A SPECIAL REPORT BY STATE AUDITOR KATHLEEN MCGUINESS

UNANSWERED QUESTIONS:

Improving Technology, Communications, and Reporting in Long-Term Care Facilities During the Pandemic

May 2021

Dear fellow Delawareans,

In the year since the COVID-19 pandemic began, over 1,600 Delawareans have died from the novel coronavirus, nearly half of the deaths (746 as of April 28th) were long-term care facility residents. With over one-quarter of the Delaware long term care facility cases resulting in death from complications related to COVID-19, it is clear across the nation that these facilities' residents are among the most vulnerable to the effects of COVID-19.

Under the Delaware Code, it is my independent office's job to provide reviews of state agencies and offer suggestions to improve efficiency and effectiveness. This special report evaluates how well the State of Delaware prepared long-term care facilities (LTCFs) for the pandemic and how well it responded to facilities' needs once the pandemic began.

To complete this evaluation, my team and I reviewed federal and state guidance provided to LTCFs at the beginning of the pandemic and six months later. We also conducted two statewide surveys of LTCF directors to evaluate their views on the guidance that came from the state and federal governments regarding COVID-19 best practices. Once we received the survey data and analyzed it, we also interviewed several LTCF directors for their direct feedback on what our analysis showed. We also reviewed federal and state data reports to determine whether the number of COVID cases and deaths at LTCFs were being consistently reported.

All of that information-gathering resulted in this special report, which contains three observations and six recommendations for improvement. Our research made it clear that state health officials have been working diligently to improve their communications and responses to LTCFs over the last year, and I applaud the dedicated public servants who have worked day and night to help guide health-care facilities through this extremely difficult time. The goal of my evaluation was to help minimize the risk of infection to those vulnerable Delawareans in LTCFs by suggesting more efficient processes for state health officials to implement.

Thank you for the opportunity to serve you.
Sincerely,

Kathy McGuiness, RPh, CFE
State Auditor

TABLE OF CONTENTS

The mission of the Delaware Office of the Auditor of Accounts
The Delaware Auditor of Accounts serves Delawareans by ensuring accountability in the use of taxpayer dollars through independent assessments of financial operations, performance management and statutory compliance of state government.

For further information on this release please contact:
State Auditor Kathleen McGuiness, RPh, CFE
Kathleen.McGuiness@delaware.gov
(302) 739-5055

ABBREVIATIONS

CDC – Federal Centers for Disease Control and Prevention

CMS – Federal Centers for Medicare & Medicaid Services

DHCFA – Delaware Health Care Facilities Association

DHSS – Delaware Health and Social Services

DPH – Division of Public Health

LTCF(s) – Long-term care facilities

OAOA – Office of the Auditor of Accounts

SHOC – State Health Operations Center

BACKGROUND

This special report examines and assesses the State of Delaware's preparation of long-term care facilities (LTCFs) for the COVID-19 pandemic, both in the early stages of the pandemic and again six months later. Our goal was to determine if the state was adequately supporting and resolving pandemic-related issues inside LTCFs and if trends or opportunities for improvement existed.

To reach our conclusions, we reviewed publicly available applicable federal and state guidance, agency policies and procedures, and information provided by Delaware's emergency support function State Health Operations Center (SHOC). As part of this review, our office did the following:

- Interviewed key employees, including SHOC management and LTCF directors, to document their understanding of the COVID-19 program structure and to review data collection and reporting processes.
- Conducted two LTCF surveys and follow-up interviews on the state's response to pandemic preparation.

  - The first survey included LTCF directors' opinions on the state's response to the pandemic, preparation provided to their facilities by the state and the timeliness of the state's response to their inquiries. We evaluated 75 responses and performed trend analysis.

  - The second survey compared the state's involvement with LTCFs from the beginning of the pandemic and examined what problems or issues still existed. We evaluated 22 responses and performed trend analysis.

- Conducted follow-up interviews with a sample of LTCF directors who completed the surveys and discussed the reporting and tracking of COVID-19 data and any issues or problems that may still exist.
- Analyzed The Nursing Home COVID-19 Public File, which includes data reported by nursing homes to the federal Centers for Disease Control & Prevention (CDC)'s National Healthcare Safety Network system COVID-19 Long Term Care Facility Module.
- Analyzed the Delaware Health and Social Services' Division of Public Health news release "WEEKLY COVID-19 UPDATE – JAN. 29, 2021: New Positive Cases, Current Hospitalizations Trend Downward" posted Saturday, Jan. 30, 2021.
- Reviewed Delaware news releases and guidance on state websites to evaluate the types and modifications of guidance during the pandemic.

