ARGENTUM
EXPANDING SENIOR LIVING

Managing Risks and Realities

Perspectives on vaccination, visitation, and infection prevention and control in senior living communities

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ABOUT THIS REPORT

This white paper is excerpted from Argentum Quarterly 2, 2021: " Risk, Safety, and Realities: Considerations for the coming post-COVID-19 environment." Argentum Quarterly is dedicated to gaining understanding of what aging means today and in the future, through research, analysis, and thought leadership. It brings insights and data in context to its audience of upper-level executives from our industry, peers in other industries, consultants, academics, and other subject matter experts.

Each issue centers on a top-of-mind topic in senior living—such as employee retention, risk management, or encouraging innovation—and how the senior living industry can continually improve quality, strategy, and practices. For comments or to discuss an article for consideration by Argentum Quarterly, please contact editor Sara Wildberger, at **swildberger@argentum.org**. Argentum Quarterly is a member-only publication; a selected excerpt of each issue is made available as a complimentary white paper for download.

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ABOUT ARGENTUM

Argentum is the leading national association exclusively dedicated to supporting companies operating professionally managed, resident-centered senior living communities and the older adults and families they serve. Since 1990, Argentum has advocated for choice, independence, dignity, and quality of life for all older adults. Argentum member companies operate senior living communities offering assisted living, independent living, continuing care, and memory care services. Along with its state partners, Argentum's membership represents approximately 75 percent of the senior living industry—an industry with a national economic impact of nearly a quarter of a trillion dollars and responsible for providing over 1.6 million jobs. These numbers will continue to grow as the U.S. population ages. Argentum's programs and initiatives are driven by its membership. For more information about joining Argentum, please visit **argentum.org/membership.** Learn more at **argentum.org.**

MANAGING RISKS TO ACHIEVE BETTER OUTCOMES DURING THE PANDEMIC

Atria Senior Living found its action plan and practices not only improved safety, but also made it a better company

By John Moore, chairman and CEO, Atria Senior Living

John Moore
Chairman and CEO
Atria Senior Living, Inc.

We believe in always putting our residents in a position to live their best lives possible, in all circumstances. With more than 200 communities across 28 U.S. states and seven Canadian provinces, we are responsible for the safety and well-being of some 20,000 residents and more than 12,000 employees.

We've always been decisive in unfavorable situations: Our "aggressively thoughtful" evacuations of entire communities in the face of hurricanes and wildfires is just one case in point.

However, COVID-19 presented an unconventional threat. How we managed the risk posed by this unseen enemy has helped us become a better company and one much more prepared for the future.

THE FOCUS: PROTOCOLS, PPE, DATA, TESTING, AND VACCINES

We decided from the start of COVID-19 that our focus would be on **having our people trained on our protocols, getting our staff the supplies and personal protective equipment (PPE) they needed to execute their mission, and using data to track disease movement and manage the business.** We also undertook the most aggressive testing rollout that we know of. Also, alongside Juniper Communities we were among the first providers to mandate the vaccine for all staff.

Protocols: On February 27, 2020, there were only 59 reported COVID-19 cases in the entire United States.

By March 3, we had disseminated protocols company-wide, along with a coronavirus response action plan, an outbreak preventive protocol checklist, and other resources. These actions were taken in advance of most state-issued rules. We rolled out additional trainings for employees around disinfecting common spaces and hand washing.

In all, we escalated protocols five times over a period of two and a half weeks (from March 3 to 22), moving from Level 1 protocol into full community quarantine, or "quarantine management."

Fighting this disease meant keeping people apart—an action diametrically opposed to our belief that people, especially seniors, belong together. By June 2020, with the help of our Stay Safe, Stay Together program to help residents and staff adhere to protocols, most of our buildings were out of full quarantine. We could begin stepping back down the protocol staircase to more community freedoms as regulators allowed.

Procurement: Almost overnight, we became a logistics company, securing our own warehouse in March 2020. We bought PPE and supplies, flying them and our people all over the country in chartered jets to keep communities protected and safe.

When others said they couldn't find PPE, we worked days and nights on end to get it—sourcing a million masks from here and a few hundred thousand from there—doing whatever it took. **We helped competitors secure PPE, supplied Louisville nonprofits, and helped the Commonwealth of Kentucky source the PPE they needed to support the health care system in our home state.** Capitalizing on our local resources, we had friends put their whiskey distillery to work making our own hand sanitizer and soap for our communities.

