

# 2020 Forum on Aging in Rural Oregon

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# 2020 Forum on Aging in Rural Oregon

- Audio  and video  are muted for all participants
- Use the Chat  feature to ask questions
- Moderator will read questions to the speakers at the end
- To view ASL interpretation best, please view in floating screen  mode
- Presentation slides are posted at: <https://www.ohsu.edu/oregon-office-of-rural-health/forum-aging-rural-oregon>, and recordings will be posted shortly after the session.

# 2020 Forum on **Aging in Rural Oregon**

**Presents,**  
*Hospice in Long-Term Care in the Year of the Virus*

**Michael Knower, MD | St. Charles Hospice**

**Lee Garber | Regency Rehabilitation and Nursing Center of Prineville**

# Objectives

- Describe how COVID-19 unfolded in our community
- Enumerate some of the challenges we faced
- Describe some of our solutions
  - Successful
  - Otherwise
- Offer suggestions to other communities based on our experience

# COVID-19 in Central Oregon

- Confirmed and presumptive cases
  - In Oregon 3,967
  - In our region
    - Crook County 6
    - Jefferson County 24
    - Deschutes County 120
  - In our facility
    - None
  - On our service
    - None
- COVID-19 Update, Oregon Health Authority, 5/26/2020

# Impact on Care

- Regency Prineville
  - Census down 18%
    - Families choosing to defer placement because of visiting restrictions
    - Fewer rehabilitation admissions because of hospitals postponing elective surgeries
- St. Charles Hospice
  - All patients
    - Census abruptly increased by 15%
    - Steady flow of “short-stay” patients over the past eight weeks
  - Patients in long-term care facilities
    - Our long-term care patients suddenly became our most “stable” patients

# Challenges

## Complying with Hospice Regulations

- Face-to-face recertification visits
  - By physician or nurse practitioner
  - Every 60 days beginning before end of second certification period
- Plan of care review
  - Every two weeks
- Final days of life
  - Skilled nursing at least once in final three days
  - Social work/chaplain/aide at least three visits total in final seven days
- Volunteer services
  - At least 5% of all caregiver hours

# Challenges

## Complying with Long-Term Care Regulations

- Screening
  - Single point of entry
  - Screening criteria and methods
- Quarantine
  - More personal protective equipment (PPE) required
- Communicating shifting regulatory environment to
  - Families, friends, responsible parties (e.g. powers of attorney)
  - Collaborating agencies (e.g. hospices)
- Multiple reporting requirements

# Interventions

## Complying with Long-Term Regulations

- Screening
  - One-on-one and staff-wide training
    - Maintaining single entry
    - Checking and documenting temperature checks
- Quarantine
  - Regency facilities collaborated to obtain PPE and maintain stocks
- Communication
  - Social services director acted as point person
  - Systematic weekly updates

# Interventions

## Complying with Hospice Regulations

- Face-to-face recertification visits
  - CMS allows virtual visits, at least for the time being
- Plan of care review
  - Nurse case managers, social workers, and chaplains may review based on indirectly gathered information
- Final days of life
  - Chaplains and social workers may be making virtual visits
- Volunteer services
  - CMS will not be auditing, at least for the time being

# Recommendations

## Complying with Hospice Regulations

- Hospice face-to-face recertification visits may be done remotely, if the resident has access to smartphone, iPad, or similar device
  - Check with facility to learn who has devices or where devices might be obtained
- Facility staff may be able to provide most information needed to review plan of care
- Coordinating visits between facility staff and hospice staff during the final days may allow hospice to meet requirements and free up facility staff to attend to other residents

# Recommendations

## Complying with Facility Regulations

- Establish a protocol for mandated reporting
  - Which agencies need to be notified? How often?
  - Who will be responsible for gathering information? Submitting reports?
- Coordinating visits between facility staff and hospice staff during the final days may free up facility staff to attend to other residents
  - Ask your local hospice(s) to inform your facility when one of your residents is placed on “imminently dying” status
  - Allowing hospice staff to increase visit frequency will enable them to meet their regulatory requirements while permitting your staff to shift their some additional time to other residents

# Challenges

## Filtering the Noise

- Regulatory
  - Centers for Medicare/Medicaid Services
  - National Government Services
- Guidelines
  - Centers for Disease Control and Prevention
- Policies and procedures
  - St. Charles Health System
- Recommendations
  - National Hospice and Palliative Care Organization
  - American Academy of Hospice and Palliative Medicine
  - Oregon Hospice and Palliative Care Association

# Challenges

## Filtering the Noise

- Regulatory
  - Centers for Medicare/Medicaid Services
  - Department of Human Services
- Guidelines
  - Centers for Disease Control and Prevention
- Policies and procedures
  - Regency-Pacific Management
- Recommendations

# Interventions

## Filtering the Noise

- Regency Prineville
  - Appointed a triage person
  - Communicate important developments to staff
- St. Charles Hospice
  - Representatives “at the table” for St. Charles Incident Command daily meetings
    - Director
    - Nursing manager
    - Operations manager
  - Information summarized and disseminated twice daily

