Covid Alliance Senior Support Team of New Hampshire

EXECUTIVE SUMMARY

Background: The COVID Alliance Senior Support Team of New Hampshire (SST) launched on April 13, 2020, against a backdrop of an emerging coronavirus pandemic which was showing early signs of high morbidity and mortality in nursing homes and other long-term care facilities (LTCFs) in the United States. SST is an all-volunteer organization with over 50 volunteer liaisons who work daily to make connections to address nursing home needs. During June 2020, SST surveyed LTCF contacts, volunteer liaisons, and members of the SST leadership and advisory teams to determine whether our services had been useful and how we might improve.

Methods: Brief anonymous surveys were sent to the primary contacts at all SST-supported facilities and to all SST volunteer liaisons on June 2, 2020, and to members of the SST leadership and advisory teams (including regional coordinators and specialty team members) on June 3.

Results: Twenty-eight of 55 facility contacts (51%), 45 of 53 liaisons (85%), and 25 of 39 leadership and advisory team members (64%) responded.

Twenty out of 28 facilities (71%) reported that they are currently experiencing difficulty with one or more of the core areas that SST supports: infection control (11%), staff shortages (43%), shortages of critical supplies (PPE or other) (32%), and access to coronavirus testing (43%). Twenty-six (93%) of facility contacts had received information or support from SST liaisons on supplies and reported that this support was useful, 71% on infection control, 57% on coronavirus testing, and 46% on staffing.

Thirty-six out of 45 liaisons (80%) reported that they were nurses, and 8% were other health professionals or students in a health profession. Most liaisons (78%) had worked with at least one facility that had either confirmed or suspected cases. Liaison perceptions on facility difficulties and on value of support provided were similar to that reported by facility contacts.

Fifteen out of 25 leadership and advisory team members (60%) reported that they were nurses, and another 20% were other health professionals or students in a health profession. Respondents reported that strengths of SST included timely communication and coordination with LTCFs and support/ advocacy. Perceived challenges included communication and coordination within SST, multiple process changes, and PPE ordering. Recommendations included streamlining and simplifying SST processes and enhancing and/or expanding the mandate.

All participants were asked to identify what was going well for LTCFs in NH, what was a challenge, and what should be done to support the successes and mitigate the challenges. All three groups of respondents reported that NH DHHS communication and coordination and that early action to lock down LTCFs were strengths in NH. Staff shortages, testing (including access and turn-around-times for results), and availability of personal protective equipment (PPE) (especially early in the pandemic) were the primary challenges identified; some respondents also mentioned financial constraints, underlying vulnerabilities in our system of care for the elderly, and the inherent difficulties of this new, unpredictable virus.

Respondents provided detailed recommendations to address these challenges, including providing support to address staffing constraints (examples included deployment of the National Guard, incentives to new nursing school graduates, work incentives for staff at all LTCFs, and statewide advertising/ positive media), strengthening NH laboratory and testing systems; continuing to supply PPE and to support restrictions; increasing Medicaid rates or providing other financial support; and providing the same support to assisted living facilities as to nursing homes.

Despite all the challenges identified, gratitude and compassion were common themes throughout the responses. Facility contacts, liaisons, and leadership team members expressed gratitude to one another and to the state, and respondents expressed concern both for the residents and for the staff caring for those residents.

Conclusions: Less than two months after its launch, SST appeared to have broad support from facility contacts and from SST volunteers.

Organizational strengths included highly qualified volunteers and effective communication and advocacy with LTCFs. The primary organizational weakness identified was multiple and often confusing changes to SST processes. Several respondents also objected to Sunday afternoon all-hands calls.

SST's initial focus on infection control, staffing, PPE, and testing seemed to fit the needs identified by facilities. A few LTCFs still reported problems with infection control and PPE at the time of this survey, but those were less common than problems with testing and staffing. Financial challenges were also identified by several respondents. NH DHHS support through calls, webinars, and text alerts was highly valued, as was support from SST.

Based on these results, we recommend that SST look for ways to streamline and simplify processes. We also recommend that NH DHHS and SST continue their existing support and that additional efforts focus on improving testing access and testing turnaround times, addressing critical staffing gaps, and increasing financial support to LTCFs. These will be essential as NH prepares for continuing waves of infection over the coming months.

THANK YOU TO EVERYONE WHO PARTICIPATED IN THIS SURVEY!