Data: We also became our own COVID data analysis resource, analyzing disease movement, which has consistently kept us in position to react to outbreaks. We published updates that recorded and reviewed every single COVID case in Atria's world while closely following the fluctuation of disease activity across North America. We sent these out seven days a week to all our leaders and partners starting in mid-March. We went to a weekly cadence last fall.

Among many early trends we saw and acted upon was the vulnerability of New York City. We quickly responded with PPE for our staff for work, for their commutes, and to bring home to their families.

In response to volatile and varying disease activity last summer, **we also created additional protocol overlays based on regional disease activity,** whether or not upgraded protocols were mandated by state or local authorities. Mirroring Harvard Global Health Institute classifications, we coded states as either HEM or MEM (high or moderate exposure markets) and enhanced safety measures accordingly.

Testing: A primary weapon in our fight against COVID was testing. We knew programmatic testing would be key in protecting residents and staff by identifying cases early and sealing off outbreaks. We were testing before states and provinces mandated it. **In April 2020, we quickly forged a relationship with Mayo Clinic Laboratories (MCL) to pervasively test across all our communities.** We've surpassed 300,000 COVID-19 tests—and counting—performed in Atria's world.

Our early testing quickly made an impact. Having a "go anywhere" testing program with MCL put us in a position to show we could deliver safer experiences inside Atria communities by screening out asymptomatic staff. Notably, our willingness to surveillance test non-symptomatic staff (staff with neither symptoms nor known direct contact with COVID-positive individuals) was a key reason MCL supported us in the way they did.

Our initial ask of them was roughly 18,000 tests. As state mandates grew and we found ways to use testing to protect residents and staff, they expanded their support to the point that, by December, we processed some 50,000 tests across our portfolio in that month alone. Average response time was around two days from swab to entry in our tracker.

