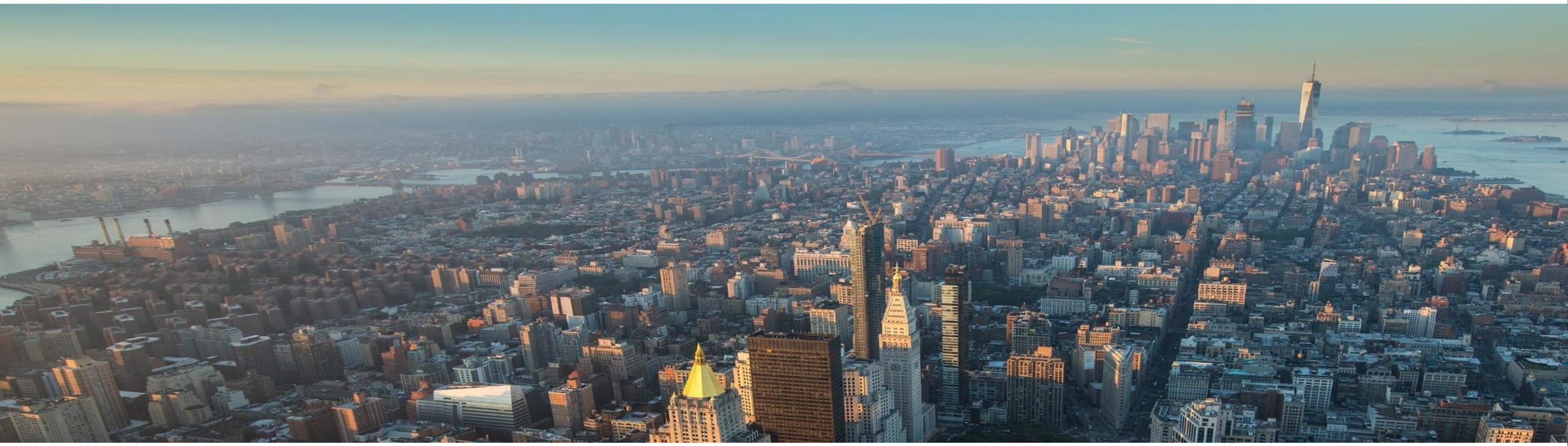

NYC Health Care Coalition (NYCHCC) Leadership Council Meeting co-hosted with the Bronx Emergency Preparedness Coalition (BEPC)

NYC DOHMH Office of Emergency Preparedness and Response

Bureau of Healthcare and Community Readiness

Monday, April 19, 2021

Welcome!

NYC Health

Agenda

AM	
10:00 – 10:03	***Arrivals / Welcome*** **Taina Lopez**, Sr. Manager Planning and Strategy, Healthcare System Readiness, OEPR, Bureau of Healthcare and Community Readiness, NYC DOHMH
10:03 – 11:00	***Bronx Emergency Preparedness Coalition Introduction*** **Janice Halloran**, NYC H+H/Jacobi ***Bronx Emergency Preparedness Coalition Presentations*** • **Lou Kaplan**, Kings Harbor Multicare Center ***"The Best Medicine is a visit from the grandkids"*** • **Andrew Koski and Paul Willenbrock**, Homecare Association of New York State ***"Home Care: Challenges and Opportunities in COVID-19"*** • **Charlie Aviles**, NYC H+H/Lincoln ***"Morgue Operations and Decedent Management During the COVID-19 patient Surge"***
11:00 – 11:05	***Overview of Healthcare Readiness Covid-19 Response Activities*** **David Miller Jr.**, Executive Director, Bureau of Healthcare and Community Readiness, OEPR, NYC DOHMH
11:05 – 12:00	***LCM Healthcare Coalition Hot Wash*** **Andrew Forcucci, Alicia Toombs** (Facilitators)
12:00	***Adjournment***

Bronx Emergency Preparedness Coalition Introduction

Janice Halloran, NYC H+H/Jacobi

Bronx Emergency Preparedness Coalition Presentations

Lou Kaplan, Kings Harbor Multicare Center
Andrew Koski and Paul Willenbrock, Homecare Association of New York State
Charlie Aviles, NYC H+H/Lincoln

NYC Health

NURSING HOME VISITATION

Louis A. Kaplan, PA-C, CWS, WCC
Director of Post Acute Services
Kings Harbor Multicare Center
Co-Chairperson of the BEPC

COVID-19

- March 2020 CMS issues a memorandum restricting visitation of all visitors and non-essential health care personnel.

