Virginia Department of Health
Tele-Press Conference on COVID-19 Response
to Long-Term Care Facilities in Virginia
Moderator: Marian Hunter
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11:00 AM

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen-only mode until the question and answer session of today's conference.

At that time, you may press Star 1 on your phone to ask a question. I would like to inform all parties that today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the conference over to (Marian Hunter). Thank you. You may begin.

(Marian Hunter): Thank you, everyone. And thank you for joining our call today. My name is (Marian Hunter) and I'm a public relations coordinator for the Virginia Department of Health, Office of Communications. Today we're joined by the Virginia Department of Health, Deputy Commissioner for Population Health, Dr. (Laurie Forlano), DO, MPH. and the Virginia Department of Health, Office of Licensure and Certification, Deputy Director (Kimberly Beazley).

Our subject matter experts will give a brief update on the COVID-19 response in long term care facilities followed by a question and answer session. Today's call is being moderated by an operator. So when we get to the Q&A portion of the call, please follow their instructions to ask a question.

Now I'd like to welcome Dr. (Forlano) to share a brief update on long term care facilities in Virginia.

Dr. (Laurie Forlano): Hi, thank you (Marian). Can someone just confirm? (Marian), can you

confirm that you can hear me all right?

(Marian Hunter): We can hear you. Thank you, Dr. (Forlano).

Dr. (Laurie Forlano): Thank you. Welcome, everyone. Thank you for your time today and your focus on this important topic. VDH together with our partners in the long-term care facilities stakeholder community remains focused on the response to COVID-19. Have a particular focus on this vulnerable population that lives and works in long term care facilities.

Today I just wanted to note although the umbrella of long-term care facilities includes several types, today I will focus mostly on skilled nursing facilities and a little bit on assisted living facilities although that umbrella does include other entities.

So I wanted to start with a very brief update on some of the data related to long term care. To date, there has been 241 long term care facility outbreaks in Virginia. Of those 240 outbreaks, 82 of them have been in skilled nursing facilities or nursing homes and 71 have been in assisted living facilities. The 82 outbreaks in the nursing facility is - they represent at least 3,411 cases and 541 deaths.

Of the 70 outbreaks in assisted living facilities, they represent at least 967 cases and 195 deaths. Deaths in long term care facilities represent, sorry I lost my notes for a second, represent I believe it's approximately 40%. I'm sorry, the two particular types of skilled nursing, assisted living facilities, about 40% of all deaths in Virginia. Deaths in nursing homes represent about 1/3 of the deaths in Virginia and if you combine the two, to 40%.

In support and collaboration with the long-term care facility, COVID-19 task

force, VDH supports these facilities in many ways in the response to COVID-19. I co-chair the long-term care facility taskforce with Deputy Secretary of Health and Human Services, (unintelligible).

She's transitioned to a new role at the Department of Social Services as of yesterday, I think, but she will remain as the co-chair of the task force. The task force is a multi-sector stakeholder group and the job of that task force is to advise the state on a few issues related to long term care.

As many of you already know, we're working to ensure that long term care facilities have the least (unintelligible) they need to combat the virus. We work to help them strengthen staffing, testing and infection control at these facilities and to keep bi-directional communication keeping stakeholders and the state informed about the impact of COVID-19 on these facilities.

We have many state agency representatives including the individuals form the department of health, the department of medical assistance services, social services, behavioral health and developmental services, department of aging and rehab services, veteran services and also long term care facility representatives including industry associations, managed care associations, a hospital association, facility clinicians and medical directors.

We also obviously are in very regular communication with the Virginian National Guard and we also have had a lot of congestion with family members and long-term care faculty residents and loved ones in their (unintelligible).

VDH does a number of things to support the response to the long-term care components of the response. Obviously, we collect a lot of data. We review those trends. We provide guidance and we advise on infection control and infection prevention. The local health departments do a lot of on-the-ground

work responding to cases and outbreaks.

And large-scale events such as the COVID-19 pandemic, the health department works closely with our regional health care coalitions to ensure things like necessary supplies such as PPE. We have two, the local health departments, obviously are the boots-on-the-ground around the commonwealth, but we also have two central offices that work closely with these facilities. So I thought I would outline those because it's not often-known information.

So we have our office of epidemiology which is the office that focuses on communicable disease prevention and control. And within that office we have a healthcare-associated infection team or HSI team and together with local health departments that team provides guidance, consultant, and epidemiological surveillance and surveillance support to the healthcare settings included but not limited to long term care facilities.

