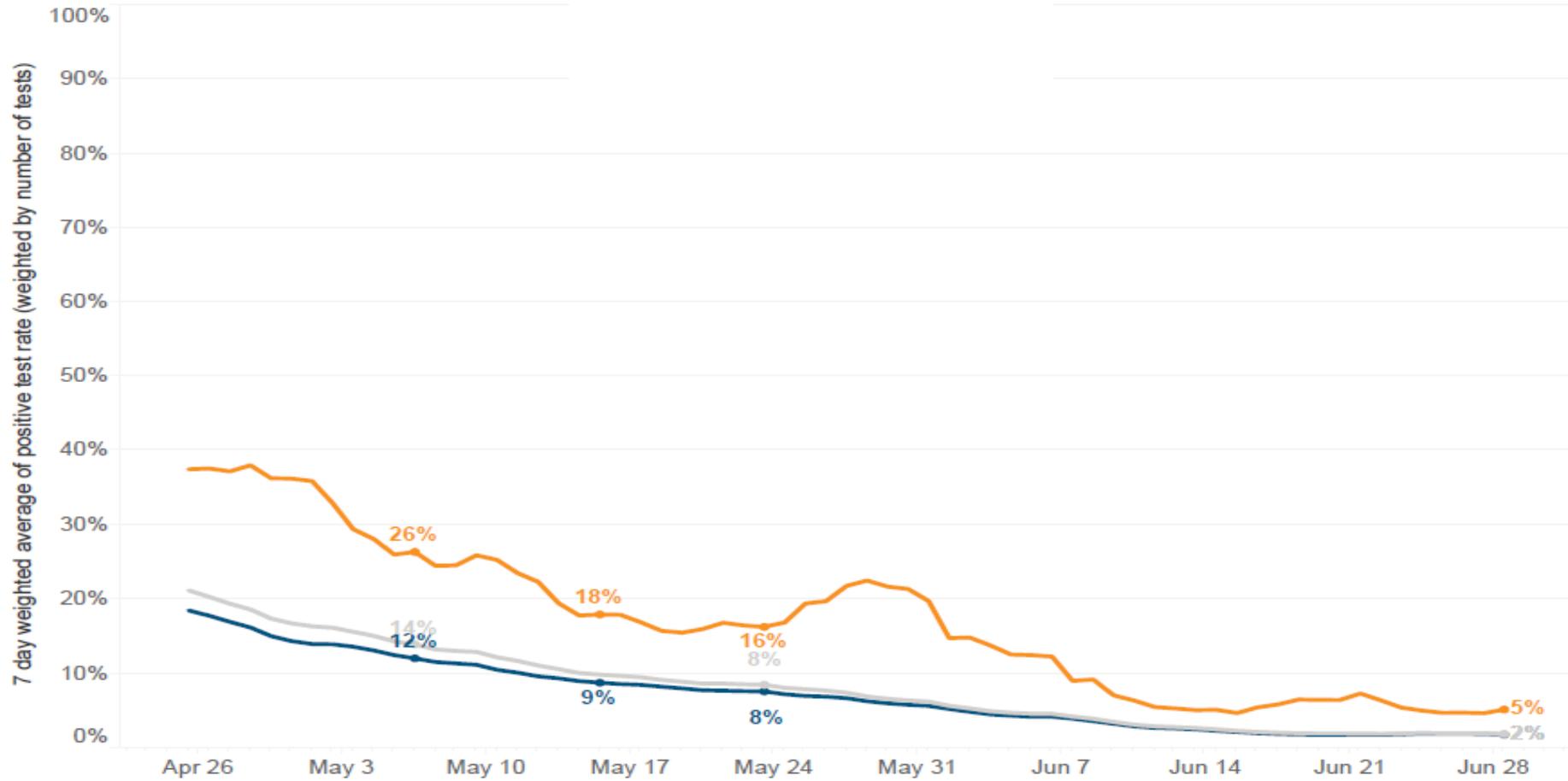
Number of new daily COVID-19 deaths - SNFs & RHs



Note: DPH began reporting both confirmed and probable COVID-19 cases and deaths as of 6/1/2020. Newly reported totals are a result of a retrospective review of probable cases and deaths dating back to March 1, 2020.