BACKGROUND

The first US patient was diagnosed with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in Washington State on January 20, 2020,[1] and the first New Hampshire patient was diagnosed on March 2.[2] The first death in NH was reported on March 23, at which time there were 101 known cases in the state.[3]

Evidence soon emerged on the extreme vulnerability of elderly residents in congregate care settings. The first outbreak in a nursing home in the US was identified in King County, WA, on February 28; 81 residents, 34 staff members, and 14 others (visitors and family members) were diagnosed, and 23 people (22 residents and 1 visitor) died.[4] A similar outbreak was identified at a nursing home in Burlington, VT, on March 16; 39 residents were diagnosed, and 11 died.[5]

In early March, a group of faculty at MIT formed the CoVID-19 Policy Alliance to combat the spread and impact of this novel virus. The COVID Alliance Senior Support Team (SST) of New Hampshire launched on April 13 as a subsidiary of that organization. SST is an all-volunteer organization; our goal 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."*

During June 2020, SST surveyed LTCF contacts, volunteer liaisons, and members of the SST leadership and advisory teams to determine whether our services had been useful and how we might improve.

METHODS

Brief anonymous surveys were sent to the primary contacts at all SST-supported facilities and to all SST volunteer liaisons on June 2, 2020, and to members of the SST leadership and advisory teams (including regional coordinators and specialty team members) on June 3. Follow-up emails were sent to all non-respondents three days after the initial invitation. Surveys were developed and managed in SurveyMonkey. Most questions were designed either as a 1-5 Likert scale or an open-ended response.

Data analysis consisted of simple descriptive statistics (frequencies and percentages) and qualitative analysis of responses to open-ended questions. For the quantitative analysis, "agree" and "strongly agree" were combined. For the qualitative analysis, all key topics were extracted from each response, and common threads were identified. Topics with less than two responses (three for the questions on successes, challenges, and recommendations for LTCFs in NH) were combined into an "other" category.

[1] Holshue M. L., DeBolt C., Lindquist S., Lofy K. H., Wiesman J., Bruce H. et al. 2020 First case of 2019 novel coronavirus in the United States. N. Engl. J. Med.382, 929–936.

[2] https://www.dhhs.nh.gov/media/pr/2020/03022020-first-positive-covid-case-announced.htm

[3] https://www.nh.gov/covid19/news/documents/covid-19-update-03232020.pdf

[4] McMichael TM, Clark S, Pogosjans S, et al. COVID-19 in a Long-Term Care Facility — King County, Washington, February 27–March 9, 2020. MMWR Morb Mortal Wkly Rep 2020;69:339-342. DOI: http://dx.doi.org/10.15585/mmwr.mm6912e1

[5] https://www.nytimes.com/2020/06/08/us/coronavirus-nursing-home-vermont-deaths.html

RESULTS

Facility Contacts: Twenty-eight of 55 facility contacts (51%) responded. Twenty facilities (71%) reported that they are currently experiencing difficulty with one or more of the core areas that SST supports (see Table 1 below for details). Responses to an open-ended question indicated significant concerns about access to testing: state support for testing is "not available for assisted living", "results are...significantly delayed"; testing is "costly"/ "[we] can't afford $175 per person to regularly retest staff".

Table 1: Number and percent of facility contacts and liaisons who report that their facilities [the facilities that they support] are currently experiencing problems with the following:

	Facility Contacts		Liaisons	
	#	% (out of 28)	#	% (out of 45)
Infection Control	3	11%	10	22%
Staff Shortages	12	43%	23	51%
Shortages of Critical Supplies (PPE or other)	9	32%	16	36%
Access to Coronavirus Testing	12	43%	15	33%
ANY OF THE ABOVE	**20**	**71%**	**32**	**71%**

Facilities were generally appreciative of the support provided by SST volunteer liaisons.   Twenty-six facility contacts (93%) reported that they had received information or support from their liaison on one of the core technical areas (infection control, staffing, supplies, and/or coronavirus testing) and that they had found that support useful (see Table 2 below), and 20 (71%) had received emotional / psychosocial support and found that support useful. Facilities also accessed and appreciated the information provided through the newsletters (86%) and the online library (82%). 61% of facility contacts had requested assistance or support on getting supply requests fulfilled; all of those contacts reported that the support was useful. Responses were strongly bifurcated: while most respondents reported either entirely (89%) or primarily (4%) positive or neutral views on SST support, 2 (7%) reported entirely negative or neutral views.

