

REPORT HIGHLIGHTS



COVID-19 INFECTION PREVENTION AT THE VETERANS COMMUNITY LIVING CENTERS

PERFORMANCE AUDIT, OCTOBER 2021

DEPARTMENT OF HUMAN SERVICES

CONCLUSION

Since March 2020, when the COVID-19 pandemic began, the Department of Human Services (Department) and Veterans Community Living Centers (Living Centers) have implemented required infection prevention measures to help mitigate the spread of COVID-19. During the audit period, the number of infections, deaths, and length of outbreaks at the Living Centers decreased as the measures were implemented.

KEY RESULTS AND CONCLUSIONS

- From March 2020 through June 2021, the Living Centers' infection control measures resulted in them having a lower "attack rate" (number of infections divided by the population) for both staff and residents than other similar types of residential healthcare facilities. The Living Centers had a median attack rate of 7.6 percent for staff and 4.1 percent for residents, compared to 12.1 percent for staff and 16.3 percent for residents in other similar types of facilities.
- The Living Centers conducted staff screening, and both weekly polymerase chain reaction (PCR) and daily antigen testing during our review periods, and prevented employees from working after receiving a positive test. Specifically:
 - The number of staff and residents in each facility matched the number of weekly PCR tests administered, which indicated that the Living Centers conducted required testing.
 - For a sample of 60 staff, the Living Centers provided 99 percent of their daily screening forms, and when antigen testing was in place, all sampled staff received daily antigen testing prior to working their shifts.
 - None of the 25 staff in our sample who tested positive for COVID-19 worked during the 10-day quarantine period following their positive test.
- Each Living Center and the Department communicated the required measures for limiting the spread of COVID-19 and new positive cases in the facility to staff through computer-based training, posters, emails, and swift 911 calls.
- The Living Centers conducted required monitoring activities to ensure that staff properly exercised infection prevention measures and developed plans to correct any issues identified. For example:
 - Each Living Center performed at least five and up to 16 infection control audits during the review period and provided coaching to address the deficiencies identified.
 - Each Living Center underwent at least one infection prevention survey conducted by Department Public Health and Environment (CDPHE) staff on behalf of the Centers for Medicare and Medicaid Services (CMS) and submitted correction plans to CMS for any deficiencies identified.

BACKGROUND

- There are five state-owned Living Centers in Colorado:
 - Fitzsimons in Adams County
 - Homelake in Rio Grande County
 - Bruce McCandless in Fremont County
 - Rifle in Garfield County
 - Spanish Peaks in Huerfano County
- Four of the Living Centers are operated by the Department. Spanish Peaks is operated under contract with the Huerfano County Hospital District and overseen by the Department.
- The Living Centers provide services to residents including long-term care, short-term rehabilitation, and memory care.
- The Living Centers averaged 399 residents, in total, between February 2020 and August 2021. Including:
 - 137 at Fitzsimons
 - 48 at Homelake
 - 82 at Bruce McCandless
 - 54 at Rifle
 - 78 at Spanish Peaks
- Between March 2020 and June 2021, the Living Centers experienced a total of 15 COVID-19 outbreaks.
- Between March 2020 and August 2021 the Living Centers experienced:
 - 266 staff cases of COVID-19
 - 174 resident cases of COVID-19
 - 58 deaths resulting from COVID-19 (all of which were residents).

AUDIT APPROACH

The key objective of this audit was to determine whether each Living Center implemented the federally- and state-required infection prevention measures for its staff to help mitigate the spread of the COVID-19 virus during the pandemic. To do this, we reviewed guidance from the Centers for Disease Control and Prevention, Public Health Orders issued by CDPHE, and CMS; interviewed key staff; and requested and reviewed documentation for infection prevention training, screening documents, COVID-19 testing results, signs posted in the facility, internal and external infection prevention audits and surveys, and communication to staff on new COVID-19 cases.