

Written Testimony of

HCR ManorCare

Delivered by

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For A

Public Hearing on

Resident Safety in Long-Term Care

Delivered Virtually

Before the

House Aging and Older Adult Services Committee

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Chairman Day, Chairman Samuelson, and members of the House Aging Committee,

Thank you for the opportunity to testify this morning.

My name is Denise Curry, I am the Vice President and General Manager for HCR ManorCare in Pennsylvania. We operate 41 long-term care facilities within the commonwealth **ADD # of employees total, and the different types of care you provide.**

I am privileged and honored to speak to you today and share the experiences and challenges we're facing on the front lines of the COVID-19 pandemic. Most importantly, I'm here to share which resources and the kinds of support we believe will be critical to ensure skilled nursing facilities are prepared to respond as we move forward into a new future, or the 'new normal'.

If the last three months have taught us anything, it is that skilled nursing and long-term care facilities must be prioritized and placed in the same category as all other health care workers managing COVID-19. We were operating in a period of uncertainty in early March – the response effort to COVID-19 has been unlike anything we've ever experienced. That uncertainty must be settled, and providers need to know that the state is ready to offer support.

Given the challenges that face our facilities, it is critical that skilled nursing be considered part of the healthcare 'surge' potential. To be very frank, we need to look at skilled nursing at the same priority level as the hospital systems. For the hospital system to effectively manage the critically ill, they need partners in skilled nursing that can also effectively manage those that can be safely cared for outside of the hospital, but are too critical for home settings.

Based on our experiences over the last three months, the following resources and support must be in place for skilled nursing to be an effective partner in responding to a potential resurgence of COVID19:

1. **Access to testing.** With the high number of asymptomatic residents and staff, this is our best line of defense to mitigate and contain spread and monitor patients for changes in their condition. We have witnessed abrupt changes in patient conditions that could have been avoided with testing.
2. **Partner with healthcare organizations for oversight and direction.** Compared to hospitals, skilled nursing is limited in physician and ancillary resources. Creating a network that has support systems built in for partnering, sharing resources to include impact teams and care pathways or guidelines is imperative to community success.
3. **Prioritization of PPE.** Skilled nursing must be prioritized equally with hospitals when it comes to the distribution of PPE. In order to mitigate the spread of COVID-19, SNFs must have the resources and tools to meet infectious disease standards – just like hospitals. These quantities were used in a way not previously expected and these resources must be set up in kind.

4. **Balance administrative burden with the need for transparency.** At the end of the day, staff should be at the resident bedside and providing direct hands-on care. Today, there are up to seven different reporting processes for COVID 19 alone and each report requires us to report using different time periods, different definitions for the same fields. Administrators are spending hours inputting this data. COVID-19 is just in its 4th month in Pennsylvania and providers are already being threatened with jail time over a report.

All of this begins with making sure that we set up a team to assess needs and put a good plan in place. I humbly ask that as preparedness plans are being developed for a potential resurgence of COVID-19 this fall, all health care providers are at the table – including long-term care associations like the Pennsylvania Health Care Association, of which we are a member.

As you know, members of this organization are invested in providing the best care to our residents and are eager to play the role needed to mitigate the spread of COVID-19 and protect our residents and staff. This group must meet regularly. As we have come to learn from our last 90 days, assumptions and needs can change daily and weekly. We must continuously review demands and respond. This will take all within the continuum with differing points of view to determine best practices.

And finally, I urge you to continue to work on a long-term funding stream that allows for skilled nursing and long-term care to have access to testing, staffing and PPE resources. This will create our best line of defense for our future.

Thank you for your time today, and I'm happy to take questions.