LTC positive test rate, compared to statewide average positive rate

Data collected as of 6/29/2020



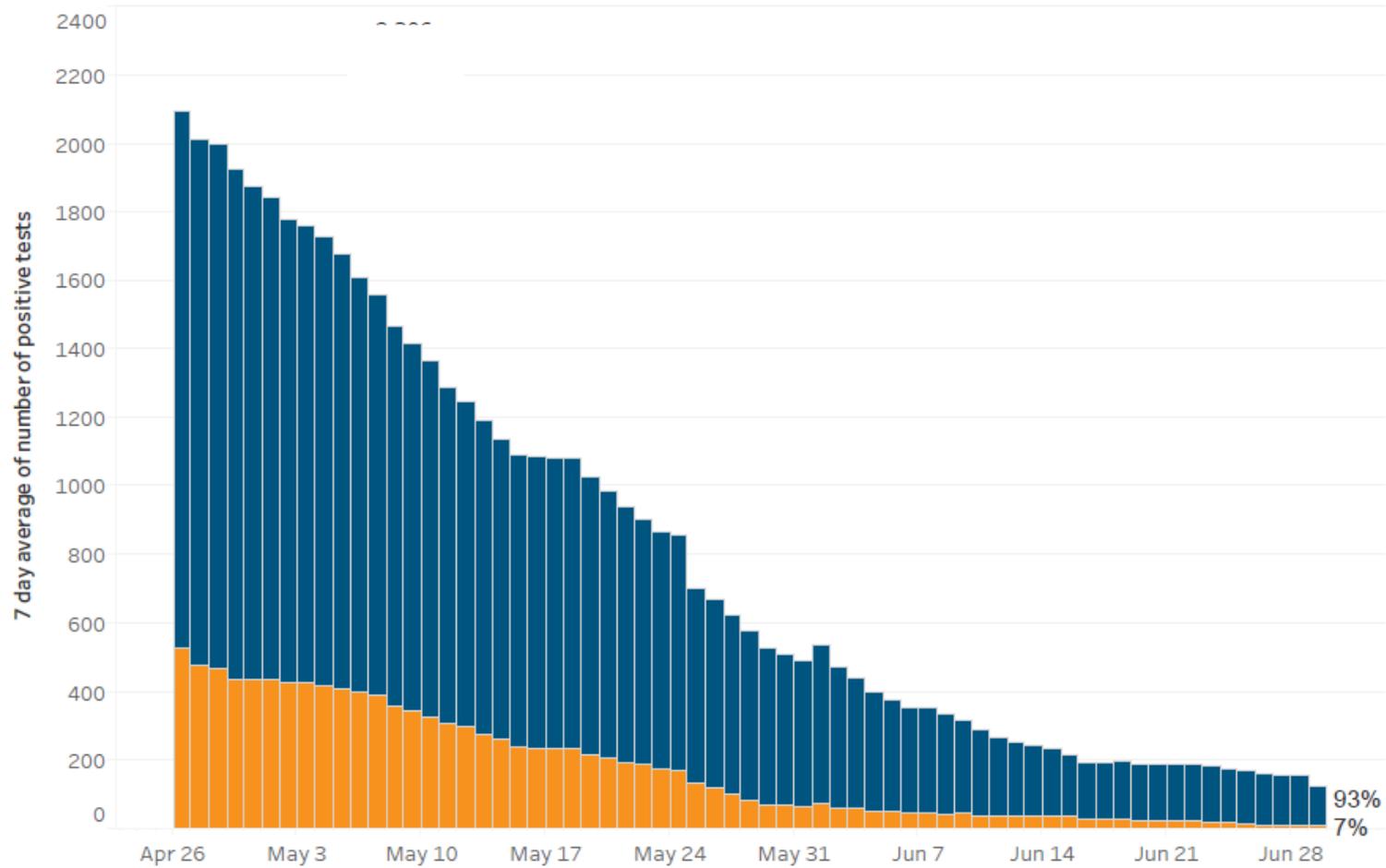
Legend
■ % of total tests positive (statewide) ■ % of all other tests positive ■ % of tests positive in LTCFs