ATRIA QUICK FACTS

20K+
Residents Monitored

350K+
COVID-19 Tests

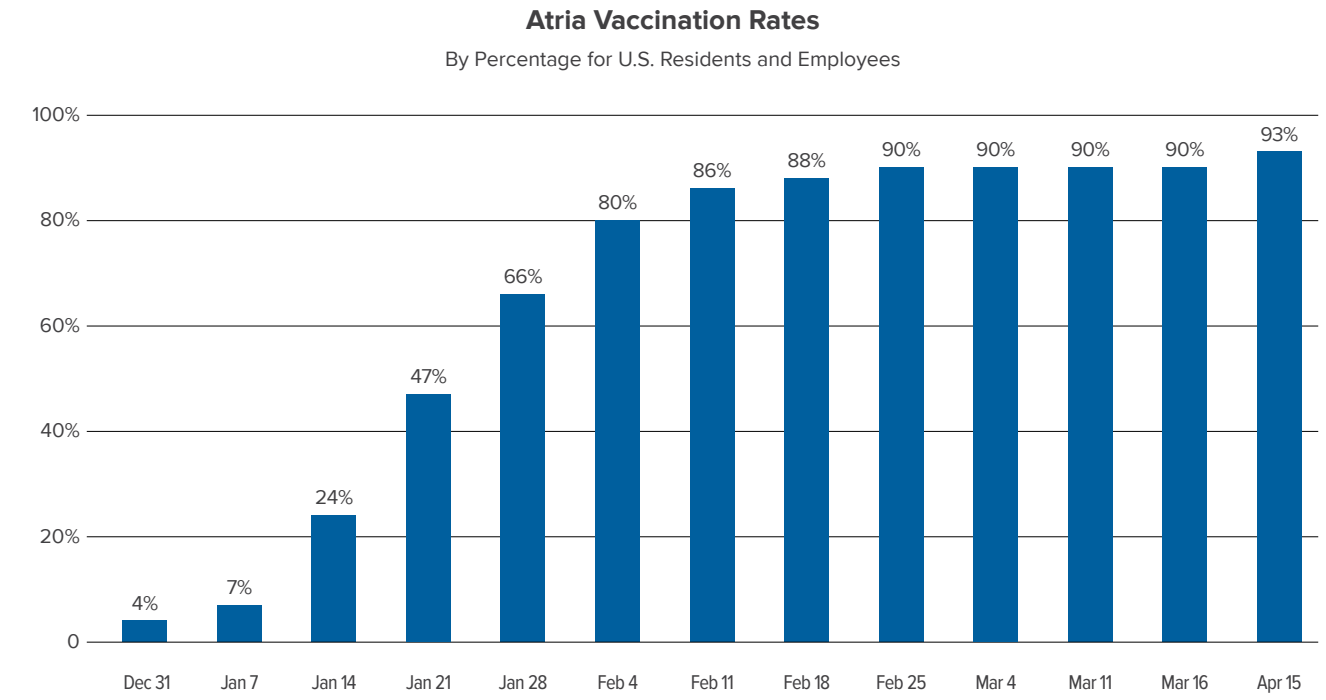
1M+
N95/KN95 Masks

2.6M+
Surgical Masks

27M+
Gloves

2.9M+
Ounces of Hand Sanitizer

Atria has spent approximately $42 million in supplies and expenses (including frontline support pay) to meet the challenges of COVID-19 across all 200+ communities in the United States and Canada.



Source: Atria

As we saw the spike in new activity outside the Northeast and turned our attention to the South and West, we increased surveillance testing and protocol re-escalation to seal off our communities. Through a kind introduction by Juniper Communities, we added Dascena as another quality testing partner, helping leverage our capabilities as the pandemic's worse impacts spread.

Vaccine: We are proud that we were the first major senior living operator to mandate the vaccine for all our employees. Again, Juniper Communities also deserves to be recognized, as they also announced a mandate in January.

As of June 2021, more than 98 percent of our employees have either been vaccinated or are in the process of receiving it. Through the mandate and our Sleeve Up Atria initiative, we are fortunate to now have extremely high levels of immunity in our U.S. communities. **This not only reduces the risk of the disease spreading, but it also allows us to expand community freedoms and let seniors once again live their best lives with us.** It has also put us in position to start to grow our business again and build for a brighter future.

BRINGING LEARNING FORWARD

Across the board, we've learned a lot from our response to the pandemic. Our delivery and approach to care, culinary, engagement, and technology has changed for the future, for the good of our residents, staff, and our business overall.

Since the pandemic evolved out of its early stages, the disease curve in Atria's world progressed to compare increasingly favorably to that of the general population, leading us to believe we made a number of correct decisions in an otherwise seemingly unwinnable war.

We couldn't do any of this without the heroic staff and leadership in our communities, or without the families who have been so supportive as we take care of their family members. We also enjoyed sharing and learning from our colleagues and competitors. The Argentum team has been steadfast in their advocacy and support, and it is palpable how the pandemic has given the industry and industry leaders united purpose.

We may not get it right every single day, but let's put it this way: We "pity the flu" that decides to come next.

VISITATION POLICIES REQUIRED NIMBLE RESPONSE

Constant and consistent updates and action put health first in an uncertain time

By Darrell Baltimore, vice president of operations, Vi

Darrell Baltimore
Vice president of operations
Vi

With the onset of the pandemic, Vi's leadership team recognized that we were confronting an unprecedented situation for our residents and their families. Facing a global health crisis to which seniors were particularly vulnerable, we were charged with swiftly executing stringent COVID-19 health and safety standards across our collection of 10 continuing care retirement communities.

One of the clearest means of protecting the residents in our care was to establish stringent guidelines on outside visitation to our communities. The health and safety of our residents, staff members, and their families have always been our most important priorities, so it was imperative that our team respond nimbly to the evolving CDC, state, and local directives.

To ensure we were implementing best practices, our teams on the ground worked to align our communities with guidelines from appropriate authorities and health officials, evolving our policies as new information was released.

FIRM RESTRICTIONS FIRST

Initially, the clearest directive was to limit the comings and goings of residents, prospects, staff, and their families to reduce opportunities for exposure to the coronavirus. In an effort to eliminate outside visitors to our communities and safeguard the health of our current residents and staff, we firmly restricted visitation to our communities and suspended on-site sales and marketing meetings or events for prospective residents, shifting instead to an entirely virtual model.

As COVID numbers improved in certain locations and the health guidance evolved, we cautiously eased restrictions and allowed for outdoor, socially distanced visitations where appropriate in line with CDC directives.

In light of such challenging decisions to either ease or restrict access from the outside, our team was diligent in keeping our residents and their families apprised of the latest updates.

The uncertainty of the situation and the rapidly changing information inevitably gave rise to concerns and questions, and clear and frequent communication was crucial in safeguarding resident and family satisfaction.