- Exception: Compassionate care situations.

RATIONAL

- Risk of transmission resulting high mobility and mortality rates.
- Protect both residents and staff.
- Preserve PPE use in view of limited resources.
- Supply chain disruptions.
- Shortage of front line staff.

Visitation at Kings Harbor Multicare Center

- No in-person visits.
- Face time (I Phone, I Pad and Skype)
- Bedside phones all activated free of charge.
- All resident's assigned employees for weekly family updates.
- DUO Calls
- Robocalls to families daily with COVID updates.
- Signage
- Informational handouts: residents & families.

Compassionate Care Visits

- New admission struggling with change in environment and lack of family support.
- Grieving over a loss of a family member or friend.
- Requires encouragement / cueing with eating / drinking experiencing weight loss or dehydration.
- Emotional distress.
- Religious or spiritual support
- End of life

CDC vs. NYS-DOH

- Requirements and recommendations from each source are often different.
- Often we have to wait to see how NYS-DOH will interpret new CDC guidelines.

Out-Door Visitation

- Safest form of in-person visitation
- Preferable and by appointment
- Need to use a mask
- Must social distance

IN-PERSON IN-DOOR VISITATION NYS-DOH as of March 25, 2021

- Unless the NH's positivity rate is > 10% or < 70% of the resident's are unvaccinated.
- If the specific resident is COVID positive and in quarantine.
- Unless a compassionate visit.

Visitor Screening

- Immunization is not required
- Must be screened by questionnaire & temperature taken
- Hand hygiene
- Must be offered a face mask and may require entire PPE’s under certain circumstances
- PCR or Rapid Testing is not a requirement but recommended
- Social distancing
- Signage

- Limiting number of visitors and visit time per resident.

NYS-DOH- Indoor Visits Not Permitted When

- Positive COVID resident or staff resulted in units under quarantine in the past 14 days.
- This does not apply for compassionate visits.

In-Person Visitation

- Again: Outdoor visitation is preferable.
- Visiting is to be in one specific location and visitors are not allowed to walk around.
- Visiting can take place in a shared room if COVID protocols are followed to limit transmission.
- If the resident is fully vaccinated: touching with use of a mask and hand hygiene is allowed.

Visitation During an Outbreak

- Immediately suspend all visitation.
- Residents are to be tested weekly and staff continue to be tested BIW.

NYS DOH
Visitation During an Outbreak

- After the first round of testing: If one or two residents or staff are positive on the original unit, that specific unit remains in quarantine.
- Visitation may open up on non-affected units.
- If there are positive residents / staff on different units, then entire facility visitation is suspended. Except for compassionate visits.

QUESTIONS??

Home Care: Challenges and Opportunities in COVID-19

ANDREW KOSKI, VICE PRESIDENT FOR PROGRAM POLICY & SERVICES

HOME CARE ASSOCIATION OF NYS

AND

PAUL WILLENBROCK, DIRECTOR OF NURSING

ACCENT HEALTH CARE/ALLIANCE FOR HEALTH

FOR THE

NYC HEALTH CARE COALITION LEADERSHIP COUNCIL

APRIL 19, 2021

Overview of Home Care and Hospice

- New York State has the most comprehensive and diverse home, hospice and community-based care system in the nation.

- The scope of this system is very broad – encompassing a wide array of both health and supportive services delivered at home.

- Home care agencies and programs provide post-acute, rehabilitative, supportive and complex long-term care for medically needy elderly, adults and children, and specialized services for those with mental health needs, while hospice cares for terminally ill individuals.

- Home care and hospice agencies are sponsored or operated by free-standing entities (e.g., private agencies or voluntary agencies like Visiting Nurses), hospitals and nursing homes. Home care and hospice providers are state and federally certified or state licensed. New York's agencies cover the entire state and serve several hundred thousand cases annually.

Overview of Home Care

Home care clients cross the spectrum of care, from:

- New mothers and infants;
- children and adults with public health needs, or with medical fragility or disability who are maintained with skilled supervision, home support services, home modification and equipment; to seniors who need assistance with activities of daily living to remain in their homes; to
- postsurgical patients needing assistance with wound care;
- patients on ventilators, hyperalimentation, IV's, pain control, etc.