A separate and distinct office is the Office of Licensure and Certification or OLC. And that office responsible for licensing and certifying. I'm hoping I'm getting those verbs right, skilled nursing facilities in Virginia in addition to other facilities and (unintelligible) has joined us on the call today and she'll be available later to answer any questions related to that function.

The - with a pandemic such as this, the information and the science and the data changes incredibly rapidly and the guidance around how to respond is very normal for it to change and evolve over time as we learn more. VDH published its nursing home reopening guidance in mid-June prior to that.

We had also drafted and published a little bit lengthier guidance document that goes into a bit more detail about different components of infection

prevention and control. The nursing home reopening guidance includes many components including a component of testing recommendations both testing which we call baseline, (unintelligible) prevalence survey testing or PPS testing often these terms are using interchangeably.

And it also has some recommendations around repeat testing of residents and staff as determined by the initial test results on the baseline survey. These testing recommendations were largely informed by the Center for Disease Control and Prevention and the Center for Medicare Care and Medicaid Services testing recommendations and documents.

To support the implementation of those pressing recommendations, VDH has been supporting the conducting of baseline point prevalence survey testing in all nursing homes. We plan to conduct the testing in a nursing home and to complete that by July 15. As of July 1, in partnership with the National Guard, VDH has supported point prevalence surveys in, I'm going to say a couple of numbers here and I'll eventually get to the grand total just to set some context.

But VDH has supported point prevalence surveys in 114 field nursing facilities. So that is a number of those that have been either completed. They are literally in the process of specimen collection or the specimens are at the laboratory. That was included in that 114. An additional 67, again this was as of July 1 were scheduled or on the books. An additional 32 were being - were in the process of being scheduled. So that's the grand total of about 213 facilities.

Some facilities have conducted these baseline surveys on their own. VDH also offers point prevalence surveys to assisted living facilities experiencing outbreaks. Twenty-seven assisted living facilities have been served by this product and 15 are scheduled and eight are in the process of being scheduled

for a total of 50 in that category. In addition, to these two projects, we are actively reaching out to assisted living facilities to garner their interest in being served by one of these surveys so we can be sure to provide that service. Excuse me.

In support of these surveys, VDH provides planning, training and logistical support in these nursing homes and facilities. We have a central VDH testing team, they have been providing instructions around testing. Local health departments obviously provide support as well.

The Guard just has been an immensely helpful and critical resource in specimen collection. VDH is coordinating specimen testing in public and private laboratories. And VDH also advises facilities on infection prevention and outbreak response depending on the results of the testing and that's a very routine function for us.

I know many of you are aware of a recently announced funding package that we hope will support facilities in their efforts to respond to COVID-19. The funding - that information is available online. The governor announced it not too long ago. It's inclusive of $246 million mostly from the CARES Act that will to long term care facilities. The funding can cover things such as testing, PPE, supplies, staffing and outbreak control.

The majority of these funds will go to nursing homes including, it also includes approximately $56 million for continued testing support and the Department of Medical Assistance Services will be administering those funds. Although I do not think they're on the call today.

I'm advised that questions pertinent to the funding package and the administering of that funding package will be directed to the Department of

Medical Assistance Services.

I'm sure many of you know that VDH is now releasing data on outbreaks, cases and (unintelligible) in long term care facilities which can be found on their VDH COVID-19 webpage under the health professionals tab and under the long-term care facility section. The data hopefully will be more complete and accurate than the data that's published by the federal CMS but of course, will not be without flaws as we work through that.

And we will continually work to improve its quality as we do with all of our datasets. We aim to help long term care facilities meet the state and federal reopening guidelines. I said before, our nursing home reopening guidelines are largely driven by CMS and CDC documentation and recommendations. In case we will continue to monitor those documents and adjust accordingly as guidance or recommendations might evolve.

Obviously given the congregate nature and the resident population served, typically older adults often with many underlying chronic medical conditions, the populations that live in these facilities are at higher risk of being affected by respiratory pathogens like COVID-19. We've worked for a long time with these facilities on respiratory pathogens and other pathogens including things like multidrug persistent organisms.

As demonstrated by this pandemic, a strong infection prevention and control function is critical to protect those residents and healthcare personnel. That is some of the bread and butter work we do here at VDH. We offer a lot of support and guidance in the realm of infection control and prevention advice. And we've taken a few steps to help support facilities in gaining further knowledge and operationalizing their infection prevention strategies.

