



Addressing the Needs of Communities Most Impacted by COVID-19:  
**Strategies in Service of Skilled Nursing  
Facility Staff and Residents in  
Los Angeles County**

Revised July 21, 2023

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# **Strategies in Service of Skilled Nursing Facility Staff and Residents in Los Angeles County**

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## About the Report

This report is the third in a series that documents the equity-driven strategies used to respond to the needs of communities most impacted by COVID-19. This report focuses on strategies implemented in service of residents and staff at Skilled Nursing Facilities across Los Angeles County, one of several groups who have experienced disproportionate rates of infections and deaths throughout the pandemic.

While this update utilizes Public Health's April 2020 [COVID-19 Racial, Ethnic & Socioeconomic Data & Strategies Report](#) as an organizational framework to highlight work done to mitigate the impact of the pandemic, strategies included in this report also reflect Public Health's real-time collaborative response efforts alongside Skilled Nursing Facilities. Of note, this report will be updated periodically to incorporate edits and additional activities from various stakeholders. Substantive edits made to future iterations of this report will be highlighted to make it easier to see what changes were made from the previous version.

### Would You Like to Provide Feedback?

The Los Angeles County Department of Public Health is interested in hearing what you think about this report. Do you have any additional information you think should be included? Are there other efforts we should consider implementing to close the gaps in COVID-19 related health outcomes? If so, please send us your thoughts through the online survey available here: <https://forms.office.com/g/YUWKnVQgWn>

### Suggested Citation

Los Angeles County Department of Public Health, Acute Communicable Disease Control (ACDC), Healthcare Outreach Unit. *Addressing the Needs of Communities Most Impacted by COVID-19: Strategies in Service of Skilled Nursing Facility Staff and Residents in Los Angeles County*. (July 2023).

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## Characterizing Skilled Nursing Facilities and Key Institutions

### Skilled Nursing Facility (SNF) Defined

The California Code of Regulations defines a Skilled Nursing Facility (SNF) as a “health facility...which provides continuous skilled nursing and supportive care to patients [who]...need...skilled nursing care on an extended basis.”<sup>1</sup> Care provided by SNFs includes assistance with basic activities of daily living, skilled therapy, skilled nursing treatments such as wound care and IV antibiotics, and more. In Los Angeles County (LA County), there are 340 SNFs, not including SNFs located in the cities of Long Beach and Pasadena. Of these, 36 have sub-acute units known as vSNFs that provide care to residents who are dependent on ventilators.

### Institutions Shaping the Care Provided in SNFs

SNFs across LA County must comply with various requirements to operate. SNFs that receive payment through the federal Medicare and/or Medicaid programs must meet program requirements and be certified by the federal Centers for Medicare and Medicaid Services (CMS). CMS often contracts with state health agencies, such as the California Department of Public Health (CDPH), to monitor whether SNFs are compliant with federal regulations and, therefore, eligible to receive reimbursement for services.

All SNFs must be licensed under state law. States are responsible for licensing SNFs in their jurisdiction, certifying whether they are in compliance with federal regulations, and making recommendations regarding enforcement actions when corrections are needed. CDPH’s Center for Health Care Quality, Licensing and Certification Program (L&C) contracts with the Los Angeles County Department of Public Health’s (LACDPH) Health Facilities Inspection Division (HFID) to issue a state license to SNFs in LA County, conduct routine inspections or “surveys,” of health facilities, and investigate complaints at SNFs; these activities determine a facility’s compliance with state laws and federal regulations, if it receives reimbursement through Medicare or Medi-Cal (California’s Medicaid program).<sup>2,3</sup>

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<sup>1</sup> California Code of Regulations. Cal. Admin. Code tit. 22, § 72103, 22 CA ADC § 72103 Retrieved from [https://govt.westlaw.com/calregs/Document/IB8C471C45B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IB8C471C45B6111EC9451000D3A7C4BC3?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)). Accessed on 2/7/2023.

<sup>2</sup> California Department of Public Health. Licensing and Certification Program Information, Field Operations Branch (District Offices). Retrieved from: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>. Accessed on 2/7/2023.

<sup>3</sup> Los Angeles County Department of Public Health. Health Facilities Inspection Division. Retrieved from: <http://publichealth.lacounty.gov/hfd/>. Accessed on 2/7/2023.

Skilled Nursing Facilities rely heavily on their care teams to provide the specialized care their residents need and to maintain compliance with federal, state, and local regulations that set the standard for the quality of care and reimbursement of services. This work can be challenging during day-to-day operations and even more so during a global pandemic. Throughout the pandemic, SNFs worked to quickly implement updated or new infection prevention and control strategies and support vaccination efforts. LACDPH is grateful for the ongoing partnership and collaboration provided by SNFs across LA County, particularly during moments of high COVID-19 community transmission, which often led to high transmission in SNFs. This report documents activities carried out alongside and in support of SNFs to safeguard the health of some of the County's most vulnerable residents and the health of the staff providing their care.

## Challenges Faced by SNFs Before and During the Pandemic

There are varying and often longstanding issues that directly affect the risk of infection for residents and staff and impact overall health and wellbeing in SNFs, including:

### Highly Vulnerable Resident Population

Throughout the pandemic, older LA County residents have been the most vulnerable for hospitalization and deaths compared to other age groups. For the 30-day period that ended December 28, 2022, people age 50 and older accounted for the highest rates of cases, hospitalizations, and deaths in LA County, and the rates increased with age:

- People ages 50-64 were more than five times more likely to die than people ages 30-49;
- Residents ages 65-79 were three times more likely to be hospitalized and six times more likely to die than residents ages 50-64; and
- Residents 80-years-old and older, were three times more likely to be hospitalized and five times more likely to die from COVID-19.

SNF residents include older adults and others with underlying chronic medical conditions (e.g., dementia, obesity, diabetes, hypertension, hyperlipidemia, asthma, kidney, or liver disease), psychiatric conditions, or poor functional status. Both groups have shown to be at highest risk of experiencing severe outcomes due to COVID-19 infection, including hospitalization, admission to the intensive care unit (ICU), intubation or mechanical ventilation, or death. The risk of serious outcomes increases based on several factors including older age, more underlying medical conditions, COVID-19 vaccination status, racial/ethnic minority status, and low income.

SNF residents need 24-hour skilled nursing care and/or rehabilitation services on a long-term but temporary basis (e.g., about one month on average). As a result, there is high turnover among the patient population at SNFs, which introduces the possibility of infection into the facility as new patients arrive.

### **Congregate Living at Facilities**

The SARS-CoV-2 virus spreads when a person infected with COVID-19 breathes out droplets and very small particles that contain the virus into the air (e.g., while speaking, singing, coughing, shouting, or exercising). These droplets are then breathed in by others or land on their eyes, nose, or mouth. A person's risk of getting infected increases the closer they are to someone infected or if sharing air space in poorly ventilated places. This is especially true if the infected person is speaking, singing, coughing, sneezing, shouting, or exercising. The virus can also spread by touching a surface with droplets on it and then touching your eyes, nose, or mouth, but this is less common.

There are certain places where COVID-19 spreads more easily:

- Closed spaces with poor airflow or ventilation
- Crowded places with many people nearby
- Close contact settings especially where people are talking (or breathing heavily) close together

Given how SARS-CoV-2 is transmitted, the SNF setting significantly increases the risk of infection since SNFs care for unrelated people often in close proximity to others as roommates and during communal dining or group activities in common areas. Throughout the pandemic, and particularly during COVID-19 surges, medically fragile SNF residents have been at very high risk of spread due to the congregate nature of the facilities. Congregate living is commonplace at SNFs with most facilities having two to four residents per room, which increases the likelihood of being close enough to someone for a long enough period of time to spread respiratory infections, including COVID-19.

Other facility structural and operational characteristics, such as a high volume of outside visitors, poor ventilation, areas where many people sleep and eat close together, or the resident population's ability to adhere to COVID-19 prevention strategies, also had the potential to accelerate the introduction and spread of COVID-19 and other respiratory infections within the facility.

Facility operators were challenged with balancing the need for COVID-19 prevention and care with the impact from reducing access to daily services and programming.



## **Insufficient Infection Control Supplies at the Height of the Pandemic**

The need for Personal Protective Equipment (PPE), including eye protection, gloves, gowns, N95 masks, and surgical masks, was at an all-time high during the early phases of the pandemic. Although SNFs must maintain adequate PPE supplies to ensure staff and patient safety, global shortages of quality PPE due to an increased demand and workforce shortages that impacted production, and increased costs for PPE, all made it difficult for SNFs and other health facilities to access and maintain adequate supply of items that minimized exposure to COVID-19 and other hazards.

The use of PPE also requires implementing a PPE program at a worksite. The program should address the worksite-specific hazards that are present; oversee the selection, proper fit, maintenance, and use of PPE; provide staff training (e.g., when to use, what kind to use, taking it on and off, proper care, disposal); and monitor the effectiveness of the program.<sup>4</sup> Limitations in supply stock and staff capacity made it difficult to fully implement successful PPE programs at health facilities, including SNFs, across the nation.

