



April 8, 2020

RE: Hospital discharges and admissions to nursing homes during the COVID-19 emergency

Dear Governor Kelly:

On behalf of the long term care providers in Kansas, we are writing to share our concerns, and proposed solutions, regarding hospital discharges and admissions to nursing homes during the COVID-19 pandemic.

Every Governor and public health official are faced with the unprecedented prospect of hospitals being overrun with both COVID-19 patients and other patients, who in the regular course of life need hospital care. No one wants a scenario where hospital beds and ventilators are unavailable, and people die waiting for care. Discharging hospital patients who are well enough to be cared for elsewhere is a top priority.

Several states, including New York, New Jersey, and California, have issued orders requiring every nursing home to admit hospital patients regardless of COVID-19 status (positive, negative, or unknown), and regardless of whether the accepting nursing home has enough personal protective equipment (PPE) and staff to safely treat these admissions. Those orders were issued at potentially great cost to the elderly residents in their state. We ask that the state of Kansas follow a different path on this issue which will prevent increased deaths of older Kansans, relieve pressure on our health care system, and comply with important Centers for Medicare and Medicaid Services (CMS) guidance released on April 2, 2020.

The federal government released guidance on April 2, 2020, stating that patients and residents who enter facilities should be screened for COVID-19 through testing, if available. This is supported by recent data from the Centers for Disease Control and Prevention (CDC) that found that just over half of all elderly people who tested positive for COVID-19 showed no symptoms<sup>1</sup> and that 6-12% of new cases are due to spread from asymptomatic individuals

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<sup>1</sup> CDC Morbidity and Mortality Weekly Report: *Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility – King County, Washington, March 2020*

who are infectious for at least three days before developing symptoms<sup>2</sup>. The CDC found that nursing home residents who tested positive were likely spreading the virus to others for up to seven days before they developed symptoms. This supports a ‘test before discharge’ approach in hospitals, which academics also support<sup>3</sup>. However, lack of testing and delays in getting test results make testing all patients before discharge unlikely. We need a more workable approach.

A blanket state-mandated approach to hospital discharges and nursing home admissions in Kansas would introduce the highly contagious virus into more nursing homes because of their increasingly low levels of staff and PPE needed to care for, and prevent viral spreading from, COVID-19 positive residents. Given the disproportionately high mortality rate among the frail and elderly (up to 30% for those over 80 with chronic disease), it is extremely likely to cause additional deaths. It would further strain our health care system by causing more hospitalizations and an increased demand for ventilators and ICU beds. The decision of where to discharge hospital patients must take into consideration the availability of supplies, staffing, infection control capabilities, and the physical structure of long term care.

The better solution is a targeted approach, where we create designated facilities, wings, units, and floors for COVID-19 positive patients. In addition to the federal guidance on screening patients through testing, we recommend the following criteria to guide these decisions, which is in accordance with recent CMS and CDC guidance and reports.

- For hospital patients with COVID-19 positive tests or who are symptomatic, hospitals must first try to admit such patients to an alternate care site dedicated to caring for COVID-19 positive and symptomatic patients.
- If an alternate care site is not available, the hospital may try to admit COVID-19 positive or symptomatic patients to a nursing home with: a) a separate wing, unit or floor; and b) enough staff to keep dedicated caregivers in the designated wing, unit or floor. *The nursing home must also have enough PPE to manage COVI-19 positive residents.*
- If a separate wing, unit or floor for COVID-19 positive or symptomatic residents is not available, hospitals may then look for possible admission to a nursing home with single occupancy rooms or the ability to cohort in rooms with similar residents, whether for COVID-19 positive or symptomatic residents. *Again, these nursing homes must have adequate staff and PPE to manage COVID positive residents.*

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<sup>2</sup> CDC Morbidity and Mortality Weekly Report: *Presymptomatic Transmission of SARS-CoV-2 – Singapore, January 23 – March 16, 2020*

<sup>3</sup> Journal of the American Medical Association (JAMA): *Postacute Care Preparedness for COVIV-19 – Thinking Ahead*, David C. Grabowski, PhD; Karen E. Joynt Maddox, MD, MPH (March 25, 2020)

- When there is a lack of testing available, hospital patients who are asymptomatic with an unknown COVID-19 status must be assumed COVID-19 positive and treated thus, because COVID-19 can be spread by infected people who are asymptomatic. This means prioritizing the placement of such patients in an alternate care site dedicated to quarantining patients with an unknown COVID-19 status. If no such alternate care site is available, patients may be sent to a nursing home that has a separate wing, unit or floor to quarantine individuals for 14 days. If this is not possible, then a nursing home with single occupancy rooms or the ability to cohort in rooms with other unknown COVID-19 residents should be sought. *For all situations with an unknown COVID-19 resident, the nursing home must have adequate staff and PPE to manage the resident as if they are COVID-19 positive.*
- Hospital patients with a known COVID negative test result can be admitted to a nursing home. Efforts should be made to cohort them in rooms or wings/units/floors with similar residents. They should also be monitored, have no contact with other residents, and have limited contact with staff that interact with other residents.

For any of these solutions to work, state officials must be amenable to:

- Working together to get the necessary PPE to nursing homes so they can accept hospital discharges.
- Making testing a priority among nursing home staff and residents. Because COVID-19 disproportionately impacts the elderly with an increasing mortality rate by age, asymptomatic and pre-symptomatic staff may be spreading this deadly virus among nursing home residents. Long term care facilities need testing to properly identify cases, and then implement proper infection control procedure. Anything that can be done to prioritize tests for adult care home residents and staff will save lives.

In addition to these efforts, our hospitals, nursing homes, and public health agencies should convene open discussions regarding the actions being taken at their institutions, and the barriers that exist, including availability of staff and resources. Such discussions are likely to result in more creative and effective solutions tailored to the local health care system needs.

In order to implement any of the safety measures and hospital discharge planning outlined above, we need the Governor to waive any state regulations that limit our actions, in concert with the blanket waivers issued by CMS on March 30, 2020. This includes regulations on facility licensure, physical environment, resident transfers, staff training, and state licensures of staff, such as nurse aides and paid feeding assistants. All waivers

required by long term care providers are outlined in our previously submitted letter dated April 1, 2020.

We appreciate your consideration of our proposals concerning hospital discharges and admissions to adult care homes. If you have any questions, please do not hesitate to contact us.

Thank you again for all that you do, every day, for Kansas seniors and their families.

Respectfully,



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