The Auditor's office attempted to gather additional information from DHSS to clarify our observations on the LTCF pandemic data; however, as of the cutoff date for report release, we had not received a response from DHSS.

Policy Response to COVID-19 Pandemic

Policy Comparison Chart
(following page)

This comparison chart is a helpful tool in showing how the number of policies implemented by Delaware that affected Long-term Care Facilities, compared to other states in its region. Long-term care facilities were hit hard by the disease and emerged as hotspots for mass infections. The rapid spread of COVID-19 in long-term care facilities indicated that current infection control was not at an acceptable level.

Policies Chosen

The policies we chose to include in this graph represent those that played an integral role in infection control and mitigation. Please note that the number of policies implemented does not equate to better mitigation results.

Data Source

The policy data used in our chart was pulled from COVIDAMP.org, a collaborative effort between Georgetown University Center for Global Health Science and Security, Talus Analytics, Nuclear Threat Initiative, and COVID Act Now.

Legend Details

Social Distancing – Policies that are intended to prevent the spread of a contagious disease by maintaining a physical distance between people and reducing the number of times people come into close contact with each other.

Public Health Support – Policies that support public health and clinical capacity. Such as notification requirements, Medical provider support, and Personal Protective Equipment.

Face Masks – Mandates and policies involving the use of facemasks.

Contact tracing – Policies involving the process of identifying persons who may have come into contact with an infected person and subsequent collection of further information about these contacts.

Vaccinations – Policies involving the implementation of Vaccines within a Long-term Care facility including administration to residents and staff, reporting and tracking.
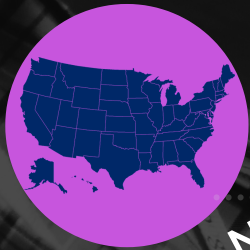
Policy Response to COVID-19 Pandemic

Legend

- Social Distancing
- Public Health Support
- Face Mask
- Contact Tracing & Testing
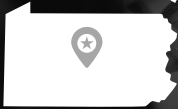- Vaccines
- Infection Rates per 1,000
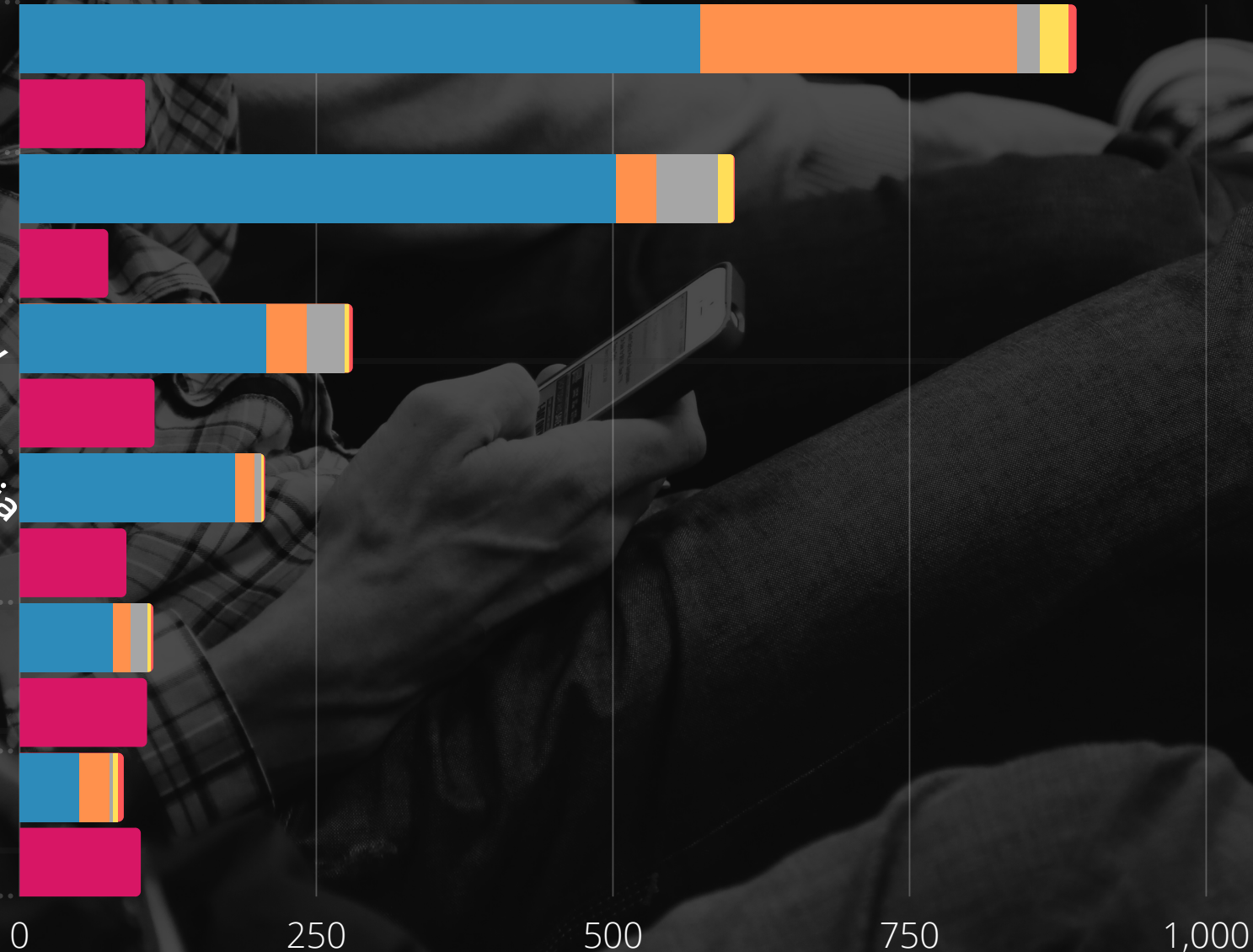
New York