Additionally, early in the pandemic and as COVID-19 tests were developed and authorized for use, COVID-19 testing supplies were severely limited. As more information became available about how COVID-19 spread, including the news that the SARS-CoV-2 virus could spread even before an ill person experienced any symptoms, the use of larger-scale test-based screening practices at SNFs became more important. Despite the importance of conducting more COVID-19 screening testing, implementation could only become widespread with a more readily available cache of testing supplies.

## **Staffing and Training-Related Challenges**

There have been moments throughout the pandemic where COVID-19 has run rampant in congregate work settings, and SNFs have been no exception. As previously noted, people at elevated risk for severe outcomes of COVID-19 include people who are older, have underlying health conditions, are from racial and ethnic minority groups, and have lower incomes. While SNF residents fit this profile, so do many of the staff that work at these facilities. Workers at SNFs, including many nurse aides who work under the direction of licensed nursing staff and provide much of the day-to-day patient care (e.g., eating, bathing, grooming and toileting), were also at elevated risk of COVID-19 infection since they had close contact with large numbers of people at their job, worked in closed places that may not have had good airflow or ventilation, and lived outside of the facility where the spread of COVID-19 was, at times, high. The nature of the care provided, including the need for frequent close contact and face-to-face patient care, also put SNF employees

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4 U.S. Department of Labor, Occupational Safety and Health Administration. Personal Protective Equipment. Retrieved from: <https://www.osha.gov/personal-protective-equipment>. Accessed on 2/9/2023.

at higher risk for exposure. Additionally, the limited supply or, when present, improper or misuse of PPE further increased the risk of COVID-19 transmission at SNFs.

Higher case rates in the community and eventually among staff also led to more employees calling out sick due to illness or to care for a loved one who fell ill due to COVID-19. Fewer employees available to provide ongoing care, particularly during the height of COVID-19 surges, has had both serious impacts on staff who carried heavier workloads and on the physical, mental, and emotional wellbeing of residents.<sup>5</sup>

On top of COVID-19-related absenteeism, SNFs experience ongoing staffing shortages of administrators, nurse aides, and licensed medical staff (e.g., registered nurses, licensed practical nurses/licensed vocational nurses). According to the U.S. Bureau of Labor Statistics, over the last decade there has been a steady decline of SNF facility employees.<sup>6</sup> Burnout amidst a global pandemic, on top of longstanding pay inequities for SNF staff when compared to their counterparts at hospital or government-run programs, and a self-reported need for transformational leadership, strengthened teamwork, and clear communication, have all led many nurses to leave their jobs at SNFs.<sup>7</sup> Addressing staffing shortages increased use of contract employees employed by more than one facility or among different types of facilities, which increased the risk of spreading respiratory pathogens between facilities. Often, contract employees are unable to complete adequate infection prevention training prior to starting coverage, further increasing transmission. As noted by CMS, it cannot be understated that staffing levels and staff turnover can substantially affect the quality of care and health outcomes for people living in nursing homes. For example, nurses who have worked at a facility longer are more likely to know residents well enough to recognize small health changes and act before they become larger issues. Similarly, administrators with longer tenures help create stable leadership which can lead to more consistent availability and adherence to policies and protocols that are tailored to better serve residents.<sup>8</sup>

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<sup>5</sup> The Consumer Voice. *The Devastating Effect of Lockdowns on Residents of Long-Term Care Facilities during COVID-19: A Survey of Residents' Families*. (January 15, 2021) Retrieved from: [https://theconsumervoicework.org/uploads/files/issues/Devastating\\_Effect\\_of\\_Lockdowns\\_on\\_Residents\\_of\\_LTC\\_Facilities.pdf](https://theconsumervoicework.org/uploads/files/issues/Devastating_Effect_of_Lockdowns_on_Residents_of_LTC_Facilities.pdf). Accessed on 2/9/2023.

<sup>6</sup> U.S. Bureau of Labor Statistics. *All Employees, Nursing Care Facilities [CES6562310001]*. Federal Reserve Bank of St. Louis. Retrieved from: <https://fred.stlouisfed.org/series/CES6562310001>. Accessed on 2/9/2023.

<sup>7</sup> Meeker, Z. *Recruiting and Retaining Nursing Home Staff*. (August 19, 2022). Retrieved from: <https://mediakit.nurse.com/blog/recruiting-retaining-nursing-home-staff/>. Accessed on 2/9/2023.

<sup>8</sup> Centers for Medicare & Medicaid Services. *CMS Enhances Nursing Home Rating System with Staffing and Turnover Data*. Retrieved from: <https://www.cms.gov/newsroom/press-releases/cms-enhances-nursing-home-rating-system-staffing-and-turnover-data>. Accessed on 2/9/2023.

## Lack of Full-Time Infection Preventionists (IPs)

Regular turnover of SNF staff, increased workload for remaining staff, and increased reliance on contracted staff not as familiar or compliant with their facility's practices and requirements, all made it challenging to sustain infection control education and support activities at SNFs. Several studies and national surveys have shown low compliance with hand hygiene, contact precautions, and other infection prevention basics at healthcare facilities, including SNFs.

To support training and compliance with infection control and prevention practices, hospitals employ full-time infection preventionists (IPs). Unlike hospitals, SNFs were not required to have full-time IPs to provide infection prevention education and support, until recently. While California Assembly Bill 2644 was signed into law in September 2020, requiring each SNF to employ a full-time infection preventionist, many staff newly placed in IP roles had no education or experience in the field, making it challenging to quickly and effectively implement an infection prevention program that offered SNF staff clear direction, consultation, and support.<sup>9</sup> Additionally, IPs often face significant barriers to consistent and quality infection prevention and control practices at SNFs, including high turnover, substantial workload and responsibilities, and insufficient support from facility leadership.

## Evolving Science and Changing Requirements

In addition to ongoing shifts in staffing, SNFs faced major difficulties due to the evolving science regarding COVID-19, which required frequent changes in guidance. These difficulties were compounded at times when federal, state, and local requirements differed.

## Other Well-Documented Challenges

There are many other well-documented challenges that impact care at nursing homes, including SNFs. In February 2022, the White House enumerated some of the problems currently seen at nursing homes, including decreased resident outcomes (e.g., more emergency room visits, prescription of antipsychotic drugs, mortality) and increased Medicare spending, particularly in private equity-owned nursing homes. The White House also outlined solutions the federal government would take to address these deficiencies,

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<sup>9</sup> Pitt. H. Los Angeles County Department of Public Health. *The Role of the Infection Preventionist. Basics of Infection Prevention 2-Day Mini Course*. (November 2017). Retrieved from: <http://publichealth.lacounty.gov/acd/docs/DayOne/RoleIP.pdf>. Accessed on 2/9/2023.

including proposing new payment changes based on SNF staffing adequacy and the resident experience.<sup>10</sup>

Overall, the challenges noted in this report, some of which have been historical obstacles at SNFs, have directly informed the collaborative strategies implemented and supports provided throughout the pandemic. LACDPH remains committed to continuously assessing and collaboratively addressing concerns raised by community members and staff and operators at SNFs, including the ongoing need for transparent information. Responding to this pandemic has required and will continue requiring sustained collaboration with SNFs, regulators, and those who serve and receive care at SNFs to promote measures that ensure accountability while securing the resources and policy change that ensure optimal staffing levels, infrastructure, and other supports desperately needed at SNFs.

## Strategies to Address COVID-19 Outcomes in SNFs

The [COVID-19 Racial, Ethnic & Socioeconomic Data & Strategies Report](#) was the first time the Department of Public Health issued COVID-19 related data by race/ethnicity. The report also included nine strategies that were intended to close the gaps on COVID-19-related health outcomes. This SNF-specific update not only utilizes most of the original report's strategies as an organizational framework, but also focuses on the real-time collaborative efforts tailored to address the aforementioned challenges alongside the administrators and staff at skilled nursing facilities.

### Strategy 1: COVID-19 Testing and Cohorting

Testing and vaccination efforts have required strategic prioritization, large-scale coordination, and flexibility in operations as supplies have gone from limited to widely available.

#### Approach during Limited Availability of Testing Supplies

At the time COVID-19 outbreaks were first detected in SNFs within LA County, testing for COVID-19 was not widely available and outbreaks were identified by testing one or two symptomatic patients or staff at each facility. If these initial tests were positive, all others

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<sup>10</sup> The White House. *Fact Sheet: Protecting Seniors by Improving Safety and Quality of Care in the Nation's Nursing Homes*. Retrieved from: <https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/28/fact-sheet-protecting-seniors-and-people-with-disabilities-by-improving-safety-and-quality-of-care-in-the-nations-nursing-homes/>. Accessed on 2/15/2023

with COVID-19 symptoms were counted as cases. While done out of necessity when testing capacity was extremely limited, this approach failed to identify asymptomatic (no symptoms) and mildly symptomatic individuals who were later found to be able to transmit COVID-19.

To better understand SNF outbreaks and more fully characterize the extent of an outbreak, in April 2020, testing of all SNF residents and staff began using a network of partners including the LA County Public Health Lab, private commercial labs, and the City of Los Angeles testing team. LA County was the first large health jurisdiction to complete this type of mass testing in the United States, though it became more common as the Centers for Disease Control and Prevention (CDC) adopted this approach and all COVID-19 testing costs were covered by Medicare and private insurance companies.

