

MOVING FROM PANDEMIC TO ENDEMIC

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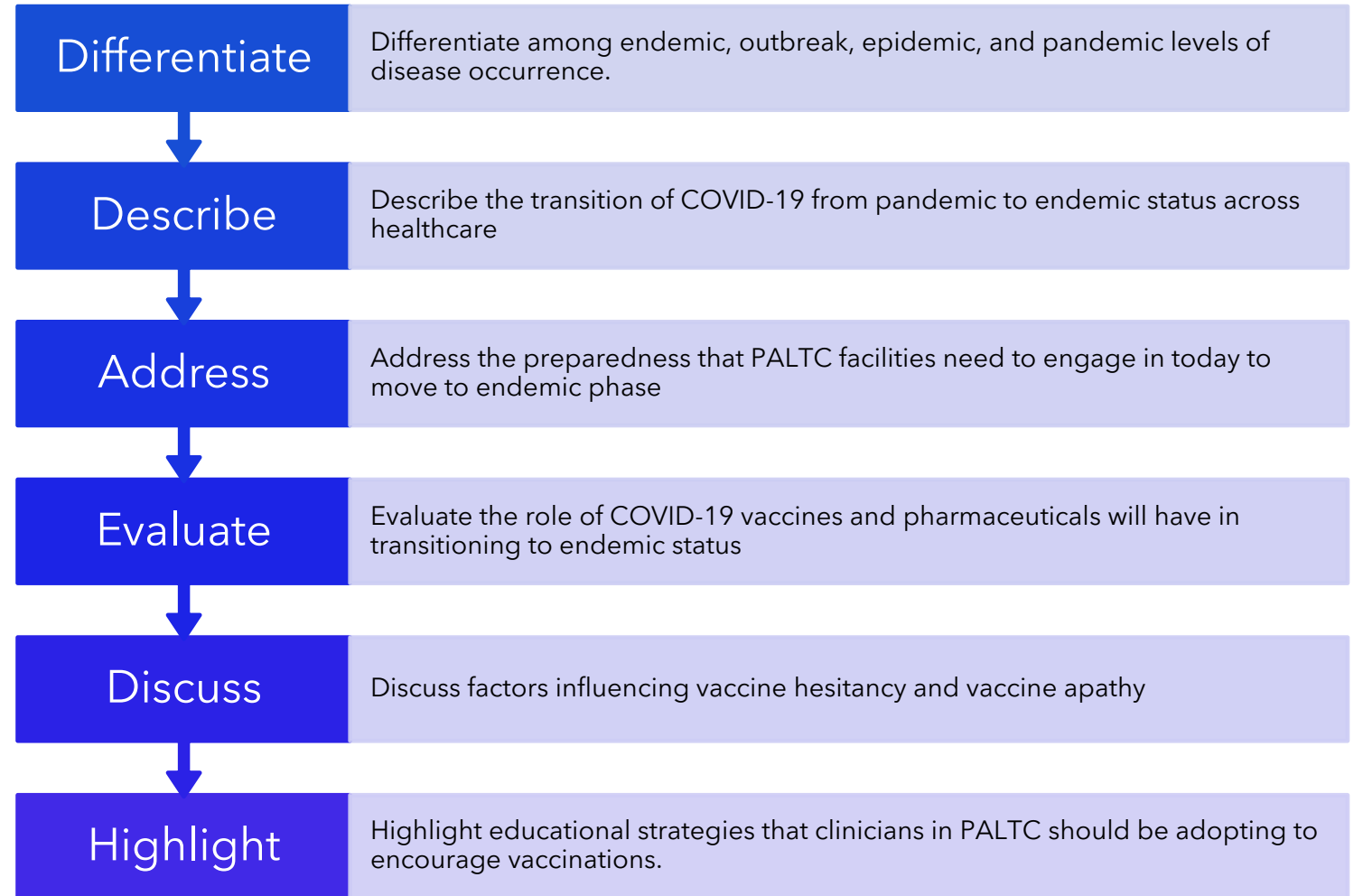


