

BACKGROUND

In keeping with the intent of Indiana State Health Commissioner Kristina M. Box's [order](#) concerning COVID-19 reporting, Centers for Disease Control and Prevention (CDC) guidance, and the Centers for Medicare & Medicaid Services (CMS) emergency regulations (CMS QSO-20-26-NH, 4/19/20), the Indiana State Department of Health (ISDH) is requiring long-term care facilities (nursing facilities, skilled nursing facilities, residential facilities and assisted-living facilities) to provide to residents and their designated representatives the following:

1. How the facility is handling issues with care and staff shortages
2. General information about COVID-19
3. The number of residents and staff who have tested positive and the number of "new" positive cases (those in the last 14 days)
4. The number of residents who have died due to the virus
5. Facility mitigation actions implemented to reduce the risk of COVID-19 transmission, including if normal operations of the facility have to be altered

Communicating this information to residents and their designated representatives is critical to calming concerns and fears, as well as addressing potential misinformation. In addition, long-term care facilities must communicate facility COVID-19 status to potential residents and designated representatives prior to any admission. Long-term care facilities are also encouraged to develop COVID-19 communication strategies with other family members in addition to the resident's designated representative.

COMMUNICATION REQUIREMENTS

1. Assign a staff person in the unit or facility to be the contact person for residents and their designated representatives – someone they can speak to about their concerns.
 - Provide a secondary number for residents and their designated representatives to call in case staff voicemail boxes are full or cannot accept messages, OR
 - Have a compliance or customer service hotline available.
2. Effective May 4, facilities must send daily (at minimum Monday through Friday) group emails, automated voicemails, or automated electronic communications (text, email) to residents and their designated representatives, informing them of the total number (including residents and staff) of COVID-19 cases, number of new cases in the last 24 hours, and if there are three or more new cases of respiratory illness that have occurred in the last 72-hours in residents and/or staff within the facility. Facilities should also let residents and their designated representatives know what actions are being taken to prevent further spread of COVID-19 and how to reach a staff person if they have questions. If a resident does not have decision-making capacity it is permissible to inform only the designated patient representative. Patient representatives may opt out of receiving daily reports. Likewise, residents (if both resident and designated representative agree) may opt out of receiving daily reports.
3. Complete the [Facility Emergency Transfer Form](#) weekly with your facility's COVID-19 information and email it to your local *Ombudsman every Friday. This will help Ombudsmen as they receive calls and provide consistency with information delivery. *Please note the local Ombudsmen work with numerous facilities throughout several counties so this information must be provided in a consistent format.*

Long-term Care Facility Communication Guidelines

Informing Family Members during COVID-19

- Local Ombudsman [contact information](#) should be provided to every resident and designated representative so they know there is someone they can communicate with when they are unsuccessful in reaching out to facility staff or are not being heard.

The virus that causes COVID-19 is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet) through respiratory droplets when an infected person coughs or sneezes. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or possibly their eyes, but this is not thought to be the main way the virus spreads.

ADDITIONAL SUGGESTED COMMUNICATION STRATEGIES

An additional way to effectively communicate with families is to establish a facility listserv or chat room where staff members provide a daily “briefing” to residents, designated representatives, and/or other family members about what is happening in the facility. The information released in these listservs should not include any identifying resident information.

Facilities can also develop a “What You Should Know” fact sheet that provides information about the novel coronavirus/COVID-19, or use existing information from the CDC, ISDH, or other organizations such as Consumer Voice’s COVID-19 and Nursing Homes: [What Residents and Family Need to Know](#). This should be written in easy-to-read language with explanations for medical terms.

For example:

- Define novel coronavirus, asymptomatic, etc.; explain differences between isolation and quarantine
- Discuss what will happen if residents show certain signs or symptoms
- Share how a resident is evaluated for testing criteria, when the testing can be expected to occur, and what criteria must be met in order to send a resident to the hospital
- Explain the facility's restricted visitation policy and how the facility will be implementing it (i.e., families can schedule a telephone call to stay connected and/or leave notes for the resident to read along with photos, alternative methods for communication, etc.). Ensure adaptive devices are available to the resident where appropriate, such as hearing aids and eyeglasses.
- Provide links to CDC and ISDH resources

ADDITIONAL INFORMATION

Additional information and resources for COVID-19 are available at the links below.

- CDC COVID-19 webpage: <https://www.cdc.gov/coronavirus/>
- ISDH COVID-19 webpage: <https://coronavirus.in.gov>