

Engaging and supporting congregate settings in Rhode Island to mitigate COVID-19



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Rhode Island Department of Health's worked with long-term care facilities to increase access to COVID-19 testing, created an accessible testing results online portal, and supported staffs' needs for increased resources. This multi-faceted approach limits adverse outcomes, protects the healthcare system in Rhode Island, and delivers capacity development for a stressed sector with staffing challenges.

The "What"

Long-term care facility residents in Rhode Island are the highest risk population for COVID-19 hospitalization and death. They continue to report high case counts. They are also hospitalized at higher rates than other population groups (Figure 1). The long-term care sector in Rhode Island was significantly overburdened with staffing challenges (understaffed and high turnover) and tight financial margins.

The Center for COVID-19 Epidemiology (CCE) within the Rhode Island Department of Health (RIDOH) conducts disease surveillance and outbreak management support.



Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) funding was leveraged by CCE for clinical and epidemiological operations staffing, technological innovation, on-site infection prevention and control (IPC) education and training and outbreak support, and in-kind services for long-term care populations. Through leveraging these funds, RIDOH was able to provide Rhode Island State Health Lab (RISHL) PCR testing support as needed for long-term care facilities in experiencing outbreaks of COVID-19 throughout the pandemic. Additionally, RIDOH has successfully leveraged ELC-funded Salesforce technology to develop a COVID-19 reporting portal for more than 150 long-term care facilities. Currently, this portal has over 270 active users. Through this portal, users are enabled to provide detailed case information and outbreak response strategies efficiently by accessing preloaded census and facility information and case and outbreak response formats. Separately, by utilizing ELC funds to support staffing resources, RIDOH was able to host stakeholder meetings with long-term care facility stakeholders for two-way dialogue regarding COVID-19 trends, IPC best practices, and enable sector-wide sharing of lessons learned in real-time. These virtual



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sector-wide meetings were augmented by providing on-site individualized IPC education, training, and outbreak mitigation assessments conducted by a COVID-19 Prevention Field Team (CPFT). CPFT Clinicians collaborate with facility leadership to critical issues, including engineering and administrative controls, facility layout, symptom screening, empiric transmission-based precaution strategies, cleaning and disinfection protocols, ventilation, personal protective equipment (PPE) utilization, and standard infection prevention and control strategies. CPFT conducted 110 COVID-19 outbreak mitigation visits, 41 COVID-19 prevention visits, and 78 education and training visits related to infection prevention.

This multi-faceted foundation for providing support enables both sustained support for this high-risk population and immediate and sufficient support for facilities experiencing outbreaks.

For example, a local Veteran-Serving Organization experienced a prolonged outbreak, with 58 positive cases being identified within the span of 4 weeks. To support this organization, CCE provided daily clinical, epidemiological, and operational support to facility leadership and Infection Control staff to effectively manage and mitigate the ongoing outbreak. RIDOH

CCE's multi-faceted and dedicated approach limits adverse outcomes for this vulnerable population, protects the healthcare system in Rhode Island, and delivers capacity development for a stressed sector with staffing challenges.

provided recommendations for isolating positive cases, best source control, and other infection prevention practices. Recommendations to use targeted outbreak testing allowed the facility to effectively identify positives for isolation while saving financial and testing resources. IPC recommendations enabled the organization to safely hold Veteran's Day activities which honored the veteran residents and met the psychosocial needs of the residents and their families. RIDOH also mentored the organization to establish an on-site antigen testing program which effectively enables rapid detection of COVID-19 infection among admitted and symptomatic residents and staff and outbreak mitigation.

The "So What"

Prioritization of the most at-risk population in Rhode Island through CCE's multi-faceted and dedicated clinical, epidemiological, operational, and educational approach limits adverse outcomes for this vulnerable population, protects the healthcare system in Rhode Island, and delivers capacity development for a stressed sector with staffing challenges.

RIDOH's Long-Term Care Reporting Portal enables timely case and outbreak mitigation approach ascertainment; dashboards in Salesforce help us to manage positive intakes for case investigation and automatic cluster detection to prompt timely outreach and outbreak management and support.

Ongoing engagement and education empower facilities to take prompt action in refining their facility practices in source control, sanitation, ventilation, visitation, testing, treatment, vaccinations, and overall resident care to reduce the number of cases and adverse outcomes in this medically fragile population. In-person, facility-specific IPC assessment, education, and training enables more effective virus transmission prevention in real time.

