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## TITLE

Public-private partnerships: lessons learned from long-term care facilities and SFDPH in COVID19 mitigation

## ABSTRACT

By March 2022, 909 (36%) of 2524 SF skilled nursing facility residents had tested positive, and 142 (6%) had died. Given their high risk of mortality, skilled nursing residents were SFDPH's priority for mitigation efforts, including PPE, testing resources, and public health clinical nurse support to manage and prevent outbreaks. All 20 skilled nursing facilities, encompassing public (11%), for profit (58%), and non- or not-for-profit (31%) models, partnered with one of five SFDPH nurse clinical leads who helped visit and mitigate outbreaks. SNF teams could communicate 7 days a week with SFDPH about supplies, mitigation, staffing, hospital transfers, vaccinations, visitation, and regulations. Severe or persistent outbreaks included additional site visits the epi-MD and environmental inspector to help further tailor guidance. After pharmacy-partnership vaccinations began at SF SNFs in Dec 2020, we saw an almost immediate decline in new cases among residents in January 2021. By June 2021, the lull between surges led to reduction in emergency support from SFDPH and more time to gather input from SNF partners on needs and lessons to date.

SF Center for Jewish Living (Jewish Home) and the Sequoias are 2 skilled nursing facilities in SF with non- and not-for-profit models, respectively; both have skilled, assisted, and independent living; 96% of SFCJL's 211 residents have MediCal while Sequoias has 24 skilled beds. Victorian Post Acute is an LLC-owned 90-bed facility. The majority of staff are certified nursing assistants, licensed vocational nurses, and other essential staff; 1 RN must be on site per shift. Facilities must provide 3.5 hrs and 2.4 hrs of LVN and CNA care, respectively, per resident per day to meet state licensing requirements. Compared to acute care hospitals, facilities pay very little

We describe an optional SFDPH skilled nursing facilities remote gathering that met 6/1/2021 for 1 hour to gather staff perspectives on key lessons during the pandemic. All 20 skilled facilities met biweekly with SFDPH on a conference call and were invited. Twenty-six individuals joined the remote meeting; we used grounded theory to identify major themes and shared findings at the following week's SFDPH SNF coordination call, which is required for all 19 SNFs in operation.

Three major needs per SNFs included 1. Workforce pipeline for staffing, e.g. training programs to introduce students to clinical opportunities; 2. Clearer guidance to understand local, state, and federal requirements; 3. Better reimbursement from Medicare and MediCal to raise wages for front-line essential workers. Two additional themes included access to mental health care for residents, and options for childcare or schooling support for staff dealing with positive household members and school closures due to exposure.

The pandemic has magnified disparities contributing to COVID-19 severity and mortality, with skilled nursing staff and residents among the highest-risk congregate settings. We report major themes from administrators and staff at long-term care facilities during a needs assessment we organized in June 2021. Future efforts should 1. connect local training programs or nursing schools with facilities who can offer flexible hours to recruit and retain staff, 2. clarify SFDPH guidance to help navigate local, state, and federal requirements, and 3. consider transparency and separate meetings between SNF stakeholders (e.g. infection preventionists separately from administrators) and the SFDPH to share tips as peers and to encourage candor. Public-private partnerships are opportunities to examine lessons learned and improve public health effectiveness by soliciting honest feedback from essential workers and health care enterprises.

## COMMUNITY PARTNER

SFDPH, [SFCJL](#), [Sequoia Living](#)

## CATEGORY

Improving Health Equity, Healthcare Access, Service, and Quality