Nursing Home Administrator Perspectives on the Role of State Guidance and Assistance in COVID-19 Response: A Rhode Island Case Study

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ABSTRACT

OBJECTIVE: The COVID-19 pandemic significantly impacted nursing homes in the United States. The Departments of Health within each state played a substantial role in providing guidance, issuing regulations, and supplying resources to help organizations respond to this health emergency. This research characterizes nursing home administrator perspectives on the role of Rhode Island's state agencies during the COVID-19 pandemic.

DESIGN AND METHODS: This qualitative case study includes data from 19 repeated interviews with administrators of six nursing homes, conducted from July 2020-December 2021. In-depth, semi-structured interviews focused on their COVID-19 response, including infection control, vaccination, and interactions with state agencies, among other topics. Interview transcripts were qualitatively analyzed to determine overarching themes.

RESULTS: Three themes emerged from analysis of interview transcripts: 1. Nursing home administrators described the regulatory guidance and communications from Rhode Island's Department of Health, which shaped their COVID-19 response. 2. Administrators discussed the tangible resources and support, such as personal protective equipment and staffing support, they received from the state. 3. Administrators identified the strengths and challenges in collaborating with state agencies and noted areas for improvement.

CONCLUSIONS: Study findings have implications for how states help nursing homes respond during emergencies. While the vaccine has reduced the impact of COVID-19 on nursing home residents and staff, insights provided by administrators in this case study suggest best practices for improving future health emergency communications around guidance and regulations, and suggestions for necessary resources.

KEYWORDS: COVID-19; regulations; guidance; Rhode Island; skilled nursing facility

INTRODUCTION

Nursing homes (NHs), were particularly impacted by the SARS-CoV-2 virus, resulting in significant loss of life for residents and staff.[1] Research shows that during the COVID-19 pandemic, NHs experienced viral outbreaks, extensive staffing shortages, stringent infection-control protocols, and frequently changing regulatory guidelines.[2-9] Since the advent of the COVID-19 vaccine in December 2020 and the lifting of the health emergency in May 2023, the severity of COVID-19 on NH residents and staff has dropped significantly[10,11]; yet, COVID-19 outbreaks, staffing shortages, and financial repercussions in NHs persist.[12]

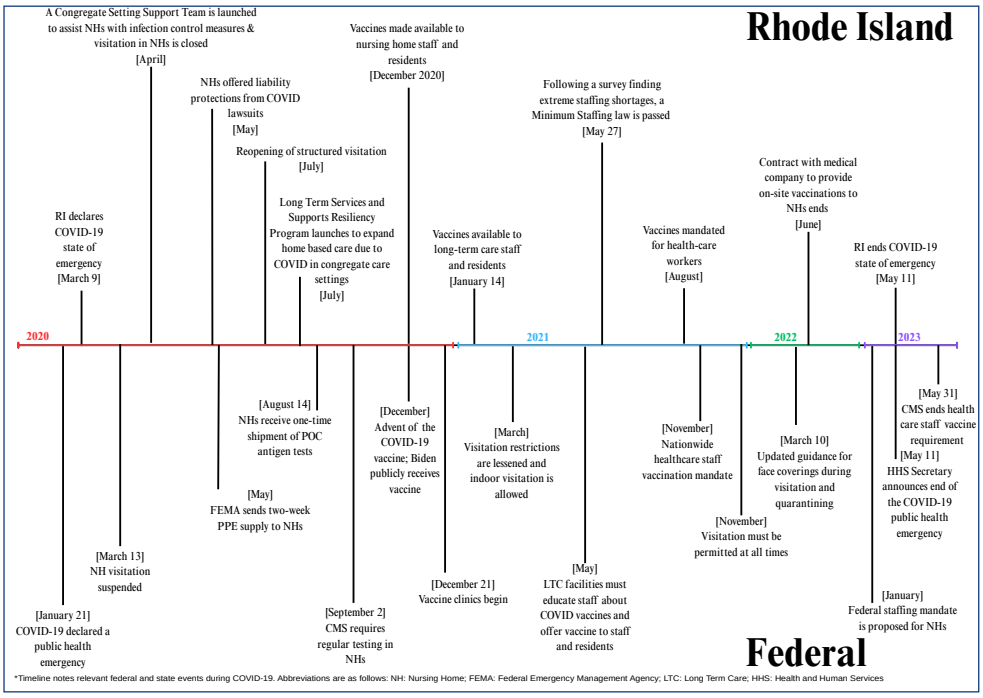
Throughout the pandemic, federal, state, and local agencies were responsible for the dissemination and enforcement of rapidly changing regulatory requirements, information, resources, and guidance for managing COVID-19 in NHs. In the United States (U.S.), states varied in their public health infrastructure, resources, support, and dissemination of information. Rhode Island (RI) currently has 76 NHs in operation, all of which were significantly impacted by COVID-19 [**Figure 1**]. In this article, RI presents as a case study for assessing the role of government in coordinating vital resources and disseminating information. Interviews with NH administrators provide context for how RI health officials communicated and implemented critically important regulatory and guidance information, tangible resources, and support during a major health emergency.

