Survival Coalition
of Wisconsin Disability Organizations

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Survival Coalition Comments to Long Term Care Subcommittee of the SDMAC

The Survival Coalition appreciates the opportunity to provide comments to the draft guidance documents relating to managing medically stable long-term care facility residents who have or may have COVID-19 (Guidance Document 1) and testing of patients transferring from hospitals to LTC facilities (Guidance Document 2). For the most part, we found both guidance documents to be clear, comprehensive and reasonably sensitive to the actual capabilities of LTC facilities in Wisconsin. Our main point of disagreement is with the failure to recommend testing of all transfer residents, which we believe is the only means by which a LTC facility can hope to prevent the spread of the virus within its walls.

Our specific comments are:

Guidance Document No. 1 (testing)

First, we disagree with the guidance's direction that only symptomatic patients being transferred to a LTCF should be tested. We think there needs to be universal testing of every person who is transferring from a hospital to a LTCF. It is clear that many asymptomatic people are carrying the virus. The chances that a person coming from a hospital might be COVID-positive despite a lack of symptomology would seem to be greater. We recognize the burden universal testing might pose for hospitals. But the risk of infection and the consequences in LTC facilities are too great to take the chance that an asymptomatic patient may return and immediately begin spreading the virus to the other residents and staff.

Second, the guidance would benefit from a restatement of what "rapid COVID-19 testing" means in the part of the recommendations relating to when a PALTCF can require a test from a hospital prior to permitting admission/readmission. The phrase seems to be defined as "results available in <24 hours," but only as an example in the 2nd paragraph of the Background section. Unless the intent is to keep the phrase undefined, it should be more prominent in the recommendations section. If the intent is to keep it undefined, we believe that detracts from the value of the guidance. Facilities, both LTC and hospitals, would benefit from a known and consistent definition of this term. Otherwise there will be disputes between facilities and hospitals over whether the testing a hospital is doing is "rapid." "Less than 24 hours" seems to be a reasonable definition of "rapid" in this context.

Guidance Document 2 (infection control within PALTCF)

First, we suggest adding a "guiding principle" that COVID-positive residents and those who are suspected of being COVID-positive be sequestered in a separate part(s) of the facility. The recommendations clearly assume that all facilities will be doing their level best to create such a unit (or units) within the facility. A clear statement that sequestration is the goal should be a guiding principle.

We note that the recommendation for a separate unit within the LTCF is included as a guiding principle in the "testing" guidance. It should be included here as well.

Second, another guiding principle should be that all residents and their representatives are kept contemporaneously informed whenever a person's COVID status changes and whenever a change in the resident's placement within a facility occurs. Based on media accounts, there seem to be far too many examples of loved ones being informed long after the fact that their loved one has the virus.

Third, the section discussing aerosol generating therapies (AGT) indicates that discontinuance or modification of the treatment is one of the options a facility should consider. Missing from the discussion (Sec. 4.b.1.) is the role patient/residents and their treating physicians themselves play in that decision. Whether any prescribed treatment is "unnecessary" or can be provided in an alternative form is a decision that must be informed by the resident's physician and consented to by the resident. Long-term care facilities are not qualified or equipped to make those decisions unilaterally. As drafted, the guidance could be interpreted as giving the facility the discretion to determine medical necessity.

In section 4.b.1. we suggest the first sentence be modified as follows: "Determine, in consultation with the resident's treating physician and the resident, if the AGT is medically necessary.

Fourth, the policy does not discuss residents who are neither COVID positive or suspected of being COVID positive, but have come from a hospital. Unless universal testing is adopted (in which case the COVID status of each transfer resident would be known), the guidance should include a recommendation that such transfer residents be separated in a third part of the facility for a period of time. Since people returning from foreign travel are typically quarantined for 14 days, that would seem to be a reasonable period of time, unless a test has been done which clarifies the COVID status of the resident sooner.

Finally, we appreciate the inclusion of language recognizing the potential for transfer trauma and the need to address it, even under very adverse circumstances.

Sincerely,

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Survival Coalition is comprised of more than 30 statewide disability organizations that advocate and support policies and practices that lead to the full inclusion, participation, and contribution of people living with disability.

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