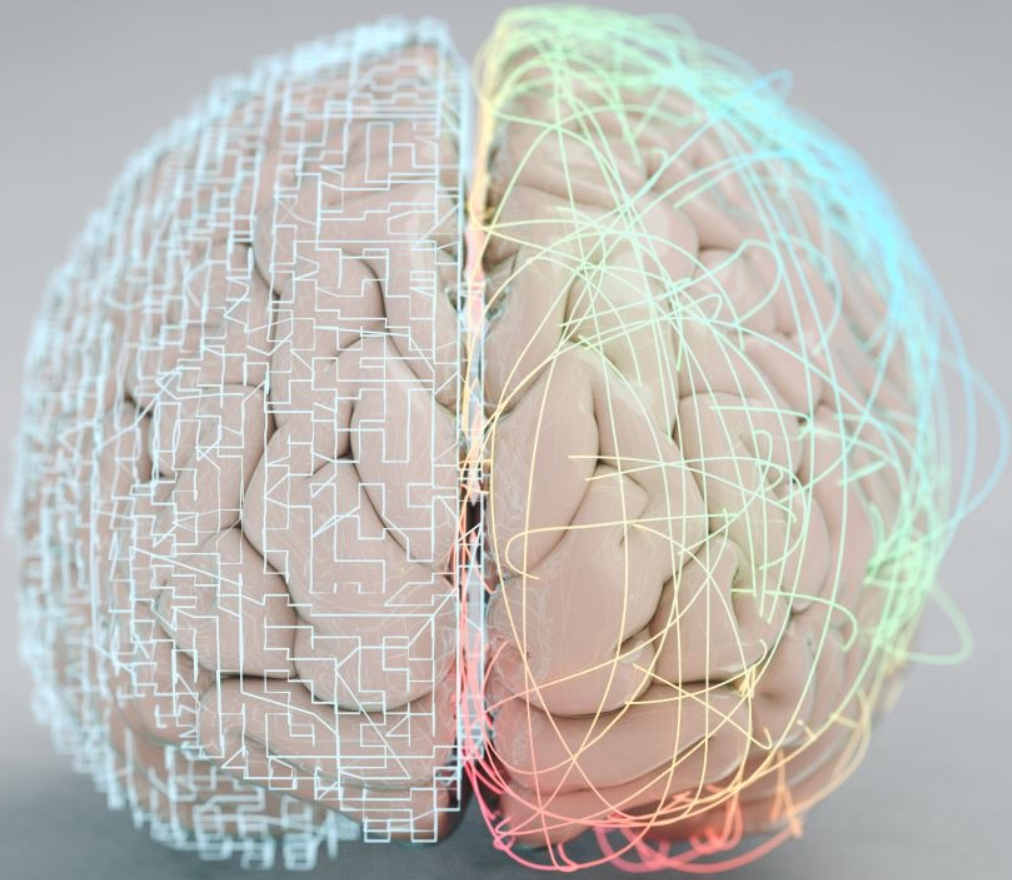
SPEAKER DISCLOSURES

- Our Speakers have no relevant financial disclosures.



LEARNING OBJECTIVES





SHIFTING MINDSETS WHILE MANAGING CHAOS

ELIZABETH BORER, RN



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

Areas of focus needed:

