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ARE LONG TERM CARE FACILITIES (LTCF) PREPARED FOR H1N1?

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ABSTRACT

Background: A 2007 survey of Midwestern LTCF suggested that less than 25% had a written pandemic influenza response plan. Upon request from a rural nursing home, we developed pandemic influenza planning recommendations for LTCF. **Methods:** In September 2009, we mailed our written recommendations to 144 LTCF in West Texas and New Mexico and included a survey with questions about the facility, facility preparedness, and the usefulness of the recommendations. We performed standard statistical analysis on returned surveys. **Results:** 24/143 (17%) facilities returned the survey, indicating that they had read (21) or planned to read (3) the recommendations. 15/23 (65%) of surveys were from facilities in rural communities. 16/23 (70%) of facilities already had a written pandemic influenza response plan. Most facilities had stockpiled some supplies: gloves (19/24, 79%), alcohol based hand washes (18/24, 75%), surgical masks (16/24, 67%), and N95 masks (8/24, 33%). 18/24 (75%) had discussed obtaining vaccine with the health department, 17/24 (71%) had instituted staff education and training, and 15/24 (63%) had developed written material for staff and families. 11/24 (46%) anticipated staffing shortages; most planned to use overtime, non-clinical staff, and volunteers to provide for clinical services during staff shortages. Only 12% of facilities planned to use commercial agencies for staffing shortage. Of those who had read the recommendations, 100% found them helpful or very helpful. The most frequently cited anticipated changes based on the recommendations included changing isolation procedures (11/24, 46%) and vaccination program (9/24, 38%); review of staff absenteeism policies (38%); and revision of the written pandemic influenza plan (38%). There were no statistical differences between facilities in urban and rural communities with regard to the presence of a written plan, staff training, discussions with the health department, stockpiling of supplies, or anticipated changes based on review of the recommendations. **Conclusions:** This small survey suggests that LTCF may be better prepared for pandemic influenza than they were two years ago. These facilities found that mailed written planning recommendations were helpful, and would result in changes to deal with H1N1 pandemic influenza.