METHODS

This case study used data from the qualitative arm of a large mixed-methods study. Repeated, semi-structured interviews with NH administrators were conducted from July 2020–December 2021. Brown University Institutional Review Board approval was not needed because this study was determined not to be human subjects' research. This paper presents a subanalysis of the larger qualitative dataset and focuses on NH-administrator perspectives on COVID-19 in RI. Methods are outlined below with additional details published previously.[8,9,13]

NHs with varying bed count, percentage of Medicare-paid residents, quality ratings, and profit status were selected from eight diverse U.S. healthcare markets. Administrators of the selected NHs in RI were recruited via email and cold

Figure 1. Timeline of Relevant Federal and Rhode Island Events During the COVID-19 Pandemic



*Timeline notes relevant federal and state events during COVID-19. Abbreviations are as follows: NH: Nursing Home; FEMA: Federal Emergency Management Agency; LTC: Long Term Care; HHS: Health and Human Services

calls to participate in four interviews spaced three months apart. Participants received compensation. An interview guide was developed by the qualitative team in collaboration with content experts, which included questions on state and federal resources and guidance during the COVID-19 pandemic. Two qualitative researchers conducted each 30–60-minute interview by telephone or Zoom. Participant consent was obtained for permission to audiorecord. The recorded audio was professionally transcribed, de-identified, and checked for accuracy.

Interview transcripts were analyzed in a two-step process. First, using a modified grounded theory approach,[14] a coding scheme was developed based on interview questions and further edited throughout data collection and analysis. To ensure coding rigor, team members coded each transcript independently, then met weekly to reconcile line-by-line. A comprehensive audit trail[15] was kept throughout data collection and analysis to record team decisions, code definitions, and emerging themes. Coded data were entered into NVivo Version 12 Plus (QSR International). Second, relevant NVivo coding reports were compiled for each primary theme identified by the first round of analysis. Each primary theme was reanalyzed using thematic analysis.[16]

RESULTS

NH administrators from six RI facilities participated in at least one interview (n=19) between July 2020–July 2021. Facilities varied by CMS star-rating category, bed count, and profit status. Three themes emerged from our analysis of interview transcripts. Representative quotes for each theme are in **Tables 1, 2, and 3**.

First, RI's Department of Health (RIDOH) provided critical regulatory guidance around NH admissions, visitation, infection control, and vaccinations, which shaped COVID-19 responses. Administrators reported that admissions guidance and regulations specified whether or not NHs could admit residents with COVID-19, and imposed quarantining requirements. Similar guidance was issued for visitation, including the need for visitor screening, scheduling, and supervision. Participants noted that during COVID-19 outbreaks, the state required patients to be cohorted to reduce exposure. Lastly, administrators reported on early vaccine guidelines, and expressed a need for more education as well as the hope that vaccination would allow for visitation to re-open.

Second, in addition to developing regulations and guidance, RIDOH provided NHs with tangible resources. Such resources included the provision of personal protective equipment (PPE), which participants described as extremely valuable due to shortages. RIDOH also supported COVID-19 testing with staffing and lab contracting, and coordinated initial vaccine implementation by connecting local pharmacies with NHs for in-facility vaccine clinics. NH administrators described the financial support of stimulus funding and forgivable workforce stabilization loans, which were used to meet COVID-19-related costs. Lastly, administrators recognized the staffing support they received from the state, often from the National Guard, who helped prepare for and respond to infection-control surveys and administer COVID-19 tests.

Third, in discussing the resources and support provided by RI state agencies to NHs, administrators reflected on the strengths and challenges of working with these entities, and noted suggestions for improvement. The open lines of communication with RIDOH for questions and advice, access to a Quality Improvement Organization (QIO) that provided additional support, and state teams assigned during COVID-19 outbreaks, were identified as strengths of the RI state response. Administrators also noted that state guidance and regulations enabled them to redirect NH resident and family member frustrations and questions away from the NH staff towards an outside agency. Lastly, administrators expressed

that regular communication with and assistance from state regulators built new, more collaborative relationships. However, participants also reported on challenges, such as frequently changing guidelines from different government sources, inconsistencies between state and federal regulations, and the speed required to implement new regulations. Administrators stated that it was often a burden to implement regulations specific to NHs, and expressed the desire to contribute to policy development to ensure NH-specific resources, such as staffing, financial support, activities, and facility needs were included.

Table 1. Quotes Supporting Theme 1: The State Developed Regulations and Provided Guidance Regarding COVID-19 Response.