### **Response Testing, Cohorting, and Asymptomatic Screening Testing**

As testing capacity became more widespread, LACDPH relied heavily on two COVID-19 testing strategies: response testing as required by CDPH and asymptomatic screening testing during periods of high community transmission.

Both LACDPH and CDPH issued guidance that required testing all SNF residents and staff—a practice referred to as response testing—when a single COVID-19 case was identified among residents or staff. Residents were then quarantined or isolated based on the testing results and the determination of exposures—a strategy referred to as cohorting, which remained the standard of care until October 2022. Testing would continue at least weekly until at least two rounds of testing were negative, and the outbreak could be closed. This strategy relied on SNFs working with commercial laboratories or, in some cases, local government and emergency medical services agencies.

In times of high COVID-19 community transmission, LACDPH and CDPH required additional asymptomatic screening of all staff either once or twice weekly, depending upon the level of community transmission and individuals' vaccination status. Asymptomatic screening testing of residents was also used in the winter seasons during particularly high transmission periods. LACDPH implemented asymptomatic screening testing of staff prior to the 2020-2021 winter surge based on the understanding that SNF staff with asymptomatic COVID-19 often led to transmission among residents. The goal of this strategy was to identify and isolate asymptomatic staff before they could transmit COVID-19 to others within the facility.

While understandably cumbersome, these practices were imperative to identify and curb the spread of infection, especially before COVID-19 vaccines were available.

### **COVID-19 Testing for SNF Visitors**

Throughout the pandemic, SNF staff had to implement varying safety measures to limit the introduction and transmission of COVID-19 in their facilities. At the height of the pandemic, federal, state, and local requirements restricted indoor visitation at SNFs. As average daily cases and deaths declined at SNFs and across the County, additional protective measures were put in place to facilitate visitation in a manner that reduced the risk of introducing COVID-19 within SNFs (e.g., outdoor visitation, required proof of full vaccination status or negative SARS-CoV-2 test (within one day of visit for antigen tests and within two days of visit if for PCR tests)) without compromising visits that prove so helpful to residents' social, mental, and emotional wellbeing.

During the various phases of the pandemic, LACDPH has regularly provided SNFs with antigen test kits to support their testing programs for visitors. Even during COVID-19 surges when testing supplies have been limited, distribution of testing supplies to SNFs has been a top priority for LACDPH. These testing efforts aimed to help residents and visitors make informed decisions when spending time together while also preventing the need to reinstitute more restrictive visitation requirements that impacted the quality of life for residents and their families.

## **Strategy 2: COVID-19 Vaccination**

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The COVID-19 vaccine rollout began during the 2020 winter surge, with various implementation challenges including an insufficient vaccine supply and demanding vaccine cold-chain and storage requirements. With those constraints in mind, vaccination efforts were initially focused on populations in the highest-risk settings, including healthcare personnel and SNF staff and residents. By the summer of 2021, 84% of SNF residents and staff were fully vaccinated.

The following activities resulted in broad vaccination coverage among SNF staff and residents.

### **Opting Out of the Federal Pharmacy Partnership (FPP) Program**

While the federal government established the Federal Pharmacy Partnership (FPP) to handle all parts of the vaccination process for long-term care facilities, LACDPH's long-term care (LTC) team, an entity within LACDPH's Acute Communicable Disease Control's

(ACDC) Hospital Outreach Unit (HOU), quickly acknowledged the accessibility-related limitations the FPP program would pose to the SNF population.

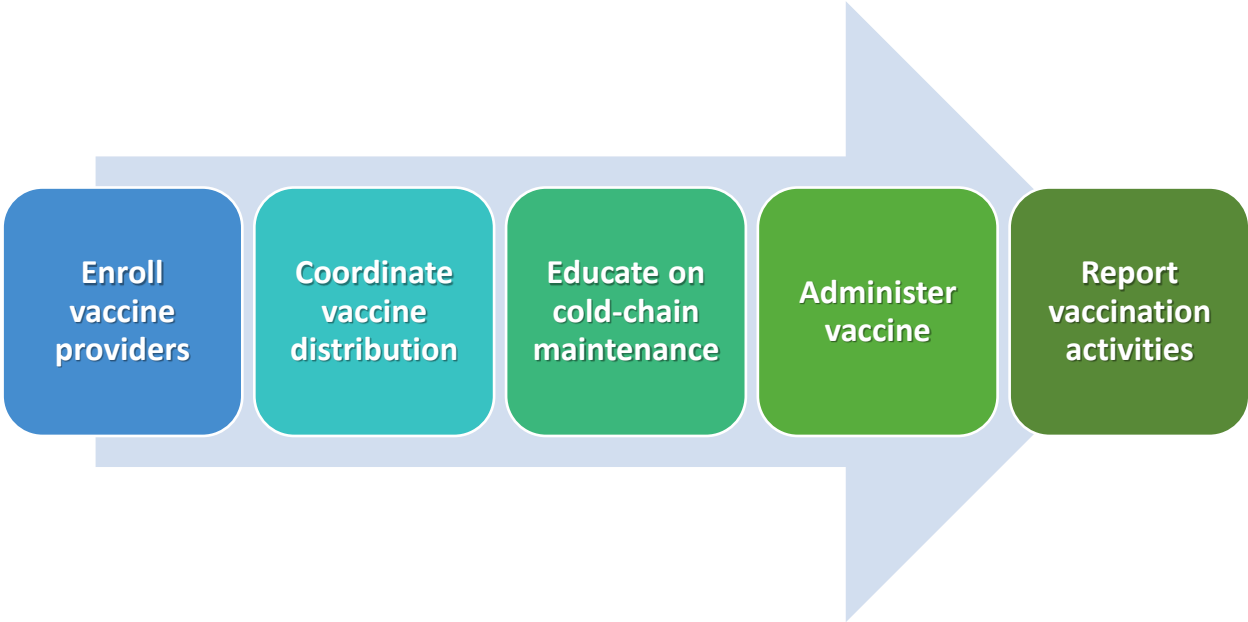
The FPP offered three visits to each SNF over a 3-month period to administer vaccine to SNF residents and staff who were interested and available at the time of the visit. While this program promised to lessen the administrative burden on SNFs and local health departments, the lack of flexibility in scheduling would have made it difficult for many to complete a two-dose primary series with only three opportunities for vaccination, significantly limiting the ability to reach high vaccination coverage for such a high-risk population. The lack of flexibility was potentially detrimental in a number of ways: a) SNFs would be unable to stagger vaccine doses to protect against staff absenteeism due to post vaccination side effects; b) SNFs would not have vaccine doses on hand between visits to provide vaccines to staff who missed one of the three sessions or to new staff and residents; c) the FPP could not easily offer the vaccine to those who initially refused the vaccine but might accept later after receiving vaccine education; and d) the FPP required a signature on a paper consent form, which meant that residents without local family could be denied vaccine.

As previously noted, the ongoing turnover of staff and residents at SNFs posed a risk of introducing pathogens that necessitated an enhanced approach to ensure broader vaccine coverage among staff and residents.

### **Direct Distribution of COVID-19 Vaccines to SNFs**

In response to these limitations, for the initial COVID-19 vaccine roll-out in December 2020, LACDPH opted out of the FPP program for SNFs and instead directly managed the distribution of COVID-19 vaccines to these facilities. LACDPH's LTC team provided end-to-end assistance for the 340 SNFs within LACDPH's jurisdiction including enrolling facilities as COVID-19 vaccine providers, coordinating vaccine distribution between SNFs and LACDPH's warehouse team, and providing education on cold-chain maintenance, vaccine administration, and reporting.

**FIGURE 1: End-To-End COVID Vaccination-Related Assistance Provided to SNFs**



The LTC team also identified SNFs who had difficulty becoming a [COVID-19 vaccine provider](#) and coordinated partnerships with internal LACDPH programs and external partners to provide assistance, including holding on-site vaccination clinics. Vaccine distribution was paired with weekly surveys assessing the proportion of staff and residents vaccinated. SNFs that lagged in staff and resident vaccine administration were identified for additional outreach, which included efforts to build vaccine confidence, that is, the confidence that vaccines work, are safe, and are part of a trustworthy medical system.<sup>11</sup>

In January 2021, the LTC team in collaboration with LACDPH’s Vaccine Preventable Disease Control program held two staff listening sessions for a small number of SNFs with both low and high vaccine uptake to learn more about the challenges and successes related to vaccine confidence at their facilities. As a result of these listening sessions, the LTC team produced a one-page flyer, “Best Practices for Improving COVID-19 Vaccination Coverage in Skilled Nursing Facilities,” to share with SNFs and other LACDPH teams working directly with SNFs. LACDPH also offered educational webinars for SNF staff on the development, efficacy, and safety of the mRNA COVID-19 vaccines as early as December 4, 2020, well before any vaccine reached the doors of SNFs. The LTC team

<sup>11</sup> Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases. *12 COVID-19 Vaccination Strategies for Your Community*. (November 29, 2022). Retrieved from: <https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/community.html#:~:text=Vaccine%20confidence%20is%20the%20belief,of%20a%20trustworthy%20medical%20system>. Accessed on 2/13/2023



continued hosting educational webinars with more focus on how facilities could build vaccine confidence over a span of three sessions during this crucial initial roll-out phase from December 2020 through January 2021.

