Considerations for prioritizing long-term care facilities (LTCF) for onsite or tele-ICAR assessments

This guide is designed to assist public health jurisdictions in prioritizing nursing homes for COVID-19 preparedness outreach including brief communication, tele-ICAR, and/or onsite infection prevention and control (IPC) assessment. A similar approach may be considered for outreach to assisted living facilities as well. Consider communicating with state regulatory department and state affiliates for other representative organizations (e.g., NCAL, Leading Age, Argentum) for outreach to assisted living communities.

Step 1. Identify facilities for proactive outreach

Options that have been deployed in state and local health departments, which can be used in combination, to assist with prioritization:

- **Use existing data sources**: While the survey is a proactive measure, there are other data sources that can inform public health about the facility. For example:
    - Facilities with COVID-cases among residents or healthcare providers (HCP): This includes confirmed and suspected COVID-19 cases. Inquire if ill HCP work at any other facilities
    - Facilities with ILI Clusters: Looking for influenza like illness clusters and increases in emergency medical services (EMS) transports. Health departments should realize there may be a delay in being notified about a positive COVID-19 infection within a LTCF. These measures can help identify LTCFs earlier.
    - Facilities in region with COVID-19: this includes facilities in the same geographic region (e.g., 30-mile radius) where COVID-19 has been identified in a nursing home or assisted living facility, or where community transmission is occurring.
    - Facilities with history of quality or infection control issues: For example, nursing homes that have received a one-star rating from CMS Nursing Home Compare Five-Star Quality Rating System, or in collaboration with state survey agency.
    - Other facility characteristics: For example, starting with facilities where a single facility outbreak is likely to overwhelm local hospital capacity (e.g., very large facilities, facilities in areas served by CAH) or facilities experiencing shortages of staff and supplies.
- **Develop a simple survey:** that can be sent out to all nursing homes in the region to increase situational awareness on a regular basis (e.g. weekly). This survey can inform public health assessment prioritization and immediate concerns regarding PPE, including:
    - Facility demographics (number of beds)
    - Respiratory illness burden among residents and healthcare personnel (HCP)
    - Suspected and confirmed cases of COVID-19 amongst residents and HCP
    - Potential exposure to COVID-19 among residents and or HCP
    - Shortages of staff and supplies (including PPE)

Step 2: Contact the facilities

Identifying facilities will be an ongoing process and the health department should consider contacting the highest priority facilities first, sharing key messaging, and offering IPC support in the form of ICAR assessments (either in person, remotely, or for self-assessment) and pointing the facility to resources online. Consider working with regulatory and quality improvement partners, local health departments, and other partners (e.g., IP consultants, volunteers) to coordinate and expand the pool of qualified individuals to perform outreach and assessments.

Step 3: Perform assessments, provide guidance, and identify follow-up needs

As the situation evolves, so will the prioritization of the facilities. It is important to ensure that there is active follow up and prioritization is assessed on a real time basis as more information is available. Developing a system that allows for rapid communication, sharing key messages, and a targeted approach to performing assessments may help reach the maximum number of facilities. Feedback should ideally be provided in real-time, such as copying or scanning and sharing notes immediately after the assessment or providing the tool to facilities for self-assessment with an option for further discussion.

Step 4: Repeat follow-ups

Repeat calls or site-visit should be planned as per the need and nature of follow-up or on-site consultation if deemed necessary. Ensure that facilities have a point of contact for questions or concerns. Consider supplemental communications such as email messages, teleconferences, and webinars to reach the nursing home community more broadly.