Home care agencies and programs provide post-acute, rehabilitative, supportive and complex long-term care for medically needy elderly, adults and children, including:

- Professional services; aide care; telehealth services; and other supportive services such as home adaptations, delivered meals; social day care, medical supplies and more.

Overview - continued

- Providers of in-home care in NYS include all levels and types of agencies and programs, including:
  - Certified home health agencies (CHHAs)
  - Licensed home care services agencies (LHCSAs)
  - Long Term Home Health Care Programs (LTHHCPs)
  - Managed long-term care (MLTC) plans
  - Hospice
  - Home and community-based waiver programs
  - Consumer Directed Personal Assistance models

Challenges

- Patient/family fears; resistance to home entrance and provision of care
- Inaccessibility, unaffordability and inadequacy of PPE supply
- Workforce challenges: recruitment and retention
- Inability to train aides in traditional in-person training program structure
- Slow roll out of hybrid aide training programs
- Personal and professional impact on personnel; loss of staff and patients
- Revenue loss
- Overburden of surveillance and reporting (HERDS surveys for CHHAs and hospices)
- Undervalue of nursing by home care providers
- Change in the role of nursing staff

Challenges - continued

- No sharing of DOH surveys (led to Associations sending out surveys)
- Confusing guidance from NYS on home care requirements and flexibilities
- Inability to meet certain DOH/CMS requirements that were not waived: aide in-service training requirements
- Challenges of staff assimilating new practices (i.e. telehealth and phone for supervision, assessments, reassessments, etc.)
- Uneven access to COVID-19 vaccine; resistance to vaccine by some staff; uneven support for vaccines by agencies

Opportunities

- Effective uses of telehealth in reduced hospitalizations, efficiencies, reduced staff/patient exposure
- Improved communication with staff
- Development of new protocols for infection control, care and clinical management
- Appreciation/recognition of staff
- Creation of online option for initial aide training and increased use of online platform for annual in-service training
- Travel expenses reduction for some staff
- Online approaches to workforce recruitment and onboarding
- Success of remote work options and potential future opportunities for savings in office expenses
- New collaborations with hospitals and physicians
- COVID testing and vaccine administration by some agencies
- Looking at new ways to conduct business

Morgue Operations and Decedent Management During the COVID-19 patient Surge

Normal Operations

- Only 2 full time morgue techs and a manager supported by AOD’s
- Average 1 death per day
- Can go some days without any deaths
- Funeral homes pick up regularly
- Morgue capacity of 16 with 2 surge spots

Surge Operations

- Only 2 full time morgue techs
- Rate of death steadily increased above 1 per day
- Worst day seen 20 deaths in an 8-hour period
- 25% Staff reduction due to covid-19 infection
- Supply of body bags were quickly running out
- Overwhelmed in less than 2 weeks

Central Office Support

- BCP’s
- Body Bags-disaster bags
- Contracted Morgue staff and Patient transporters
- Support with OCME-NYCEM

Body Collection Points

Body Collection Points continued

- Needed to build ramps
- Needed a left to access top shelves and BCP without ramps
- Disaster bags for long term storage

Challenges

- Tracking decedents in the BCP’s
- Physicians filling out death certificates for OCME storage
- Funeral homes claim but not registering decedents
- Family members worried about city burial
- Meeting OCME requirements on decedent documentation-4 documents for each decedent

Decedent Management

- Multi disciplinary team
- Pathology-Managed BCP’s, decedent location, movement of decedents
- Psychiatry-Communicated with the families
- Social Workers-Supported Psychiatry
- Admitting-Coordinated with funeral homes and physicians
- Emergency Management-liaised with COEM, OCME and NYCEM

Situation Today

- Still experiencing patient surge
- Staff levels are lower, but staff are more efficient
- Supplies are adequate with body bags and disaster bags
- No shortage of PPE
- OCME is more efficient
- Funeral homes are more efficient

Questions?

Overview of Healthcare Readiness Covid-19 Response Activities

David Miller Jr., Executive Director, Bureau of Healthcare and Community Readiness, OEPR, NYC DOHMH

NYC Health

LCM Healthcare Coalition Hot Wash

Andrew Forcucci, Alicia Toombs (Facilitators)

NYC Health

Thank you!

NYC Health

Adjournment