COVID-19 vaccines were first distributed to and administered within facilities starting on December 22, 2020, about one week earlier than the FPP activation date of December 28, 2020, for SNFs in the rest of the state. By January 15, 2021, first doses had been made available to all SNFs within LACDPH.

LACDPH leveraged the relationship with SNFs forged before and during the pandemic to strengthen their organizational capacity to take on the administrative and logistical work of administering COVID-19 vaccines at their facilities. LACDPH developed infrastructure to help onboard and train all SNFs to manage their own COVID-19 vaccine supply and use the California COVID-19 vaccination administration computer program. LACDPH also maintained a suite of supports for SNFs, including:

- Multiple daily 30-minute virtual interactive training sessions and office hours where facilities could ask questions in real-time
- A phone helpline and on-site technical assistance
- A scheduled pick-up system at its vaccine warehouse
- Strike teams of LACDPH staff and partnerships with third parties to assist with the initial vaccine administration to SNF residents and staff.

Ultimately, 247 SNFs were able to independently vaccinate their staff and residents, 56 SNFs needed some support, and 37 smaller SNFs were unable to establish the capacity to independently manage COVID-19 vaccines and required total support from LACDPH.

Through the weekly survey that was paired with vaccine distribution, most SNFs within the LACDPH jurisdiction reported that among those eligible to be vaccinated, first doses were administered to a median of 80.9% residents and 71.8% staff by week 4 of the roll-out. Compared with the FPP on a national level, SNFs reported medians of 77.8% residents and 37.5% staff received their first dose of the COVID-19 vaccine by a similar point in time. When compared with the FPP on a national level, SNFs within LACDPH's jurisdiction had comparable vaccine coverage among residents and significantly higher coverage at nearly double the national percentage among staff by the third week of January 2021. As of mid-May 2021, when state vaccination coverage data first became available, the vaccination coverage in LACDPH SNFs was about 80% and just over 80%, respectively, for residents and staff compared to about 77% and 72% statewide. These results demonstrate

that LACDPH alongside local SNFs were able to vaccinate residents and staff more quickly and completely than the FPP.

The decision to directly provide COVID-19 vaccines to SNFs allowed for greater flexibility and broader access to lifesaving tools to two high-risk groups. There were several advantages with assuming the management of vaccine distribution to SNFs, including: flexibility to stagger vaccine administration to mitigate potential staffing shortages associated with "expected" adverse reactions, more options for staff working multiple facilities or night shifts, the ability to adjust dose allocation to account for registry staff, and preparing SNFs to build capacity to independently store, handle, and administer COVID-19 vaccines to meet ongoing needs of staff/resident turnover beyond the initial vaccine roll out. Further, the decision to address low vaccine confidence, even before distributing vaccines, and through multiple methods including virtual educational sessions, listening sessions, and in-person visits contributed to the partnership's success in swiftly vaccinating SNF staff and residents.

### **In-Person Site Visits to Improve Vaccine Confidence**

Between December 2020 through March 2021, LACDPH's LTC team simultaneously coordinated the logistics of direct vaccine distribution and the "soft" push of building vaccine confidence in SNFs. To build vaccine confidence at SNFs, from February through March 2021 the LTC conducted one time in-person visits at SNFs with persistently low vaccination coverage among residents or staff (<50%) on CDPH's weekly survey results or through a referral from the LACDPH's Outbreak Management team or ombudsmen. The LTC team started planning these on-site visits as early as January 2021 designing a workflow, pulling together the most relevant resources to share with SNFs including the previously mentioned "Best Practices" one-pager, and creating graphs to visually depict a facility's vaccine coverage percentage compared to other SNFs within LACDPH's jurisdiction. The collaboration and partnership between SNF administrators and staff were critical to the success of these efforts.

### **Mobile Vaccine Teams (MVT)**

For SNFs that were unable to vaccinate their residents and staff on their own, LACDPH provided direct vaccination services through an on-site mobile vaccination team (MVT). This team supported about 50 facilities during the initial vaccine roll-out and continued to be available to SNFs needing support to administer subsequent booster vaccine doses. Throughout the pandemic, the MVT has continuously provided primary and booster vaccine doses at facilities that do not have the capacity to administer the vaccines without support. As of the week ending December 11, 2022, of the 305 SNFs who reported data,

98% of SNF staff and 91% of SNF residents, have been fully vaccinated, many with support from the MVT.<sup>12</sup>

## **Booster Doses**

After the FDA approved COVID-19 booster doses, LACDPH worked with SNFs to ensure they were able to offer COVID-19 booster doses to their residents and staff. While LACDPH mobilized its MVT to help SNFs provide vaccination services, most SNFs were able to build upon the initial vaccine roll-out and directly administered vaccines to their residents and staff by utilizing long-term care pharmacies that had been brought on by LACDPH as COVID-19 vaccine providers.

Booster doses were updated and continued proving effective against severe COVID-19 outcomes. The bivalent boosters offer effective protection against severe illness, especially for people 65 years old or older. Recent data regarding bivalent booster uptake show that older adults who received the bivalent booster were significantly less likely to be hospitalized, die, or have other poor health outcomes related to COVID-19 than their counterparts who were either unvaccinated or were vaccinated and had not yet received the bivalent booster.

- Unvaccinated adults 80-years-old and older were more than three times as likely to be hospitalized and more than five-and-a-half times as likely to die than people in the same age group who had received the bivalent boosters.
- Unvaccinated people between the ages of 65 to 79 were 12 times as likely to be hospitalized and almost 16 times more likely to die compared to others the same age who had received the bivalent booster.
- People ages 80 and older who received the original series vaccinations were more than twice as likely to be hospitalized and nearly three times more likely to die compared to others in the same age group who were fully vaccinated and had received the bivalent booster.
- People ages 65 to 79 were nearly three times as likely to be hospitalized and three times more likely to die if they only received the original series vaccinations as compared to people the same age who received both the original vaccinations and the bivalent booster.

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<sup>12</sup> Los Angeles County Department of Public Health. Los Angeles County Skilled Nursing Facilities COVID-19 Dashboard. Retrieved from <http://publichealth.lacounty.gov/snfdashboard.htm>

The ongoing shift in SNF staff and residents and the eventual updating of vaccine, necessitate ongoing communication, monitoring, and collaboration between LACDPH and SNFs to maintain optimal levels of vaccine coverage. The percent of vaccine coverage for staff and residents and other data are available on the Skilled Nursing Facility COVID-19 Dashboard: <http://publichealth.lacounty.gov/snfdashboard.htm>.

### **Strategy 3: Ensuring Access to COVID-19 Therapeutics**

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Several therapeutics have been approved specifically to treat COVID-19 or reduce its severity. Within the first few days after starting symptoms, persons who test positive for COVID-19 and are at elevated risk for severe illness may qualify for therapeutics, including oral medications Paxlovid and Molnupiravir or injectable treatments, such as Remdesivir.

COVID-19 therapeutics have shown to be highly effective in preventing hospitalizations and deaths among high-risk patients with COVID-19. Since SNF residents tend to be older and have a higher number of underlying medical conditions than comparable older adults across LA County, in 2021 and 2022, LACDPH focused efforts on increasing awareness and utilization of therapeutics in SNFs. LACDPH provided educational webinars, guidance documents, and direct recommendations during outbreak site visits to increase knowledge about therapeutics among SNF staff.

Unfortunately, COVID-19 therapeutics have remained significantly underutilized in SNFs. Surveys and informal interviews with SNF staff identified several barriers to increasing their utilization, including:

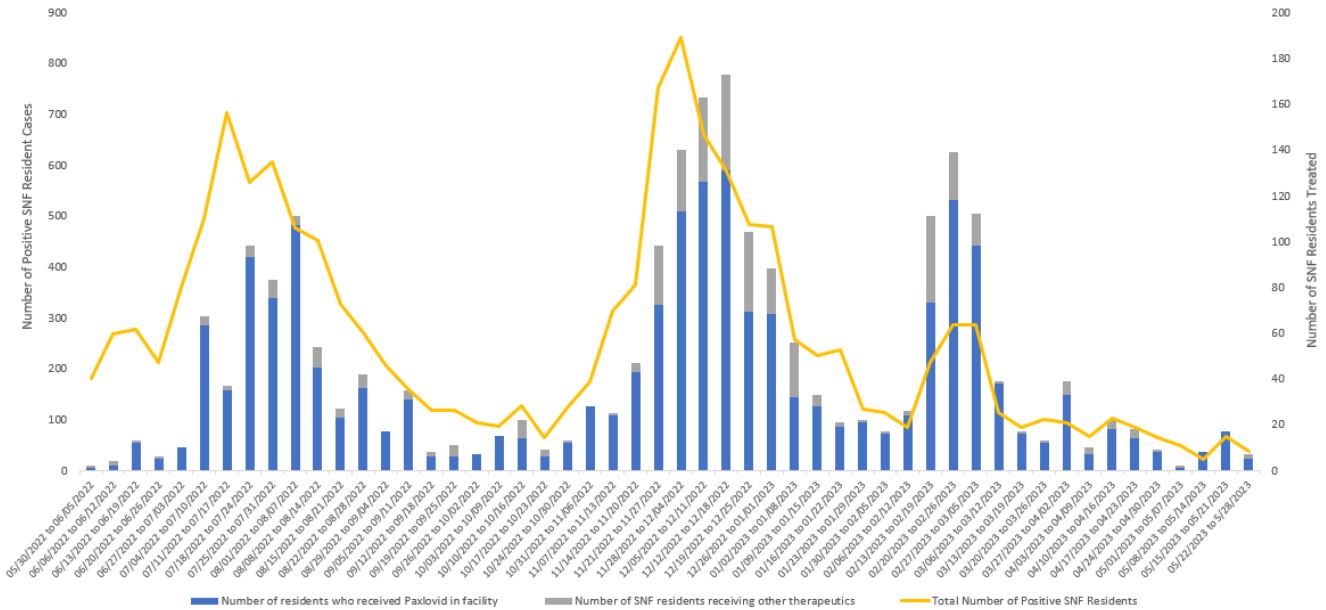
- Incomplete access to therapeutics through long-term care pharmacies;
- Lack of licensed staff to administer the medications, especially with the intravenous drugs that require close monitoring; and
- Competing priorities for staff attention during times of high transmission.