The Veteran-Serving Organization previously mentioned was effectively supported to manage the outbreak effectively to reduce adverse outcomes and meet the psychosocial needs of their veteran resident population; develop a clinically effective and resource-efficient outbreak testing plan in preparation for future outbreaks; and reduce reliance on limited RISHL resources.

Despite Case Trends, Long-Term Care Resident Hospitalizations Have Continued to Increase Since March 2022

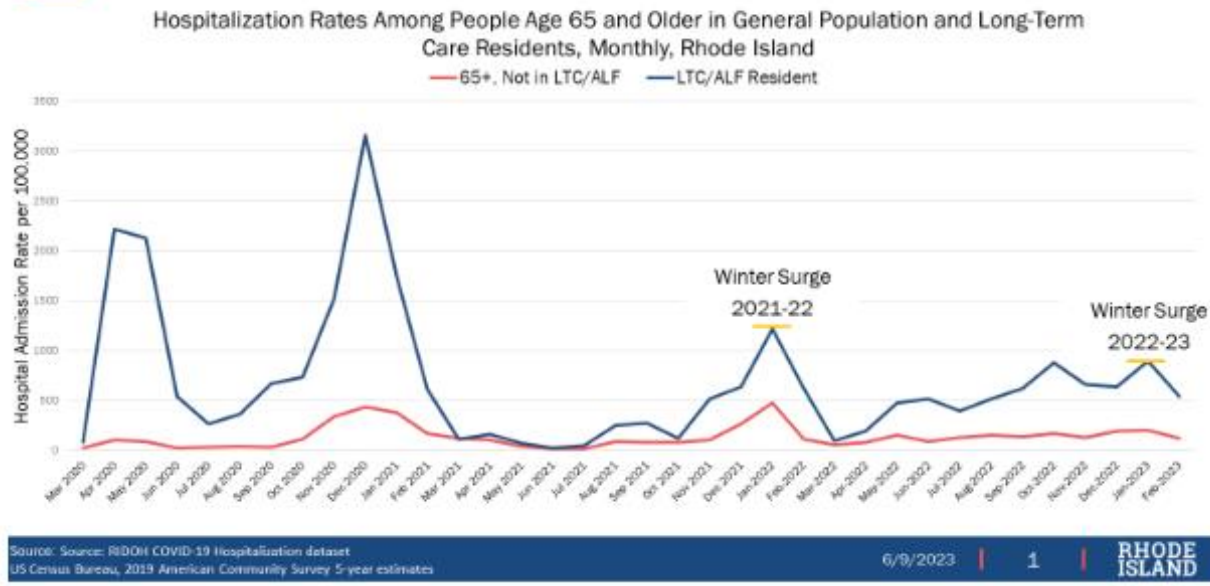


Figure 1. Long-term care resident COVID-19 hospitalization trends in Rhode Island, March 2020 – February 2023.

The “Now What”

COVID-19 remains a public health challenge. With expected surges in the future, active surveillance and outreach is still necessitated to protect our most vulnerable population from COVID-19 infection and subsequent risk for hospitalization and/or death. As a part of our active surveillance approach, our clinical and epidemiology teams would need to stay active in facility engagement to not only guide them in managing ongoing outbreaks but also in learning how to effectively prepare for the next. CCE’s continued stakeholder meetings are essential in providing facilities with the most up-to-date guidance in COVID-19 mitigation efforts, statewide trends, and education about resources available to facilities. CPFT’s on-site individualized and proactive approach identifies and addresses factors preventing infectious disease transmission within the facility and enhances IPC capacity within this critical sector for the future.

RIDOH plans to prioritize multi-faceted strategy for LTC population through outbreak management, outreach, sector-wide and on-site individualized IPC education. This includes:

- Continued/future leveraging of Salesforce database technology and the COVID-19 Long-Term Care Reporting Portal allows seamless management of high case and outbreak volumes during times of surges to ensure that each outbreak is handled effectively to reduce adverse outcomes and protect the healthcare system. This technology should be considered for managing flu or norovirus outbreak response, two other diseases that routinely impact LTCFs.
- Clinical, epidemiological, and operational support to develop effective outbreak management strategies, with focused testing, will enable the overburdened long-term care settings to be prepared for future surges with fewer federal resources for in-kind supplies and services.
- IPC education and trainings invest in staff capacity for a stressed sector.