Draft Report

New Hampshire State Long Term Care Crisis Standards of Care

Recommendations for long term care facilities for crisis standards during the COVID-19 pandemic.

Introduction

The State of New Hampshire Long Term Care Crisis Standards provides general guidance on a wide range of issues faced by long term care facilities during the declared state of emergency related to COVID-19. These Crisis Standards provide a unified and consistent approach to resource allocation in several areas and decision points encountered by long term care facilities as a result of outbreaks among residents and/or staff.

The Crisis Standards of Care Long Term Care Committee (the "Committee") recognizes that the COVID-19 pandemic has greatly impacted long term care residents and the larger long term care community of staff, administrators, and family and friends of long term care residents. Long term care facilities throughout the State have had to make many rapid decisions related to staffing and allocation of resources in response to outbreaks of COVID-19 within the facility. The Committee further recognizes the potential harms associated with the transport of vulnerable or frail persons, as well as the risks associated with the further spread of COVID-19 to new environments when such transport is potentially avoidable. Similarly, the Committee recognizes that the transfer of residents to a different facility or care setting may be necessary to ensure the resident's safety when normal standards or crisis standards of care are unable to be maintained.

The guidelines in this report primarily address the allocation of scarce resources in long term care, including staffing, dietary services, housekeeping and laundry, medications, equipment and supplies, and other resources. If the Commissioner of the NH Department of Health and Human Services (DHHS) determines a facility to be in crisis and long term care crisis standards are necessary, the facility may implement the crisis standards and determine that treating the resident within the facility is the best way to ensure the resident's safety, rather than transport them to an alternative environment.

Principles of Crisis Standards of Care

Core Strategies

In developing crisis standards of care for long term care (and emergency operations plans) at the facility level, the following strategies must be considered.

- ***Prepare*** – take pre-event actions to minimize resource scarcity (e.g., stocking essential equipment).
- ***Substitute*** – use an essentially equivalent device, drug, or personnel for one that would usually be available

- ***Adapt*** – use a device, drug, or personnel that are not equivalent but that will provide sufficient care (e.g., Long Term Care Partner substituted for LNA).
- ***Conserve*** – use less of a resource by lowering dosage or changing utilization practices (e.g., minimizing use of oxygen driven nebulizers to conserve oxygen).
- ***Re-use*** – re-use (after appropriate disinfection/sterilization) items that would normally be single-use items.
- ***Re-allocate*** – distribute resources to facilities in need during a COVID-19 outbreak away from facilities without the need.

The Committee recognizes that long term care facilities in many situations have taken steps to prepare, substitute, adapt, conserve, re-use, and re-allocate resources. The Committee also recognizes that extensive efforts have been made to secure scarce resources at the State level, including necessary personal protective equipment (PPE) and other supplies, and to provide additional financial support to long term care workers to help facilities retain their staff. However, the Committee recommends that facilities consult with NH DHHS if resource allocation is necessary and if the redistribution of certain critical resources or the transfer of patients is necessary if one facility becomes unable to meet the safety needs of residents and resources are available in another part of the state to ensure safe care.

Ethical Considerations

The State Disaster Medical Advisory Committee addressed several ethical principles that should be accounted for when developing any crisis standards of care guidelines, including the Long Term Care guidelines. These ethical principles are:

- Justice (fairness and equity)
- Transparency
- Respect for Persons
- Beneficence
- Non-maleficence
- Participatory (inclusiveness)
- Proportionality
- Solidarity
- Duty to Care
- Reciprocity
- Privacy and Individual Liberty

The goal of long term care crisis standards of care is to save the most lives possible under extreme circumstances and to balance the potential benefits and harms of implementing the standards. The process by which the guidelines are developed and applied must also adhere to the ethical principles above and be transparent and accountable.

Further information on the activation, implementation, and ethical principles of crisis standards of care in NH can be found in the NH CSC Plan.