Some of these barriers link back to longstanding challenges faced by SNFs and require a combination of policy changes, investments, and other supports to address.

Widespread vaccine coverage and easily accessible therapeutics are critical to mitigating the spread and impact of COVID-19, particularly during outbreaks. Ensuring access to and use of these lifesaving tools have been top priorities for LACDPH. To this end, MVTs have continuously supported vaccination at SNFs with limited capacity to administer the vaccines. Additionally, LACDPH issued a Health Officer Order in July 2022 that required SNFs to assess all COVID-19 positive residents for COVID-19 therapeutics and offer

therapeutics to all who qualified for treatment. This order was ultimately the model for a statewide order issued by CDPH a few months later. While the use of COVID-19 therapeutics is still underutilized, as shown in **GRAPH 1** below, the numbers of people in SNFs taking these drugs have increased significantly for SNF residents.

**GRAPH 1: Number of Los Angeles County SNF Residents Receiving Paxlovid in Facility vs Receiving Other Treatments for COVID-19, by Reporting Week**



- Intermediate care facilities for the developmentally disabled
- Hospice Programs
- Ambulatory surgical centers
- Chronic dialysis clinics
- Community care clinics
- Home Health Agencies
- Congregated Living Facilities (catastrophic and severely disabled, ventilator dependency, terminal illness)

HFID conducts inspections of health care facilities and providers to evaluate their compliance with various mandates and documents the division's findings that may serve as the basis for further legal action. HFID also responds to complaints from the public regarding health facilities or providers.

In March 2020, HFID worked with ACDC to disseminate readiness surveys and communication to SNFs about the risk of COVID-19 prior to experiencing the first COVID-19 cases in these facilities. Both groups have continued meeting based on the number of SNFs experiencing COVID-19 outbreaks.

### ***Outbreak Management Branch (OMB)***

Since the beginning of the pandemic, LACDPH quickly mobilized its regional field staff, comprised of highly skilled public health investigators, specialized nurses, and physicians, to investigate COVID-19 outbreaks across a range of settings such as worksites, schools, skilled nursing facilities, and other congregate settings. This team, known as the Outbreak Management Branch (OMB), conducted site visits and provided infection control guidelines, requirements, and guidance tailored for different sectors experiencing outbreaks. Since June 2022, OMB has managed more than 3,300 outbreaks at SNFs.

HFID, ACDC, and OMB have continuously collaborated on outbreak investigations, using complementary emphases. While HFID surveys SNFs for compliance with existing CPDH and CMS requirements, ACDC and OMB provide consultation, collaborative problem solving, and infection control guidance tailored to SNFs needs. These groups have often conducted on-site or virtual site visits together to ensure that SNF staff received the latest guidance.

### **Acute Communicable Disease Control (ACDC)**

Additionally, ACDC nursing and epidemiology staff have continuously provided extensive support to SNFs, including:

- Infection prevention and control consultation
- Preventative site visits to improve general infection prevention and control programs when they are not experiencing outbreaks
- Calls and in-person site visits to increase vaccine and booster confidence
- One-on-one support for COVID-19 testing and vaccine management
- Bridging SNFs to other LACDPH resources, like MVT services and supplies such as antigen tests and PPE

The ACDC physician team continues meeting regularly with C-suite members of SNF corporations and their trade organization to maintain open communication and elicit feedback on outbreak prevention and response policies and guidance.

### **Nursing Home and Long-Term Care Facility Strike Team**

The Nursing Home and Long-Term Care Facility Strike Team is another example of collaborative efforts between various LACDPH units. The Nursing Home and Long-Term Care Facility Strike Team focuses on SNF outbreaks that are deemed most concerning based on a variety of indicators, such as a high number of new cases, hospitalizations, deaths, and/or difficulty mitigating transmission despite standard infection prevention and control efforts. Response activities include one or more of the following: internal teleconferences between ACDC, OMB, and HFID; external teleconferences with SNF leadership; virtual or in-person site visits and close follow-up conducted jointly by ACDC, OMB, and HFID, all with the goal of reinforcing infection control requirements and recommendations and identifying areas to support.

The Nursing Home and Long-Term Care Facility Strike Team has developed Infection Control and Assessment Response (ICAR) assessment tools for SNFs and other-LTCFs in RedCap, a secure web application for building and managing online surveys and databases. The Strike Team completes these tools when they conduct preventive ICAR visits and sends the completed versions to the facility after the visit to show them where they were doing well and where they need improvement. The results are then analyzed periodically to determine how the facilities are doing overall and whether the assessment should be changed.

The team periodically conducts webinars for SNFs and other LTCFs to keep them abreast of updates in testing, treatment, vaccines, or infection prevention activities. The Strike Team also provides COVID-related and general infection prevention training to HFID and OMB staff. The team has also implemented the Transforming Nursing Home Care Together (TNT) Program (outlined below), as well as infection prevention education. With the assistance of the LACDPH Office of Development and Training, the Nursing Home and Long-Term Care Facility Strike Team has also implemented the Project Firstline (PFL) curriculum for staff at the smallest LTCFs (6-bed operators).

### **Transforming Nursing Home Care Together (TNT) Program**

The [I](#) was a collaborative, comprehensive, 9-month educational program with the following 5 main goals:

1. Provide comprehensive infection control education to SNF infection preventionists
2. Standardize infection control practices across SNFs in Los Angeles County
3. Provide a quality improvement structure and framework for SNFs
4. Foster a culture of safety and accountability within SNFs
5. Promote transparency in public reporting for SNFs by using the National Healthcare Safety Network (NHSN)

The program launched in July 2022 and was completed in March 2023. A total of 878 participants from 270 SNFs across the LA County jurisdiction, including 10 SNFs from Pasadena's jurisdiction, enrolled in the program. The program was comprised of three units totaling 26 weekly didactic sessions, 23 weekly office hours, and 6 unique monthly small groups, the latter of which was implemented through 49 separate sessions to accommodate all participating facilities. The educational content in the first unit covered fundamentals of quality improvement and a culture of safety in SNFs. The subsequent two units went in-depth on foundational infection prevention topics, including healthcare associated infections, hand hygiene, standard precautions, transmission-based precautions, environmental cleaning and disinfection, antimicrobial stewardship, and more. Additionally, all enrolled SNFs received supplies, including fluorescent marker kits for auditing environmental cleaning practices, to support their infection prevention and control programs. Facilities' completion of the program depended on their didactic session attendance, small group attendance, and submission of a quality improvement project on infection prevention and control.



**FIGURE 2: Transforming Nursing Home Care Together (TNT) Program Schedule**



Ultimately, 223 SNFs, or 83% of the total enrolled, successfully completed the program, qualified for financial support, and have their name displayed on the [LACDPH website](#). LACDPH also conferred 8,206 continuing education credit hours and 1,762 continuing education or completion certificates as a part of the TNT program. Pre- and post-knowledge assessments and regular participant surveys clearly conveyed that the TNT program broadly expanded participants' baseline knowledge of infection prevention and control (IPC), and also helped better connect SNFs with LACDPH and the broader professional infection preventionist community. On surveys, 96% of IPs agreed or strongly agreed with the statement "I feel supported as an IP through the TNT program" and 95% of all respondents (IPs, DSDs, DONs, administrators) agreed or strongly agreed that their understanding of the IP's role beyond COVID-19 in a SNF improved as a result of participating in the TNT program. Many SNF IPs shared feedback like the following at the close of the program:

- "Grateful for the opportunity to participate in this program. This program has been an excellent way for us to work as a team and has given us new avenues to improve our Infection Prevention practices."
- The "TNT program provided us a roadmap. I am proud to say that you gave me confidence and knowledge on how to address any barrier in infection control. I am grateful to be part of TNT and grateful for the Program to make me feel that I am not alone. I learned a lot."

Finally, the TNT program also raised awareness for the vital need to continue investing in SNF IPs to sustain improvements in patient safety within their facilities and better prepare a highly vulnerable population for the next outbreak or pandemic.

