

Economic Sense - Twenty-Ninth Edition

A Call to Make Long-Term Care Patients and Facilities a Higher COVID-19 Priority

Bottom line up front:

Long-Term Care patients and facilities are the epicenter of the COVID-19 crisis in our state, comprising over 60% of COVID deaths in reporting counties.

Yet, despite repeated pleas from the LTC industry for assistance, little progress has been made. The state is failing this highly at-risk group.

This Economic Sense calls for five immediate actions to better protect and save the lives of our most vulnerable and enable those on the frontlines caring for them to have the tools necessary to do their job.

A Moral & Public Health Failing in Washington

- LTC patients have died of COVID at a rate nearly 300 times the rest of the population.¹
- In King County alone, the LTC patient death toll is several times that of Oregon or British Columbia, despite having a fraction of those jurisdictions' population.²
- The industry reports a severe shortage of personal protective equipment (receiving only 7% of a recent King County distribution), while over 400,000 KN95 masks sit in the state's warehouse available for distribution.³
- When an individual is found COVID-19 positive, the industry reports it is "incredibly challenging" to get everyone else in the facility tested, despite the paramount need.⁴
- The CEO of a leading nursing home group described the situation as, "The top issues long-term care facilities face today are the same issues they faced six weeks ago."⁵

"The individuals that reside in long-term care facilities are among the most vulnerable in the US to this virus, given occupation density of these facilities and residents' underlying poor health".

- Kaiser Family Foundation (4/23/20)⁶

Over a month ago . . .

"It should be a priority for state and federal governments. We become vectors for the whole community"

- LTC Administrator on Whidbey Island,
describing the dire difficulties facing facilities (4/1/20, Seattle Times)⁷

1. We Can Do Better -- Just Look to the North & South

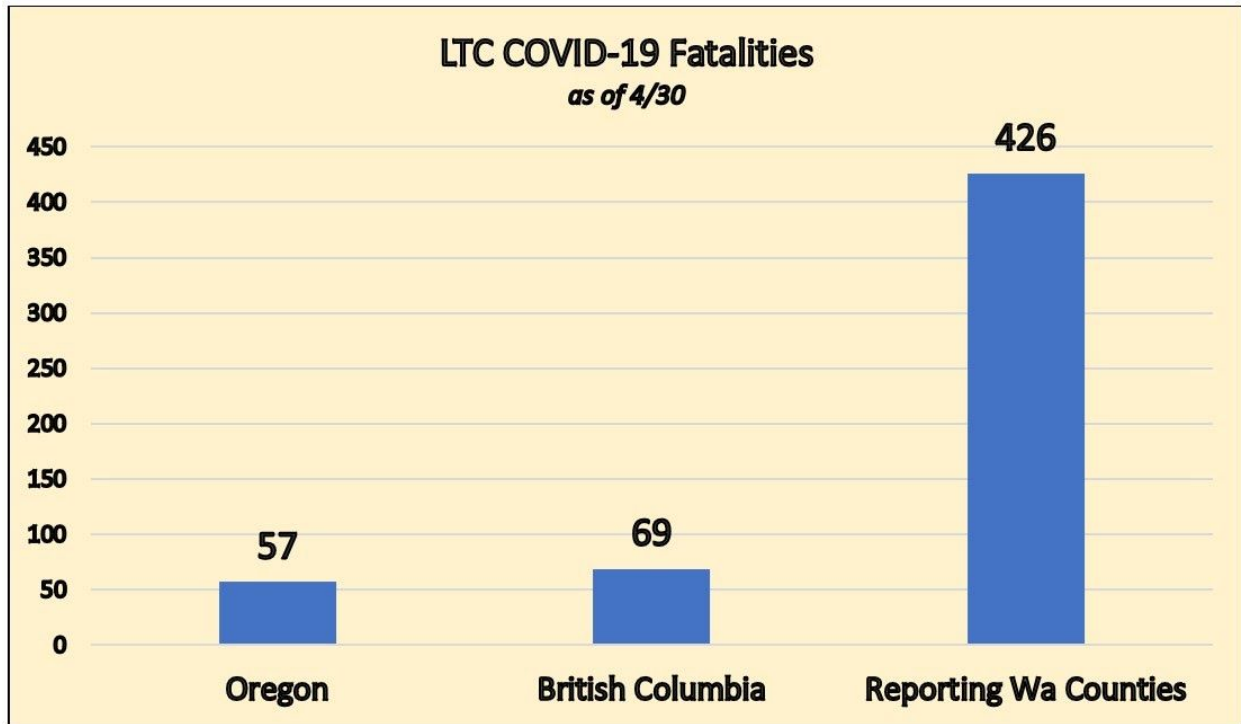
Washington's Department of Health does not report on COVID-19 fatalities of LTC patients, unlike our neighbors to the north (British Columbia) and south (Oregon). There are, however, a few local county public health jurisdictions that do report on LTC COVID-19 fatalities.⁸

As of Friday, April 30, these are the local jurisdictions with reports:

County	LTC COVID Deaths	Total COVID Deaths	LTC % of Total COVID-19 Deaths
King	275	447	61.5%
Snohomish	49	108	45.4%
Benton/Franklin	37	50	74.0%
Yakima	37	48	77.1%
Whatcom	19	28	67.9%
Island	9	9	100.0%
Combined	426	690	61.7%

All told, LTC patients in these six reporting counties accounted for 426 COVID-19 deaths -- ***more than half of all COVID-19 deaths in Washington***, as of this morning. Not coincidentally, these are the counties with the highest per capita COVID-19 deaths in the state. Put another way, there is a direct correlation in the data between a county's per capita COVID-19 death rate and the incidence of LTC patients dying from COVID-19.