Source: MAVEN

LTC positive tests as % of total

DATA AS OF 6/29/2020

Data collected as of 6/29/2020



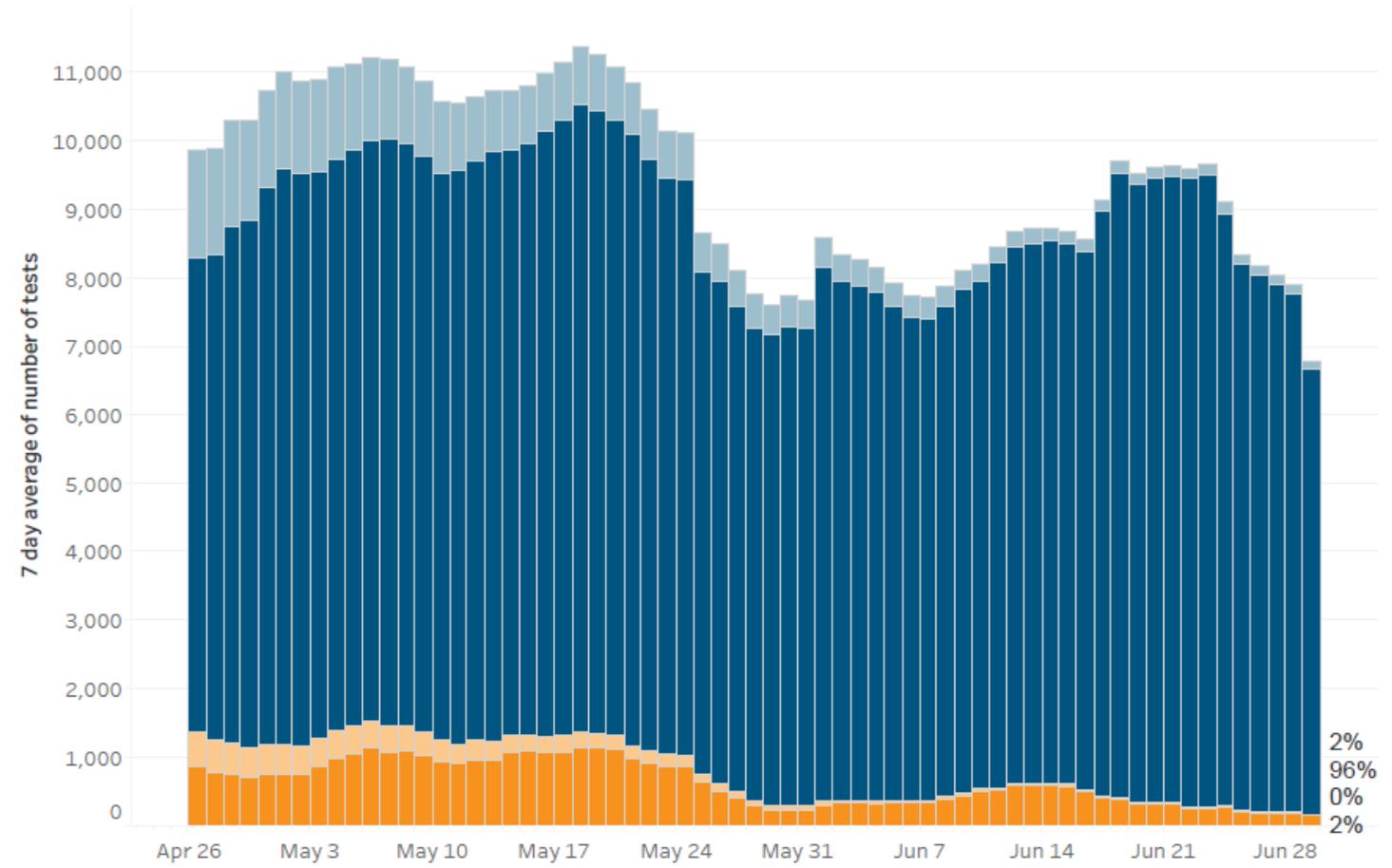
Legend

■ All other ■ LTC facilities

Source: MAVEN

LTC Tests As Share Of Total Tests

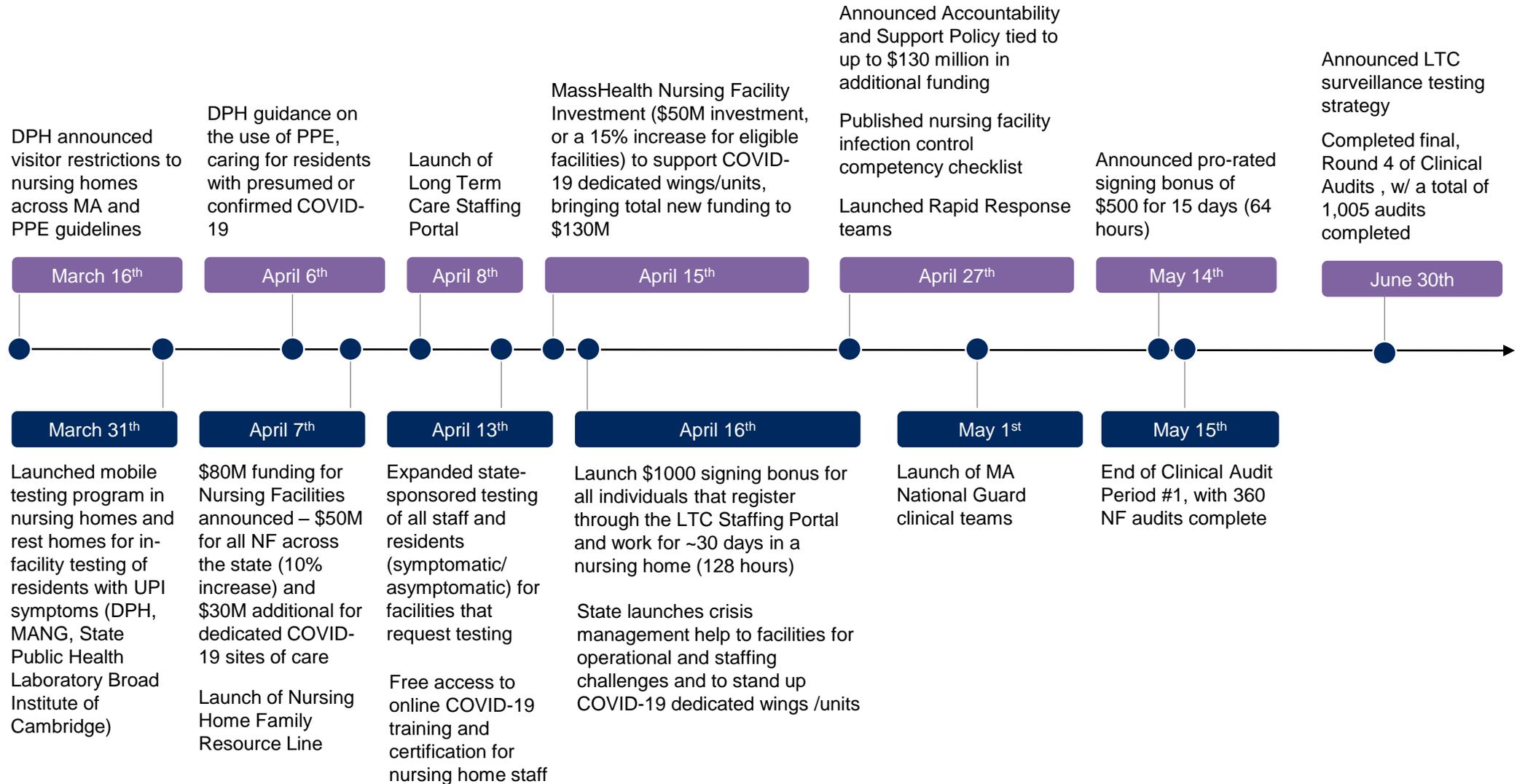
Data collected as of 6/29/2020



Legend All other positive tests All other negative tests Positive Tests in LTCFs Negative Tests in LTCFs

Source: MAVEN

Timeline of Massachusetts Nursing Home COVID-19 Response



DPH COVID-19 Dashboard –Nursing Facilities Clinical Audits

- On, April 27th the Commonwealth announced that **all nursing facilities would be regularly audited based on a [28-point Infection Control Checklist](#)**, and that the state would provide **up to \$130 million in additional funding** to incentivize and support strict adherence to infection control standards
- The infection control checklist was developed in accordance with the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS), and Massachusetts Department of Public Health (DPH) guidelines; the audits are completed by licensed nurses and clinical staff trained in infection control
- **Requirements focus on ensuring the safety of residents and staff**
- **This bi-weekly report will show the category each facility has been placed into based on their audit, and their overall score**
- Based on a facility’s score on the 28-point checklist, the facility will be **placed into three categories**:
 - 1) **Green means a facility is “In Adherence”** and scored at least a 24 out of 28
 - 2) **Yellow means a facility is “In Adherence but warrants reinspection”** and scored at least 20 out of 28
 - 3) **Red means a facility is “Not in Adherence”** and scored under 20 and/or missed at least one of six core competencies that represent the most critical infection control measures facilities need to implement
- There were 122 facilities that received a score over 20 points, but are in the “Red” (“Not In Adherence”), due to a missed core competency (e.g. improper PPE use); **all facilities in the “Red” will receive targeted infection control training and re-audited by 5/29.**
- If you have concerns about the infection control standards at a facility, please reach out directly to the facility

		Round 1	Round 2	Round 3	Round 4
Audit Results (through 5/30)	Total audits completed	360	230	243	172
	Total facilities in adherence	228	180	221	152
	Total facilities in adherence but warrant reinspection	0	1	1	0
	Total facilities not in adherence				
	- Facilities with score >20 but missed core competency	119	49	21	20
	- Facilities with score <20	13	0	0	0
	Percentage of facilities not in adherence	37%	14%	6%	6%