## **vSNF Collaborative**

Quarterly in-person meetings of Infection Preventionists from all vSNFs in the LA County jurisdiction have been held to aid in mitigating gaps identified during Infection Control Assessment and Response (ICAR) visits, visits that assess infection prevention and control (IPC) practices for nursing homes without an active outbreak of COVID-19. The collaborative includes workshops on topics to improve IPC practices, such as hand hygiene (HH), PPE, environmental services, antimicrobial stewardship, and inter-facility communication, to reduce transmission of COVID-19, selected multidrug-resistant organisms (MDRO), and healthcare-associated infections (HAIs).

A group of ten vSNFs also participated in a quality improvement project focused on HH, environmental cleaning and disinfection (EVS), and PPE. Seventy-one percent (71%) of participating vSNFs reported the project was helpful in developing an effective IPC program at their facility. Nearly 90% of respondents noted the education they received as part of this project improved their/their staff's knowledge in IPC practices. On average, 10-30% of participants exhibited a knowledge increase among frontline staff on HH, EVS, and PPE practice from Pre-test to Post-test. All participants noted that visits and direct observations conducted were helpful to their facility.

## **Collaboration with Trade Groups**

On-site and virtual collaboration between SNFs, LACDPH, and other partners has been critical to improving infection control and prevention practices within SNFs. LACDPH communicated guidance through a combination of webinars, on-site and virtual preventative infection control education visits, on-site and virtual consultative visits in response to outbreaks, and collaborative meetings with SNF Chief Executive Officers (CEOs) and their trade industry group, the California Association of Health Facilities. These meetings communicated the latest information, including updates to guidance for COVID-19 response and provided a secure space for feedback and questions.

Early in the pandemic, when LACDPH's staffing resources and infection control expertise were strained, LACDPH partnered with local chapters of the national trade organization for infection preventionists, the Association for Professionals in Infection Control and Epidemiology (APIC). These mostly hospital-based APIC members were brought on as LACDPH volunteers and performed virtual infection control assessments within SNFs that had not yet experienced COVID-19 outbreaks to give them practical advice and guidance about ways in which they could continue preventing COVID-19 transmission within their facilities. As COVID-19 surges impacted acute care hospitals where the volunteers worked, it became more difficult for them to assist SNFs, but their months of effort served as a

critical bridge while LACDPH hired additional infection preventionists and public health nurses that could provide more tailored guidance to SNFs.

## **Strategy 5: Data Collection and Reporting**

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Data collection and reporting was and continues to be a central focus for LACDPH. Not only did the accurate quantification of cases, hospitalizations, and deaths within SNFs help to guide LACDPH, reporting the data publicly was a central component of providing comprehensive and timely situational updates to long-term care facilities, the general public, policymakers, and the media. LACDPH collected both data on vaccination rates and specific case information from SNF residents and staff who tested positive for or passed away due to COVID-19.

### **Vaccine surveys**

Ensuring high vaccination of both residents and staff was a critical measure in protecting both groups and instrumental in many of the vaccine efforts outlined previously. With the initial roll out of the COVID-19 vaccine in late December 2020, LACDPH performed regular surveys of vaccination rates for SNF residents and staff that were used to identify facilities for vaccine acceptance outreach visits. This survey was performed weekly until CDPH developed a similar survey they required of SNFs. Once the CDPH survey was in place, LACDPH ceased routine surveys, but continues performing ad hoc surveys aimed at more specific concerns that may not be captured by CDPH.

### **SNF COVID-19 Dashboard**

The main conduit used by LACDPH to publish data on SNF outbreaks was our SNF dashboard, located on LACDPH's COVID-19 data pages. This two-page dashboard provides self-reported weekly information on the number of COVID-19 tests performed, COVID-19 cases and deaths, and COVID-19 vaccination coverage in LA County SNFs. The data was collected through surveys facilitated by HFID but analyzed and posted by LACDPH. Page 1 includes summary data on the more than 300 SNFs in LAC, excluding those located in Long Beach and Pasadena and Page 2 provides facility-specific data including the jurisdictions of Long Beach and Pasadena. The SNF COVID-19 Dashboard is accessible here: <http://publichealth.lacounty.gov/snfdashboard.htm>.

## **Strategy 6: Direct Support and Supportive Resources for Long-Term Care Facilities (FY 2021-2022)**

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In addition to providing guidance and education, LACDPH has been actively involved in distributing PPE and COVID-19 testing resources to SNFs and other long-term care facilities.

### **Personal Protective Equipment (PPE)**

In the early days of the COVID-19 pandemic when PPE was particularly scarce, LACDPH worked in partnership with the Los Angeles County Emergency Medical Services Agency (EMSA) to distribute millions of pieces of PPE to healthcare facilities across LA County. As of June 2022, LACDPH has distributed nearly 1.8 million PPE supplies, such as masks and respirators, gowns, and gloves to all SNFs. Once PPE supplies became more widely available, LACDPH continued distributing supplies to SNFs that were having more difficulty obtaining or paying for these supplies.

### **COVID-19 Testing Resources**

COVID-19 testing resources were largely unavailable until the Fall of 2020. However, LACDPH worked with the City of Los Angeles to identify commercial testing capacity to support more robust testing within SNFs. Together, the City of Los Angeles and LACDPH were able to provide baseline testing to all SNFs within LA County by June of 2020. After that point, LACDPH and LA City staff performed COVID-19 testing in response to outbreaks when SNFs were unable to identify and pay for COVID-19 tests. Even once testing was both more widely available and supported financially through national funding, LACDPH continued assisting SNFs by providing over 2,000,000 antigen tests to date to support the increased cadence of resident, staff, and visitor testing recommended by LACDPH during the winter of 2021-2022 and after.

## **Strategy 7: Communication and Engagement with Skilled Nursing Facilities**

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Communication with SNFs and other long-term care facilities is critical to disseminate information, and guidance, but it also serves as a conduit for feedback from facilities and fosters a sense of community and sharing between SNFs. LACDPH's communication strategy with SNFs included distribution of emails as well as information sharing sessions that provided an opportunity for SNF staff to connect and share their thoughts with LACDPH policymakers.

## **Phone Consultation**

LACDPH established a team of seven nurses, seven infection preventionists, and three physicians who were available to provide real-time consultation to SNFs and other long-term care facilities. Throughout the pandemic, LACDPH has provided over 1,600 consultations to facilities, providing much needed individualized guidance and problem solving. An additional team of epidemiologists supported SNFs by providing information on vaccine logistics and responded to questions about data submission and surveys. These teams also proactively reached out to SNFs with low vaccine rates to identify barriers to vaccination in their facilities and helped link them, if needed, to additional support services.

## **Telebriefings**

Starting in the early days of the COVID-19 pandemic, LACDPH leadership and subject matter experts met regularly with the senior caregiving community during telebriefings that serve to summarize the current state of the pandemic and communicate the latest COVID-19 mitigation strategies and policies. The format of each session consisted of a brief presentation by LACDPH leadership, followed by an open question and answer session that allowed the senior caregiving community to pose questions, seek clarity, and provide input and recommendations on mitigation strategies and policies.

## **Webinars**

LACDPH subject matter experts regularly presented the latest data and research to SNF and other long-term care facilities through webinars. These webinars presented extensive data on COVID-19 in these facilities and provided practical guidance for managing and preventing COVID-19. They also provided updates on local and national policies and requirements and served as a forum to pose questions and register comments and concerns. LACDPH hosted more than 50 webinars on COVID-19 for SNFs and other long-term care facilities throughout the pandemic.

## **“Ask-an-IP” Sessions**

Starting in June 2021, LACDPH held weekly webinars specifically for SNF IPs and administrators to discuss IPC topics. These 33 webinars were held weekly until the start of the TNT program in May 2022. The webinars were structured with both didactic sessions and open forums where participants could pose questions directly to LACDPH IPs and each other. While the program is at a pause throughout the duration of the TNT program, these sessions will resume once the TNT program ends in the Summer of 2023.

## Ongoing Email Communication

Since January 2022, numerous emails have been sent to SNFs and other long-term care facilities in LA County. These emails included information about wearing masks/N95 respirators; steps to take to prevent transmission of COVID-19 among staff, residents, and visitors; testing regimens and reporting requirements for staff, residents, and visitors; and messaging that emphasized the importance of protecting residents through source control, handwashing, vaccination schedules and campaigns, and physical distancing. SNFs have also received emails detailing updates to guidance from LACDPH, CDPH, and the CDC, including vaccination requirements for staff, visitation and resident transfer/admissions guidance based on vaccination status, and return to work guidance for staff.

## Strategy 8: Equitable Policies and Investments

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The COVID-19 pandemic and its long-term impacts remain an important issue for LA County and particularly for highly impacted communities, including SNF residents, people of color, and people living in neighborhoods with fewer health affirming resources, that have felt the most devastating burden of COVID-19 and will require ongoing investments to support their recovery and healing while preventing the disproportionality and injustice of future events.