Meanwhile, it doesn't have to be this way:



Both Oregon (4.2 million people) and British Columbia (5.1 million) have larger populations than the six Washington counties reporting LTC COVID-19 deaths (combined 3.9 million). Yet they have only a fraction of the LTC patient deaths.⁹

2. This is a Known Problem - And It's Not Getting Better

A. April 1 -- Report in *The Seattle Times*

Over a month ago, *The Seattle Times* published a story headlined "Limited Testing in Senior Care Facilities in Washington leaves them 'flying in the dark' against coronavirus."

The *Times*' findings included:

- DOH claimed there were not enough resources to test everyone at LTC facilities, suggesting only those with symptoms be tested
- LTC facilities, left in the lurch by the state, took matters into their own hands to protect patients, including heroic efforts to work with local hospitals for supplies and personally driving 3 hours to deliver self-administered tests on patients
- "Following the Public Health Playbook" - Only testing symptomatic patients missed several staff and patients with COVID, none of whom were isolated and enabled the spread in the facility
- "That's part of the frustration. This has been going on for several weeks now."

- Robin Dale, CEO of leading Nursing Home Industry Group¹⁰

When the Times' report was published, there had been 66 LTC patient deaths in Washington due to COVID-19.¹¹

B. April 13 -- Industry Letter Pleading for Help

Almost two weeks after the *Times'* report, leaders within the LTC industry wrote to Raquel Bono, the retired U.S. Navy vice admiral charged by Governor Jay Inslee with directing the state's COVID response, pleading for assistance. They asked to be prioritized for PPE supplies and testing; for improved data collection and reporting from the state; and expressed concerns about patients being discharged from hospitals into LTC settings without being first tested for COVID-19.¹²

The letter submitted that the state "must take an active role to address COVID-19 management in long term care facilities."¹³

C. More Than A Month After Times' Report, Top Issues Remain The Same

"The top issues facing long-term care facilities are the same issues they were six weeks ago."

- Robin Dale, CEO of leading Nursing Home Industry Group¹⁴

- Lack of Personal Protective Equipment
 - In King County, a recent distribution gave only 7% of PPE to long-term care facilities, with the other 93% being directed to other entities.¹⁵
 - Staff were reusing N95 masks, making their own face shields, and reaching out to distilleries for hand sanitizer.¹⁶ None are desirable infection-control practices.
 - As an aside, the state knows how much PPE has been delivered to prisons (over 100,000 N95 masks, over 100,000 surgical masks, and over 50,000 gowns, gloves, and face shields). It does not know how much PPE has been delivered to LTC facilities and it could not answer whether more had been given to prisons than LTC facilities in our state.¹⁷
- Lack of testing in facilities
 - Shockingly, LTC facilities said that once a person was positive it was "incredibly challenging" to get everyone tested in the facility.¹⁸
 - Despite DOH reporting over 200,000 tests have been conducted statewide, the LTC advocates say that they have not been a priority for such tests.¹⁹
- Discharge concerns
 - The industry still has concerns with individuals not being tested for COVID before being discharged into their facilities. They point to confusion in the field and conflicting guidance from state and local officials.²⁰

3. The Five Point Immediate Action Plan

Five steps should be taken immediately to improve the safety of LTC patients and staff.

1. No staff should be allowed to work at more than one LTC facility

This action was put in place in British Columbia on March 26.²² Since we know asymptomatic people can have and pass along the virus, this is a common-sense step to slow the spread of COVID-19 among LTC facilities and patients. As a corollary, the state should use a portion of the federal stimulus funds to ensure no financial hardship to workers who previously worked at more than one facility.²³ Finally, because unforeseen circumstances do arise, DOH should have the authority to grant extraordinary waivers if it deems doing so is in the best interest of patient safety and care.

2. No hospital patient should be discharged to a LTC facility without testing negative for COVID

Again, this is just common sense. It is putting medically fragile individuals at tremendous -- and unnecessary -- risk to discharge any individual into a LTC facility without first testing negative for COVID-19 first.

3. Protective Personal Equipment in state inventory needs to go to LTC facilities NOW, and needs to be a higher priority for future distributions

As of Monday, May 4, the state reported it had almost 450,000 KN-95 Masks in inventory.²³ Given the testimony from LTC facilities that they must re-use masks and fashion their own face guards, the state's inventory should immediately be disbursed to these facilities. As new supplies come in the state's LTC facilities should be at the front of the line for further distributions.