Maryland

New Jersey

Pennsylvania

Delaware

Minnesota

0   250   500   750   1,000

Number of policies and plans implemented to address the COVID-19 pandemic

OBSERVATIONS

Pandemic information

- COVID-19 guidance changed frequently, came from multiple sources, was hard to interpret or was completely absent per survey respondents.

- DPH did not provide guidance on cohorting or contract tracing for staff and residents.

- Death reporting guidance from CDC was unclear and the state did not provide any additional guidance to assist.

- LTCF Directors described protocol guidance as difficult to implement.

- DPH did not provide streamlined versions of guidance.

Crisis Communications

- LTCF's questions went unanswered or were not answered timely enough to help with the problem.

- LTCF Directors said that neither DHSS nor SHOC provided a contact available to help answer their questions 24/7.

- Communications came from multiple sources resulting in an overload of information for LTCF's.

Pandemic Reporting

- Data reported to the federal government (CMS) did not match data reported through DHSS News Releases. There were 18 LTCF's not reporting data to CMS.

- Reporting requirements came from different areas of DHSS causing inconsistency in requests, duplication of data, and redundancy.

- There were frequent reporting requirement changes which made it hard for LTCFs to keep requests organized and meet deadlines while providing quality care to residents. There were some reporting changes required of the LTCF's because labs did not report consistently.

"

...We all had such a profound amount of questions, that most of the time, the State calls were not as informative. A lot of the questions we had could not be answered because they (the State) weren't sure as to what to do in that particular situation.