### Supporting Increased Utilization of Existing Policies and the Need for Additional Policies and Investments

COVID-19's disproportionate impact on SNF residents and staff highlight the need for:

- Strong public health infrastructure that is adequately and sustainably funded to maintain or expand upon COVID-funded staffing levels and prevent delays or gaps in services offered to SNFs including the capacity to:
  - Conduct regulatory surveys, investigate outbreaks, and provide technical assistance and consultation to the ever-expanding number of SNFs and other health facilities within the LA County jurisdiction
  - Maintain and process SNF-related data collection and surveillance, while providing data reporting related technical assistance to SNFs
  - Provide informational sessions, training, and consultation services as well as collaborative learning environments for SNF staff and leadership
  - Disseminate resources, such as test kits, PPE or other supplies that facilitate consistent application of IPC practices

- Maintain ongoing relationships with SNF-related regulators and industry groups
- A public health workforce that reflects the diversity of communities served and includes pipelines for community members with lived experience to enter the workforce and ascend the career ladder all while earning a living wage.
- Equitable investments and policies and related enforcement-related supports to ensure lower wage workers (e.g., nursing aides), have ready access to:
  - Worker protections (e.g., universal health care, paid time off)
  - Resources that foster family stability (e.g., free childcare) and support overall well-being (e.g., access to quality housing, jobs that pay a living wage, healthy food, safe places to recreate outdoors, opportunities for social support, access to technology)

As a result, LACDPH leaders have continuously highlighted these needs during testimony at congressional hearings, conversations with elected officials, gatherings with local business leaders, and philanthropic partners.

### **Support for Federally Led SNF-Related Measures**

Early in 2022, the White House committed to implementing measures that improve safety and quality of care in nursing homes across the nation. While work is already underway (e.g., CMS began posting weekend staffing and turnover rates on Medicare’s Care Compare website in January), much work remains to fully address the longstanding challenges at SNFs that were exacerbated during the COVID-19 pandemic.

As is the case with all equity-focused work, efforts focused on ensuring SNFs are vibrant, health promoting environments, will require a collaborative effort. LACDPH is committed to supporting SNFs as well as lending support for federal, state, and local initiatives that:

- Recruit and retain a robust SNF workforce
- Support SNF-related workforce development initiatives and pipeline programs
- Update SNF physical infrastructure (e.g., ventilation systems, efforts that decrease use of multi-occupancy rooms)
- Ensure SNF accountability and support stewardship of taxpayer dollars (e.g., related to Medicare and Medicaid payments)
- Facilitate compliance with regulations that safeguard health and well-being
- Ensure transparency of enforcement-related information

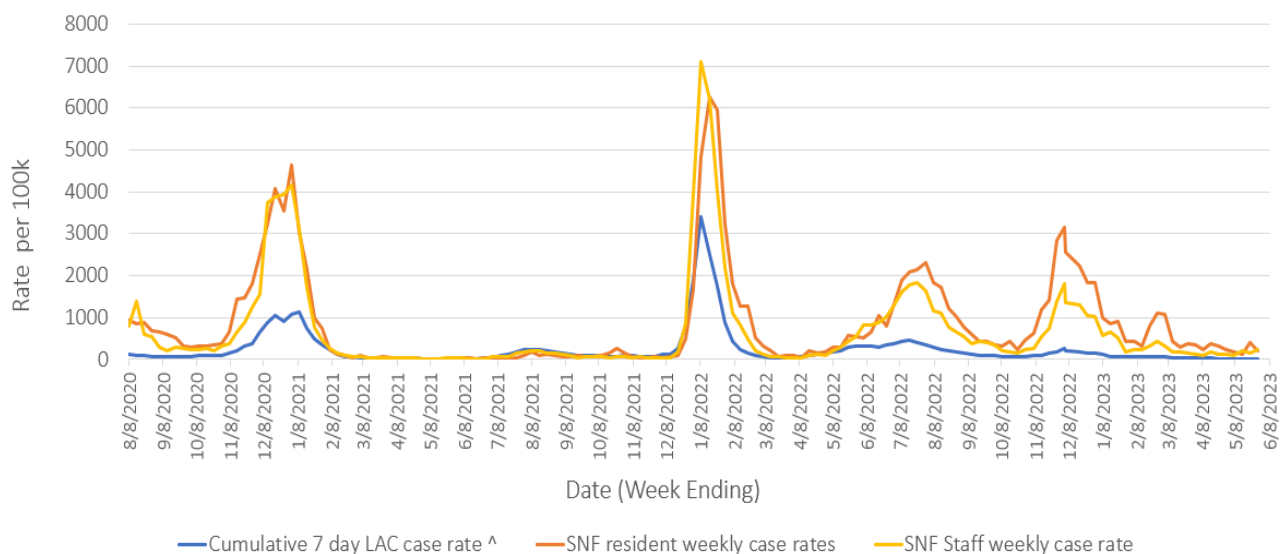
- Build transparency on the quality of infection prevention and control at the facility level

## Results of Efforts

SNFs, LACDPH, and supportive partners have worked tirelessly not only to roll out interventions that were recommended by the CDC and CDPH and also to implement additional protective actions based on local conditions. Administering COVID-19 vaccines rapidly to SNF residents and staff made a particularly large impact which is clearly demonstrated in LA County’s hospitalization and mortality data.

The figures below demonstrate, that over time, COVID-19 vaccines, although effective, became less effective in preventing new cases among SNF staff and residents and outbreaks at SNFs (i.e., as new virus strains and variants appeared), but sustained its protections against COVID-19 related mortality. The mortality rate has dropped by almost 90% in residents when comparing fiscal years 2020-2021 and 2021-2022 (cumulative total of 2,062 resident deaths in FY20-21 versus a cumulative total of 237 resident deaths in FY21-22), based on data from the required CDPH daily survey. Similarly, hospitalization rates declined during the same period, largely related to vaccination in the SNF resident population.

**GRAPH 2: COVID-19 Case Rates Among SNF Residents and Staff Compared with the General Los Angeles County Population**

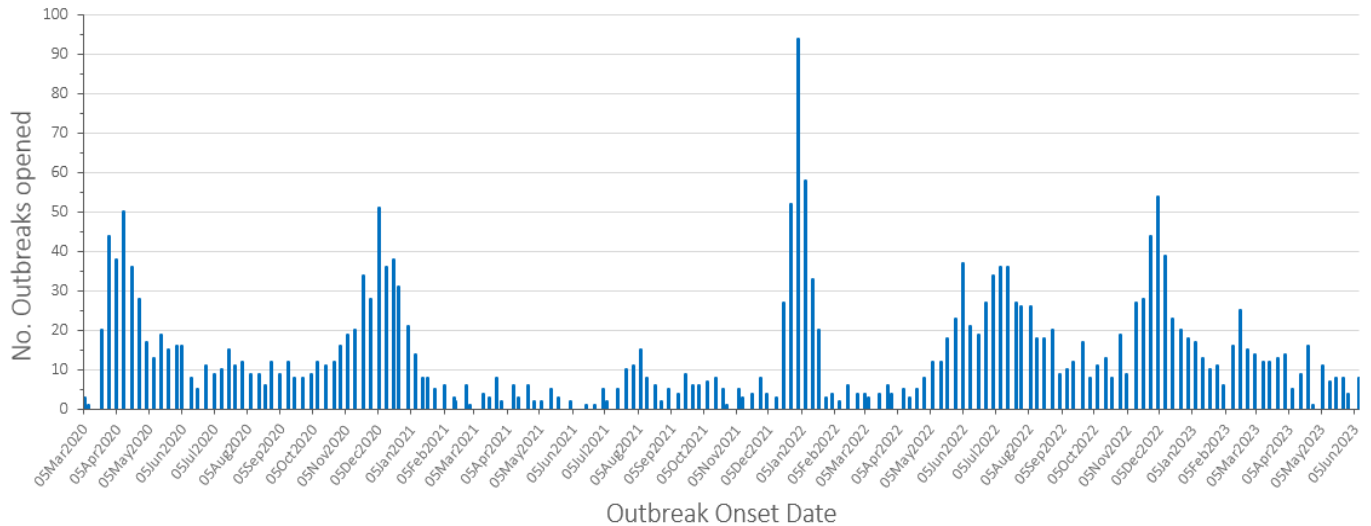


^ Seven-day cumulative crude Los Angeles County (LAC) case rates are sourced from IRIS database case episode date, and data are reported from Aug 8, 2020 through May 14, 2023. Episode date is the earliest existing value of: Date of Onset, Date of Diagnosis, Date of Death, Date Received, Specimen Collection Date. The population rate is per 100,000 and sourced from LAC PEPS 2018 demography files.

\* Weekly crude SNF case rates were sourced from the self-reported surveys facilitated by the Center for Disease Control National Healthcare Safety Network (NHSN) COVID-19 Long Term Care Facility Module. Data reported beginning May 14, 2023 until current. Dates reflect the date the positive result was reported to the individual or facility. The population rate is per 100,000 and sourced from the reported weekly resident census and staff totals for all LAC jurisdiction SNFs – these are population statistics and not estimates. We cannot capture the approx 1,500 new admissions and staff turnover per week that should be included in the exposed denominator, so the SNF rates are overestimates. This analysis includes data reported by 274 SNFs as of May 28, 2023. CDPH 123 weekly survey was used for data reported from Aug 2, 2020 through May 7, 2023 for SNF residents and staff. CDPH discontinued their weekly survey on May 11, 2023.