Following the success of our vaccination campaign across our 10 communities, we are in now a new phase of evolving our visitation policies, continuing to follow best practices for the health and safety of our residents as we continue to ease restrictions.

To ensure we were implementing best practices, our teams on the ground worked to align our communities with guidelines, evolving our policies as new information was released.

‘INFECTION CONTROL IS EVERYONE’S BUSINESS’

By Sara Wildberger

Devon Jopp, EdD, MS
CEO
APIC

The Association for Professionals in Infection Control and Epidemiology (APIC) is “creating a safer world through the prevention of infection.” APIC **(apic.org)** has approximately 16,000 members across the United States and in 70 countries. They include nurses, physicians, public health professionals, epidemiologists, microbiologists, medical technologists, and more, who daily do everything from crunching and reporting data to developing practices to education.

Formed in 1972—and approaching its 50th anniversary—APIC continues to have significant impact as the COVID-19 pandemic continues, in providing guidance to health care and to the public on infection prevention and the importance of vaccination and vigilance to protect vulnerable populations.

The organization’s CEO, Devin Jopp, EdD, MS, has more than two decades in association leadership, including serving as CEO of the American College Health Association. At the start of the interview, Jopp recognized the extraordinary efforts made by members of APIC and Argentum and by all those working in senior living: “These have been difficult times for Argentum members and our collective community to go through. We appreciate Argentum’s focus on infection prevention as we believe the lessons learned through the pandemic can help us harden our infection prevention efforts together. As much as we hope this is the last pandemic, we all know there are other diseases out there.”

Q. Can you share a few of the big lessons learned from APIC that can apply to senior living?

A. While almost all institutions had emergency response plans, I don’t think they had been really tested or contemplated to the level of national pandemic. We were thinking in terms of a flu outbreak, or, in the schools, possibly something like meningitis B. The scale and scope of COVID created issues that we never contemplated.

Another issue that was a massive challenge for all institutions was the availability of PPE (personal protective equipment). The early confusion about how PPE should be utilized both in healthcare and by the public combined with the critical shortages was a massive issue.

Additionally, we learned quite a bit about how porous and diffuse our workforce is in the senior living community where we saw how intermeshed workers were between communities. This created a large challenge in managing the spread of COVID-19 and highlighted the need for elevated infection prevention mechanisms.

The pandemic also revealed that infection prevention is everyone’s business and that we must make infection prevention a core strategy in senior living communities and across the entire

“We saw that organizations were really hungry for information through the pandemic—and the information they got wasn’t always the best. We must create a structure to ensure that we have the right expertise onboard providing the best guidance possible.”

continuum of healthcare. One key learning is that we must find a way to embed infection prevention expertise in each organization and build effective infection prevention teams in facilities to ensure each organization has the capacity to respond swiftly to emerging threats.

We must also ensure that everyone in our communities have proper training, from the maintenance crew all the way up to the administrators. Having an infection prevention team approach in place helps ensure that if there's a crisis, we know how to react and can do so swiftly.

Q. What do you see as some issues to address to be better prepared for the future?

A. Having infection prevention expertise on staff is a critical learning through the pandemic. Not everyone is an infectious disease expert, and having a medical degree alone doesn't make someone an infectious disease expert.

Also, we saw that organizations were really hungry for information through the pandemic—and the information they got wasn't always the best. We must create a structure to ensure that we have the right expertise onboard providing the best guidance possible.

Ensuring that organizations have effective PPE stockpiled and also test supply chains for multiple sources for PPE is going to be a crucial learning from the pandemic.

From a CEO perspective, I understand the challenge of justifying the elevated expenses related to infection prevention. It's not always a clear-cut value proposition, but we learned that not having this infrastructure in place can lead to tragic results. Communities must look at their IP infrastructure as key investments into safeguarding their communities. Infection prevention must be at the center of all senior living communities' cultures.

Q. We're seeing a lot of that now. What's next?

A. I think the next phase of this pandemic will be the retrospective review of what went wrong. I recommend communities start doing a "hotwash" or review now—even though we're not out of COVID yet—to get a group together that starts looking at lessons learned and develop a game plan to strengthen and harden infection prevention going forward.

It's hard to do while we're still in it, but it's so important to do this while it is fresh in our minds. CEOs must be champions for this work and helping to ensure that the lessons learned get implemented to strengthen our communities' future responses.

