



Ohio House Aging and Long Term Care Committee
Informal Hearing
Thursday, May 28, 2020

Kathryn Brod, President/CEO

Chairman Ginter, Ranking Minority Member Howse and members of the Committee, thank you for the opportunity to speak with you today regarding the challenges in long-term care facilities in response to COVID19. I am Kathryn Brod, CEO and President of LeadingAge Ohio. I will keep my remarks today focused on the challenges with the availability of testing for long-term care facilities. Testing efforts were initially challenged due to scarcity in the testing supplies. All-out efforts to manage limited testing capacity were focused on managing the expected hospital surge. Even as this was occurring, congregate care facilities were calling for a reprioritization of PPE and testing, for even the earliest data pointed to how such a highly contagious virus could ravage the elderly. However, for weeks on end, nursing homes were told to test only one to two residents or employees. Question: What if the results are positive? Answer: Treat the facility as if everyone has it. The implications of this approach were untenable for a facility already struggling to access PPE and disinfectant in these facilities.

Medical experts saw that one approach to flattening the curve in hospitals was to flatten the curve in long-term care settings. The Chief Medical Officer of one of our members National Church Residences, mobilized his practice Central Ohio Geriatrics, another member Ohio Living and LeadingAge Ohio to create PARRT, the Post-Acute Regional Rapid Testing program. The program was developed to assist central Ohio long-term care facilities with their testing needs. The providers sought additional funding for the program, worked with the local departments of health to obtain test kits and assistance with PPE, and mobilized swabbers through medical reserve corps volunteers. The team would bring the kits to the facility and swab anywhere from one to over four-hundred staff and residents. Completed tests were delivered to laboratories at either the Ohio Department of Health or Ohio State University for processing. I accompanied the PARRT volunteers on several occasions to monitor how carefully the program was deployed, and to help identify what additional resources would be needed in order to develop a statewide program. The following issues are what we learned from this experience:

- 1) This type of testing, coming to the bedside, is THE safest way to test a frail population – transporting them to testing facilities creates far too much risk;
- 2) Testing for employees requires significant administration, as the very nature of shift work and 24/7 operations means you never have all employees on site at the same time;
- 3) Processing the billing of these tests for residents and, particularly, for employees is an evolving process; most providers are paying the full cost of this testing;
- 4) Testing is a one-point in time process – from the minute COVID appeared, rigorous infection control processes are required and, with the best processes in place, an asymptomatic employee without access to full PPE can introduce the virus;
- 5) Once the facility receives the test results, it may be faced with significant staffing challenges as asymptomatic positive staff are removed from the duty roster even as



cohorting of residents in quarantined or isolation areas require physical moves of their belongings. This is accompanied by needing to access agency staff (at significantly higher levels of pay) and the use of N95s and other costly PPE. And, of course, testing is a “snapshot in time” process, so the facility may want to repeat testing to continue to closely monitor and mitigate the risk to those lives entrusted to them.

PARRT has shared their experience with the Administration as they are working to develop a statewide testing program. We are hopeful that some of the issues identified will assist in a smoother implementation and help to mitigate some of the issues PARRT faced at the beginning stages of its efforts.

Once again, long-term care providers are working together to navigate the challenges of this pandemic. We want to provide input from our PARRT experience and knowledge as experts in long term care services. But, most importantly, we want the data from the statewide testing to help inform and prioritize resources needed to help long-term care settings navigate a reopening of the economy when frail elders remain at risk. Unfortunately, our older Ohioans are going to be living in a more heightened state of awareness with this virus compared to the rest of the population.

We appreciate this opportunity to share the journey we have been on over the past two months, and welcome the chance to publicly share the challenges our providers have endured. We want residents to be able to visit with their families and while we all would like to return to the way of life before this pandemic, we **MUST** make sure these settings are equipped with the resources they need to mitigate outbreaks in long-term care settings: strategic testing, ample PPE, collaborative staffing solutions, partnerships with hospitals and local health departments. Until there is a vaccine, we can be smarter about our response and mitigation work with more data and effective data analytics. A statewide testing program is one step in that process.

I am happy to answer any questions you may have at this time.