

April 10, 2020

The Honorable Gavin Newsom
Governor
State Capitol Suite 1173
Sacramento, CA 94249

Dear Governor Newsom:

We are writing to urge you to take action to protect California nursing homes and assisted living facilities. Coronavirus infections were reported at 121 nursing homes and other communal living institutions in Los Angeles County on April 8th. Of the 169 deaths in Los Angeles County up to April 7th, 36 or 21 percent have been residents of skilled nursing and assisted living facilities. A Riverside county nursing home with 34 confirmed cases of corona virus was forced to evacuate 84 residents on April 8th because nursing assistants did not come to work for two consecutive days. As you are aware, the virus has broken out in Sacramento, Pacifica, San Francisco, and Orinda within the last week and is spreading exponentially.

California has been a leader in ordering stay in place requirements but primarily has focused on ensuring that hospitals have adequate intensive care beds, ventilators and personal protective equipment (PPEs). At the same time, the growing crises for the state's 100,000 residents in 1,200 nursing homes and over 220,000 residents in over 14,000 residential care/assisted living facilities has received limited attention. These residents are the most vulnerable population in the state to the COVID-19 virus because of their chronic diseases and disabilities.

We are asking you to take immediate action: to ensure public reporting of which facilities have cases of the virus; to give the highest priority to facilities for receiving PPE; to require screening of all staff on a daily basis, and to test all residents and staff where outbreaks occur. We are also concerned that most facilities do not have adequate staffing levels to protect the safety of residents and to call your attention to the need to protect residents' rights. We urge you to establish COVID-19 dedicated post-acute care facilities and strike force teams to oversee facilities with the virus. Please see the attached list for our specific recommendations.

All possible steps are needed to prevent more widespread death and injury of residents, staff, and the communities where facilities are located throughout the state.

Thank you for your consideration.

Sincerely,

Charlene Harrington, Ph.D. RN,
Professor Emerita of Nursing and Sociology
Department of Social & Behavioral Sciences
School of Nursing
University of California, San Francisco
Charlene.Harrington@ucsf.edu

Jeanie Kayser-Jones, RN, PhD, FAAN
Professor Emerita
Department of Physiological Nursing
School of Nursing
University of California, San Francisco
Jeanie.Kayser-Jones@UCSF.edu

Deb Bakerjian PhD, APRN, FAAN, FAANP, FGSA

Clinical Professor
Betty Irene Moore School of Nursing
University of California, Davis
dbakerjian@ucdavis.edu

Andy Bindman, MD

Professor of Medicine
Philip R. Lee Institute for Health Policy Studies
School of Medicine
University of California, San Francisco
Andrew.Bindman@ucsf.edu

Joan Bloom, Ph.D., RN

Professor Emerita
School of Public Health
University of California, Berkeley
JBloom@berkeley.edu

Susan Chapman PhD, RN

Professor, Health Policy Nursing
Department of Behavioral Sciences
School of Nursing
University of California, San Francisco
Susan.Chapman@ucsf.edu

Anna Chodos, MD, MPH

Assistant Professor of Medicine
Division of General Internal Medicine/ZSFG |
Division of Geriatrics School of Medicine
Director, Geriatrics Consult Clinic and
Geriatrics Neurology Cognitive Clinic, ZSFG
Co-Principal Investigator, Geriatrics Workforce
Enhancement Program, UCSF
University of California, San Francisco
Anna.Chodos@ucsf.edu

Kenneth Covinsky, MD, MPH

Professor of Medicine
Division of Geriatrics
Director Older Americans Independence Center
School of Medicine
University of California, San Francisco
Ken.Covinsky@ucsf.edu

Marty Lynch, Ph.D., MPH

CEO Emeritus
LifeLong Medical Care
Alameda County Health Consortium
Berkeley- Oakland, CA
mlynch@lifelongmedical.org

Steve Lustig, Ph.D.

Associate Vice Chancellor Emeritus
Health and Human Services
University of California, Berkeley and
Chair, The Berkeley Age-Friendly Continuum
SteveLustig45@gmail.com

Wendy Max, PhD

Director, Institute for Health & Aging
Professor of Health Economics
Department of Social and Behavioral Sciences
University of California, San Francisco
Wendy.Max@ucsf.edu

Ulrike Muench, PhD, RN, FAAN

Assistant Professor
Co-director Health Policy Specialty
Department of Social & Behavioral Sciences
School of Nursing
Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco
Ulrike.Muench@ucsf.edu

Leslie Ross, Ph.D.

Research Specialist
Institute for Health & Aging
School of Nursing
University of California, San Francisco
Leslie.Ross@ucsf.edu

Andrew E. Scharlach, Ph.D.

Kleiner Professor of Aging, Emeritus
School of Social Work
University of California, Berkeley
scharlach@berkeley.edu

Mary Ellen Dellefield, PhD, RN, FAAN
Research Nurse Scientist
VA San Diego Healthcare System
Clinical Professor
Hahn School of Nursing and Health Science
San Diego, California
Mary.Dellefield@va.gov

Catherine Dodd, PhD, RN
Commonweal Board, Vice-Chair
National Committee to Protect Social
Security and Medicare, Advisory Committee
Principal Consultant Healing the Health System
San Francisco, California
Catherine.Dodd@gmail.com

Jessica A. Eng, MD, MS
Associate Professor of Medicine
Division of Geriatrics
UCSF School of Medicine
University of California, San Francisco
Jessica.eng@ucsf.edu

Carroll Estes, Ph.D.
Professor Emerita
Department of Social & Behavioral Sciences
Founding Director
Institute for Health & Aging
University of California, San Francisco
Carroll.Estes@gmail.com

