Vienna Village comment forwarded by
NC Assisted Living Association
DHSR received by email 5-26-21

A few comments on the Fiscal Impact Analysis for adoption of Infection and Prevention Control Program

Time Required to Notify Resident or Representatives

"It is anticipated that this requirement will have a minimal impact on ACHs. . . The estimated cost for an administrator to spend 15 minutes drafting and sending an email to comply with the rule to notify families and staff is an approximate total of $9.52 for each weekly notification."

Based upon my experience when we first went into Outbreak mode, we spent substantially more time on notifying residents, staff and families than 15 minutes. We first had to assess what actions we would take including visitor restrictions, discontinuance of communal dining and activities, additional cleaning, additional staff training, etc. Approximately three hours were spent by top level administration on coming up with a plan. Then we needed to draft a memo explaining the outbreak and what we were doing differently to combat it. Since COVID is highly contagious, we were unable to gather all the residents together to share the information with them. Therefore, we went to each of the residents and personally explained these changes to them and gave them time to ask questions and to reassure them of what we were doing to protect them so that they would not become alarmed or have a panic attack. For 70 residents, this took 3 administrators to approximately 3 hours each to divide the building up so we could explain to all of the residents.

We then needed to craft an email to all the families explaining that we were in an outbreak and reassure them of everything we were doing. With edits this email took approximately one hour to write. We then had to be available for any phone calls and/or emails from concerned families who had questions. We probably had around 10 of the 70 families who contacted us with questions. These conversations/emails took approximately 10-15 minutes per inquiry.

We then had to develop an email/communication at shift change to staff to provide detailed information to them about how to deal with the outbreak. This information included videos from the CDC and other websites along with detailed instructions on additional cleaning, PPE usage, etc. This took approximately 3 hours to develop.

Then every week we developed emails to continue to communicate with staff and families. These emails were crafted differently since we needed to reassure families of all we were doing along with setting up a schedule for different types of visitation such as FaceTime. Staff emails included additional training material on infection prevention. Each of these emails took approximately one hour a piece to craft and edit. As you can see from the analysis above, the impact from a time and financial standpoint is significantly more than 15 minutes of an Administrator's time. In fact, you can see that it would take substantially longer than 24 hours to appropriately communicate with all residents, staff and families which is the maximum response time that the rule mandates for notifying staff, residents and their families.

Once visitation was restricted, substantially more time was required to schedule and administer Facetime, outside and inside visits. Although we have divided these tasks between multiple people, it takes approximately one FTE for us to handle restricted visitation.

Published guidance issued by the CDC

The rule mandates using "*published guidance issued by the CDC*." During the COVID pandemic, much of the information that is coming out from the CDC is in a constant state of flux and groups assisted living facilities with skilled nursing facilities. Since ALFs do not have the nursing staff that SNFs have, this guidance can be very confusing and hold ALFs to a level that they cannot possibly attain based upon their limited skilled personnel. Also since the information is in a state of constant updating, it is hard to keep up with the latest. I believe this will also create a larger burden on individually operated ALFs and family care homes since the larger corporate homes will be able to spread this constant research across a number of homes. I believe when the infection control rules were adopted in 2012, they were designed for blood borne pathogen violations. Blood borne pathogens standards have been long standing with minimal guidance updates from the CDC as opposed to an outbreak of a new disease such as COVID. It seems more appropriate for NC DHSR to take responsibility for providing direct guidance after they have reviewed CDC guidance and pass along this information directly to the operators. This will take away any confusion amongst the facilities and regulators both county and state.

Wage and staffing information

I am unsure where the wage and staffing information has been obtained for the fiscal analysis. It mentions that for a 60 bed facility, the average staffing is 30. It mentions that the average wage for a caregiver is $10-$12 per hour. It mentions that the average administrator salary is $55,000. I would be interested to see where this base information came from. If it was from some type of wage and staffing survey, I wonder how long ago the survey was completed. These numbers all seem low to me.

Benefits Related to Reduction of Infectious Disease Transmission & Avoidance of Disease and Cost of Provider Violations

This section mentioned many of the benefits of reduction of infectious disease, and we can all agree on the importance of protecting our elderly. However, I was confused since earlier the document had stated that these updated infection control rules have already been in place on a temporary/emergency basis since early in the COVID pandemic. However, ACLS Survey Data showed that 41% of facilities inspected have been found to be in violation of these rules. So if the rules are currently in place and facilities are not in compliance with the rules, I am unclear on how suddenly once the rules become permanent that all these facilities will suddenly become compliant which would then result in all the cost savings that this fiscal analysis states. Obviously, rules are just a small part of what should be a larger effort to combat highly contagious diseases. This document itself shows that rules alone will not result in "cost" savings since they have failed to do so while they have been in temporary/emergency form.