EXPLORING APIC RESOURCES

- To help infection preventionists and consumers quickly access important resources, APIC has curated web pages with information on key infection prevention topics including antimicrobial stewardship, long-term care, and MRSA: **apic.org/resources/topic-specific-infection-prevention/.**
- Two cost calculators are available to estimate costs associated with infections and savings realized through prevention: **apic.org/resources/cost-calculators/.**
- The Quick Observation Tools library **(ipobservationtools.org)** presents materials designed to be used in a matter of minutes by anyone working in healthcare; for instance, a checklist for PPE provision.
- The Infection Prevention and You website **(infectionpreventionandyou.org)** has materials including fact sheets, do's and don'ts posters, and infographics that can be useful in raising awareness and encouraging practices among residents, direct caregivers, and families.

Post-pandemic infection control and prevention strategies: Time to reset, retool and solidify

An ounce of prevention is worth a pound of cure

By Rhonda DeMeno, RN, BS, MPM, RAC-CT, A-IPC, Director Clinical Risk Services, Willis Towers Watson

In the early 1980s, the first assisted living community opened in Portland, Oregon. At that time, assisted living offered residents 24-hour staffing for Activities of Daily Living (ADL) assistance and community areas for social interaction. Since that time, assisted living has evolved, and the service offerings go well beyond socialization and ADL assistance.

The National Center for Assisted Living (NCAL) currently reports that the average age of an assisted living resident is 85 years, and more than 800,000 Americans are residing in assisted living. The advanced age of residents and common conditions such as heart disease, diabetes, and diminished ability to perform ADL have resulted in assisted living providers transitioning from a social model to a person-centered care model.

Since the senior living population are more likely to have underlying health conditions, operators have always been concerned about infection control. The CDC reports that infections are the second leading cause of hospitalizations in adults 65 and older. Also, long-term care facilities report resident infections average between one to three million per year and are the most common cause of hospital admission and death.[1]

State regulations require assisted living providers to have infection control practices and systems to identify and manage infections. Although operators are not fully aware of the impact the pandemic will have on future regulatory changes, operators do know, when infectious outbreaks occur, quality and safety concerns surface and may result in increased scrutiny from regulatory bodies, families, the public, and insurers.

Due to the widespread distribution of COVID-19 vaccines and evidence of declining cases, senior living is beginning to see the light at the end of the tunnel. Because we are beginning to see a reduction in cases and easing restrictions, now is an excellent time to develop a strategy to reset, retool and solidify your communities IPC program.

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IPC strategies

Implement core principals of infection prevention and control

Adherence to infection control practices is essential for providing safe and quality care. The CDC recognizes a core set of infection control practices for all healthcare settings.[2]

IPC core practice categories:

- Leadership Support
- Education and Training of Associates on Infection Prevention
- Patient Family and Caregiver Education
- Performance Monitoring and Feedback
- Standard Precautions
- Hand Hygiene
- Environmental Cleaning and Disinfection
- Injection and Medication Safety
- Risk Assessment with Appropriate Use of Personal Protective Equipment
- Minimizing Potential Exposures
- Reprocessing of Reusable Medical Equipment
- Transmission Based Precautions
- Occupational Health

Assign an infection preventionist

To date, assisted living regulations do not require an infection preventionist, but due to the pandemic and the complexities of the program, a clinician assigned to the duties of infection prevention help to navigate the program and secure better outcomes.

With the emergence of COVID-19 and other Healthcare-Associated Infection (HAI), the infection preventionist can play a critical role in mitigating and managing infectious outbreaks.

Pandemic preparedness

The community disaster plan should have a dedicated section for pandemic preparedness. Specific components for pandemic preparedness are:

- Education and training program for associates, residents, families, and visitors
- Infection control plan for managing residents and visitors with symptoms
- A communication plan
- A plan for associate absenteeism
- A plan for vaccines and anti-viral medications
- Surge capacity plan for staffing and supplies
- Protocols for monitoring pandemic symptoms in associates, residents, and new admissions

The Department of Health and Human Services and the CDC developed a pandemic influenza planning checklist to help long-term care and residential facilities improve their response to pandemic influenza.[3] Annual pandemic evaluation is beneficial to enhance preparedness for responding to pandemic influenza.

