

Summary of Discussion

On May 7, American Hospital Association hosted a webinar with [Maureen Banks](#), COO & CNO of Spaulding Rehabilitation Network in Boston, Massachusetts, and [Daniel Mendelson](#), MD, Associate Chief of Medicine from Highland Hospital in Rochester, New York, on the topic of post-acute care during the COVID-19 pandemic. Spaulding Rehabilitation Network is a leader in advanced rehabilitation treatment and research – serving the greater Boston region and beyond with three inpatient hospitals, a skilled nursing facility, and outpatient centers across eastern Massachusetts. Highland Hospital is 261-bed community teaching hospital affiliated with University of Rochester and is part of a 6-hospital system. Highland Hospital also works with 28 nursing homes in the region as part of the larger network. Here are the following topics and brief summaries discussed on the call:

Management of Post-Acute Services Through the COVID-19 Pandemic

Spaulding Rehabilitation:

- Opened a virtual incident command center comprised of 50 top clinical, administrative, IT leaders throughout the network that meets 6 days per week. One of the primary goals is to look at who is absolutely needed inside the facilities.
- Created a succession plan early and cross-trained staff to take on leadership roles according to skills and abilities.
- Implemented Train-the-Trainer events with a lot of time spent on appropriate donning/doffing of gowns, gloves, masks – followed by spot-checking for adherence with protocols.
- Increased available beds to house more patients by:
 - Working with federal and local government entities to search and find potential areas – Boston Convention Center, for example.
 - Temporarily redeployed all outpatient therapy staff, with some permanent assignments to assist with distribution of PPE/hand hygiene for incoming patients and visitors.

Highland Hospital:

- Organized a team of both acute and post-acute staff from hospitals and nearby nursing homes to organize and manage available beds. Patients that no longer needed acute care services were transported out faster to create capacity that freed up 400 acute beds and 60 ICU beds.
- Collaborated with county staff and other healthcare organizations in the area to create an initiative to search and find facilities with open beds.
- Worked with a private cooperation to open and repurpose a 120 bed SNF that had been closed and under repair, for the treatment of COVID-19 patients.
- Developed a tracking system of facilities that had positive and negative COVID patients to discharge patients accordingly.

Challenges and Mitigation Strategies Identified During COVID-19

- Enforcing social distancing and face covering among staff during meal breaks and other times away from patient care. Mitigated by removing tables and reminding staff to wear masks when not eating.
- Ensuring mask compliance from patients while speaking with healthcare provider. Mitigated by staff reminding patients and explaining the reason.
- There has been increase in acuity over time with patient populations. Spaulding Rehabilitation converted beds and have a mix of 50/50 (positive/negative) COVID patient population in the same unit.
- For PPE and testing shortages, work with nearby health systems and hospitals to track PPE and testing kit availability and share supplies. Also, identify PPE decontamination procedures and disseminate knowledge on when to use N-95 masks and how to support re-use.

Lessons Learned

- Implementation of daily virtual huddles and briefing calls helped bring face-to-face interaction among staff and leadership team. Spaulding Rehabilitation is looking to continue this effort in the future.
- Weekly town-hall meetings help staff feel safe and bring them up-to-date on any changes to facility procedures or policies. Spaulding Rehabilitation also created multiple captioning for town-hall meeting recordings, which helped the spread and reach of information.
- Telehealth is here to stay. Take this time to normalize the use and process of telehealth services.
- Transparency in data goes a long way. Share the number of staff who tested positive, those tested, availability of supplies, and other relevant data with your staff and have them posted in break rooms.
- Use of virtual family meetings with care physicians greatly helped with discharge teaching and minimizing time that family members spend inside the facility.

The full-recorded webinar video is available [here](#).

For more information, contact Shawna Brown at sbrown@aha.org.

More from the Field of Post-acute Care: Experiences and Strategies

Summary of Discussion

On May 12, the American Hospital Association hosted a call in which Post Acute Medical shared their COVID-19 journey with lessons learned and how they are moving forward. Post Acute Medical provides quality care for patients in long-term care and rehabilitation hospitals across the country.