Some examples include we coordinate with the centers for disease control and prevention around offering what are called tele-ICARs, I-C-A-R which are, stands for Infection Control Assessments, I'm sorry. I'm blanking on the R, I apologize. And those visits were infection control and prevention consultation that provided information to facilities to learn how they could improve upon their processes in the facility.

Currently, we have several teams, a federal HHS infection prevention control assessment team in Virginia who are conducting infection prevention and control assessments in facilities throughout Virginia. Twenty have been conducted in recent, I think, the week of June 24, 25, 26. Twenty-two were conducted over the last couple of days and we are continuing to schedule facilities for all of those teams through the end of their deployment which is currently scheduled for July 23.

We've gotten great feedback on those visits. They're not regulatory in nature. They are intended to be educational and supportive to help facilities identify areas of improvement and also to share best practices throughout the state.

As I said previously as we approach this more vulnerable population, I know there's been a lot of questions around our testing guidance. It is recommended that (unintelligible) facilities conduct baseline tests as well as repeat testing depending on those initial results. The facilities in some instances will need to check residents and staff on an ongoing basis.

In addition, again this kind of, in this infection prevention umbrella, the office of licensure and certification is looking to ensure that nursing homes receive infection control surveys and can speak to that later if there's questions.

The reopening guidelines vary somewhat for nursing homes versus assisted

living facilities. They are different types of facilities. They are in the state. They are licensed by different agencies, Department of Social Services, licenses, assisted living facilities and Department of Health licenses, skilled nursing facilities.

So in some role how we've tried to focus our response at VDH is relying on our really well-established disease prevention and control functions. We work with facilities routinely. Our local health departments have pretty well-established relationships with a lot of these facilities and that was before COVID occurred here in the United States. We're building on those relationships at the local level.

We want to ensure a focus and emphasizing the importance of tried and true infection prevention and control strategies, everything from hand hygiene to the appropriate use of PPE to more complex strategies such as cohort residents or staff. We work with facilities on how to respond to certain testing results and giving them guidance on how to implement this how suite of package of strategies within their facilities. This is not new to them.

They're working hard to respond and we're very grateful for the care that they provide to these individuals and these particularly challenging circumstances and we're very much approaching this as collaboratively as we can. And we've been really grateful to the continued support with this stakeholder community. They've been very engaged.

We've been working very closely with the clinician (unintelligible) who are helping us refine our guidance as we move forward. It's very typical for us to do. Because lines of clinical medicine is sometimes slightly different than the lines of public health and it's important not marry those two to make sure that we're approaching this the right way.

So with that, that's my introductory remarks and I'm happy to take questions and I know that (Ken) is available as well. I think we're going back to (Marian) for a few comments, I think.

(Marian Hunter): That's correct. Thank you for that update, Dr. (Forlano). Before we begin the question and answer portion of today's call, I'd like to remind you that the call is focused on long term care facilities in Virginia.

So questions regarding other topics or if our subject matter experts are unable to answer your question today, please email them to the Virginia Joint Information Center at COVID19JIC@vdem.virginia.gov. Now we'll being the question and answer portion of today's call.

Coordinator: Thank you. We will now begin the question and answer session. If you would like to ask a question, please press Star 1. Unmute your phone and record your name clearly. Your name is required to introduce your question. If you need to withdraw your qeus8toin, press Star 2.

Again, to ask a question, please press Star 1. It will take a few moments for the questions to come through. Please stand by. Our first question comes from (Harold Wan). Your line is now open.

(Harold Wan): Did you mean (Carol Wong)?

Coordinator: Yes, (Carol). I'm sorry.

(Carol Wong): That's all right. Yes, thank you. The new, fairly new database that lists the (unintelligible) data gives more specific information by facility name that the government just announced not too far back. Are there any plans to include

other types of long-term care facilities, i.e., behavioral healthcare, residential, in that database? Right now, it's only the skilled nursing and assisted living, I believe. And I have a second question.

Dr. (Laurie Forlano): I can handle that first. This is (Laurie Forlano). So at this time we are going to (unintelligible) that list to nursing homes and assisting living facilities.

(Carol Wong): Is there any reason for that? Is there a rationale to that?

Dr. (Laurie Forlano): I think we're thinking through that question. Some of the reasons are the size of some of those other facilities. They're quite small. The and the kit counts are smaller, so our obligation to protect anonymity there would be important. We need to evaluate that. It's the main focus of our desire to share this information was on the more traditional assisted living and nursing homes.

(Carol Wong): Okay, my other question is, I was surprised to learn that state employee ombudsmen aren't being allowed inside of the nursing homes. And I was surprised to hear that. Do you know anything about that?

