



LEARNING OBJECTIVES	Differentiate Differenciase among endemic, outbreak, epidemic, and pandemic levels of design occurrence.
	Describe Describe the transition of CDVID-19 from pandemic to endemic status across healthcate
	Address Address the preparedness that PALTC facilities need to engage in today to molecule phase
	Evaluate Evaluate the role of COVID-19 vaccines and pharmaceuscals will have in transitioning to endemic status.
	Discuss Discuss factors influencing vaccine healtancy and vaccine apathy
	Highlight Kightight educational erategies that clinicians in PALTC should be adopting encourage successions.



IT'S BEEN TWO YEARS SINCE COVID-19 WREAKED DESTRUCTION ON HEALTH-CARE SYSTEMS WHILE BEING UNPREPARED TO DEFEND OURSELVES AGAINST THE NOVEL PATHOGEN.

What does this mean for the post-acute care continuum?

How do we move from Pandemic to Endemic?

Endemicity will require a mindset shift for both providers and caregivers. The need to adapt to living alongside COVID-19 by making some deliberate choices about how to coexist will be critical

Remaining proactive similarly to Influenza with COVID-19 **not** being tied to seasonal - screening, identification, isolation, monitoring

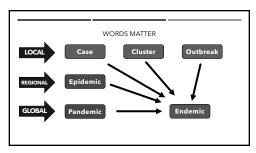
Develop long-term sustained means of continuing to combat Covid-19

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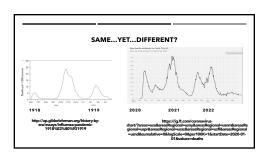
Areas of focus needed:

- Define new disease-management protocols to limit morbidity/mortality and establish practices to slow transmission
- Reimbursement currently not aligned to deliver safe patient care
- How will providers sustain the added cost incurred from onboarding and training with high staff turnover rates post pandemic?
- Lack of reimbursement results in staffing cuts with increased Nurse:Resident and CNA:Resident ratios for sustainability to remain relevant in the future
- Agency/contracted staff contributes to failed systems and increased regulatory burden
- Increase in clinical benchmark percentages for key QOC areas (wounds, weight loss, falls, elopement, adherence to advance directive per resident's right's, significant medications errors, etc.) are on an uprise
- Staff Burnout/Shortages caregivers leaving LTC environment
- Development of strategies to identify and implement tools to keep healthcare workers engaged and inspired to remain in D



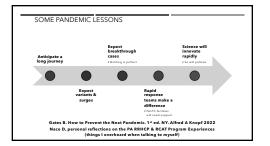


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1918-1919 Flu	COVID-19
-675,000 US deaths	 1,064,465 deaths (10/31/22)
US population = 103 mil	 US population = 332 mil
Mostly younger	 Mostly older
18-month timeline	 Nearly 3 yrs & counting
No access to vaccines	 Vaccines w/l 12 months



PREPAR	RING FOR THE NEXT PANDEMIC
Pandemi	c risk is increasing → expect more this century
	25 million international arrivals 1.4 billion international arrivals
Invest in	diagnostic technologies now
Adapta	ble / Accessible / Cheap / Rapid
Must dev	velop a national surveillance system for current & emerging infections - nov
Need to	invest in respiratory virus research

11/4/22