METHODS

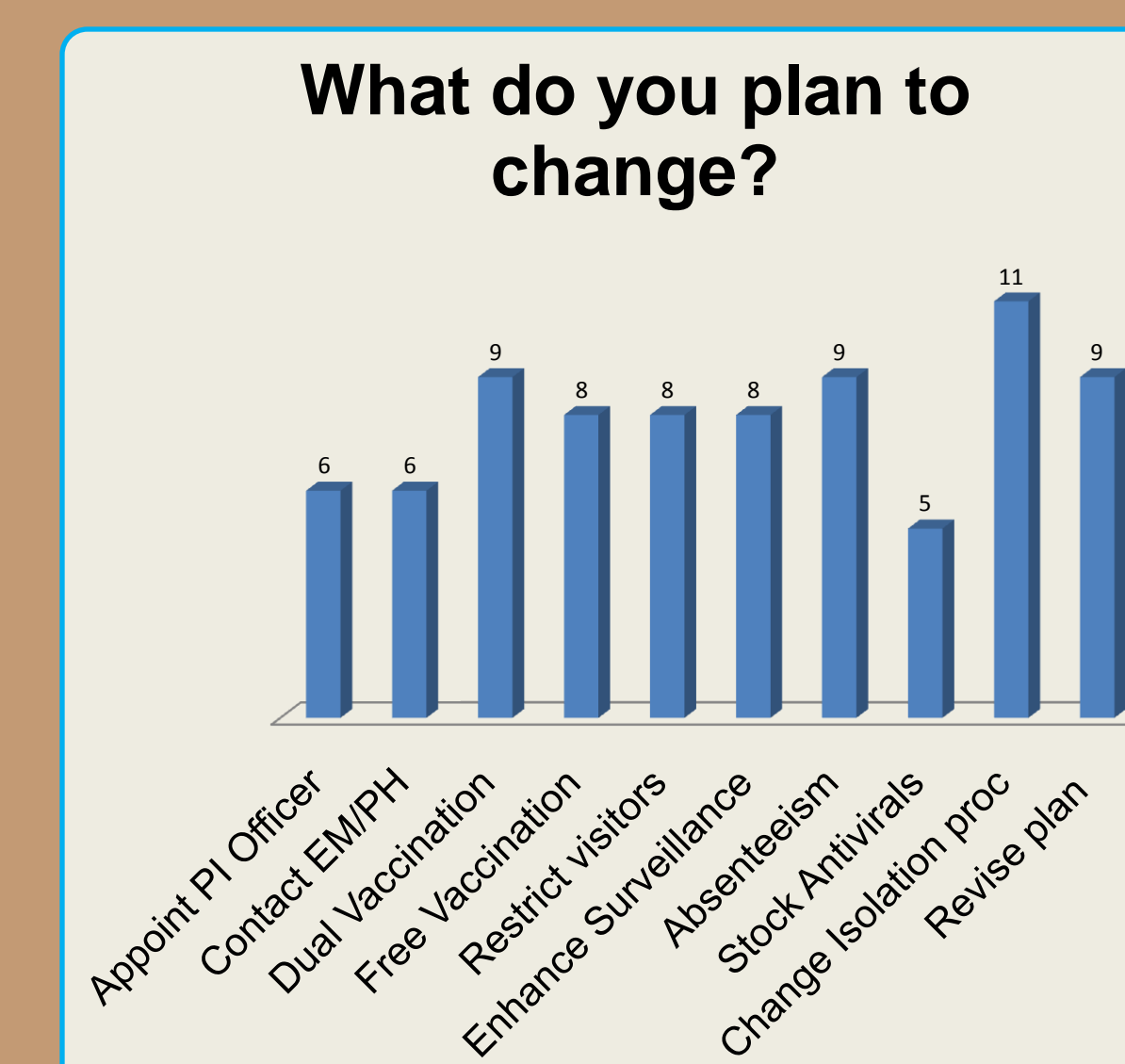
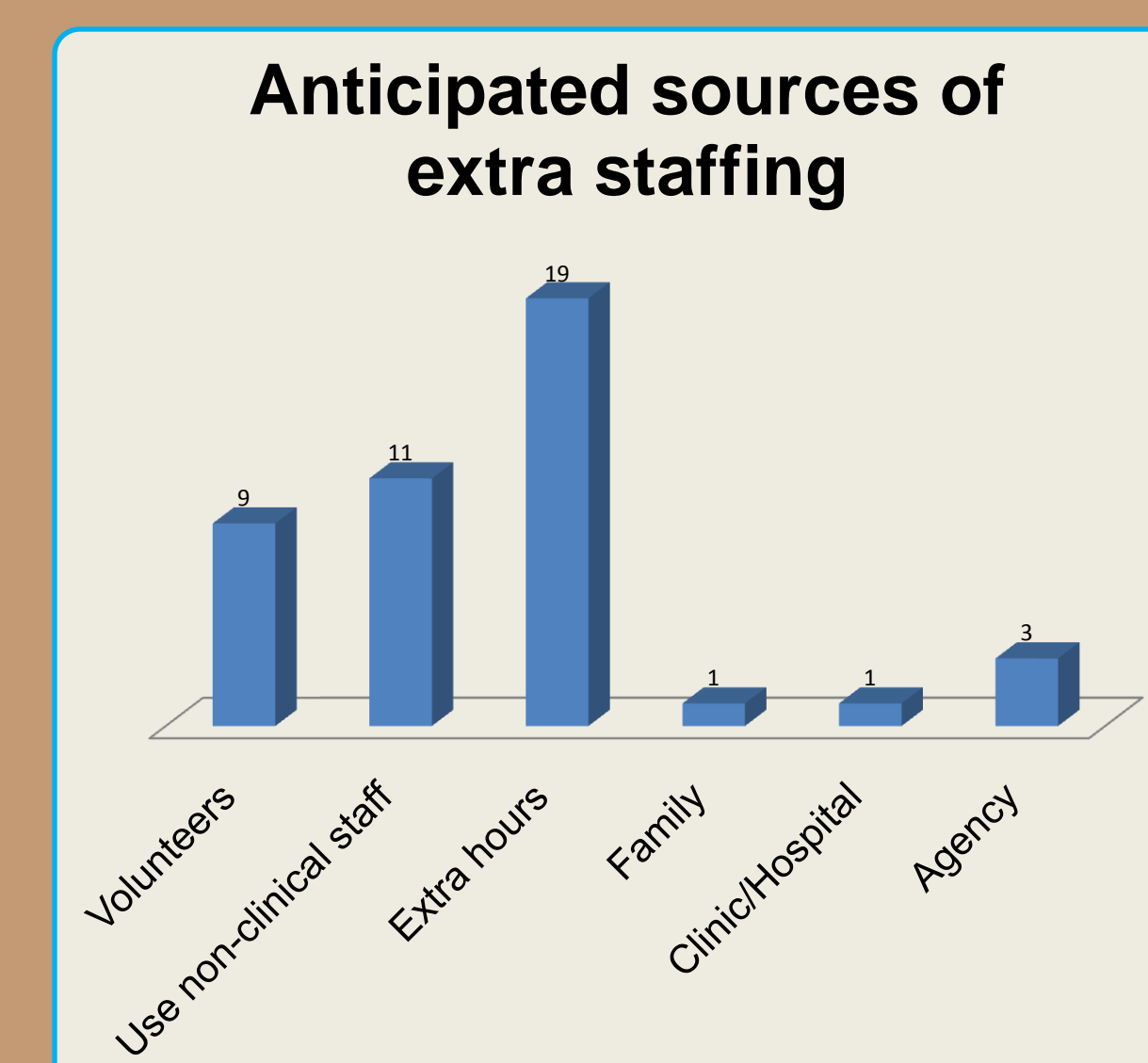
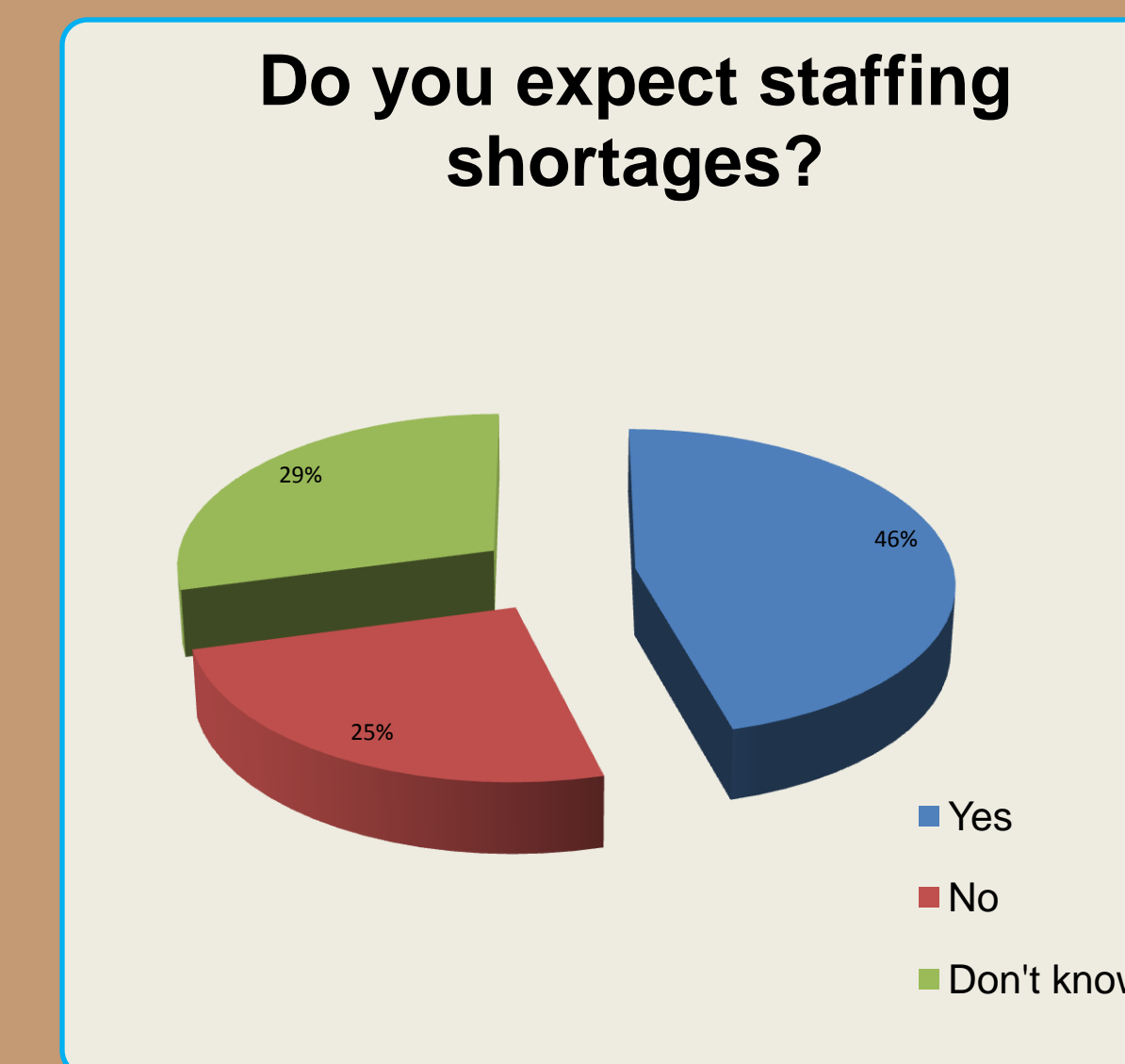
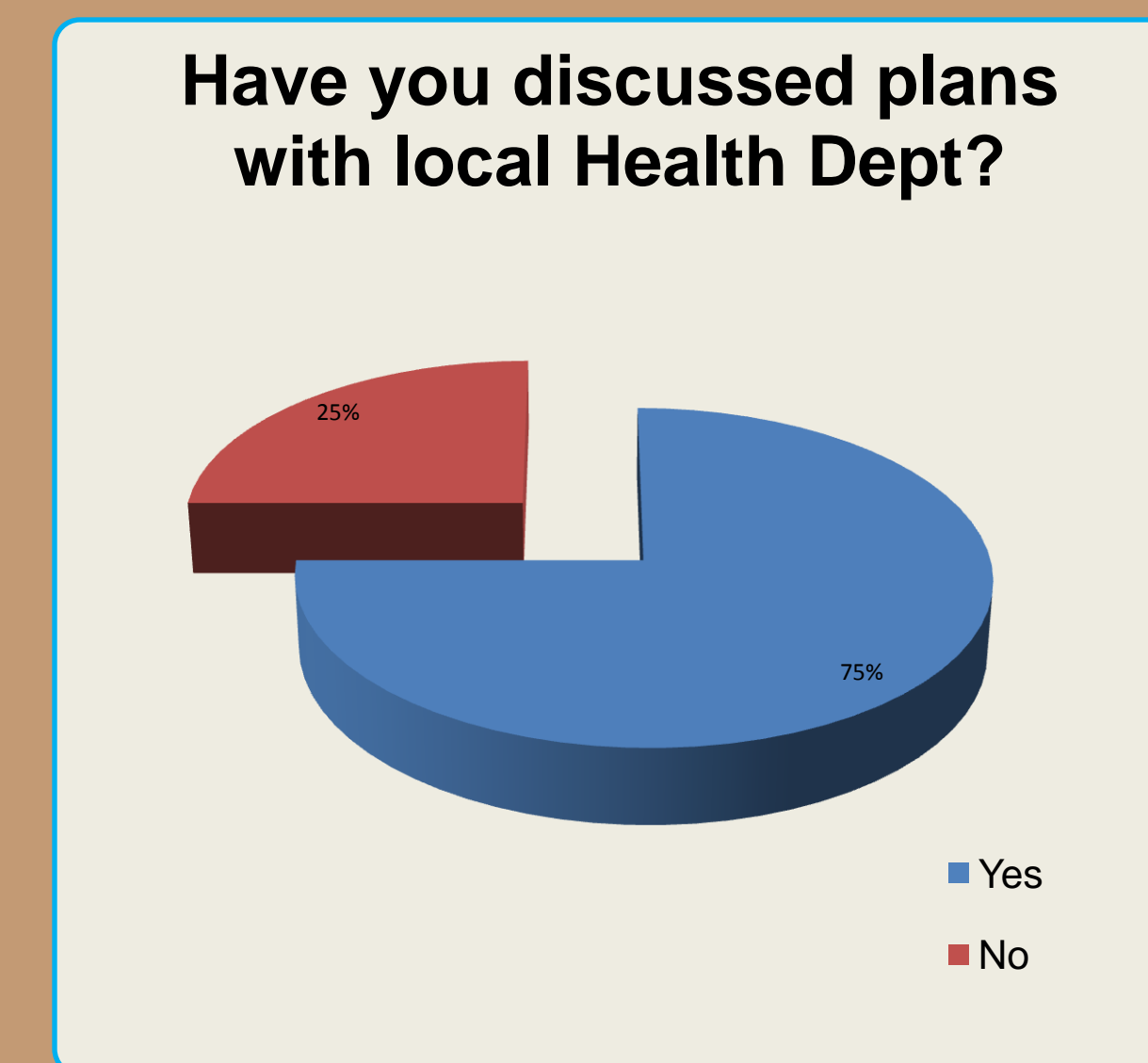
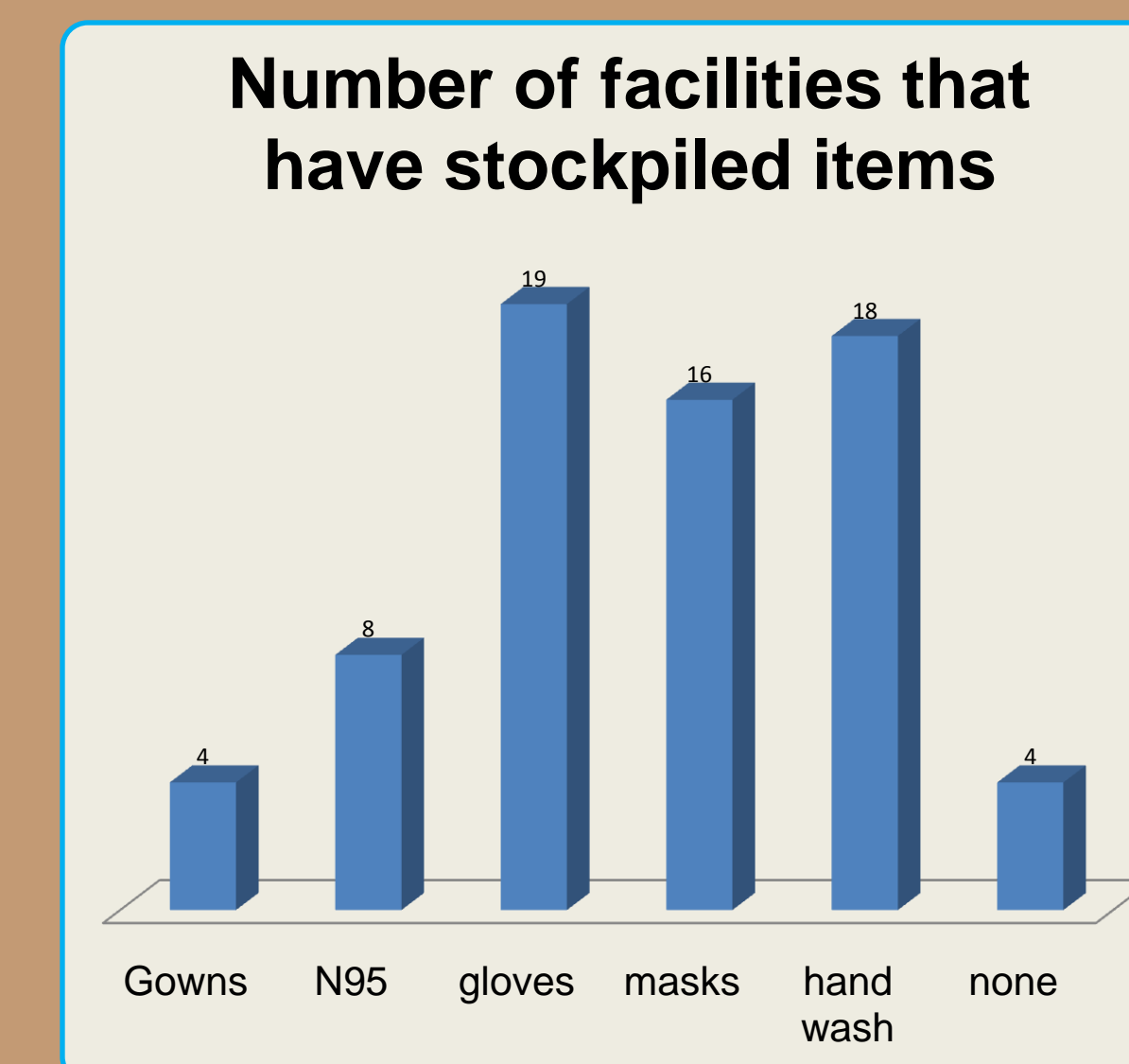
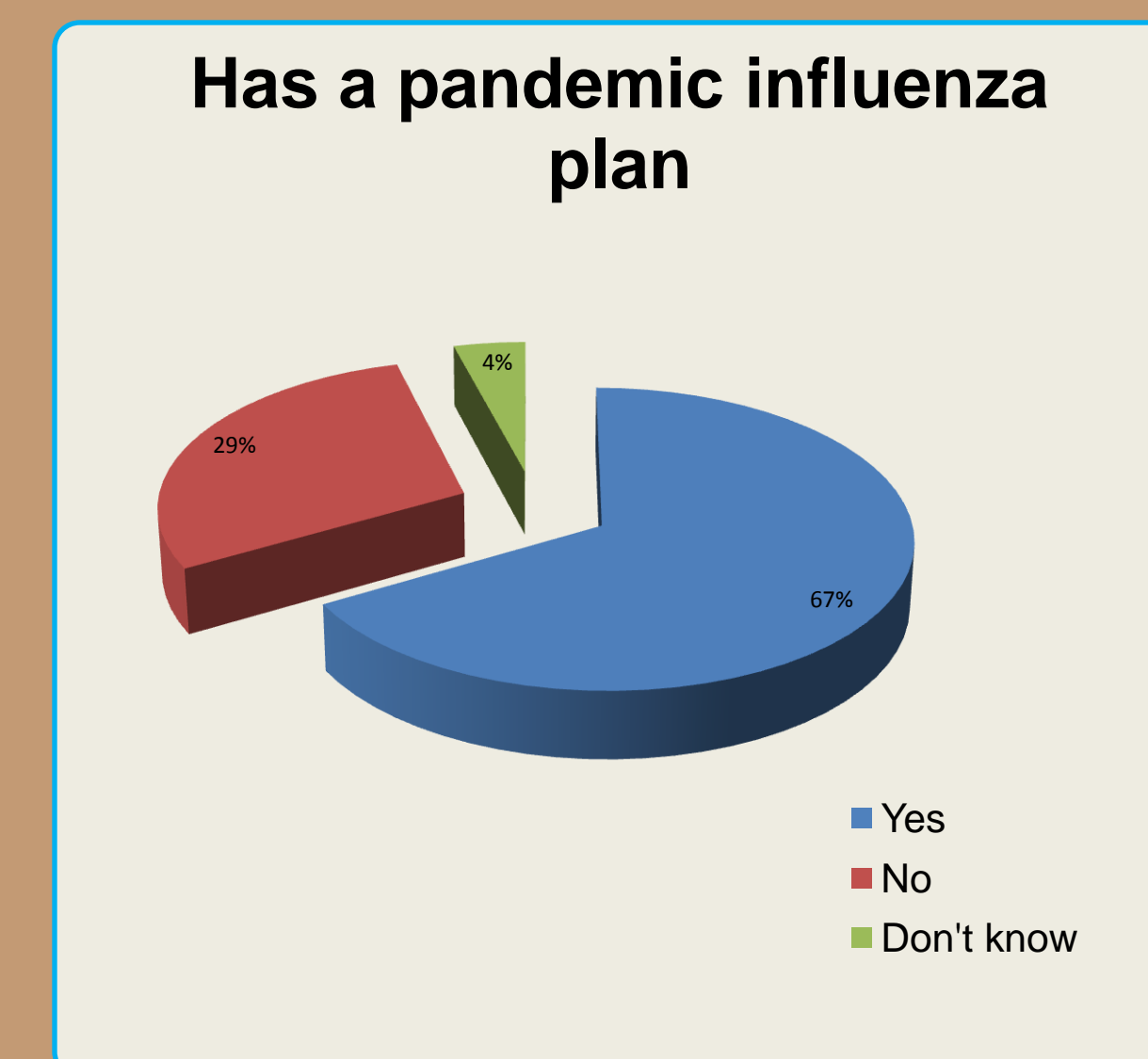
1. Convene multi-disciplinary group.
2. Review pertinent literature and official recommendations.
3. Distribute by mail the recommendations and rationale to all LTCF in West Texas in New Mexico.
4. Ask those that read recommendations to return by mail a brief survey.
5. Exempt status granted by Texas Tech University Health Sciences Center IRB.

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RESULTS

n = 24



RECOMMENDATIONS TO LTCF

Recommended action items for long term care facilities preparing for the influenza season

1. Designate an Influenza Preparedness Officer for the facility
2. Establish a relationship with local health department & emergency management.
3. Anticipate the need for a dual vaccination program this fall for both residents & staff.
4. Offer free vaccination to staff.
5. Implement a policy to monitor & restrict visitors & staff with influenza-like symptoms.
6. Change the facility's surveillance for influenza-like illness among residents & staff.
7. Plan for high rates of staff absenteeism.
8. Discuss access to antiviral medications with the local health department.
9. Review isolation precautions procedures and the supplies and systems needed.
10. Review and revise (or develop) a written pandemic influenza plan for the facility.

CONCLUSIONS

1. LTCF may be better prepared for pandemic influenza than they were in 2007.
2. Mailed planning recommendations to LTCF are helpful and can result in changes in pandemic influenza planning by LTCF.
3. Study limited by small sample size and low survey return rate.

Demographics of surveyed facilities