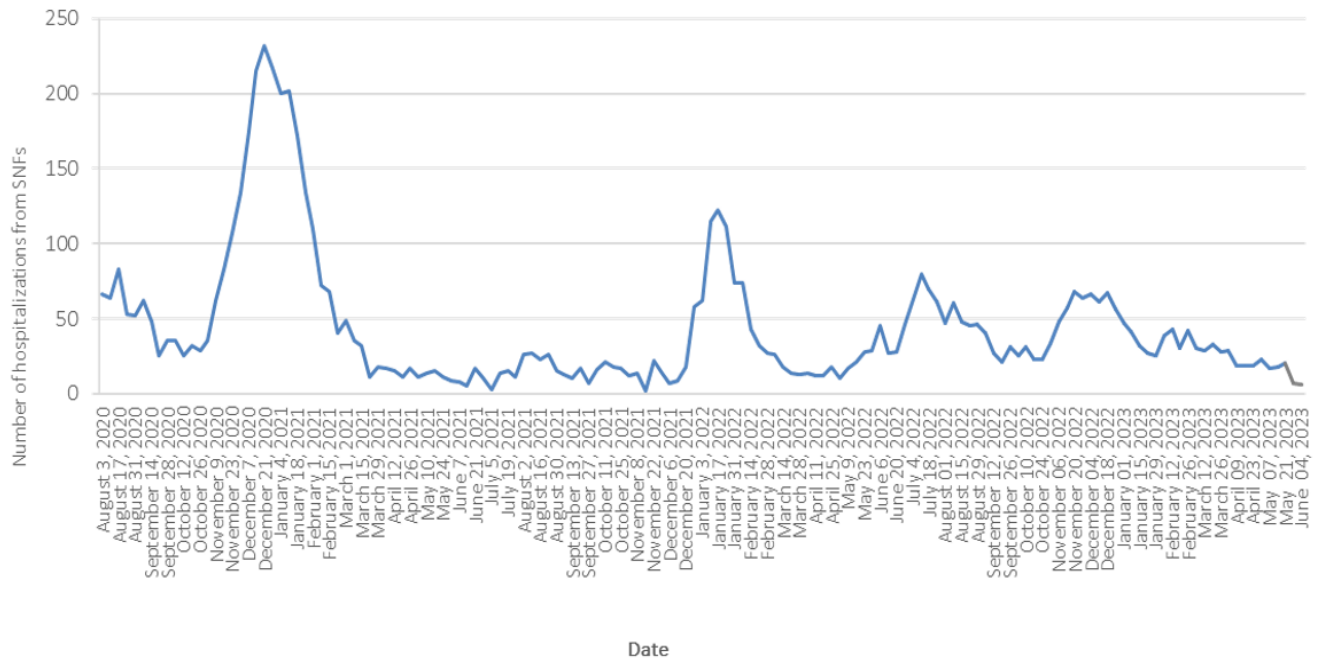
### GRAPH 3: New SNF Outbreaks by Onset Week in Integrated Reporting, Investigation, and Surveillance (IRIS)\* System



The intervals between bars appear to be irregular due to SNF outbreaks either having no associated onset or none opening per each day.

\* Onset Date is based on the episode date of the earliest case known to be part of the outbreak. An outbreak onset date is determined by the Investigator and MD’s review of the transmission dynamics, epi curve, and other factors. Date created is the date the outbreak was administratively opened in IRIS and is used in reporting until an outbreak onset date is determined. Episode date is the earliest known date among: symptom onset date, date tested, or date reported. When the onset date is not known, the outbreak date created in IRIS is used.

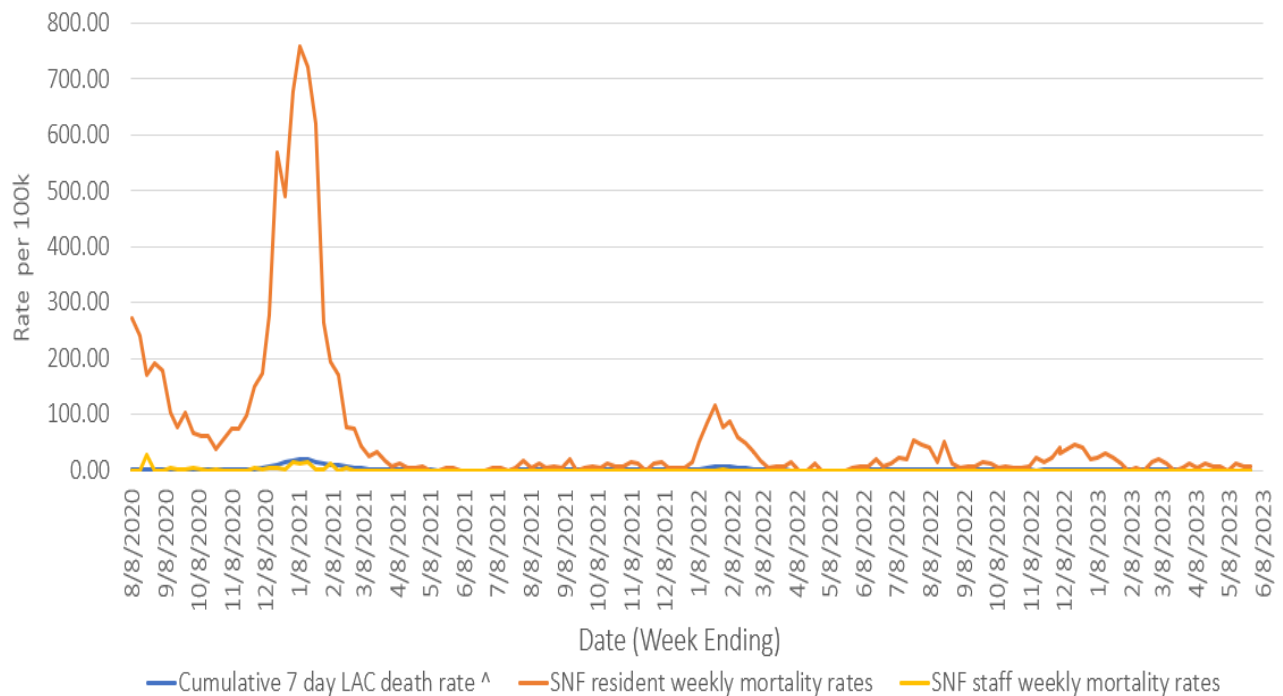
### GRAPH 4: Number of COVID-19 Hospitalization Admissions from a SNF by Week, Data as of June 4, 2023



Source: Covid Hospitalization Electronic Surveillance System (CHESS). \* The SNF hospitalization admit source CHESS data runs from Mon-Sun.

Gray shading indicates trend may be impacted by a lag in data reporting

## GRAPH 5: COVID-19 Mortality Rates Among SNF Residents and Staff Compared with the General Los Angeles County Population



^ Seven-day cumulative crude Los Angeles County (LAC) death rates are sourced from IRIS database case date of death, and data are reported from Aug 8, 2020 through May 14, 2023. The population rate is per 100,000 and sourced from 2018 population estimates. Deaths are reported by date of death or date received if date of death is missing.

\* Seven-day cumulative crude SNF mortality rates were sourced from the self-reported surveys facilitated by the Center for Disease Control National Healthcare Safety Network (NHSN) COVID-19 Long Term Care Facility Component. Data reported beginning May 14, 2023 until current. Dates reflect the date the death was reported to the facility. The population rate is per 100,000 and sourced from the reported weekly resident census and staff totals for all LAC jurisdiction SNFs – these are population statistics and not estimates. We cannot capture the approx. 1,500 new admissions and staff turnover per week that should be included in the exposed denominator, so the SNF rates are overestimates. This analysis includes data reported by 274 SNFs as of May 28, 2023. CDPH 123 weekly survey was used for data reported from Aug 2, 2020 through May 7, 2023 for SNF residents and staff. CDPH discontinued their weekly survey on May 11, 2023.

By providing technical assistance, subject matter expertise, educational materials, and other supports to SNFs, LACDPH aimed to help SNFs implement infection control practices and vaccine administration within their facilities, while building a supportive environment that helped safeguard the SNF population as much as possible. There is much work still to be done, but the model of collaboration that emerged during the COVID-19 pandemic response should serve as a potent prototype even as COVID-19 becomes one pathogen among many that potentially threaten the SNF community across LA County.

## Next Steps

COVID-19 exposed the many challenges of SNF care in LA County and, more broadly, within the United States. Addressing the complex economic and historic reasons that SNF care exists in its current form requires building upon the collaborative and innovative work done over the COVID-19 pandemic to potentially improve safety and quality of care in SNFs locally while also striving to serve as an example nationally. To achieve these goals, the following strategies are recommended:

1. Support efforts to augment staffing and increase workforce development investments at nursing homes.
2. Ensure continuation of educational efforts that are designed to improve the overall safety of care, in particular infection prevention, within SNFs, beyond COVID-19, such as TNT, "Ask-an-IP," phone consultation and on-site infection prevention assessments.
3. Strengthen requirements for on-site infection preventionists.
4. Foster and ensure multi-stakeholder collaborative forums that promote open communication and improved safety and quality of care in SNFs; invited partners include SNFs, LACDPH, other healthcare providers (e.g., acute care hospitals), and relevant stakeholder groups (e.g., nursing registries and contracting groups).
5. Secure adequate and sustainable resources for inspection and technical assistance activities that support the robust proactive measures described in this report."