Table 2: Number and percent of facility contacts and liaisons who report that liaisons provided support on the following and that this support was useful:

	Facility Contacts		Liaisons	
	#	% (out of 28)	#	% (out of 45)
Infection Control	20	71%	19	42%
Staffing	13	46%	21	47%
Supplies	26	93%	38	84%
Coronavirus Testing	16	57%	21	47%
ANY OF THE ABOVE	**26**	**93%**	**40**	**89%**

Five out of six open-ended comments on the question about support from SST liaisons were quite positive. One respondent felt that the support was unnecessary and duplicative.

Positive comments (5)

"Both SST Liaisons have been extremely responsive and helpful."

"I am so grateful for the daily calls. They have been extremely helpful from the perspective of additional information and the ability to ask questions for your organization's input/guidance. Personally, having someone to talk to who has gotten to know our issues have been invaluable!"

"[Name] has been a great support."

"The emotional/psychosocial support has been amazing"

"The volunteers listened and were supportive to the mission. It was helpful just having another person to bounce ideas off of to help make the best decisions for the residents."

Negative comment (1)

"We have not received any new information from SST. Support only validated what we were doing. Staffing shortages severely impact time available for job duties at all levels. Communication expectations and requirements with families and providers are time consuming. Communications with SST are duplicative, repetitive and although validating, are unnecessary."

A subsequent question on SST ("Please comment on any of the above. How has the support that we have provided been useful or not useful? How could this support be improved?") elicited 14 additional comments, 7 of which were general positive statements about SST support ("The support has been phenomenal - your staff always follow an issue to completion."). Other comments included 4 comments on support for PPE (3 positive and 1 negative – "PPE help is useful but not for half or no supplies when we drive to location"), a comment on the newsletter, and a comment on testing ("…testing is administered through third parties. Getting results takes too much time and by the time we get them we could already have exposure. Self testing for facilities or at least more efficient testing would be beneficial.").

Liaisons: Forty-five SST liaisons responded out of 53 solicited (85% response rate). 80% of respondents reported that they were nurses; the remaining were not health professionals (9%), other health professionals (4%), or health students (4%).

Most liaisons supported two facilities (76%), followed by one facility (18%) and three or more facilities (7%). Most liaisons (64%) had worked with at least one facility that had a confirmed case, and another 14% had worked with a facility with a suspected case. In an open-ended question soliciting additional feedback, there were four common responses: liaisons were impressed with the organization of the project, they appreciated the opportunity to help, they wanted a change to the Sunday call, and they expressed appreciation for the team.

Thirty-two liaisons (71%) reported that one or more of the facilities that they support were currently experiencing difficulty with one or more of the core areas that SST supports (see **Table 1** for details). Responses were similar to those provided by the facilities themselves, indicating that the SST liaisons had a good idea of the struggles taking place within the LTCFs.

Forty liaisons (89%) reported that they had provided information or support to one or more of their facilities on the core technical areas supported by SST and that they believed this support had been useful (see **Table 2**). Responses were similar to those reported by the facility contacts, although the liaisons appeared to underestimate the value of information provided on infection control. 80% reported that they had provided emotional support and that they believed this support had been useful.

Liaisons were asked to describe how SST support had been useful or not useful and how that support might be improved. These were considered *useful:* keeping track of PPE orders, provision of up-to-date information, provision of psychosocial support, and addition of resources to the call scripts. These were considered *not useful:* feeling like they were bothering the facilities (despite the ability to opt-out) and frequent changes in SST data requests and processes. Regarding *what can be improved*, liaisons suggested advocating for LTCF staffing needs and for inclusion of ALFs in state support.

How could SST support be improved?

"I think at this point the major issue has become staffing for most facilities. I'm not sure what else we could do here but the commissioner and the governor really need to understand how dire this is and is going to be for a long time for too many facilities and consider an incentive plan for addressing this. Maybe SST can be the prodder for that to happen."

"Some of the information is geared toward nursing homes and not other older adult care facilities. All older adult facilities should be covered by state funded services during this pandemic."

