



**CALIFORNIA
HOSPITAL
ASSOCIATION**

*Providing Leadership in
Health Policy and Advocacy*

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Dear Michelle and Heidi:

The role of skilled-nursing facilities (SNFs) has emerged as a major concern in the current pandemic. CHA commends CDPH's efforts to increase oversight of and support for sound infection prevention practices in SNFs, as well as the designation of COVID-dedicated and COVID-ready facilities. Looking forward to the fall months and a possible resurgence of the virus, it is imperative that we continue this important work.

California's hospitals rely on community-based SNFs to provide medically necessary post-hospital care for older adults and persons with disabilities. At the same time, many SNFs are currently unable to admit and care for individuals with confirmed or suspected COVID-19. Patients often remain in an acute care bed for an extended time, which increases hospital utilization and associated costs, and compromises outcomes.

With this in mind, we request that CDPH take the following steps to support timely access to skilled nursing care:

- 1. Publicly post on the CDPH website a list of all COVID-designated facilities and community facilities able to accept COVID-positive patients.** The listing should also include information about facility referral processes and limitations to admission criteria, and SNFs that are closed to new admissions.

Case managers in CHA member hospitals continue to report challenges in securing SNF beds for confirmed and suspected COVID patients. Even when COVID-designated facilities are identified, they are frequently full and/or limit the types of patients they can accept. Similarly, while some of the newly established alternative care sites have the ability to care for SNF-level patients,

their admission criteria exclude many conditions common to SNF residents. Additionally, many community SNFs have had to close their facilities to new admissions, but that information is not readily available to hospitals. Establishing a centralized information resource would be a valuable step toward helping patients/residents access the right level of care and would support the appropriate use of our limited health care resources.

2. Immediately secure additional state infection prevention experts and develop and disseminate state-sanctioned resources for infection prevention consultation and training for SNFs. Identify these as the primary and preferred resource for SNF infection prevention support.

Many acute care hospitals are working closely with SNFs in their communities, offering consultation and support for the development of sound infection prevention practices. However, our current experience underscores the need for a state-led, systemic approach to this important issue.

A consultation from a neighboring hospital, while beneficial, will be time-limited and available only as the hospital's level of activity allows. Hospitals' ability to implement sustained change will also be limited, as they do not have formal authority in a free-standing SNF and will not be on site on an ongoing basis. Finally, these efforts require a considerable investment of time and resources, including site visits for assessment, staff training, and the development of materials. Not all hospitals will be able to absorb this additional activity, nor will they be able to serve the SNF community at large.

In AFL 20-52, CDPH communicates to SNFs a requirement to develop and submit a comprehensive facility mitigation plan, including several specified elements. CDPH will conduct regular site visits to ensure SNFs are implementing their approved plan. As SNFs work to develop and implement their respective plans, we anticipate that their need for additional support will soon exceed what their neighboring hospital(s) can provide.

Thank you for the opportunity to provide this input. We believe these steps will support our shared goal of ensuring that all levels of the care continuum are able to provide safe care and that hospital capacity is preserved for the next potential surge.

Sincerely,



Carmela Coyle
President & CEO