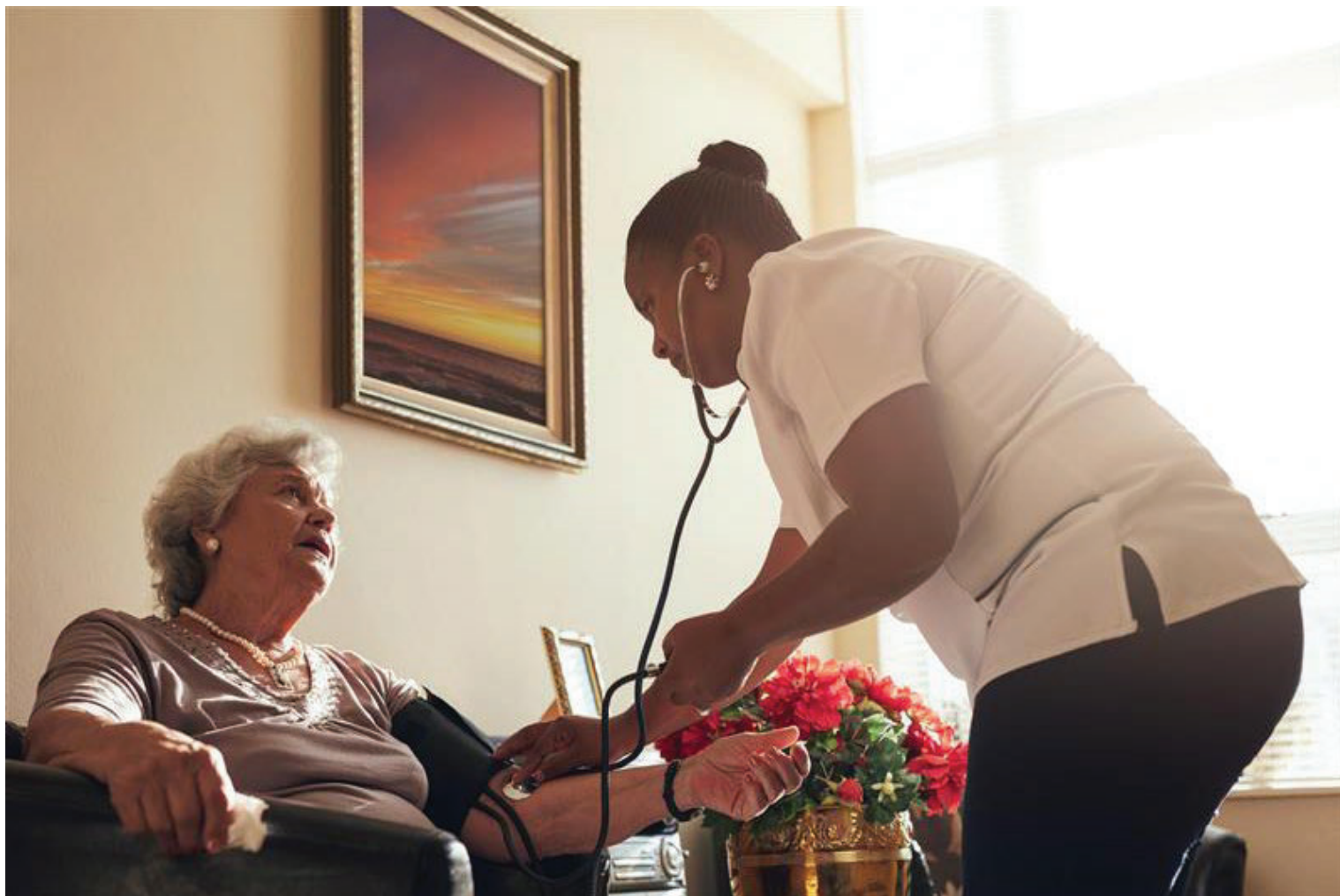


As COVID-19 Knocks on Nursing Homes' Doors, Full-Time Infection Preventionists Needed More Than Ever



By Kevin Kavanagh, MD

March 27, 2020

[COVID-19, Long-Term Care](#)



Despite nursing homes becoming a nidus of multi-drug resistant organisms (MDROs), the regulations for staffing infection preventionists (IPs) at nursing homes are far too lax. Nursing homes should have a full-time IP. Presently the regulations only specify a part-time IP without a specific required time commitment. In view of the large number of nursing home residents and the high drug-resistant carriage rate, a full time position is certainly [needed](#).

