BREWSTER

To: Bob Bethell Joint Committee on HCBS and KanCare Oversight
From: Joe Ewert CEO, Brewster Place
Date: December 15, 2020
Re: Impact of COVID-19 and Public Policy on Senior Living Providers

Thank you Madam Chair and Committee members for the opportunity to share a sampling of our experiences with you today. I have the privilege of serving as CEO of Brewster Place, a retirement community in Topeka Kansas. We are home to roughly 400 elderly individuals daily and provide a variety of housing, nutritional, wellness, and social programming. We provide independent living, home health, assisted living, nursing home care, and inpatient post-acute rehab. We have roughly 320 of the most committed, caring, competent and trustworthy full time and part time employees in the region. We are a stand-alone not for profit organization. While a significant number of residents in our nursing home receive Medicaid benefits, 85% of all our revenues are generated directly from residents who pay for their housing, care, and services from their personal retirement savings.

COVID-19 has altered every aspect of our operation and the manner our residents live across all parts of our campus since March. We have created numerous new systems, and adjusted them countless times in response to changing public policy and directives. Many of my team members worked 7 days a week from March through July in an effort to fortify our campus against the virus. When PPE was scarce, we hand-made face coverings for staff and residents. We bought rolls of plastic, and heat guns and made our own isolation gowns. We learned to import KN-95 masks directly from China. We implemented every piece of rapidly changing guidance that came from the myriad of local, state, and federal authorities. We closed our campus to visitors and self-performed all functions normally provided by contractors, vendors, families, and others in an effort to assure our residents were exposed to the absolute minimum number of risks possible. Our teams dug deep and gave of themselves over and over. In the early spring, while images of healthcare workers around the world covered head to toe with space aged PPE flashed across the televisions constantly, we wore our homemade coverings. With no help in sight, with a directive published through KDHE stating nursing homes must admit COVID positive residents, and without the basic PPE recommended, our nurses and nurse aides stepped forward and volunteered to care for residents with COVID-19 in our makeshift isolation unit. When we identified our first suspected case I asked the nurse aide who volunteered to enter the isolation unit if she understood she would likely get the virus during her 7 day tour. She said she understood, and then asked me if she didn't care for this poor man, who would?

Unfortunately heroes aren't grown on trees. Nurses and nurse aides have always moved in and out of the workforce with changes in school schedules, career advancement, and family caregiving demands. However when the pandemic hit in the spring our applications for caregivers dropped from 30 a month to 3. At the same time we've been asked to do exponentially more, we have seen our work force dwindle. We are fervently committed to providing 2,600 hours of direct caregiver time to the residents in our nursing home each week. The pandemic has led to us attempt to provide this same or greater level of care and service with over 500 hours a week in vacant nurse aide positions. We actively screen our employees for symptoms and exposure send them home to quarantine. We have lost roughly 2,800 labor days since March to quarantine. Our entire team is committed to filling in the gaps. We have scrutinized duties and surrounded our clinical teams with all the support possible with the single goal of putting our skilled caregivers at the bedside where they are needed most. We all work weekends and holidays as door screeners. My COO routinely answers call lights, passes waters, and fills every gap possible. My CFO delivers meals. I've become proficient at cleaning resident bathrooms. Our teams have stretched to their fullest capacity to provide the care our greatest generation deserves.

We test all our staff in our nursing home for COVID twice a week as mandated by CMS. I cannot properly describe the level of effort required to complete this task, however one distinct cost of this initiative has been the decision to close our post-acute rehab center. We simply do not have the skilled personnel to staff it. We are not alone in in this decision. Nursing homes in this community and across the state have been forced to stop taking new admissions. Ceasing admissions is not a choice nursing home operators make willingly. A ban on admissions is in fact the most frightening penalty the state and federal government use to punish nursing homes for regulatory non-compliance. Beyond the damage this situation causes for the nursing home itself, it creates dysfunction in the healthcare system and significant burden on the elderly in need of care. The absence of nursing home beds puts pressure on hospitals needing to discharge elderly patients to safe locations. It creates significant strife for the elderly patient as they are forced to leave their own community to find inpatient rehab care. It creates pain for the families who must now leave work to care for their parent or grandparent.

Lack of staffing to care for residents and fulfill the mandates we've been given is the number one issue facing our community. Healthcare organizations across the state have applied every mechanism at their disposal to recruit and retain sufficient staffing. There are simply not enough nurses and nurse aides to complete the mission. Other states have deployed National Guard resources to help fill in the gaps. Whether it is the Guard or others, the weekly COVID-19 testing could be administered within our communities freeing up substantial human resources to deploy to the bedside.

Our nursing home communities will need additional funding to provide adequate care for the elderly. The rules around these funds must be minimal and clear. Cares act and Spark funds have been critical but guidance for using these funds can be slow in reaching us. We must have quick and clear understanding of these rules or we simply cannot plan or use these funds effectively. The same must be said for other efforts to help. The state must be faster in implementing these programs, and they must be reliable. We cannot plan or make good use of programs intended to help if we cannot trust they will exist for more than 4 weeks.

Government mandates always come with resource demands not visible to policy makers. Mandates should be limited to those that can demonstrate their effectiveness in reaching the goal. All mandates should be scrutinized for efficacy prior to implementation and should hold a definitive end date. Lastly, the resource demands and the costs of such mandates must be evaluated and mitigated to assure they do not cause more damage than good.

I am grateful to the committee for their time. Thank you.