Dr. (Laurie Forlano): I have not heard that information. We do have an ombudsman representative that serves on our long-term care taskforce. But I had not heard that information, but I'd be happy to follow up with her.

(Carol Wong): Okay, I would love to know that.

(Kim Beazley): Hi, this is (Kim Beazley). I can address that al little bit.

Dr. (Laurie Forlano): Okay.

(Kim Beazley): I have been in touch with the state ombudsman and we had discussed that. And CMS has provided information that specifically states that the ombudsman is considered an essential healthcare personnel. And, you know, if at possible still should be allowed access into the facilities. So I have provided that language to the ombudsman's office.

(Caron Wong): Okay, thank you.

Coordinator: Our next question comes from (LouAnn Rice). Your line is now open.

(LouAnn Rice): (Unintelligible), could you run through those numbers again, with, you said with the long-term care with the skilled nursing the assisted living? And I'm coming up with there still being like 88 more outbreaks that would be responsible for quite a, like 300 or so deaths with some quick calculations. And if that's so, what would those types of facilities be and who licenses them?

Dr. (Laurie Forlano): And the numbers you're referring to are the cases and deaths, those figures?

(LouAnn Rice): Yes, the cases and deaths that you started out with.

((Crosstalk))

(LouAnn Rice): Quick analysis.

Dr. (Laurie Forlano): So I will say, right, I - there are different data sources from which we pull information about cases and deaths. There are two different surveillance systems. One is called the Virginia Electronic Disease Surveillance system or

VEDS. That is case-based information, individual cases.

For example, if you were an individual with COVID-19 and you're in that system as a case, we can link you to - if the information is available to whether or not you are a resident of a long-term care facility. In a separate database, Virginia Outbreak Surveillance System or VOSS, that's the database in which we capture our outbreaks data. And those two systems, these pull from both.

And are different algorithms for how we capture information because the numbers aren't always matching. It's just a little bit complicated, but so we often pull form both into the higher number. The data that I recorded, I believe is just from VEDS because then I can use a numerator and denominator. It's not appropriate online to compare the outbreaks bar graph with the total number of deaths in the state. This should not be combined because they are calculated from different systems.

((Crosstalk))

Dr. (Laurie Forlano): I can go over the figures again.

(LouAnn Rice): I guess maybe, just not clear. And I want to be perfectly clear because I don't want to misrepresent any of the data in writing about it. Today on the VDH website under long term care facilities, it's showing 6,889 cases and 1,099 deaths.

So I'm assuming or have been assuming and nobody has called and said that's wrong. That the 1,099 deaths are part of the whole number of deaths. And so and I wasn't clear on what you were just saying before with them being picked out of different systems.

When using the numbers that you just gave us when you began to talk had 541. At least that's what's I scribbled down of the skilled nursing and 195 from assisted living. So that leaves a balance of quite a few deaths and people. And so where- what type of facility were they in?

Dr. (Laurie Forlano): Yes, that's a great question. I don't have that data in front of me. But (Marian) if you could write down the name, we can get that information to you today. I don't want to misspeak with the numbers.

(LouAnn Rice): Okay, thank you because I really, you know, do want to try to be as clear as possible. And then I have one question concerning the testing. Is that we're hearing from the homes that it's taking quite a long time to get results. And, you know, it's three days to some, a week. And how valuable is that for your initial baseline if there's such a delay in time?

Dr. (Laurie Forlano): Yes, thanks for the question. This is (Laurie Forlano) again. We have started to figure some of that information and we're looking into that. The testing team at VDH, at least for the events that we're helping to coordinate with the National Guard if we're hearing of long turnaround times, they're very actively pushing solutions to that.

And diverting specimens to other labs so they can respond to that. We're also trying to get a little bit more information about turnaround times and (unintelligible) the facts and so we can figure out what the solutions could be.

There's a lot of different reasons why turnaround time could be shorter or longer. So my preference is to get some really objective data. We're acknowledging that issue. I still get the information. I realize that it's not an ideal timing, but we're working to fix it.

Coordinator: Our next question comes from (Betsy). Your line is now open.

(Betsy): Hi, I apologize. I logged in late. So this question maybe have already been addressed. But long-term care facilities in Southwest Virginia and the New River Health District are undergoing prevalence testing of employees and patients. Is this a statewide undertaking? And if the results are positive, do they go directly to VDH? or are they relying on the long-term care facility to report those?