A final open-ended question elicited gratitude for the teamwork and support, gratitude for the opportunity to help, requests for a change to the weekly Sunday afternoon calls, and appreciation for SST organization. Respondents also shared frustration over not being able to provide more direct assistance: "This has been a rewarding experience on some levels, but very frustrating on others. As a medical professional, it is hard not to give advice on what we know is correct. It is hard not to be able to help in a more meaningful way- getting them the testing they need and deserve in order to care for [residents] and be able to open up their facilities more…."

Leadership and Advisory Team Members: Twenty-five SST leaders responded out of 39 solicited (64% response rate). Respondents held multiple, often overlapping roles: 48% of respondents reported that they were Regional Coordinators; 32% that they were on the Leadership Team; 20% that they were on the Technical Team; and 12% that they were on the Medical Advisory Group. Most (60%) were nursing professionals (RN, NP, LPN, or other), and 20% were other health professionals or health students; the final 20% were in "other" categories. In an open-ended question soliciting additional feedback, there were two common responses: one about being proud to be part of the team and the other expressing appreciation for the team.

The leadership team was reminded of SST's goals (see the background) and asked to identify we had done well, what had been a challenge, and what the project should do differently.

When asked what we had done *well*, there were three common responses from SST leaders. The most common (12 out of 24 responses) was about timely communication and coordination with LTCFs. Support and advocacy were also commonly reported (9 of 24), and six respondents said that we had met our goals. Strong organization and highly skilled volunteers were also mentioned (2 each).

What have we done well?

"SST has done a good job of providing daily support, advocating for PPE, and providing useful information to help facilities lower their risk of COVID-19 outbreaks. SST has shown it is a reliable resource to contact if a facility has questions or concerns."

"Provided emotional support to facilities, offered suggestions to State to guide their practice, monitored status of engaged facilities, provided an excellent conduit for information, managed evolving situation and expectations well, created an infrastructure that could be optimized with increased collaboration from State."

"The response is extremely well organized, with strong systems for managing the flow of information between facilities, SST leadership, and DHHS. Volunteers are highly skilled and highly motivated."

There were five common responses when Liaisons were asked about what had been a *challenge*. The most common (7 out of 22 responses) was about communication and coordination (mostly within SST). A tie for the second most common response included having multiple changes in the process (5 of 22) (some respondents said this was due to the evolving situation) and getting enough PPE (5 of 22). Testing and data processing were also commonly reported (each with 3 of 22).

What has been a challenge?

"When new things get rolled out sometimes the whole alliance (RC and liaisons) are unaware despite the leadership team's best efforts and it has caused confusion and strife."

"Getting answers in a timely fashion to front line workers from DHHS."

"The vast amount of communication, the variety of communication platforms, the multiple number of people in charge (silo approach), the ever-changing expectations...."

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There were three primary responses to the open-ended question about what the project should do *differently*. The most common response (9 out of 20 responses) was to streamline and simplify (communications, meetings, data, processes, etc.). The second was to enhance or expand the mandate in some way (7 of 20). Five respondents suggested that we not change and/or "keep up the good work".

What should we do differently?

Streamline and simplify (communications, meetings, data, processes, etc.):

"… fewer meetings so volunteers can spend time doing the important things + time for family, self-care, etc., …reduce or eliminate high-effort data products that don't directly improve service delivery (but are just for internal tab-keeping)"

"Unless our data provides a compelling reason, we should probably cease tracking PPE requests beyond a simple, "did you receive your order y/n?""

"Plan ahead for summer coverage of staff, wondering if there is a way to decrease the email traffic? Figure out ways to automate where possible…"

"Re-organize some of the regions, as some are very quiet and others require more attention. Consider that many volunteers will need vacations and then if in academics need to prepare to return to work in August. NO more Sunday Zoom meetings."

"More timely and transparent communication with Regional Coordinators."

Enhance and/or expand mandate:

"The strain of the LTCF precautions and the increasing lifting of public precautions will create friction and the possible increase of infections. Help facilities remain vigilant."

"Continue to push DHHS for more formal engagement…. Review processes, train and be prepared for surge."

"Look for a way to integrate actionable infection control information."

"Perhaps help facilitate staffing across facilities that need it?"

"…collaborate with NH DHHS and other partners to leverage [our highly skilled] volunteers to expand our support to LTCFs, possibly through a statewide quality improvement collaborative run by Healthcentric Advisors (the organization funded by CMS to support QI in LTCFs in NH)."

"Consider ways to support facilities long-term beyond the pandemic."