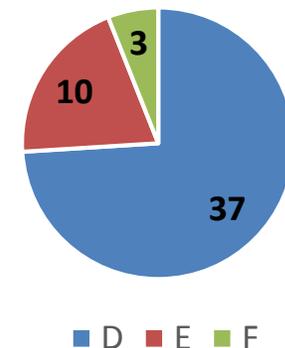
* Round 4 audits were conducted at facilities that (1) are found to be “Not in Adherence” or “In Adherence but Warrants Reinspection” in Round 2 (2) have **historic infection control or quality issues**, and/or (3) are randomly selected for an audit

CMS Infection Control Surveys

- By July 31st conduct at least one required Center for Medicare and Medicaid Services (CMS) Infection Control Survey at each CMS certified nursing home.
- Per CMS, facilities with an infection control deficiency receive a directed plan of correction, and additional actions based on the scope and severity of the tag.
- Nursing homes that previously did not have a COVID-19 case in a staff or resident and homes that report any additional three cases in one week are also targeted for a CMS Infection Control Survey.

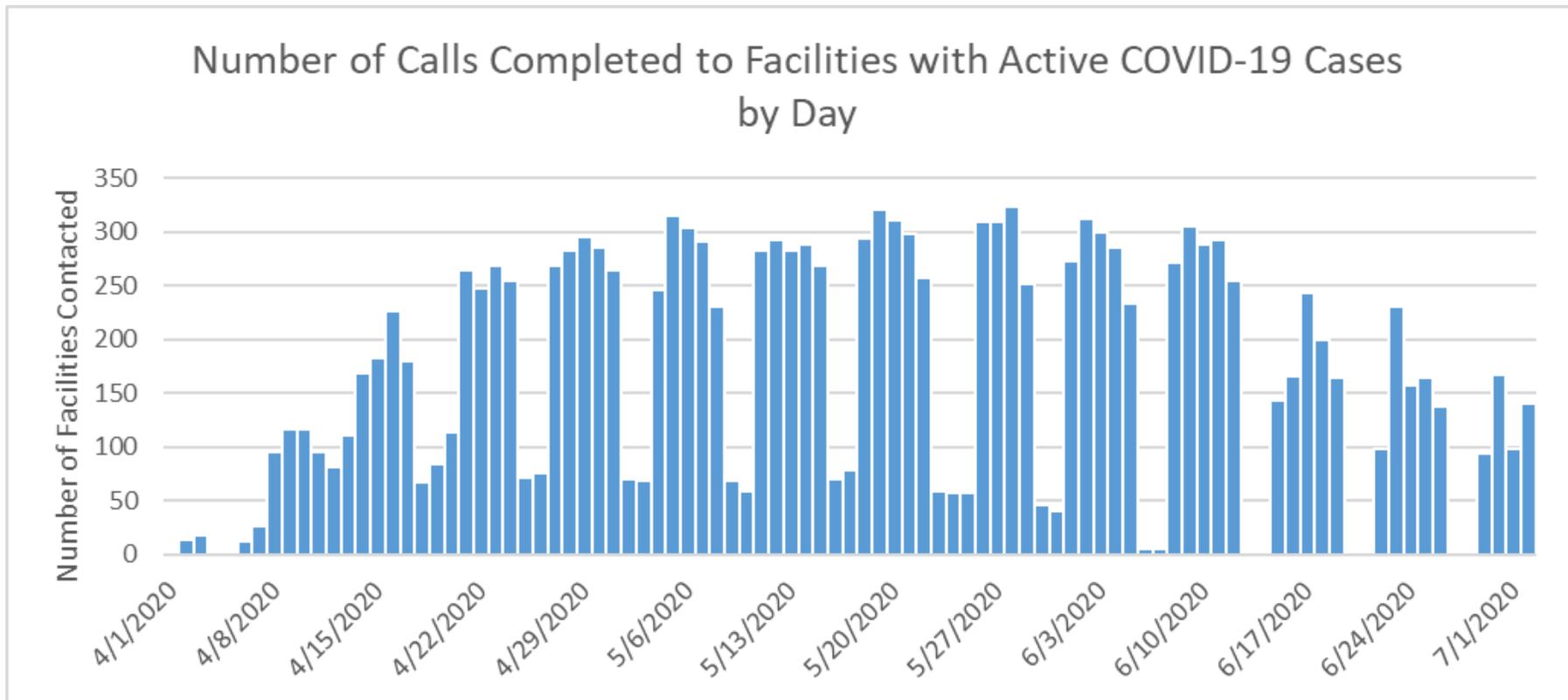
Total CMS Certified SNFs in MA	381
Number of Required Surveys Completed or Scheduled to Complete by 6/29	All initial surveys completed!