Dr. (Laurie Forlano): Thanks for the question. So based on testing and an appropriate repeat testing and the repeat testing depends on the results of the baseline. But those are universal recommendations for nursing facilities throughout the state and may have not heard earlier. I'm happy to repeat it. VDH is absolutely supporting those efforts with the Virginia National Guard.

And as far as resulting is concerned, the results - we always prioritize getting results to the ordering clinician obviously because we want to get it to that clinician and the patients as well. But it's not simultaneous is my understanding. There's a priority in getting those results to the facility as soon as possible.

(Kim Beazley): Hi, (Betsy). This I (Kim Beazley) with the Office of Licensure and Certification. Just to address your question from our side of the agency, there is a regulatory requirement in the state nursing home licensure regulations that require the facility to report outbreak information which could include test results to their local health departments.

(Betsy): Okay, thank you very much.

Dr. (Laurie Forlano): Thanks, (Kim). I may have misinterpreted the question. I'm sorry about that. I thought you were asking how did the lab results get from the laboratory to the provider. But now I'm understanding how the results get to the VDH.

(Betsy): Yes, I was - I just wanted to ensure that VDH was getting the results. I don't, I guess.

Dr. (Laurie Forlano): Oh absolutely, yes. I'm glad I clarified. The facilities, directors of medical care facility and physicians are required. But the information that (Kim) just provided but also by the disease reporting regulations. And most of the information we get is electronically reported to us by the laboratories.

(Betsy): Can I ask one more question? Has this prevalence testing been going on for a while? Do you have a pretty good idea of the?

Dr. (Laurie Forlano): It has been. I'd say probably around mid to late-April is when there was a really strong push. And VDH has been involved and is planning to serve. Let me get my numbers correct well over 200 nursing facilities. Some facilities have been able to conduct those testing events on their own as well.

(Betsy): Okay, thank you.

Coordinator: Our next question comes from (Jackie). Your line is now open.

(Jackie): Hi, I also have two questions. The first one is regarding the survey that you mentioned are not regulatory, but educational in nature. But what I'm wondering is if you find a more egregious violation or something that's really troublesome, for example, an investigation, one of our reporters of yesterday found there were positive and negative cases being kept the same area. Is there a further action that is then taken if, you know, they do wide (unintelligible)

level concern?

Dr. (Laurie Forlano): Thanks (Jackie). This is (Laurie Forlano). So the teams that I spoke about were - those are teams from the federal government, Health and Human Services. And they're in the facilities. WE get a report about those visits and summary of their issues there (unintelligible) and also provide it other local health departments.

So I think the short answer to your question is yes. If we become aware of concerning situations, our first step is try to alleviate that and work with the facility to hope with education and guidance to try to resolve that. But of course, we can't bring it to the attention of (unintelligible) if that's needed. (Kim), I don't know if you want to say anything else.

(Kim Beazley): Sure, we have been working closely with a lot of the local health departments during the pandemic. Because, you know, they are in the facilities in many instances and have a lot of communication going back and forth with the facilities regarding outbreaks, potential outbreaks and so we've, you know, have been working very closely with those local health departments. And there have been instances where they have brought concerns to our attention.

(Jackie): Okay, awesome. And then can I also just ask too? I don't know if you know this comprehensively, but what phases are most of the brushing homes in right now? If you could say that as a broad group.

And can you explain sort of what (unintelligible) testing does have on that? So can they not move forward to Phase 2 until all of their residents and staff are tested either by VDH or the facility themselves?

Dr. (Laurie Forlano): Yes, this is (Laurie Forlano). So the first I think I heard was about, I would

say, sorry. I went blank for a second. I would say those nursing homes, we're starting to collect that information. I can't say - I don't have it in front of me (Jackie). So I can't answer your question, but we're going to try to aggregate that information as it comes in.

The guidance we just published, you know, a couple of weeks ago, In regards to going into Phase 2, so there's no testing requirements for facilities to enter or recommendations for facilities to enter into Phase 1. You need to give a little bit of time there for people to implement this. Going into Phase 2, it is a recommendation that they would have conducted baseline testing and initiated - there's a whole host of criteria that need to be met which include but aren't limited to testing, for example.

So there's a number of things that have to be met. So testing is the one that a lot of people focus on, but we would want this testing is occurring per the recommendation that has been set forth in order to enter Phase 2.

(Jackie): Okay, so just to follow up. So they don't have to necessarily - like for example with the schools. I know that when they move into Phase 3, they have to submit at least a plan to the state for approval. Is that not something that's being required right now? And then also can you speak to are there any facilities that have started Phase 2 at this point?