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Recommendations for Long Term Care Crisis Standards of Care

Staffing

Acceptable actions regarding staffing at Long Term Care Facilities declared by the Commissioner of DHHS as in crisis include:

- Use of alternative qualified staffing
- Cancellation of non-essential meetings
- Delaying vacation days
- Rehabilitation and other forms of therapy for direct bedside care
- Staff reassignments of non-clinical and typically non-direct patient interacting staff to perform care partner activities such as delivering food trays/hydration, assisting residents with meals, cleaning, making beds, etc.
- Lengthening work shifts, such as two 12 hours shifts instead of three 8 hour shifts

Dietary Services

Considerations for altering dietary services include:

- Choosing meal types that may specifically safely require less assistance
- Using outside contractors or food service vendors to prepare meals
- Using non-food preparation staff in food preparation with healthcare cook oversight
- Using emergency pre-made meals or cold meals during a short term crisis

Housekeeping and Laundry

Considerations for housekeeping and laundry may include:

- Use of inexperienced staff with guidance to provide clean linens and assist when ensuring hygienic environments
- Evaluation of scheduling for housekeeping and laundry schedules for potentially reduced services

Medications and Equipment

- Medical directors and healthcare providers should perform a thorough assessment of patient charts for potentially unnecessary medications during the crisis and polypharmacy overprescribing, i.e. discontinuing multi-vitamins and other potential immediately unnecessary medications
- Providers should review opportunities to move to the minimum required medication administration schedules as safely necessary, i.e., once a day or twice a day medication administration or changing to long-acting medications

- Reduce or eliminate unnecessary blood sugar monitoring
- Reduce weight checks or other particularly unnecessary vital sign checks during the short-term crisis
- Substitute metered dose inhalers for nebulizers or use of other medications that require less administration time
- Training non-clinical staff on vital sign checks or other data collection duties
- Medical staff train non-clinical staff and temporary staff in the use and importance of PPE.
- Medical staff and administrators collaborate to provide a checklist for acceptable minimal staff activities or resident care during crisis.

Other Resources

- Long term care facilities should continue proactively engaging with their suppliers of PPE to meet their needs
- Facilities should continue to request PPE from NH DHHS when normal supply chains are unavailable.
- Facilities should implement PPE conservation plans per national guidelines and recommendations for acceptable alternative use guidelines from the Centers for Disease Control and Prevention.
- Facilities should consider engaging with hospital partners regarding options for proper handling, sterilization and disinfection procedures for N95 masks.
- Training of clinical and non-clinical staff in proper use of PPE and occupational safety protocols must be continued during crisis periods.
- Training in infection prevention and continuous improvement of infection prevention activities must be maintained during outbreaks of COVID-19 at facilities.

Palliative Care

- Medical providers should proactively consult with patients and families about goals of care
- Medical providers should ensure patients have access to palliative care and symptomatic relief
- Providers should review and seek to improve their knowledge base regarding palliative care options for treating patients with COVID-19
- Providers should investigate their palliative care and hospice care consult options, including phone consult and telemedicine options to ensure patient access to palliative care
- Facilities should ensure that caregivers have an understanding of palliative care and treatment plans and goals for patients with COVID-19

Communication with Residents, Families, and the Public

- Facilities should clearly communicate with residents and their families when crisis standards of care have been implemented, the reasoning why this is necessary, and what this means for the resident care.
- Medical directors at facilities should communicate with their local hospital that the facility is working under crisis standards of care. Medical directors should work proactively and collaboratively with hospital administrative and clinical leadership on any plans to transfer patients to hospital level of care should the facility become no longer able to provide a safe and acceptable level of care, or should multiple residents to become expected to require hospital-level care or emergency department assessments.
- Facilities should proactively communicate with other facilities and long term care association leadership about inter-facility transfer of patients to appropriate settings should the facility in crisis become no longer able to provide a safe and acceptable level of care.