

Testimony before the House Aging & Long-Term Care Committee

On the COVID-19 Pandemic

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Chairman Ginter, Vice-Chair Swearingen, Ranking Member Howse and members of the House Aging & Long-term Care Committee, I appreciate the opportunity today to share my thoughts on the COVID-19 pandemic, how it has impacted my organization, and the Ohioans we serve. My name is Brett Kirkpatrick, and I serve as the President and CEO of Community First Solutions, a not-for-profit network that provides diverse healthcare solutions for our communities including, behavioral health, three non-profit pharmacies and community based services throughout the greater Cincinnati and Dayton region. We also operate Berkeley Square and Westover Continuing Care Retirement Communities and Jamestowne a stand alone skilled nursing facility that specializes in inpatient and outpatient therapy. We serve nearly 30,000 clients each year, including more than 400 full time residents and 600 post-acute care patients.

Prior to my current role, I led two hospitals for TriHealth in Cincinnati, and my testimony today offers a unique perspective from one who has held leadership roles in acute care and long term care industries.

The reason I am here today is to urge the State of Ohio to prioritize planning and partnerships that will allow long-term care facilities to safely ease restrictions and provide sustainable solutions for the residents we care for.

We need a coordinated and clear plan for our residents and families, and our staff. This plan should be developed by a cross functional team that incorporates operational expertise from leaders in the long term care industry. The plan should ensure we have adequate testing and ample PPE, partnerships with health systems as well as a common sense approach to ending the isolation of our seniors within nursing facilities across Ohio.

Illustration of Testing and State Policy Inconsistencies

Community First Solutions led proactive planning efforts within our region, collaborating with our local Health Department. Our onsite Infection Preventionist is in daily contact with our Health Department. Initially, when staff exhibited signs and symptoms of COVID-19, the health department instructed us to send them home to quarantine, because testing was only available within hospitals. At the time, healthcare workers were in the prioritized tiers for testing, but because testing was controlled by hospitals we were unable to access it. As an alternative, we worked through a private lab and obtained testing orders from our facilities' medical director. However, the delays in obtaining results are often lengthy, causing our staff to remain off work and without pay, and our facility to struggle to backfill open positions.

As direct care staff and nurses are in short supply, it is essential that we have the testing resources to get staff back to work quickly.

As I have dedicated my career to health care in both sectors, I can attest that there are more similarities than differences between nursing homes and our acute care partners.

Best practice for health safety and infection control and prevention does not differ from acute care to post-acute care. We maintain the same infection control policies and standards as our acute care partners and constantly train and monitor our staff as they do. Oft-cited conventional wisdom says the nursing home industry is either the most highly regulated industry in the country, or second only to the nuclear energy industry.

Yet, while we uphold the same standards as our acute care partners, we are not allowed to play by the same rules.

As an example of the inconsistencies of the current state policies – A resident in forced isolation with us was sent to a local hospital – given their ease of restrictions she was allowed to see family members while in the hospital even though her illness was not life threatening. However, upon returning to her home, no visitation was allowed. Imagine from a resident or families perspective how that must feel. Imagine how frustrating it is to want to go to the hospital, just so you can interact with your loved ones. When residents and families are asking to be transferred to the hospital for socialization, you know we have a problem with our current system.

Acute care systems have had no state mandates related to visitation restrictions, while our industry remains isolated and, we continue to be vilified and ignored.

Our Industry Needs Leadership & Direction to Move Forward. Quickly.

To date we have not received any clear plans or direction. Despite the announcement on April, 20, from the Ohio Department of Medicaid that we would be collaborating with local hospitals in “clinical coalitions,” essentially developing partnerships between every Ohio nursing home and nearby hospital, we have yet to see those pairings shared publicly, or these coalitions materialize in our community or consistently across the state.

Similarly, we have heard several iterations of the state’s direction for congregate care settings, and while the latest plan, involving the Ohio National Guard, is rolling out statewide as we speak, we have more questions than answers surrounding the process and cost of the testing and most importantly, what is next after the tests are completed.

Several weeks ago we received guidance from CMS outlining a phased approach to reopening our industry. Ohio has yet to adopt that process, nor have they provided any guidance on how we will move forward with easing restrictions.

In Conclusion

Today, four months later, we find ourselves in the same position of uncertainty that we faced in the beginning of this pandemic. We know that the pandemic will be with us for the foreseeable future. We know that our industry has, and will continue to be the hardest hit. We also know that total isolation is unrealistic and detrimental to the health of our residents.

We must have a comprehensive statewide plan that includes reliable testing, adequate PPE, a more collaborative approach to assist facilities when there is an outbreak, financial assistance to help address workforce issues and guidelines on reopening visitation. Without rapidly addressing these issues, long-term care facilities will continue to struggle and the residents and families we care for will continue to bear the consequences of this struggle.

Thank you for the opportunity to provide this testimony before you today, and I am happy to answer any questions the Committee may have at this time.