Scope/Severity of Deficiencies



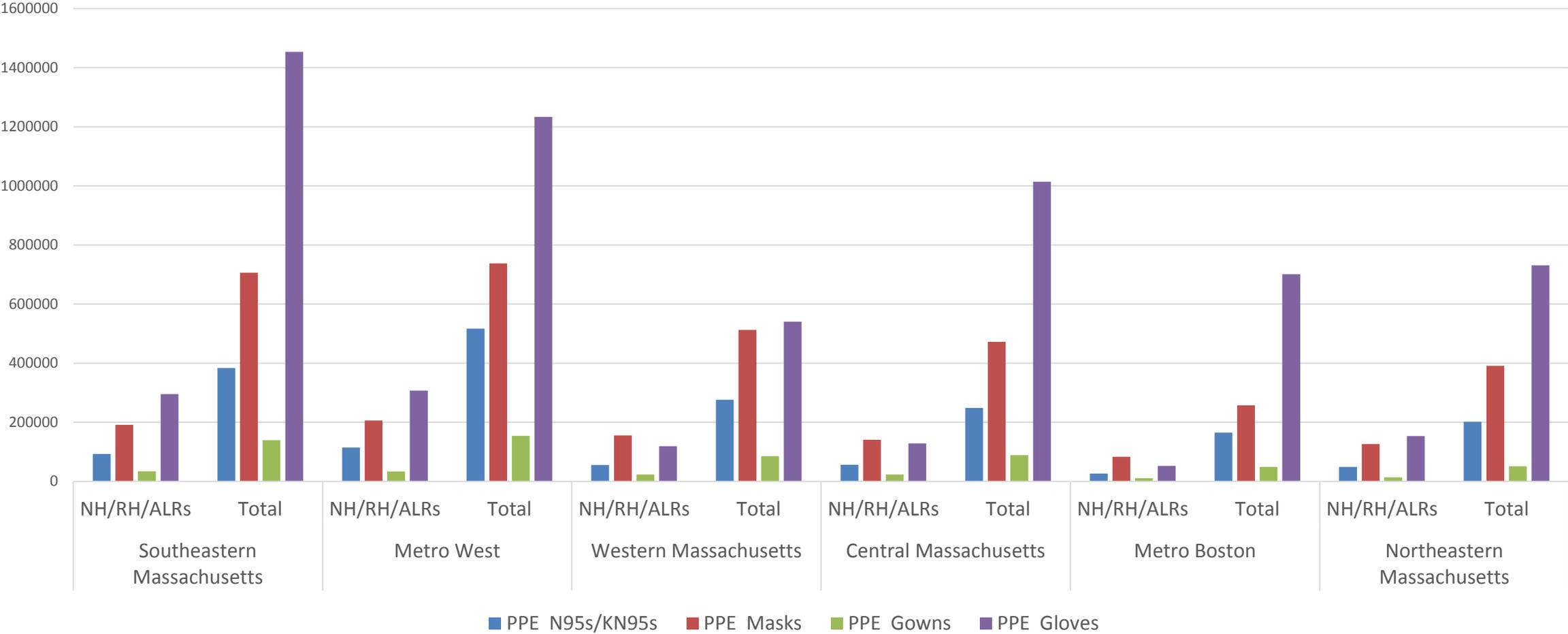
Daily Communication with Homes that Have Active COVID-19 Cases

- Implemented daily surveyor structured check-ins to homes to assess infection control measures, staffing and PPE availability
- Assigned an epidemiologist to each home to provide individualized guidance