"…look into expansion to prisons and jail facilities, which [are] as at-risk or more than LTCFs"

All Respondents: Given that "LTCFs all over the country are all struggling to prevent COVID-19 outbreaks and to control them if they occur," all respondents were asked about successes, challenges, and recommendations for LTCFs in NH. Responses for the three groups were combined for analysis and are reported in **Table 3**. A few example responses are provided in the boxes below, and all responses to these three questions are provided in **Appendix A**.

Table 3: Topics mentioned by three or more respondents when listing successes, challenges, and recommendations for LTCFs in NH

Based on your experience thus far, what has gone well for LTCFs in NH?		*What has been a challenge?*		*In your opinion, what could be done, and by whom, to support the successes and to mitigate the challenges for LTCFs in NH?*	
Response Topic	#	Response Topic	#	Response Topic	#
Communication / coordination / DHHS support	33	Staffing	32	Staffing	13
Early action (shutdowns, etc.)	18	PPE	22	Testing	13
PPE	10	Testing	18	PPE	11
Epidemic less intense here	7	Virus / pandemic (general)	5	Financial	7
SST support	6	Financial	4	Coordination/ communication	7
Other	26	Other	30	Other	30

Based on your experience thus far, what has gone well for LTCFs in NH?

"The collaboration with state agencies - a collaborative, not a finger pointing approach. The weekly calls are extremely helpful. The CTS and Mobile testing units and now the weekly testing for staff. Being able to place orders for PPE and getting deliveries:). Also, our local public health officers have been outstanding."

"Having the directives of the State to maintain lockdown. Also, the weekly calls with Drs. Chan and Talbot and their team provide timely updates for LTCF."

"NH has had fewer COVID cases in the general population than a lot of other states (although, I think we're right about where you would expect based on population density), which probably helps explain the relatively small number of facilities that have had major outbreaks. This allowed the state to focus their efforts (especially testing) on parts of the state with the most cases (generally, the southern counties). While this clearly frustrated facilities outside the southern counties, it was generally the right strategy."

What has been a challenge?

"Testing, early access to PPE, financial support from State for increased COVID costs. Difficult time all around with managing staff and residents through pandemic."

"Staffing and diminishing bed count. With a diminishing bed count and families unwilling to place their loved ones at this time it has taken a financial burden."

"Staffing. It's hard to expect LTCF workers, some who probably don't make much above minimum wage, to put their own and their family's health at risk during this pandemic. The media focuses a lot on the heroes working in the ICU's but what about the LTCF worker who is underpaid, has been caring for many of these residents for years so that they feel like family, and despite their best efforts, these residents are succumbing to the disease in record numbers? ...[T]he pandemic has brought to light the fact that LTC is, in my opinion, an underfunded area of health care that reflects what our society thinks about the frail, the vulnerable and the elderly."

In your opinion, what could be done, and by whom, to support the successes and to mitigate the challenges for LTCFs in NH?

"Increase state & federal funding, modernize PPE ordering & distribution, provide work incentives for all vs. only to Medicaid facilities, offer incentives to new graduate nurses (loan repayment), use positive media to inform the public that there is a need to fill these positions, including THP. Assign National Guard to assist at facilities with outbreaks & shortages. Shift focus to LTC vs. Hospitals. Develop standardized on-site testing for all facilities that includes residents & staff without a lag in result time."

"State government - continue to enforce the lockdown for LTCFs. DHHS, DHS, EOC, etc. - Expand testing scope and frequency. Provide enough PPE to all facilities to ensure they have a reasonable stockpile. LTCFs - Mandate testing as a condition of employment. Continue lockdowns and social distancing. SST - I believe our ability to find answers will continue to be the most important service we offer. Whatever we can do to continue bridging the knowledge gap between our facilities and various agencies should be prioritized."

CONCLUSIONS

The overwhelming majority of facility contacts, liaisons, and leaders believed that support provided by SST liaisons was useful. Facility contacts also valued SST's online library, newsletters, and assistance with PPE orders. Going forward, SST should streamline and simplify processes and reschedule the weekly Sunday afternoon all-hands meeting. SST should advocate for the following from the State of NH and provide assistance wherever possible: ongoing procurement of PPE as needed, improved access to coronavirus testing (including for assisted living facilities) and reduced testing turnaround times (ideally by providing point of care tests once accurate tests are available), and efforts to remediate critical LTCF staffing gaps and to strengthen LTCF finances.