Dr. (Laurie Forlano): So we, a facility we do recommend that a facility develop a testing plan. That's part of the checklist for Phase 1. I don't know if any facilities have entered Phase 2 yet. And again, these recommendations are just that, recommendations. And so we're hoping to gather this information as facilities assess their readiness for each phase and report that information to the health departments.

We'll hope to get that information aggregate as soon as we can. I should have also mentioned that the reopening guidance including checklists which make it much more simple I think to interpret are available on our website.

(Jackie): Thank you.

Dr. (Laurie Forlano): And I'll just take an opportunity. The other things that - so I do want to emphasize this is just - this is not just about testing. It's definitely an important component, but it's also about having other infrastructure and readiness in place. So the facilities have an appropriate capacity around and knowledge and staffing around infection prevention and control.

If they've identified (unintelligible) that they're doing things like symptoms screening, that they're reporting data as required to the CMS system and HSN, our national healthcare safety network.

There are other components and those are some examples of some of the things in Phase 1. So it's really comprehensive approach. They have plans around testing as I mentioned. Of course, they're in local communications with the local health department.

Coordinator: Our next question comes from (Kate Masters). Your line is now open.

(Kate Masters): Thanks. I'd like to ask what the - if there's a standard protocol when VDH learns that a nursing home does have an outbreak of COVID-19. I mean I'm wondering the process, you know, that takes place after the health department learns about that and how, you know, it responds. And I have another question too, but I'll start with that one.

Dr. (Laurie Forlano): Sure, I can start with that. Thanks for the question. When a local health

department - and often sometimes they are notified as they are required to be in just one case. And say most of the time they're acting upon that information. It's not an outbreak yet.

The other thing I'll say is the local health departments from the get-go that as soon as they started learning that COVID-19 was really impacting these facilities, there's a lot of communication even in facilities that weren't experiencing outbreaks.

So if a local health department learns of an outbreak, they typically will call or somehow communicate with the facility to gather some information. They want to know about cases. They would likely be advising on recommendations. Those recommendations have evolved over time, but currently, those recommendations include things like testing recommendations, making sure they're cohorting patients the right way according to CDC guidance. Are they doing things like screening for staph? Do they have that communication?

And we have a nursing home guidance document or long-term care guidance document online with is the tool, and lots of tools for our local health departments to have those conversations and communicate them. May local health partners will go on-site if they feel that's warranted. And that's been another tool that's used. It's obviously some complexity to that particular research and outbreak, but that's often a method that's used to gather information.

So also seek very regular communication with facilities so they can keep tabs on the cases. And again, this something that's very bread and butter to the health departments. They do this every year for a bin full of things like influenza. So this isn't new to them. So they'll ask for information from

facilities and they'll typically have a test point, often, daily if not more with the facilities along the way.

So that's generally speaking how we would handle the outbreak. We put recommendations to them in writing if that's helpful to them of if it's necessary. We'll offer resources making sure you have enough PPE. Do you need an infection control assessment? Making sure that they're testing is adequate, et cetera.

(Kate Masters): Okay, then my second question was just why make these reopening guidelines recommendations rather than regulations considering the number of deaths we've seen in Virginia and the vulnerability of the population?

Dr. (Laurie Forlano): I think public health almost always operates with a practice of giving guidance and recommendations and that's not limited to long term care. That's across the board. But in this situation, the facilities and clinicians are meeting with the duty to take care of these people. They are responsible for and they lead with intent to protect their health and their safety and their well-being. That will - There are components that are regulatory that are in place.

And LLC can speak to that. In many instances, I think you would find that the regulations that are in place kind of crosswalk to a lot of the components that exist in these recommendations. The recommendations from the federal level and CDD particularly with an emerging onus will often change incredibly rapidly. So it's another thing we like to consider as well.

(Kate Masters): So is any part of the guidance for reopening considered regulatory at this point?

Dr. (Laurie Forlano): (Kim), would you like to answer that? I don't want to - let's see it's my - I

believe the answer is that the recommendation in the nursing home reopening guidance document in and of themselves are not regulatory in nature. But the intent and the spirit of them is very much crosswalk to the regulations that currently exist on the books and LLC. Would you like to add some insight there?

(Kim Beazley): No, that's absolutely correct. The reopening guidelines as written are just that. The information contained there are recommendations.

(Kate Masters): Okay, thank you.

Coordinator: Our next question comes from (Megan Polly). Your line is now open.

(Megan Polly): Hi, thanks. I also have a couple questions, but first just wanted to ask is there - does VDH have a baseline when looking at this in the facilities pre-COVID that we're kind of already the norm per month or per year that, you know, we should be thinking about when reporting on numbers of deaths during COVID?