Mary Louise Fleming, PhD, RN
Clinical Professor and Director
Healthcare Administration &
Interprofessional Leadership Program
Department of Community Health Systems
University of California, San Francisco
marylouise.fleming@ucsf.edu

Mary Foley, PhD, RN, FAAN
Clinical Professor
Department of Physiological Nursing
School of Nursing
University of California, San Francisco
Mary.Foley2@ucsf.edu

Robert David Siegel, M.D., Ph.D.
Professor
Department of Microbiology and Immunology,
Woods Institute for the Environment,
Program in Human Biology, and
Center for African Studies
Stanford University
siegelr@stanford.edu

Joanne Spetz, PhD
Professor, Philip R. Lee Institute for Health Policy
Studies
Associate Director of Research, Healthforce
Center
School of Medicine
University of California, San Francisco
joanne.spetz@ucsf.edu

Caroline Stephens, PhD, GNP, FAAN
Associate Professor
Department of Community Health Systems
School of Nursing
University of California, San Francisco
Caroline.Stephens@nurs.utah.edu

Rebecca Sudore, MD
Professor of Medicine
School of Medicine
University of California, San Francisco
San Francisco Veterans Medical Center
Rebecca.Sudore@ucsf.edu

Victoria Tang, MD, MAS
Assistant Professor of Medicine
Division of Geriatric Medicine
School of Medicine
University of California, San Francisco
Victoria.Tang@ucsf.edu

Laura M. Wagner, PhD, RN, FAAN
Associate Professor
Department of Community Health Systems
School of Nursing
University of California, San Francisco
Laura.Wagner@ucsf.edu

Elizabeth Halifax, PhD, RN
Assistant Clinical Professor
Department of Physiological Nursing
School of Nursing
University of California, San Francisco
elizabeth.halifax@ucsf.edu

H. Stephen Kaye, Ph.D.
Professor Emeritus
Institute for Health & Aging
Director, Center for Community Living Policy
University of California, San Francisco
Steve.Kaye@ucsf.edu

Mitchell LaPlante, Ph.D.
Professor Emeritus
Director Center for Disability Statistics
Institute for Health & Aging
University of California San Francisco
Mitch.LaPlante@ucsf.edu

David Lindeman, PhD
Director, Center for Technology and Aging
Director, CITRIS Health
CITRIS and the Banatao Institute
University of California, Berkeley
dlindeman@citris-uc.org

CC: Secretary Mark Ghaly, MD, MPH, CHHS
Undersecretary Michelle Baass, CHHS
Director Bradley P. Gilbert, MD, MPP, CDHCS
Director Sonia Angel, MD, MPH, CDPH
Director Kim McCoy Wade, CDOA
Director Kimberley Johnson, CDSS
Director Nancy Bargmann, CDDS
Joseph Rodriques, CLTC State Ombudsman
Richard Figueroa, Governor's Office

Steven P. Wallace, Ph.D.
Professor, Dept. of Community Health Sciences
Assoc. Director, Center for Health Policy
Research
UCLA Fielding School of Public Health
University of California, Los Angeles
swallace@ucla.edu

Margaret Wallhagen, PhD, GNP-BC, AGSF, FGSA, FAAN, Professor
Department of Physiological Nursing
Director, UCSF Hartford Center of Gerontological Nursing Excellence
Sr. Nurse Scholar, VA Quality Scholars Program
School of Nursing
University of California, San Francisco
Meg.wallhagen@ucsf.edu

Michael Wasserman, MD
Geriatrician and President
California Association of Long Term Care
Medicine
wassdoc@aol.com

Emergency COVID-19 Recommendations for Nursing Homes and Assisted Living Facilities

Transparency about Infection Levels

- Require nursing facilities to immediately inform county and state health departments, CMS, CDC, residents, families, staff members, ombudsman and the public when residents or staff test positive, while protecting the confidentiality of individual residents and staff

PPE and Testing

- Give the highest priority to NHs/ALFs for distributing PPE along with hospitals and establish a state or county system for frequent checking on the adequacy of PPE supply and ensuring distribution of PPE to each NH and ALF in the state throughout the epidemic
- Establish daily screening of staff for illness in each NH and ALF
- Mandate complete testing of all staff and residents when outbreaks occur, using Fit testing per OSHA standards, and implement contact tracing resources when a positive result is discovered.

Staffing

- Require that each NH have a full-time RN infection preventionist and require AL facilities to immediately consult with an infection control preventionist
- Require NHs to offer at least two weeks of paid employee sick leave and implement hazard pay
- Require all NHs to have adequate staffing levels on a daily basis with daily reporting to the public, state survey agency, ombudsman, and CMS
- Place a state hold on admissions to facilities without adequate staffing

Residents Rights

- Respect residents' rights to be provided assistance with temporary discharge home with home care and the right to return while prohibiting any involuntary discharges
- Allow screened ombudsman using proper PPE into facilities and assign a fulltime staff member to assist residents to communicate with family and friends

Emergency Complaint System

- Implement an emergency state complaint intake system for infection-related complaints in NHs with adequate surveyor resources to immediately investigate those complaints.

COVID-19 Dedicated Post-Acute Care (PAC) Facilities

- Establish COVID-19 only dedicated post-acute care facilities in counties
- Require all hospitals to test patients for COVID-19 who need post-acute care before discharge and if positive, to transfer to COVID-19 facilities for post-acute care
- Prevent hospital discharges with COVID-19 from entering long-term care facilities

Strike Force Teams and Oversight

- Establish a state RN surveyor to monitor each NHs/ALFs with COVID-19
- Establish state and county strike force teams of experts (including physicians, nurses, dietitians, ombudsman, national guard and other experts) to provide immediate assistance to NHs and ALs
- Establish temporary management by the state or county of any NH/ALF that has COVID-19 for facilities that drop below minimum staffing levels to avoid evacuation of residents