

Study shows Massachusetts response to COVID-19 in nursing homes helped stem infection rate

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A paper just published in the *Journal of the American Geriatrics Society* found that adherence to infection control processes, especially proper wearing of personal protective equipment (PPE) and cohorting strategies, such as grouping residents based on their risk of infection or whether they tested positive for COVID-19, was significantly associated with declines in weekly infection and mortality rates.

Lewis A. Lipsitz, M.D., Director of the Hinda and Arthur Marcus Institute for Aging Research and Chief Academic Officer at Hebrew SeniorLife, was the lead author on the report, which analyzed the process and outcome of Massachusetts' novel state-wide COVID-19 infection control program developed to stem the rate of infection among vulnerable nursing home populations.

In April 2020, Massachusetts nursing homes became a hotspot for COVID-19 infections and associated deaths. In response, Governor Charles

Baker allocated \$130 million in additional nursing home funding for two months. Funding was contingent on compliance with a new set of care criteria, which included mandatory testing of all residents and staff, and a 28-point infection control check-list. The 28 items included:

- six core (must-pass) competencies related to cohorting of COVID-19 cases;
- closing of congregate spaces;
- training and demonstrated proficiency in the donning and removal of PPE;
- proper wearing of PPE;
- the presence of appropriate infection control policies; and
- the ability of staff to recognize and respond to the signs and symptoms of COVID-19 infection.

Within two days of the Governor's announcement, Hebrew SeniorLife and the Massachusetts Senior Care Association collaborated to rapidly organize a Central Command Committee and five teams responsible for:

- infection control consultation and training;
- PPE procurement; and
- staffing, testing, and data management.

Eighty nursing homes with previous infection control deficiencies, and 43 additional facilities that failed an initial State Executive Office of Health and Human Services audit, were deemed "special focus" for on-site and virtual consultations, and all Massachusetts facilities were offered weekly webinars and answers to questions regarding infection control procedures. The facilities were also informed by the Massachusetts Senior Care Association of available resources for the acquisition of PPE and back-up staff, and the Massachusetts National Guard was mobilized to

provide universal testing.

Review and analysis of data collected from the program showed both resident and staff infection rates in special focus facilities rapidly declined to the same low level in both groups after facilities put recommended infection control interventions in place. For example, special focus resident infection rates declined from 10 percent (May 17) to approximately 0 percent (July 5).

"Massachusetts' innovative program was unprecedented in this country," said Dr. Lipsitz. "It helped long-term care providers increase their knowledge of, and access to, best [infection](#) control practices and reduce the risk of COVID-19 spread for both residents and staff."

Lou Woolf, President and CEO of Hebrew SeniorLife said, "We hope to see this intervention replicated in other states, appropriately funded, and sustained in all nursing homes, so that future waves of COVID-19, and other pandemics, can be prevented or mitigated."

"This study shows the importance of prioritizing surveillance testing, funding for wages, and PPE for nursing homes so that we can protect both our staff and our residents," said Tara Gregorio, President of the Massachusetts Senior Care Association. "Until a vaccine is approved and available widely, these remain our best defenses against COVID-19."

More information: Lewis A. Lipsitz et al, Stemming the Tide of COVID ?19 Infections in Massachusetts Nursing Homes, *Journal of the American Geriatrics Society* (2020). [DOI: 10.1111/jgs.16832](#)

Provided by Hebrew SeniorLife Hinda and Arthur Marcus Institute for Aging Research

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