Incorporate infection control into the admission process

For assisted living and memory care the pre-admission screening and nursing admission assessment process sets the stage for the resident's medical management and service plan development. Most Health Care-Associated Infections (HAI) become evident 48 hours or more following admission, and infections can present after the resident is discharged from the hospital or skilled nursing settings. The CDC reports that, surgical site infections are the second most common cause of nosocomial infections after urinary tract infections. An estimated 47% to 84% occur after discharge and are managed entirely in the outpatient setting.[4]

Implement an admission strategy that focuses on infection prevention

- Review policies for admissions screenings and include language from state regulations that detail infection control requirements
- Preadmission health screenings that focus on health history and immunizations for older adults
- Know where the resident is being admitted from home or a hospital or other health care setting
- Develop an internal risk stratification process that details resident exposure vulnerability
- Upon admission, institute a 72- hour admissions alert charting system to monitor the resident condition, behavior, and vital signs
- Incorporate language into residency agreements that inform the resident of infection control procedures, expectations for infection prevention, and adherence to the policies
- Before admission schedule a meeting with the resident, family, clinical team, to review your community's infection prevention policy
- Provide one on one counseling with residents as needed to answer questions and give guidance on vaccinations

Risk assessment, audits and measuring performance

Conducting routine infection control audits can identify systemic gaps and provides the community the ability to measure infection prevention performance against best practice clinical standards. To accomplish this, audits should:

- Monitor the incidence of resident infections acquired at the community
- Collect data through surveillance to detect transmissions of infectious disease
- Review policies, procedures, and practices for up to date information and efficacy
- Include findings from audits in the community Quality Assessment Process Improvement (QAPI) program

Audit tools

The CDC has a published Infection Prevention Risk Assessment that identifies risk probability, level of harm, impact on care, and risk level.[5] The risk assessment will set priorities for infection control program activities unique to senior living operations.

Willis Towers Watson's clinical risk team developed an infection control audit. The audit goes beyond the CMS COVID-19 Focused Infection Control Survey and includes other infection control guidance which applies to senior living.[6]

Some other clinical audits that can measure infection control program performance through observation are environmental rounds, handwashing, and PPE use.

Leverage infection prevention and control benefits for associates

Associates must receive IPC training during orientation, during an outbreak, and at least annually. Clinical leaders should adapt the training to reflect workforce diversity and the care tailored to the resident's needs.

When developing training, consider the following:

- Provide job-specific infection prevention education
- Develop a competency skill checklist to validate associate understanding of infection prevention requirements
- Provide written infection prevention policies and procedures that are available, current, and based on evidence-based guidelines (e.g., CDC, HICPAC, etc.)
- Provide additional training in response to recognized knowledge gaps and to address newly identified infection transmission threats (e.g., the introduction of new equipment or procedures)

Associate education on IPC is two-fold; it is helpful in the workplace and can transfer to the associate's home environment to achieve daily safety, health, and well-being practices.

Infection control education can significantly reduce HAI and largely avoid economic impact, including costs incurred by lost productivity due to associate illness.

Leverage infection control benefits for operations

For the IPC program to be successful, it requires visible and tangible support from community leadership.[7] Leadership should consider the following to instill an effective IPC program:

- Clearly communicate that leadership is accountable for the success of infection prevention and control program
- Allocate sufficient staff and resources
- Assign qualified individuals with training in IPC to manage the infection prevention program
- Empower and support the authority of those managing the IPC programs

Senior living operators can experience a return on investment in their IPC program through better resident outcomes, which in turn results in successful aging in place and sustained occupancy.

While the strategies of implementing core components of an IPC program and pandemic preparedness continue to evolve, the senior living industry can continue to master their IPC programs through monitoring performance, focusing on the resident admissions process, and training associates to ensure competency in proven IPC practices.

As the COVID-19 pandemic continues and pandemics remain a severe threat, senior living operator's IPC plans will be instrumental in protecting the health and well-being of residents and associates.

An ounce of prevention is worth a pound of cure may be a cliché. Still, the benefits of an IPC program far outweigh any challenges of establishing a program and the industry's fight against future pandemics.

Sources

[1] CDC Nursing Home and Assisted Living (Long-term Care Facilities [LTCFs])

[2] CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings- Recommendations of the Healthcare Infection Control Practices Advisory Committee.

[3] Long Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist.

[4] CDC Health and Economic Impact of Surgical Site Infections Diagnosed after Hospital Discharge.

[5] Infection Prevention and Control Assessment for Long-term Care Facilities.

[6] COVID-19 Focused Infection Control Survey: Acute and Continuing Care.

[7] CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings- Recommendations of the HICPAC. Core Practice Table.

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