Dr. (Laurie Forlano): This is (Laurie). (Kim) I don't know if you have anything for that. I personally do know that information or that specific number. I think it would - there would be a lot of variables that would contribute to something like that. But I think what you're asking about is a concept of excess deaths. So I just don't have the data in front of me to answer those questions.

I think what we can say though and this is not unique to Virginia is that COVID-19 absolutely is disproportionately affecting individuals in these living situations. And I think that's a combination of factors. I think it's that we're dealing with a vulnerable population (unintelligible) and living in a congregate setting. We learned, obviously, somewhat into the pandemic of

asymptomatic transmission.

And so it's really a complex thing to handle. So I think it's proportionately a combination of factors that contribute to spread in these facilities. Other literature points to the fact that even in the perfect facility with all the bells and whistles and IIs dotted and T's crossed, the level of community transmissions surrounding that facility.

So where that faculty fits is a very important factor as to whether or not a facility is more likely to have an outbreak. So that the community level transmission is a really important variable here.

I say that because I really think it's important to think of these facilities not as island in and of themselves but very much the part that's read at a community and it's not an island. Not - all of these things that we're doing at the community level are so very important and I think some of us can forget that sometimes.

But wearing the masks and washing your hands and staying physically distanced, staying home if you're sick, that not only helps the kind of the general population but it also helps the people that we care about that live in these facilities and work.

(Megan Polly): Sure, maybe I can follow up later about that data point. My other question was, if the state has designated certain facilities for COVID-positive patients when they're in the hospital to be discharged to. I noticed some kind of high numbers in the CMS data related to that. So I was just curious if that is something that.

Dr. (Laurie Forlano): Some states I do understand some states have taken (unintelligible), not

many I don't think. We've talked about that concept. The state has not designated a facility as such And I think mostly the approach we're taking in collaboration with the facilities is there's (unintelligible) to designated space within their facilities. And some of these facilities are large, not all. But have campus-like structures. So that's the way we've approached this for now.

(Megan Polly): Got it, okay. And just to clarify about the deaths' data. The numbers that you're reporting is that COVID and non-COVID deaths combined or is it?

Dr. (Laurie Forlano): Just COVID-related.

(Megan Polly): Okay.

Dr. (Laurie Forlano): And (Marian) maybe I can just get that data to you after the call so everyone can have the same information.

(Marian Hunter): Right, I'll follow up after the call with that data point.

(Megan Polly): Thank you.

Coordinator: Our next question comes from (Drew Elder). Your line is now open.

(Drew Elder): Good morning and thank you. I want to clarify a couple of points on testing specifically as it related to staff at long term care facilities. As I'm reading through what's available online, I'm a little foggy on how often staff are tested when entering the facility, when returning to work.

It appears that maybe they're tested once and then only if there's a positive test and they're returned to work protocol. Is that accurate? Or is there more regular streamlined testing for staff who exit and enter facilities?

Dr. (Laurie Forlano): Thanks for the question. This is (Laurie). I hope I'm understanding your question correctly. I think there's kind of two in there. So the testing recommendations include - so they have baseline testing event has been done.

Depending on the results of that, if there are (unintelligible) identified, nursing onsite cases are (unintelligible) for cases in staff, the recommendation is to test all staff and all residents weekly except those individuals that have previously tested positive and that testing would continue weekly until there were no new cases and no nursing onsite cases for 14 days.

If the baseline survey reveals zero cases on the initial event, we would recommend at least one more weekly test, so two events. And then once the facility is no longer testing staff and residents weekly, so they reached that 14-day benchmark of no new cases, then it reverts to testing individuals who are symptomatic.

(Drew Elder): Okay, thank you. So it will be weekly testing until there are no new cases. And then I guess a follow up to this and also the other recommendation. I guess I don't understand why not mandate these recommendations. I mean if the state is going to mandate protocols for restaurants and for other facilities like that and there's clearly a significant detriment to long term care facilities or rather the people that live in there, why not make these recommendations mandated?

Dr. (Laurie Forlano): I think the way I'd answer that is that we do have a regulatory function in process which is managed by the Office of Licensure and Certification. And that's, you know, with or without COVID. And so they are in these facilities.

And (Kim) maybe you want to speak to some of the infection control surveys

that are being done, that process. So there is very much a touchpoint on the regulatory side of this to assess what you're speaking to and what you're asking about. (Kim) do you want to talk about that a little bit?