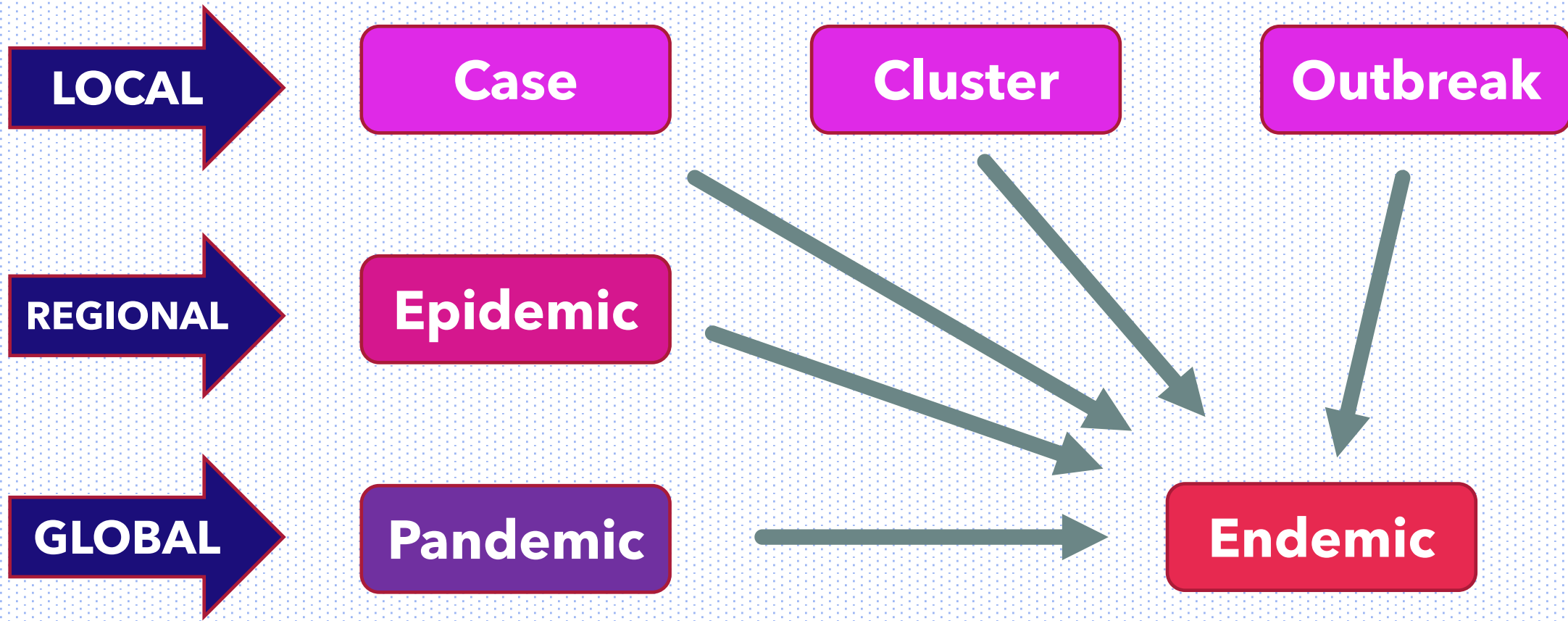
- Define new disease-management protocols to limit morbidity/mortality and establish practices to slow transmission
- Reimbursement – currently not aligned to deliver safe patient care
 - How will providers sustain the added cost incurred from onboarding and training with high staff turnover rates post 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 LTC



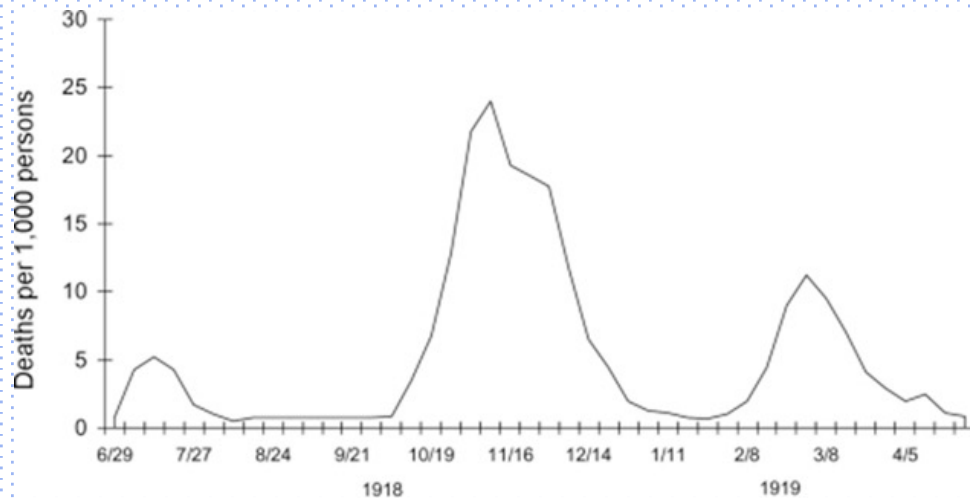
THE JOURNEY WE TAKE WITHOUT MINIVANS...

DAVID NACE, MD, MPH,
CMD

WORDS MATTER



SAME...YET...DIFFERENT?



