

Nursing & Assisted Living Facility Professional

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“NEWS AND VIEWS YOU CAN REALLY USE”

MAY 2020
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SENT EACH MONTH TO YOU AS A MEMBER OF THE HEALTHCARE HEROES

THE ADELMAN ADVANTAGE by Rebecca Adelman A Message to the Governors and States – Rally Around Long Term Care



I refuse to read news stories about long term care and COVID-19. Every story is an opening statement for a Plaintiff's attorney and few, if any, acknowledge on any level the lack of priority that long term care has been given by state and federal governments and regulators. Nursing homes always have had a significant responsibility placed on their shoulders: the responsibility to keep the most vulnerable Americans safe. Our long

term care teams are rising to the occasion taking risks, overcoming fears and providing heroic services (not even considering that some staff are unable to work because they are sick, lack child care options with schools and daycares closed, or have to be quarantined themselves—in part a consequence of inadequate availability of personal protective equipment (PPE)). Despite all evidence showing the outsized impact that COVID-19 is having on long term care residents, the industry has not received priority when it comes to supplies, testing and resources. Long term care is doing the best it can with what is available. How can our industry respond to this crisis without financial resources to support expanded testing, staffing and securing vital PPE? Nursing homes and assisted living communities need emergency relief funding like hospitals receive.

On May 21, 2020, the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) - the voice of our industry - released a “Long Term Care Workforce Roadmap for Governors and States” outlining ways state public health officials can help nursing homes and assisted living communities address the workforce needs due to the COVID-19 pandemic. Keep in mind that residents must be isolated from others while still receiving the high-quality daily care and services they require, and more workforce will be needed as testing in long term care expands.

Here are the steps AHCA/NCAL proposes for states to take to alleviate the challenge that the workforce faces along with long term solutions:

Bring in Additional Clinical and Support Staff

- Waive existing state regulations to allow:

Medical professionals to work across state lines.

Fast-tracked training for positions such as nurse aides and feeding assistants.

Current long term care professionals with lapsed licensing requirements (e.g., renewals, continuing education credits, etc.) to continue working.

Expedited background checks.

- If state waivers allow, actively promote the Temporary Nurse Aide and Temporary Feeding Assistant training courses within each state. Encourage residents who are unemployed or want to help with the crisis to complete the training program and identify a process to match them to a facility in need.

- Call upon the Medical Reserve Corps and the U.S. Public Health Service for medical professionals to volunteer.

- Reach out to all individuals in your health and human services licensing databases who are not working and are in good standing or license may have recently lapsed.

- Call on the public at-large to serve in long term care by:

Partnering with job search engines to offer job seekers a central hub to search for opportunities.

Offering incentives, such as a signing bonus (Example: Massachusetts).

- Long Term Solution: develop a plan to help attract, recruit and retain more individuals to work in long term care.

Protect Caregivers While They're Serving in LTC

- Make long term care facilities a priority to receive personal protective equipment to help prevent current caregivers and residents from contracting the virus.

- Make long term care facilities (staff and residents) a priority for timely testing to carefully monitor cases among residents and staff.

Offer financial and logistical support to test all residents and staff (e.g., cover costs, have the state's National Guard help administer tests, partner with labs to expedite results, etc.).

Develop a plan for surveillance testing of staff for weeks/months to come (e.g., every week).

- Long Term Solution: should a vaccine be developed, prioritize the vaccine for staff in long term care, to prevent infecting residents.

Help Caregivers Get to Work and Stay Safe in the Larger Community

- Ensure options for childcare are offered for essential workers while school closures are in place. Several states have Orders and Regulations in place. AHCA/NCAL recommends the following Best

Continued on page 2

Practices to State Legislatures:

- State government must facilitate child care (both early childhood and school age) for front-line health care workers, first responders and other necessary support services.

Provide regulatory waivers and financial incentives for child care providers to open specifically for health care workers and first responders.

Advocate for strong language in legislative orders to ensure the state has a specific process for setting up child care options.

If the state mandates “shelter in place,” ensure that exceptions are made for these child care providers.