# Recommendations

## Filtering the Noise

- Tailor your response to the size and structure of your organization
  - Have a point person and at least one backup
  - Empower them to hit “Delete”
- Choose people based on
  - Ability to sift through and digest large volumes of information
  - Ability to summarize and effectively communicate what is pertinent to people on the ground
- Use established venues (e.g. morning huddle) as much as possible
- Encourage staff to look at/listen to summarized information and let them know you will be monitoring
  - Track attendance
  - Email read receipts

# Challenges

## Keeping Residents/Patients Safe

- Maintaining meticulous care
- Limiting exposures
  - From visitors
  - From other residents
    - On admission/readmission
    - Returning from outside appointments
- Monitoring residents
  - Seasonal influenza testing, and now
  - Testing for COVID-19 as well

# Hospice Interventions

## Keeping Residents/Patients Safe

- Reassessing visit frequencies
  - Eliminating unnecessary visits
  - Utilizing technology when feasible
  - Coordinating with facility practices
- Reassigning patients/staff
- Delivering supplies and medications via caregiver visits
- Fastidious hygiene
  - Using good handwashing techniques
  - Appropriate masking
  - Standardized nursing bags

# Facility Interventions

## Keeping Residents/Patients Safe

- Monitoring
  - For both SARS-CoV-2 and influenza, if testing is required
  - All new admissions are tested
- Required 14-day isolation for
  - New admissions
  - Readmissions (e.g. from hospital)
  - Return from physician office visits
- Restricting visitors
  - Vendors, service people
  - Family/friends
  - Hospice/community volunteers
  - Hospice professional staff

# Recommendations

## Keeping Residents/Patients Safe

- Develop, frequently review, and update as necessary policies and procedures related to
  - Infection control measures
  - Isolation and quarantine
  - Visitors
- Establish regular staff in-services to review current policies and introduce updates
  - Supplement with coaching
- Establish strong communication links between your hospice and local facilities, between your facility and local hospices, to stay on the same page as much as possible

# Challenges

## Keeping Hospice Staff Safe

- Hospice staff function in an “uncontrolled” environment
- Multiple contacts in the course of a day
- Personal protective equipment
  - In short supply
  - May not be immediately accessible
- Confusion
  - Regulatory requirements
  - Appropriate protection, especially masking

# Keeping Facility Staff Safe

- Challenges

- Personal protective equipment
  - Increased use since March
  - Difficulties obtaining/ maintaining supplies

- Interventions

- Collaborating with other Regency-Pacific facilities
- Working with Crook County Health Department to procure supplies
- Assistance from the Oregon National Guard (?)
  - Application required

# Interventions

## Keeping Hospice Staff Safe

- Structuring visits
  - Assessing visit necessity, frequency
  - Calling ahead
- Masking
  - All staff at all times, unless working from home
  - Cloth masks while in office
    - Donated by community
  - Pleated paper “surgical” masks for most patient contacts
  - N95 masks in droplet risk situations
- Physical distancing

# Recommendations

## Keeping Facility Staff Safe

- Develop, frequently review, and update as necessary policies and procedures related to
  - Infection control measures
  - Isolation and quarantine
- Establish regular staff in-services to review current policies and introduce updates
  - Consider supplementing with individualized coaching
- Communicate with other agencies
  - If you are part of a network, use it
- Maintain supply of personal protective equipment sufficient to sustain operations for several months

# Challenges

## Communicating with Families

- Visits may be curtailed or eliminated to decrease risk of bringing in diseases from community
- Families are aware of
  - Increased vulnerability to illnesses
  - Chronically compromised health
  - Terminal diagnosis/limited prognosis
- Uncertainty feeds fear

# Interventions

## Communicating with Families

- Regency Prineville
  - Weekly phone calls from social services director
  - When death appears imminent
    - Resident is moved to a room closer to the front (single entrance) door
    - Family members are provided with PPE and allowed to visit two at a time
- St. Charles Hospice
  - Increased phone calls from chaplains and social workers

# Recommendations

## Communicating with Families

- Coordinate communication efforts between facility and hospice staff
- Convey coordination of care between hospice and facility
- Increase frequency of communication if possible
  - Consistent communication reduces fear

# Why Does This Matter?

- We will most likely see a second wave coming this fall/winter
  - It will probably overlap with seasonal influenza
- Rural Oregon has largely been spared by the first wave
  - We are unlikely to be spared the next time around
- We have the opportunity to learn from one another now and to be better prepared
- “Those who do not learn from history are doomed to repeat it.”
  - George Santayana

# Questions?

- If we did not have time to address your question, *or*
- If you think of questions after the end of this session, you may contact
  - Lee Garber, Director, Regency Pacific Rehabilitation and Nursing Facility  
Prineville
    - [lgarber@regency-pacific.com](mailto:lgarber@regency-pacific.com)
  - Michael Knowler, Medical Director, St. Charles Hospice
    - [meknowler@stcharleshealthcare.org](mailto:meknowler@stcharleshealthcare.org)