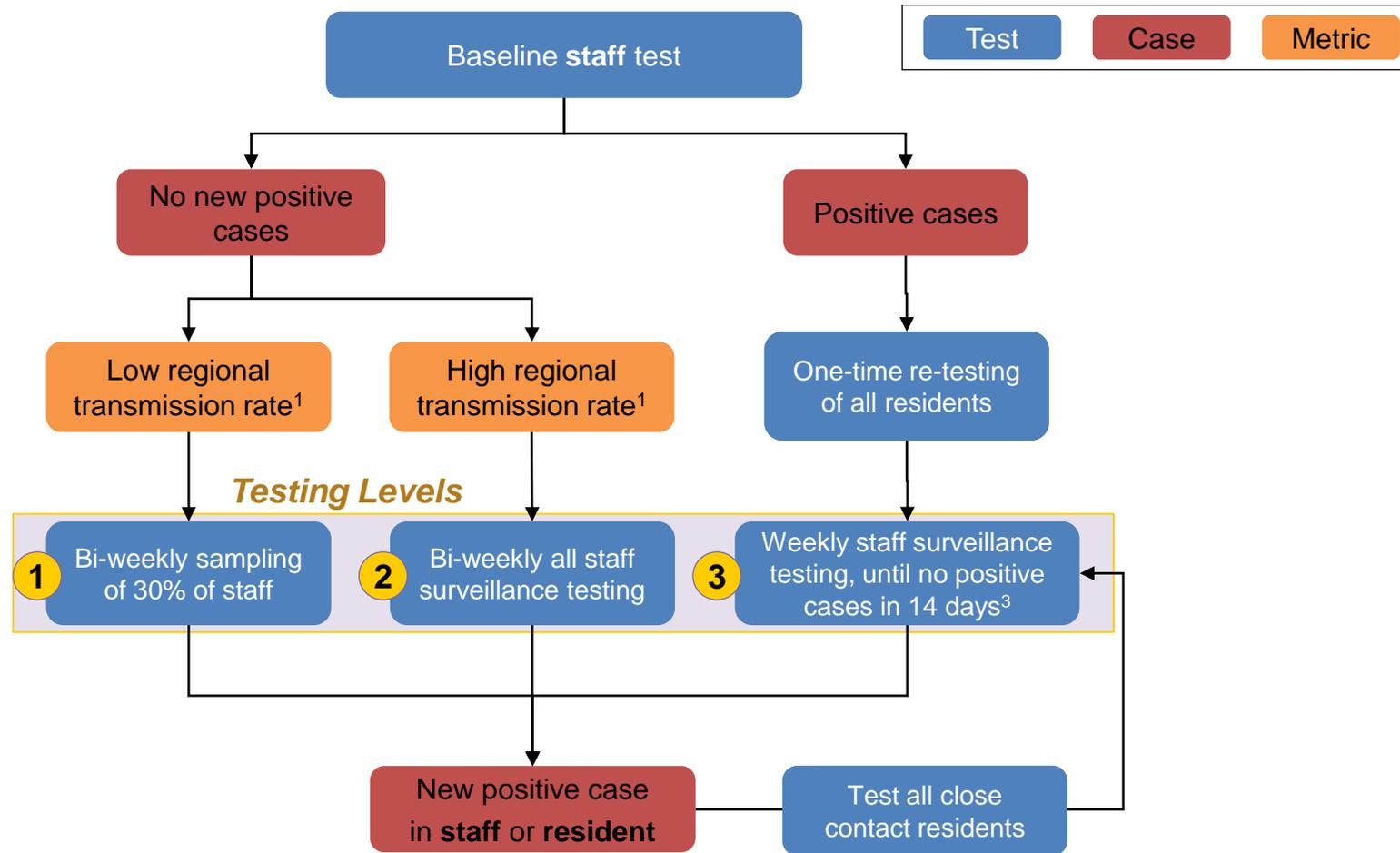
Personal Protective Equipment Distributed From SNS

PPE Distributed to Nursing Homes, Rest Homes and ALRs by Region



MA COVID PCR Adaptive Testing Regimen

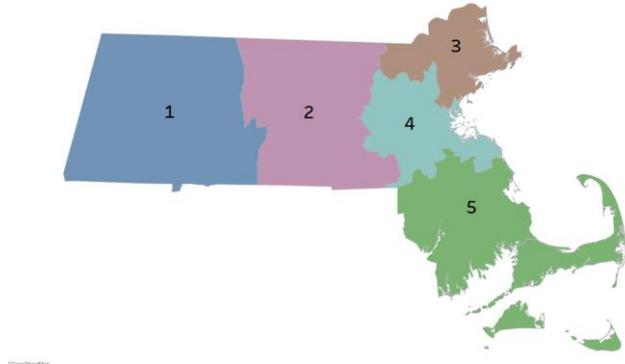
- The State is providing surveillance testing guidance for LTC settings
- All LTC settings are expected (required for SNFs/RHs) to complete a new round of baseline testing
- Settings will then fall into one of three testing “levels,” depending on **baseline testing results** and the **regional transmission rate**
- A positive case at any point will trigger weekly testing of all staff (Level 3) and one test of resident close contacts
- Skilled Nursing Facilities are required² to abide by these guidelines and self-report their required testing levels



1. Regions with fewer than 40 cases in the last 7 days per 100,000 residents are low-transmission; regions with >40 are high-transmission; regions defined as MA EMS regions
2. MassHealth sanctions of \$30 / violation; each day a staff member is not tested constitutes a violation; e.g., 100 staff not tested for 7 days = 700 x \$30 = \$21,000
3. For nursing facility reporting, two weekly reporting cycles, which may or may not align exactly with 14 days

Surveillance Testing Data Collection and Reporting

- Each Wednesday, as part of the [Weekly Public Health Report](#), the Commonwealth publishes the **regional transmission rate** for each EMS region in order for providers to identify their testing level for the next period.

