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Nursing Homes During the COVID-19 Pandemic: Resident and Staff Cases and Deaths

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The following is an abridged summary of an issue brief which analyzes data compiled by the CDC to examine variation across nursing homes in COVID infection rates and deaths among residents and staff. It also examines differences in these outcomes between traditional nursing homes and Green House homes. This issue brief was featured in the most recent [Green House Newsletter](#). For the full brief and data, [please visit our website](#).

COVID-19 is responsible for a disproportionate share of deaths among residents and staff living and working in long-term care (LTC) settings. While 8 percent of all COVID-19 infections have occurred in LTC, over 40 percent of all COVID-19 deaths are among those in LTC settings (KFF, 2020). The close quartered living combined with residents who are living with multiple health conditions and staff who are serving multiple residents and households makes LTC settings vulnerable to infection outbreaks. The risks were known before the pandemic and infection control programs were required by federal law and in most cases, by state law. Data prior to the pandemic, however, showed that LTC facilities were woefully unprepared with 40 percent of nursing homes having at least 1 infection control deficiency in a given year and over 60 percent having infection deficiencies when measured over several years (GAO, 2020; Gonzalez, 2020).

As infections spread, it was unclear how quickly COVID-19 was spreading in LTC facilities largely because data reporting at the federal level wasn't required for nursing homes or assisted living facilities (ALFs; only 19 states are reporting ALF data as of late September; KFF.org, 2020). Initially, nursing homes were only required to report cases and deaths to local health authorities and to the state.

The analysis of the data indicate that there are several factors that policymakers and nursing homes could employ in the future to reduce threats from infections like COVID-19. In the analyses, the number of people with COVID-19 admitted to

nursing homes were a consistent predictor of resident infection rates and deaths and the number of infections and deaths among staff. Several states, including New York and New Jersey, ordered nursing homes to accept recovering COVID-19 patients who had been discharged from the hospital, thus placing an already vulnerable population at risk (NPR.org, 2020). Earlier this year, the CDC published its recommendations to nursing homes accepting COVID-19 positive patients including maintaining a proper supply of personal protective equipment, separating COVID-19 admissions from residents, and creating a dedicated staff for the ward. CMS also issued a few recommendations. It's unclear how well facilities followed the CDC's and CMS' guidance. Another potential issue is that nursing homes were incentivized by the potential of a short-term stay and thus, a higher reimbursement rate via Medicare. Future decision making should consider the data presented in this brief to assess the risk of placing possibly contagious individuals in LTC facilities.

Improving the quality of care in nursing homes could reduce negative resident and staff outcomes. The overall CMS quality star rating of the facility was associated with a decrease in resident infection rates, while higher health inspection survey ratings were associated with reduced staff infections and staff deaths. For-profit ownership should also be taken into consideration when planning for future pandemics. For-profit ownership was associated with a large increase in resident infection rates and with a small increase in the number of staff deaths. For-profit facilities tend to be larger and are incentivized to cut staffing and other costs (including training) to generate a profit, potentially leading to weakened infection control practices.

Green House homes are perhaps the ideal setting in which Elders live meaningful lives, where staff are empowered to provide high quality care, and given their physical design and focus on quality and data, the ideal setting to reduce the transmission of infectious diseases. Preliminary analyses here indicate that residents fared better in Green House homes, compared to traditional nursing homes (but not staff). Legislation at the federal and state levels could be introduced to incentivize the development of additional Green House homes—even encouraging their construction as the industry standard—including higher Medicare and Medicaid reimbursements and lifting the moratorium on new nursing home construction (in states like Florida, for example) exclusively for Green House home construction.

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