COVID Alliance Senior Support Team

Presentation to the Committee to Study the Safety of Employees and Residents of Long-Term Care Facilities
2020 September 17th

WELCOME

Thank you for the opportunity to share our work.

AGENDA

- ❖ **SST Fundamentals**
- ❖ **Unique Features of the SST**
- ❖ **Why actively push out information?**
- ❖ **Findings on Major Issues**
- ❖ **Considerations for the Committee**
- ❖ **Other Ways to Use Volunteer Support**

SST Mission Statement

The mission of the Senior Support Team is to support assisted living facilities, skilled nursing facilities, and other senior residential facilities in New Hampshire by:
- Providing actionable information when they need it,
- Monitoring their status daily, and
- Advocating for any supplies or services that might make COVID-19 outbreaks in their facilities less likely.

We are an all-volunteer team that operates 100% remotely.

SST Fundamentals

How do we do it?

- Volunteer Liaisons are available to communicate with their SRF contacts daily.
  - SST volunteers do not act in a professional capacity and do not provide medical advice. All information we provide comes from official sources.

- Our Daily Update text message system helps us further tailor our call schedules and the information our Liaisons provide to the facility's situation and preferences.
- We track key data, like PPE requests submitted to DHHS.

- We send summary reports to senior DHHS staff every day.

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Notes on How We Work

- SST volunteers do not act in a professional capacity, do not provide medical advice, and never receive or handle individual patient or resident information.

- All information we provide to our facilities comes from official sources.

- All data and information facilities share with us are confidential and only shared onward with permission.

- The SST has never handled a single dollar in cash, and all software tools we use were provided in-kind by members of our team or software vendors.

- A note on data: Our primary focus is on *communicating* and *helping* SRF staff. Collecting data is not our primary focus. As a result, much of our data is in the form of qualitative notes, not quantitative data.

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Why Do We Need (something like) SST?

- Our large team of volunteers available for work every day gives us unique capabilities.
  - The SST was created as a fully-online, fully-remote organization, ideal for work during the pandemic.

- We actively reach out and push info to facilities using a consistent Liaison contact, in a way that is responsive to individual facility needs.

- Each Liaison is typically assigned to the same set of facilities for their entire time working with the SST. They often become a trusted source of info.

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Why actively push out information?

- On every major issue facing SRFs (PPE supplies, testing, staffing, infection control, etc.), facility staff are having to make **new kinds of decisions that weren't needed a year** ago using a lot of new information.
  - Having someone trusted to talk to can help staff find the right info faster, make decisions more confidently, and **reduce stress.**

- A self-assessment performed in June suggests our 55 facilities are happy to be called frequently by a trusted consistent contact.

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SST Findings on Major Issues - 1

- COVID Testing requires significant new work from facility staff.
  - Staff are eager to learn about new programs and updates as early as possible to plan the work.
  - Surveillance testing has succeeded in catching cases early. Our notes are full of success stories.
- The state process for providing PPE to SRFs is much improved since April.
  - Pushing out info is huge for PPE logistics. Facility staff have been eager throughout the pandemic for context and guidance on what to order, what products are available, when and where to pick up orders.

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SST Findings on Major Issues - 2

- Staffing…
  - The SRF staffing situation was tough even before COVID.

  - Availability of new staff recruits and staff turnover have been challenges for all types of facilities for years.

  - The coronavirus itself, plus the closure of schools and many businesses, placed added risk and responsibility on LTC staff (without added pay, in many cases).

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Considerations for the Committee

- Consider developing stronger laws and support systems to go after price gouging and faulty or counterfeit products.

- Consider developing a programmatic structure that can provide staffing support. SRFs had no good backup options to deal with yet more staffing pressure when the pandemic started.

- Consider the differences in support provided to different types of facilities. Differences in support need to be both well justified and well explained to stakeholders.

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Consider Using Volunteers

- Administrative surge capacity:
  - Work the phones to give facilities info on their PPE requests,
  - work the fax machines to deliver test results,
  - work the templates and printers to make labels.

- Volunteers could facilitate or supervise visits to SRF residents.

- What kinds of information need to be pushed out to other types of healthcare facilities?

Conclusions

- COVID is a marathon, not a sprint.

- Communication is an essential secondary function - a task well suited to volunteers.

- COVID (like the next pandemic will be) is new, and we're doing a lot of new things to respond to it.

- Figuring out what to do and who to ask is burdensome for already thinly resourced elder care facilities

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Thank you for the opportunity to speak with you today.

Questions?