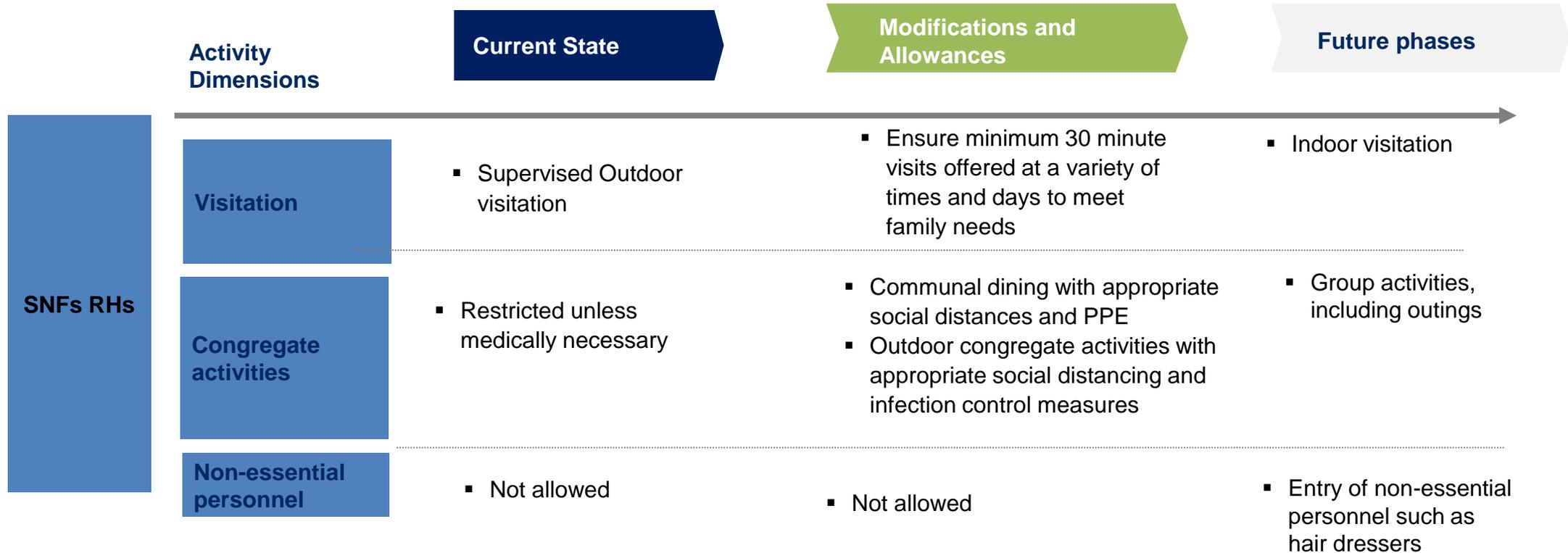


Cases per 100K Population
7-Day Total as of 6/24/2020

EMS Region	
1	9
2	20
3	26
4	14
5	15

- Providers will be required via online survey to report each Thursday data points for the week prior (Thursday - Wednesday), including:
 - The testing level the facility followed for the previous week
 - Counts of tests and results for staff
 - Counts of tests and results for residents
 - Count and COVID-19 status of new admissions
- EOHHS will publish self-reported testing compliance rates by facility every week on Wednesday as part of DPH's public health reporting

Nursing and Rest Homes are Reintroducing Activities with Modifications



DPH will use Statewide metrics and Facility level metrics to facilitate reopening decisions.

Ongoing Initiatives and Actions

- Conduct onsite infection control surveys, as identified and issue directed plans of correction, based upon survey findings
- Coordinate with sister agencies on additional response and actions for chronically low performing nursing homes
- Support surveillance testing implementation and monitor testing findings
- Continue epidemiology support
- As part of reopening framework, introduce additional nursing home and rest home activities, based upon state and facility level data
- Collaborate with public health partners to intensify efforts to mitigate transmission rates

Contact

Katherine T. Fillo, Ph.D, MPH, RN-BC
Director of Quality Improvement
Bureau of Health Care Safety and Quality
Katherine.fillo@state.ma.us