4. Once an LTC facility patient or staff member tests positive, all patients and staff in the facility should be tested within 48 hours

The science and data show there is simply no group more at risk of dying from COVID-19 than elderly, medically fragile people, particularly those in congregate settings.

The discovery that COVID-19 has infiltrated a long-term care facility must be treated as a public-health emergency, with all hands on deck.

5. Information on LTC fatalities and cases should be centrally collected and made public

The state does not report on LTC fatalities or cases. Given this is the population at most risk and comprises most of the COVID-19 deaths in the state, transparent reporting *a la* Oregon and B.C. should be the standard.

If one assumes the COVID-19 LTC deaths from counties that have reported are reflective of statewide LTC deaths, then to date:

- ★ LTC patients have died of COVID-19 at a rate of 1,143 per 100,000.
- ★ Other Washington residents have died of COVID-19 at a rate of 4 per 100,000.²⁴

Put another way, a LTC patient in Washington is (to date) almost 300 times more likely to die from COVID-19 than anyone other resident. While some of this is due to the medical fragility of that population, a simple look toward our transparent geographic neighbors and their much lower LTC fatalities indicates we can and should do better.

Conclusion

The public-health response to date has failed Washington's LTC patients and facilities. We can and must expect better.

The science and data all indicate elderly people who are medically fragile, particularly those in congregate settings, are most at risk of dying from COVID-19.

This Economic Sense calls for five immediate actions to better protect and save the lives of our most vulnerable and give those who care for them the tools they need to do their job.

Footnotes

1. From reporting counties, 61.7% of COVID fatalities had been LTC patients. If this proportion holds though the rest of state, then of the 814 statewide COVID deaths as of 4/29 the LTC patient deaths would be 502 and the rest of the state 312. Given the population of 44,000 LTC facility residents, this translates to COVID deaths of 1,143 per 100,000 LTC residents. The rest of the state, at 7.5 million population, has died from COVID to-date at a rate of 4 per 100,000.
2. See pages 2 & 3.
3. LTC briefing 4/29/20. Availability of KN95 masks from DES email, 5/4/20, stating that 445,950 were in inventory in the state's warehouse.
4. LTC briefing 4/29/20.
5. Robin Dale, email 4/27/20, CEO of Washington Health Care Association.
6. <https://www.kff.org/medicaid/issue-brief/state-reporting-of-cases-and-deaths-due-to-covid-19-in-long-term-care-facilities/>
7. <https://www.seattletimes.com/seattle-news/lack-of-testing-in-senior-care-facilities-in-washington-leaves-them-flying-in-the-dark-against-coronavirus/>
8. Local county public health districts reporting on LTC COVID deaths as of April 30th:
King County, LTCF Response Daily Email Update by Ingrid Ulrey
Snohomish County, <https://www.snohd.org/499/COVID-19-Case-Count-Info>
Benton/Franklin Counties,
<https://www.bfhd.wa.gov/cms/One.aspx?portalId=10766056&pageId=16584954>

- Yakima County, 5/2 email from Yakima Health District Director of Public Health Partnerships
Whatcom County, <https://www.bellinghamherald.com/news/coronavirus/article242412276.html>
Island County, <https://www.islandcountywa.gov/Health/Pages/COVID-19.aspx>
9. British Columbia -
http://www.bccdc.ca/Health-Info-Site/Documents/BC_Surveillance_Summary_April_30_2020_final.pdf;
 - Oregon -
https://govsite-assets.s3.amazonaws.com/U2Ui9gUiSxG1oSnXa3hf_COVID-19-Weekly-Report-2020-04-28-FINAL.pdf
 10. <https://www.seattletimes.com/seattle-news/lack-of-testing-in-senior-care-facilities-in-washington-leaves-them-flying-in-the-dark-against-coronavirus/>
 11. Id.
 12. <http://johnbraun.src.wastateleg.org/wp-content/uploads/sites/16/2020/05/WHCA-letter-to-Vice-Admiral-Bono.pdf>
 13. Id.
 14. Robin Dale, email 4/27/20, CEO of Washington Health Care Association.
 15. Elena Madrid, 4/29/20 briefing on LTC issues to legislators.
 16. Avalon Healthcare Nurse, 4/29/20 briefing on LTC issues to legislators.
 17. Department of Enterprise Services email 5/1/20.
 18. 4/29/20 briefing on LTC issues to legislators.
 19. Id.
 20. LTC briefing to legislators, 4/29/20.
 21. Cassie Sauer, 4/29/20 briefing to legislators.
 22. Slide 27, https://news.gov.bc.ca/files/COVID19_Update_Modelling-BROADCAST.pdf
 23. British Columbia estimates it is paying \$10 million more per month to staff to ensure they can afford to work at just one facility.
<https://www.timescolonist.com/news/local/long-term-care-workers-limited-to-one-facility-only-under-new-rules-1.24116171>
 24. Department of Enterprise Services email 5/1/20.
 25. See footnote #1.