Reach out to large child care providers in the state to ask for partnership.

Require select schools to open for school-age children.

Child care sites should be required to maintain good infection control, including social distancing, lower class sizes and hand hygiene.

Multi-age settings and grouping siblings may help limit risk

Consider whether transportation may need to be provided, especially if children are traveling longer distances to new child care settings.

Free breakfast and lunch programs as many of the children may be from lower income settings.

Provide extra pay and other incentives (including child care) to encourage caregivers and teachers to participate.

• Other Ideas:

Reach out to licensed foster care providers to provide child care in smaller settings.

The NC Health Care Facilities Association led an effort to ask the state’s YMCA’s to provide their summer/after school program to essential health care workers during this crisis.

- Help long term care facilities connect with area food banks, restaurants or other businesses to help staff acquire groceries and meals and reduce their chance of acquiring the virus out in the community at-large.
- Offer additional “hero” pay to direct care staff to reduce the possibility of staff working multiple jobs.

Support Facilities with Outbreaks

- Establish a dedicated help line or website for long term care providers to call the state for direct assistance to streamline their requests.
- Have the state health department publicly post facilities with cases. This will help public health officials identify where to send urgently needed resources.
- Establish and deploy “strike teams” to offer support to specific long term care facilities with rising cases, especially among staff members who must stay home or seek treatment. (Example: Maryland)
- Deploy the National Guard to facilities that need assistance with staff support, testing, cleaning and PPE (Example: Georgia).
- Call upon FEMA for additional staff support and equipment.

I will add another recommendation to Governors and States:

Immunity From Civil Liability – LISTEN TO THE ADELMAN ADVANTAGE PODCAST EPISODE 2 ON THIS TOPIC AT WWW.ADELMANFIRM.COM

- Immunity should be provided to all physicians, physician assistants, specialist assistants, nurse practitioners, licensed registered professional nurses and licensed practical nurses, nursing homes, assisted living who provide clinical or custodial services in support of the State’s response to the COVID-19 outbreak.

- Immunity should include:

Liability for any failure to comply with any recordkeeping requirement to the extent necessary to perform tasks as may be necessary to respond to the COVID-19 outbreak.

Including, but not limited to, requirements to maintain medical records that accurately reflect the evaluation and treatment of patients, or requirement to assign diagnostic codes, or to create or maintain other records for billing purposes.

ADVOCATE FOR LONG TERM CARE. In my states, we have successfully advocated for immunity in Arkansas and Mississippi. Tennessee still has not passed the needed protections. I have no explanation why and have been working with our health care association for continued diligence to obtain the relief our frontline caregivers deserve.

Please review recent (May 19) changes to the CDC Guidance for Nursing Homes that includes:

Tiered recommendations to address nursing homes in different phases of COVID-19 response.

A recommendation to assign an individual to manage the facility’s infection control program.

Guidance about new requirements for nursing homes to report to the National Healthcare Safety Network (NHSN).

A recommendation to create a plan for testing residents and healthcare personnel for SARS-CoV-2.

Lastly, **PLEASE LET ME KNOW IF YOUR ORGANIZATION IS USING HYPOCHLOROUS ACID (HOCl) AS A VIRICIDAL SANITISER.** It is on the World Health Organization’s Covid-19 v4 Disease Commodity Package listed as ‘PPE for Health Care Facilities’, listed as ‘NaDCC’. Many healthcare organizations use HOCl and issue it to frontline keyworkers for their personal use and protection from Covid-19 during this pandemic. Please let me know. Email me at rebecca@adelmanfirm.com or call 901.529.9313.

Just know we’re here for you. Sharing the stories about successes in long term care and advocating for you all.

We are here to bring you peace of mind so let me hear from you and STAY SAFE.

