

The COVID Alliance Senior Support Team (SST) of New Hampshire

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

Thank you to Chairman Morgan and the members of the committee for the opportunity to present today.

Presenters: Senator Tom Sherman, District 24
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The mission of the Senior Support Team (SST) 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.

To try to maintain clarity, we'll use the term senior residential facilities, or SRFs, to describe the facilities we serve. Senior residential facilities are all types of nursing homes, assisted living facilities, and any senior residential facilities that provide care to their residents and are therefore licensed by the state.

We've accomplished this mission by assembling several communication and reporting channels. Most important among them is our team of volunteer COVID Response Liaisons, who are available to communicate with their assigned SRFs every day. We have also built a Daily Update text message system, through which we can receive quick, simple updates from every facility every morning to help the Liaisons provide each facility with tailored information and support. We track key data, like PPE requests submitted to DHHS, and we send reports summarizing new questions and findings to senior DHHS staff every day.

Although we won't have time to share all the details here today, the process and schedule our Liaisons work by is quite rigorous. They are supported by detailed, frequently updated resources and by a team of Regional and Statewide Coordinators. Our Liaisons have submitted status reports on every SST facility, every day, with extreme reliability since we began Liaison operations on April 13th.

Some important disclaimers and limitations on the way 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.

Our large team of volunteers available for work every day gives us unique capabilities to actively reach out and push information to facilities, and frequently collect information about their situation. Liaisons work in small sets (usually pairs) to ensure coverage of their assigned facilities every day, and each Liaison is typically assigned to the same set of facilities for their entire time working with the SST. This enables Liaisons to become a trusted, consistent contact for their facility, and makes them very effective at finding resources tailored to their facility's needs.

For every key issue they face during the pandemic, actively reaching out is helpful to ensure facility staff have the information they need. Facility staff are having to make new kinds of plans and decisions that weren't needed a year ago using a lot of new kinds of information. Having someone trusted to talk to can help staff find the right information 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 such a trusted, consistent contact and value the information and support provided.

Here are some of our findings on major issues facing SRFs:

First, frequent **COVID testing** requires a significant amount of new work by facility staff. Staff are eager to learn about new programs and updates as early as possible to plan the work. Staff are concerned about testing turnaround times - long turnaround times can hold up staff hiring and other planning, and can weigh on decisions about resident and staff isolation. However, the work on testing is well worth it. Surveillance testing has succeeded in catching cases early. Our notes are full of success stories.

Second, the state process for **providing PPE to SRFs** is much-improved since April. Actively pushing out information 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, and when and where to pick up orders.

And third, **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 SRF staff (without added pay, in most cases). More needs to be done to relieve staffing pressure on SRFs.

Some considerations and recommendations for the committee:

- Consider developing stronger laws and support systems to go after price gouging and faulty or counterfeit products. We know price gouging and faulty products are out there, and they contribute to generally low confidence among our facilities that the private supply chain can reliably fulfill their needs.
- Consider developing a programmatic structure that can provide staffing support. Senior residential facilities 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.

We'd also like to share a few thoughts before we conclude on *other ways to make use of volunteer support*.

- First, we'll add our support to proposals to use volunteers to facilitate and supervise SRF visitation. The state Commission on Aging made a proposal of this type in their August 19th Issue Brief on Social Isolation in Long-term Care.
- Second, we want to highlight the potentially very wide range of opportunities to use volunteers for administrative surge capacity. Volunteers could:
 - Work the phones to give facilities info on their PPE requests,
 - work the fax machines to deliver test results quickly, or
 - work on templates and printers to make labels for testing.
- A thoughtful effort to inventory the new kinds of administrative and support work demanded by the pandemic, and the places where bottlenecks can occur, would likely shine a light on many other places where volunteers could relieve those bottlenecks.

In conclusion:

COVID is a marathon, not a sprint, and we have to build our SRF support systems for the whole marathon.

Much of the work needed to respond to COVID-19 is communication. COVID is new, and we're doing a lot of new things to respond to it. Figuring out what to do and who to ask places new burdens on facilities that already often had to work with insufficient resources even before the pandemic.

The SST is an all-volunteer network that was created to support SRF staff in a fully-online, fully-remote manner. We believe we've been successful in supporting our facilities, and we believe there's a lot more to do before the pandemic ends.

As we examine our experience with COVID-19 and all that we have learned about communication, supply chain and distribution, staffing, infection control, and testing, it is the hope of the SST that this will be applied productively so that we will be better prepared for any similar future pandemics or public health disasters.

Thank you very much for the opportunity to present today. We'll be happy to take your questions.