1918

1919

<http://ap.gilderlehrman.org/history-by-era/essays/influenza-pandemic-1918%E2%80%931919>



2020

2021

2022

<https://ig.ft.com/coronavirus-chart/?areas=usa&areasRegional=usny&areasRegional=usnm&areasRegional=uspr&areasRegional=usaz&areasRegional=usfl&areasRegional=usnd&cumulative=0&logScale=0&per100K=1&startDate=2020-01-01&values=deaths>

SAME...YET...DIFFERENT?

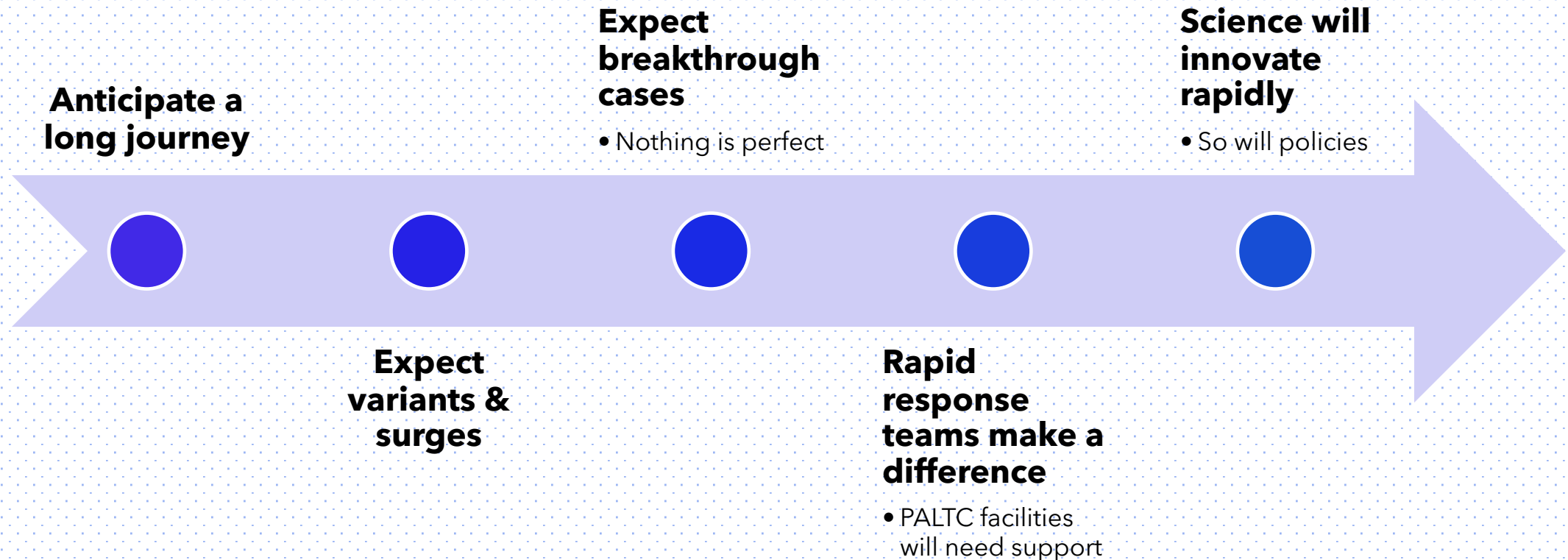
1918-1919 Flu

- ~675,000 US deaths
- US population = 103 mil
- Mostly younger
- 18-month timeline
- No access to vaccines

COVID-19

- 1,064,465 deaths (**10/31/22**)
- US population = 332 mil
- Mostly older
- Nearly 3 yrs & counting
- Vaccines w/ 12 months

SOME PANDEMIC LESSONS



Gates B. How to Prevent the Next Pandemic. 1st ed. NY. Alfred A Knopf 2022
Nace D, personal reflections on the PA RRHCP & RCAT Program Experiences
(things I overheard when talking to myself)



PREPARING FOR THE NEXT PANDEMIC

Pandemic risk is increasing → expect more this century

- 1950 - 25 million international arrivals
- 2019 - 1.4 billion international arrivals

Invest in diagnostic technologies now

- Adaptable / Accessible / Cheap / Rapid

Must develop a national surveillance system for current & emerging infections - **now**

Need to invest in respiratory virus research

Anticipate long-term sequelae



FORWARD, ONWARD, UPWARD

KIM SMOAK, MSH, QIDP



OPEN DISCUSSION - WHERE DO WE GO FROM HERE??



QUESTIONS