Rebecca Adelman is an entrepreneur, influencer, thought leader and founder of Adelman Law Firm, a Women’s Business Enterprise National Council (WBENC) certified Women Business Enterprise (WBE) established in 2001. For nearly 30 years, Rebecca has concentrated her practice in insurance defense and business litigation. The firm’s practice extends through the Tri-States of Arkansas, Mississippi and Tennessee. Rebecca’s insurance defense practice includes representation of insurance companies and long-term care providers and their insurers, both regionally and nationally. She also provides consulting services and educational programming to healthcare professionals and business associates. She has active practices in the areas of general liability, professional liability, premises, and employment law. She is a listed mediator serving all areas of business and healthcare litigation.

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I Began Noticing



In February, I wrote about trauma-informed care from the perspective of an individual experiencing a medical trauma. This month, I focus on another perspective, the nursing home environment. Creating a trauma-informed environment includes different factors, all of which are not immediately obvious. Instinctively, staff would probably say “yes” if asked if their nursing home environment is welcoming, safe and comfortable. It is incredibly hard to consider that our nursing homes may

not be all of those things. As an example, let me take you on a journey to a medical office.

I recently took a friend to an endoscopy appointment. As I always do when I anticipate waiting, I brought a stack of reading material to occupy my time. I read a few great articles, and then found myself just sitting quietly in the lobby, noticing the environment. I engaged my trauma-informed lens and began looking more intentionally at the space and the interactions between people. Here is what I saw and heard.

At the front door of the clinic and also in the adjacent surgery waiting room (where the receptionist sat behind a wall with a sliding glass window), there was a “No Smoking” sign and a “No Weapons” sign with a picture of a gun. Also at the front door (both inside and out) was a sign with a police caricature holding a club, feet apart, one hand on his hip and the other in a STOP gesture with a scowl on his face, warning people to not park in the wrong place. This sign read, “Our neighbors across the driveway have requested that visitors to our office **NOT** park on their side of the property. They have their parking clearly marked as ‘Reserved’. You run the risk of **our neighbors calling to have you towed away**. We apologize for any inconvenience.” The text was bolded, capped and underline just as you read.

The north wall of the waiting room was all glass, approximately 20 feet high which created a cavernous, echoey lobby. The high ceiling sported bright blue, long, narrow stalactite-shaped lights, all clustered above the reception desk. There were the typical rows of seats around the perimeter of the room, and a couple groups in the middle. The end tables were crammed with flyers on irritable bowel syndrome, constipation, various pharmaceutical ads and boxes of tissues. A dispenser of generic hand gel was placed strategically at the reception desk. The alcohol smell was pervasive when a man squirted a blob in his hand and sat a few chairs away from me. A black, industrial trash can sat in the middle of the room, at the end of a row of chairs. Wooden magazine rounders were stuffed with selections of *People* and *Time*, and the occasional medical brochure on GI-related conditions. Two water fountains were situated on the wall, at staggered heights, and every few minutes a fan engaged, filling the lobby with a sound reminiscent of a train. A soft rock station played overhead which was interesting when a ZZ Top song blasted on, and then an advertisement by a used car salesman in Tucson who screeches throughout his entire ad, compelling me to quickly switch stations when I’m in my car.

In three different locations in the office lobby was a sign that read, “To preserve confidentiality, please wait to be called.” The receptionist was quite pleasant and greeted everyone as they walked in the door. Her voice was very loud and because of the tall ceilings and abundance of hard surfaces, all her conversations could be heard by everyone in the waiting room, including

the conversations between her and a co-worker sitting behind and to her left. I jotted notes as I listened (I don’t consider it eavesdropping since it was so loud, and everyone in the lobby was subjected to the entire exchange). She said, “*A lady just came in the other day with her whole chart!*” which seemed to be exasperating to both employees given the tone of their voices. Then, “*Call the patient and tell them they have to come in with photo ID.*” One more example, “*Of course, it’s another gastro, so they’ll want her to sign the paper.*”

Speaking of papers, when a patient arrived, they were handed forms to fill out and then instructed to take the completed paperwork into the next room and drop it in the basket. The other room happened to be the surgery waiting room, a small area with two rows of chairs situated very closely together. I noticed several people go into that room, and then return to the larger lobby to sit and wait.