- A NEW CASTLE COUNTY NURSING HOME ADMINISTRATOR
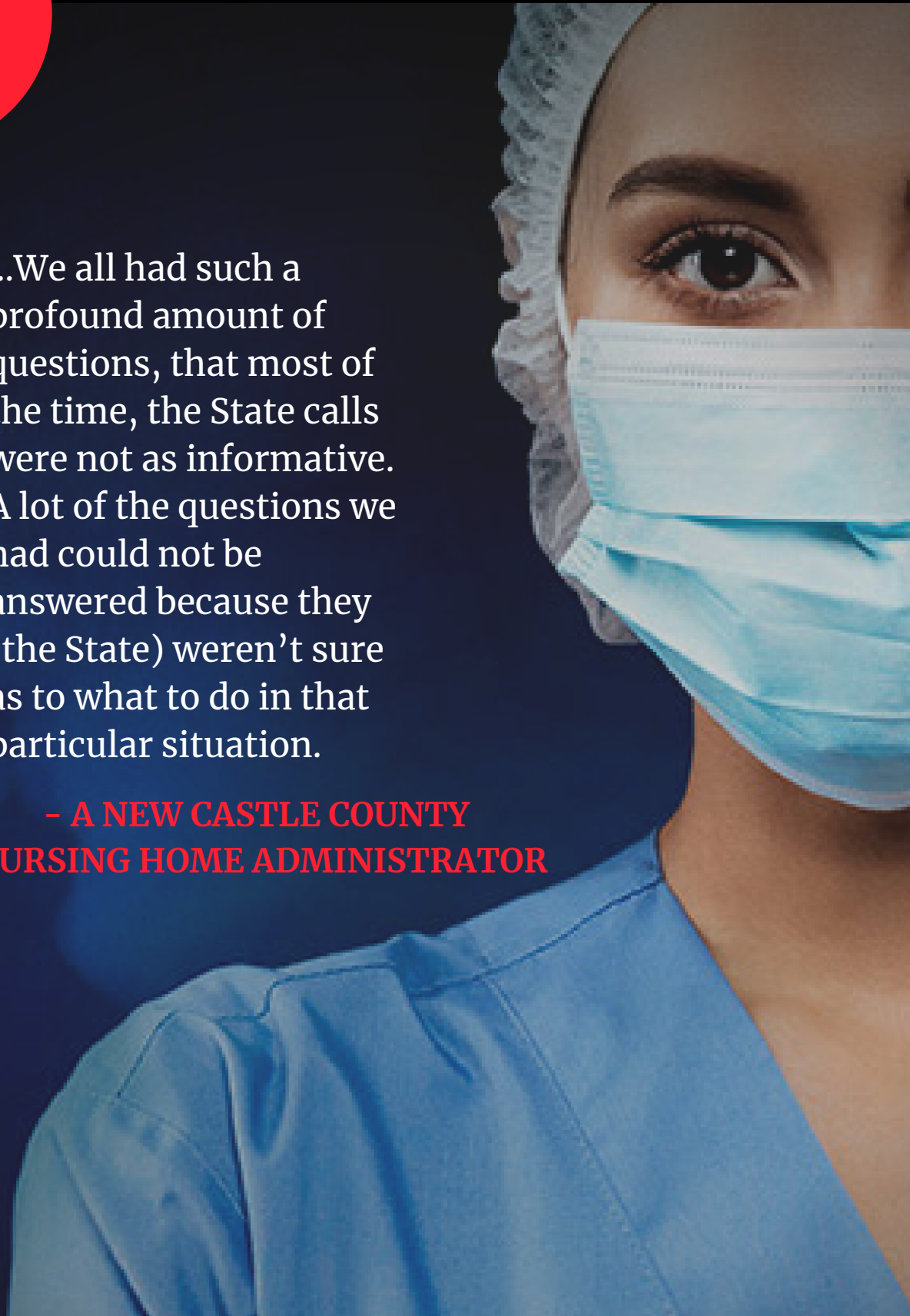
RECOMMENDATIONS

Make COVID-19 lessons learned improvements a priority

1 **EXPLORE SHARED TECHNOLOGY**

Evaluate the development of a LTCF shared technology solution that could provide both data collection and reporting (CMS, state systems) and the storage of all guidance and mandates.

2 **ASSIGN A 24 x 7 STATE RESOURCE**

Assign a state resource available 24/7 to answer LTCFs' questions that require urgent attention.

3 **CREATE AN INQUIRY FOLLOW-UP SYSTEM**

Create a follow-up system to respond to all questions/inquiries answered based on level of risk (urgency level) with a prioritization system log.
.

4 **IMPROVE REPORTING ACCURACY AND TRANSPARENCY**

Review reporting of LTCF data (cases, deaths) to CMS and the state to determine the root cause of why some data was not reported to CMS and why data discrepancies exist. Based on the analysis, officials should revise internal controls.
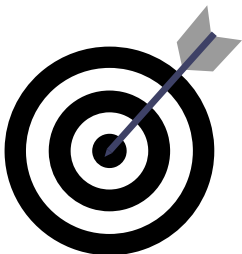
5 **DEFINE TERMS FOR PUBLIC REPORTING**

DHSS officials should define the term "significant outbreaks" for public reporting transparency.

6 **ADDITIONAL TECHNICAL AND COMMUNICATION RESOURCES**

Evaluate providing LTCFs with additional technical assistance, training, and process improvement support (rotating technical resources floaters, expanded rapid learning training options, creating streamlined version of guidelines, build on existing communication channels, etc.).

"As our understanding of this virus continues to improve, we must revise our practices of care, both clinically and operationally, to make sure our most vulnerable populations are protected."

- KATHLEEN UNROE, M.D., MHA

Regenstrief Institute

Better Care. Better Health.