Lessons Learned

- Utilize the pre-existing emergency management group at the facility and alter as needed for COVID-19. Post Acute Medical had an existing emergency management group for natural disaster response and was able to mobilize quickly.
- Work with acute care facilities in the area to identify and discuss the feasibility of having a designated hospital receive all COVID patients in the area and strategize plans for transfer to post-acute facilities.
- Encourage qualifying staff to take the necessary competencies and start to work on the floors. With Post

Acute Medical, there was a severe shortage of respiratory therapists, so they brought in field staff, who served as clinical navigators, to come in, train, and take competencies to work on the floors.

- This initiated a travelers program where teams of trained staff coordinated to travel out to the hot spots.
- Be prepared to face the unfortunate price gouging with PPE. The Post Acute Medical team has seen 500% increase in expense for PPE.
 - There are also additional costs to build negative pressure rooms and/or to make a wing of a hospital dedicated for COVID patients.
- Specifically for rehabilitation facilities:
 - Consider creating COVID-clear units with a leadership team and outline the pre-admission criteria which includes the following:
 - *1 negative COVID test*
 - *3 days past resolution of fever*
 - *Clear improvement in symptoms, especially respiratory-related*
 - *10 days past symptoms of COVID*
 - Designate an area where patients can be admitted and place patients on droplet precautions for 72 hours. Only allow progression of treatment once 72 hours have passed – i.e., use of the facility gyms.
 - Maximize the use and benefit of telehealth, especially for patients requiring outpatient therapy and treatment.

Future Discussions for the Field

- Coding continues to be a challenge. The number one admission for patients to the facilities is acute respiratory failure or acute-on-chronic respiratory failure. CMS is looking into additional financial support for COVID patients due to their high intensity/high resource usage but yielding relatively low case mix index for payment.
- The current process in discharging patients is proving to be another challenge. While skilled nursing and assisted living facilities are willing to take back patients, some are closed to new admits or require 2-3 negative COVID tests prior to admission. In some cases, negative COVID tests are required even if the patient was not positive to begin with.

Questions Posed to the Field:

- Is your team facing the same issues mentioned above in terms of discharging patients?
- If so, how are you addressing this challenge?

The full-recorded audio is available [here](#).

For more information, contact Shawna Brown at sbrown@aha.org.

Recommended Resources

From the American Hospital Association (AHA)

Since the beginning of the COVID-19 outbreak, the AHA has worked closely with the CDC and other federal, state, and local partners to respond to this challenge and to ensure hospitals and health systems have the most up-to-date information. For more tools and resources for COVID-19, including updates in regulations and policies relative to post-acute care from the AHA, please visit [here](#).

From the Centers for Disease Control and Prevention (CDC)

[Guide for long-term care facilities and nursing homes](#). It includes a preparedness checklist, interim guidance for infection prevention and control for patients with suspected or confirmed COVID-19 in nursing homes, and discusses what facilities should do when there are cases in the community and in their facilities.

From the Centers for Medicare & Medicaid Services (CMS)

CMS has compiled a list of guidance in topics of telehealth, clinical & technical issues, billing & coding, and others relating to the COVID-19 pandemic. The resources can be found [here](#).

From the Society for Post-Acute and Long-Term Care Medicine (AMDA)

[This frequently asked questions guide](#) focuses on COVID-19 and post-acute and long-term care facilities. It contains strategies to prevent the spread of infection in long-term care facilities, staffing issues, guidance on visitors and volunteers, infection control and prevention, and other recommended precautions for facilities to take.

From the American Association of Post-Acute Care Nursing (AAPACN)

AAPACN has made many of their [articles, podcasts, tools, and nursing in-service education tools](#) available to any LTPAC providers regardless of membership status. You can find coronavirus updates and essential resources for LTPAC that includes infection control and emergency preparedness, regulations/survey, supplies/PPE, billing/MDS, resident care, workforce planning, crisis communication, and staff wellness.

From the Institute for Healthcare Improvement (IHI)

IHI has compiled a [list of national resources](#) that provide updated information on COVID-19 and older adults. Resources include strategies to support age-friendly health systems, resources for health care professionals, as well as post-acute and long-term care/health system administrators and leaders, and guidance for hospital to post-acute or long-term care transfer during the COVID-19 pandemic. You can also find resources on telehealth within this list.