That's especially true these days, as COVID-19 hits nursing homes with particularly devastating results. At the now-infamous Life Care Center, a 130-resident nursing home facility in King County, Washington, COVID-19 infected 81 residents, 34 staff and 14 visitors, causing 23 deaths (22 of them [residents](#)). More recent updates place the total deaths at 35; 34 of whom were residents. As of March 23, 127 of the 15,000 nursing homes in the United States had at least 1 resident who tested positive for [COVID-19](#).

Mortality rates also increase with the presence of heart or chronic respiratory diseases, which are common in nursing homes and other long-term care facilities. Rates of chronic obstructive pulmonary disease are greater than 20%, and for heart disease they are greater than 30% in [long-term care facilities](#).

So, expect mortality from COVID-19 to be significantly higher at nursing homes and other long-term care environments than among the general population just as a function of advanced age and comorbidities of the residents. In China, the case fatality rate (CFR) is estimated to be 8.0% for those 70 to 79 years of age, and for patients over 80, that shoots up to [14.8%](#). Even as the CFR drops with improved treatment, it is expected that those over the age of 80 will have a 10 times higher fatality rate than [younger patients](#).

In response to this threat, the US Centers for Medicare & Medicaid Services (CMS), in collaboration with the US Centers for Disease Prevention and Control (CDC), will be initiating targeted infection control inspections with streamlined checklists. During this time standard inspections of nursing homes will be suspended.

Many nursing homes around the nation have suspended all visitations, which hopefully will increase the awareness of the importance of controlling the microbiome in nursing homes. Most hospitals routinely screen patients admitted from nursing homes for MDROs, but nursing homes seldom engage in similar action.

Nurse staffing in nursing homes is also all too often inadequate, although state requirements may vary. The federal government relies on the requirement to have "sufficient nursing staff." The definition of "sufficient" is largely in the eyes of the [facility](#).

In addition to low staffing, salaries for nursing home nurses are lower than they are at hospitals. According to [payscale.com](#), the average RN and certified nursing assistant are paid \$28 and \$12 per hour, respectively, as those in hospitals are paid \$29 and \$13 per hour. Even at these salaries, coverage of living expenses can be difficult.

In terms of quality of care, none of the CDC's five most "[urgent threats](#)" are mandated to be reported on a national basis by nursing homes. The only nationally reported data on infectious disease which can be found on [Nursing Home Compare](#) are for urinary tract infection. State requirements vary widely. Nursing homes need to have a comprehensive mandatorily reported national tracking system for infectious disease.

Even before the COVID-19 virus refocused the nation's attention on nursing homes, there were severe deficiencies in infection control. A recent study in California found that over fifty percent of nursing home residents harbor MDROs. Of course, extrapolating this data to the entire nation needs to be done with caution, but California has one of the lowest rates of antibiotic usage in the nation. Some states in Appalachia, such as my home state of Kentucky, have over twice the utilization. At the very least, this study raises grave concerns.

There can be no doubt that COVID-19, along with other MDROs, pose unacceptable risks to nursing home residents, IPs and all healthcare workers, along with their families. Correction will require a sustained commitment to invest in infrastructure, new technologies and implement resource intense strategies.

These pathogens are relentless, they are evolutionarily programmed to win, and they are currently doing just that.

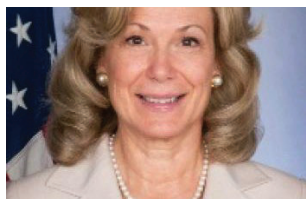
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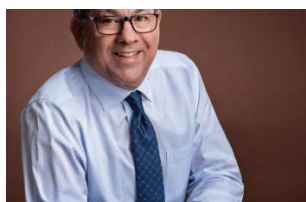


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April 16, 2020

By Frank Diamond

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