The walls were devoid of artwork, only signs and notices instructing, or warning, patients of things they should not do. For example, the sign above the water fountain read, “If you are here for a procedure please refrain from drinking water while you are waiting. Thank you!” and, “NO TALKING ON YOUR PHONE! THANK YOU!” Yes, that sign was in all caps and sported a caricature of a smiling phone with hands in a thumbs up position. On the west wall was a framed sign stating “Restroom” with an arrow pointing down the hall. It was the only restroom, and it was unisex. As I approached the bathroom door, a man emerged. Inside, there was no hook on the door or wall to hold a purse, but there was a small table holding an empty box of latex gloves.

While a gastrointestinal medical office is not a nursing home, the principles of trauma-informed care are the same. The exercise of noticing and considering what the space might feel like in general, but specifically to a person with traumatic experiences, is the same. Are there things that could be different, and much better, in this office? You bet. And, the first step is to *notice the space*.

Intentionally noticing the environment in, and around, your nursing home is a crucial element of creating a trauma-informed environment. Look at it with fresh eyes, as though you don’t work there. Try to see it from the perspective of someone visiting for the first time. Start in the parking lot and walk around the entire area, notice signage, accessibility, and walking distances, for example. Then, slowly make your way to the front door, again, noticing everything but making no judgment. Stand in the lobby, look closely at each wall, sign, and piece of furniture. Consider separate tours, one to engage each of your senses - what do you see, hear, touch, smell and even taste? Continue into the living spaces, down the halls, into the restrooms and around the nursing station. Jot down notes and take pictures that you can share with the team. Let nothing go unnoticed! Ask people from different departments to do this exercise. In fact, invite a few family members and residents to get involved. Invite someone who has never been to your facility to chime in!

The journey to creating a trauma-informed environment is ongoing and requires that we see and think differently. Then, most importantly, we make sustainable changes. Next month, we’ll return to this medical office example and explore ideas for change that intentionally considers the physical and mental well-being of everyone. In the meantime, share this example with staff at your facility and see what ideas they come up with. Encourage wild and creative brainstorming!

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Discover more about her at www.paigeahead.com



**RESCHEDULED: The
National Long-Term
Defense Summit -**

Adelman Law Firm has
rescheduled the annual
National Long-Term
Care Defense Summit.

PLEASE SAVE THE DATES OF
November 11-12 2020
for the 8th annual Summit!

Please plan to join us.
For more information, please contact
me at rebecca@adelmanfirm.com
and visit the event website at
<https://www.ltcdefensesummit.com/>

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A Free Webinar To Help Staff Survive and Thrive In These Challenging Times

Healthcare staff are experiencing unprecedented levels of pressure in these unbelievable and frightening circumstances. Staff are stressed not only at work but also at home and in their communities. They are at risk of mental, physical and emotional exhaustion.

Our Paige Hector is offering a free 60-minute webinar titled, ***“Becoming More Resilient in Times of Uncertainty and Exhaustion.”*** It is uniquely crafted as a visual experience, not a bullet-pointed lecture. Everything in this webinar upholds trauma-informed principles, which staff can also incorporate into resident care and education. Paige has been teaching these principles for years and knows how powerful they can be in helping individuals in times of vulnerability and in challenging circumstances. **The webinar is on Tuesday, June 16 at 1 p.m. (eastern); 12 noon (central); 11 a.m. (mountain); 10 a.m. (pacific)**

During the webinar, staff will learn how to:

- Express and accept emotions and the body’s reaction to stress in the face of incredible challenges
- Recognize unintentional actions and thoughts that exacerbate stress and anxiety
- Ease the stress of work and home life through strategies that people can start using immediately to strengthen coping skills and build resilience

Paige request two things in return, please:

1. Donate to your local community food bank on behalf of your organization to support people struggling with food insecurity, unemployment and unsheltered living.
2. Invite your community partners (e.g. home health companies, hospices, and hospitals) to join you in the webinar.

To register for this free webinar, please e-mail Chip Kessler at chip@ecpnews.net or call 800-807-4553.