(Kim Beazley): Sure, so in mid-March CMS released information about a new process focused on nursing homes during the pandemic which included what they refer to as a focused infection control survey. So there were kind of two components to the survey. There was an offsite component for activities that could be conducted off-site over the phone, interviews, et cetera, things like that.

And then there is also an onsite component. So every CMS also mandated that every nursing home in the state, every certified nursing home in the state must receive an onsite focus infection control survey by July 31.

(Drew Elder): Okay, thank you.

(Marian Hunter): Hello everyone, I just want to give a quick update. This is our five-minute warning before the end of the call. We have time for one final question.

Coordinator: Our final question comes from (Rachel). Your line is now open.

(Rachel): Thank you so much for doing this. I just had a few quick follow-ups. And one of them is whether you can clarify (Kim) how many of those infection control surveys have been done? And if they resulted in any penalties at nursing homes in Virginia so far?

(Kim Beazley): So we have completed I would say 98% of those surveys. They will actually be completed by next week. So we have been able to carry out that mandate well ahead of the CMS guidelines. And so as far as penalties if you're - I'm

most sure what type of penalty that you're referring to.

So there are some enforcement actions that can be carried out from the state level, lower level enforcement type actions. And then anything above that, that would involve monetary penalties, that decision is made by CMS at the federal level.

(Rachel): Okay, and have there been my findings against nursing homes in Virginia that are COVID-related?

(Kim Beazley): So far, CMS related to the mandated reporting to the National Health Safety Network, CMS themselves actually issued citations and civil money penalties, assessments on nursing homes that have failed to report the required data. So again at the federal level, they have issued some of those. Now our reports that have identified issues are, you know, under review.

So we conduct their survey. We issue the report. And the facility has a chance to submit evidence or corrections. And those reports then go to CMS and again, they would determine. So I've not received any notification of monetary penalties yet based on our reports.

(Rachel): Okay, got you. And then the question for (Laurie) is whether I understand that testing is being done by the state right now for all the nursing homes, the baseline testing.

But does the state right now have the capacity to support that weekly testing or will it be on the nursing homes themselves to provide that testing? And if that's the case then what happens if the nursing home doesn't have the resources to pay for those tests?

Dr. (Laurie Forlano): Right, so the repeat testing is the responsibility of the facilities and the funding package that the state described and (unintelligible) the government a couple weeks ago. We hope that significant funding package will bring resources to facilities in order to support that ongoing testing included several different components from base level payments, outbreak response rates and also specific funding to support the testing.

(Rachel): Got you and will that funding be (unintelligible) through review or will it go directly to the facilities?

Dr. (Laurie Forlano): No, those funds are being administered by the Department of Medical Assistance Services.

(Rachel): Okay.

((Crosstalk))

Dr. (Laurie Forlano): CARES Act, money.

(Rachel): Okay, awesome, thank you. And then just the last thing is and this has already been addressed. On the numbers, the way I was counting it, 541 deaths in skilled nursing 195 in assisted living with fewer than that I saw in the state data last week. I'm just trying to figure out if that's just because the data's changed or you're able to verify that. It doesn't have to be now.

Dr. (Laurie Forlano): I'm going to get out the data to everyone because I want to make sure I wrote those down correctly. The data on our website doesn't' delineate. I was trying to give you all more specific information. It doesn't delineate the type of long-term care facility. This, as you know, it lumps all of them together. So I will get out that specific information to (Mirian) and make sure everybody

has that.

(Rachel): Okay, thank you so much.

Dr. (Laurie Forlano): Sure.

(Marian Hunter): Okay, I want to thank everybody for joining our call today. There will be a digital copy and transcript of the call posted on the VDH website located on the COVID-19 webpage under the Media Room tab. Once again, if we were unable to answer your question today, please email to the Virginia Joint Information Center at COVID19JIC@vdem.virginia.gov. Thank you.

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time.

END

Data Point Clarification from Dr. Laurie Forlano, DO, MPH

- There have been 203 outbreak associated deaths in assisted living facilities.
- There have been 597 outbreak associated deaths in nursing homes.
- There have been 284 outbreak associated deaths in multicare facilities, which is a category that includes "umbrella" facilities that provide more than one type of care or setting.
  This totals 1084.
- The remaining LTCF outbreak associated deaths (n=15) have occurred in other LTCF settings such as group homes or residential behavioral health. (1084 +15= 1099 which matches our outbreaks dashboard online).
  TOTAL = 1099
- Over half of all deaths in Virginia are associated with outbreaks in LTCF.