Sub-Theme	Quote & ID
Admissions: Infection control guidelines affect admissions and census	Obviously, when an outbreak happens, the Department of Health shuts us down to admissions. So, our census even prior to the outbreak, the biggest census we could have in the [name] building which is 120 beds would be 108 because on our rehab unit, we can only admit single people even to a semi-private room. We can only have one person in each room. Our census now in the [name] building is 77. (N2.3_2-21)
Visitation: DOH allows visits be scheduled, but at odds with what news is saying, families are frustrated	Visitation has been very difficult to explain to some because we are following the Department of Health guidance. The guidance says that visits can be scheduled. About 135 residents has been about our regular census. Just saying, "Come and visit any time", really doesn't make a lot of sense. That could be a lot of people visiting. So we have done schedules which is perfectly within the guidance of DOH. There were some news stories that were out there that said, nursing homes are going back to pre-COVID visiting. But that was the comment, so a lot of families have challenged us on that saying, "But we were told that it's pre-COVID visiting." And we're like, "Well, but that's not how the guidance is written." …The Department of Health has been in several times to visit our visitation policy because there have been complaints filed and they have never found us to be deficient. (N2.4_5-21)
Cohorting: State cohorting requirements increased exposure, "sheer, utter incompetence"	We would have someone in a room with somebody else and one of the residents in the room would test positive for COVID. And we knew damn well that their roommate was going to test positive the next time we tested three or four days later. The state made us take that roommate who tested negative, and transfer them to someone else who was not exposed to COVID, who also tested negative. So, I don't need to tell you what happens when you do that. So, if the Department of Health had changed that policy and basically said, "Well, even though the person tested negative, they've been exposed. Don't move them," quite honestly, the death toll in nursing homes would have been a hell of a lot less, not the thousand people that died. The Department of Health screwed up big time. Sheer, utter incompetence, in my opinion. (N5.4_7-21)
Vaccination: There needs to be education about guidelines and vaccines	It's just my concern is everybody thinks, "I'm going to get a vaccine and life's going to reopen back to normal." And there needs to be more education on the longevity that's going to happen before. This is just one step in a process. (N4.3_1-21)

Table 2. Quotes Supporting Theme 2: Tangible Support and Resources the State Provided to NHs

Sub-Theme	Quote & ID
PPE: Providing PPE, helps reduce re-using PPE	I have had to utilize the state reserves three times and that was fairly easy turnaround. There were a couple times they just sent stuff…. Because initially when we were wearing, having to re-wear stuff, use our masks for three days in a row. And then when it was like, "it's not an issue, we have the equipment, if you need the equipment it's here for you." Thank you State of Rhode Island. (N4.2_10-20)
Testing: State is reimbursing for costs of testing	I know the state has set aside some money to pay for testing, that's where we do our bulk of it. So we get some reimbursement for it. (N1.2_10-20)
Vaccination: State coordinated initial vaccine implementation	Vaccinations are going great. The state has put a good plan in place where we now we can get our new residents vaccinated quicker, where then we had two or three clinics set up and that was it. Now they've contracted with other partners to get us the vaccine, so we have another clinic next week and they will vaccinate residents that are new and any staff that want to get vaccinated. (N3.4_4-21)
Financial support: Forgivable workforce stabilization loan used to increase staff wages	So a couple of things that the state did which were helpful, is they did this workforce stabilization loan, it's a forgivable loan, provided the funds are spent on direct-care staff. So I know we applied for it. And I believe most every nursing home and assisted living in the state did. So we were able to give our employees an additional bump by using these funds. (N5.1_10-20)
Staffing: National Guard handles weekly testing	We have the National Guard, this will be, I think, week six. We have, the National Guard comes here every Thursday 1:00 to 4:00, and they test all our staff. And when I say all our staff, they test all our staff. Every person comes in whether it's their day off, they're off-shift. They have been absolutely amazing and vigilant in this process. If they can't make it in that day, we have certain other times either the day before or the day after that we'll make arrangements for them, as long as they reach out to us, and we have had 100% compliance every week. (N2.1_7-20)

Table 3. Quotes Supporting Theme 3: Strengths and Challenges of Guidance and Resources Provided by the State

Sub-Theme	Quote & ID
Strengths: Team assigned during outbreak, collaboration	When we had our first identified case, you get assigned a team. We email them regularly with questions, and they are very responsive, always helping us out. It's nice to have that relationship, the collaborative, which is not necessarily something that's always been the case with state surveyors… But both of us have collaborated. I feel the nursing homes and the Department of Health have been good resources for each other. (N2.2_10-20)
Strengths: Surveyors more collaborative	They [surveyors] do regular communications with us on a weekly basis now... They've been accessible, so if we have questions it's easy to reach out and to talk to them. They've been in all of our buildings doing infection control surveys. They've hit every home in the state, which was a requirement that most of us have found that when they've come, the surveyors that have come out have been very helpful. (N3.1_7-20)
Challenges: Guidelines change frequently requiring constant review	I have an inspection control COVID policy book, that's a huge binder. A lot of those policies come from the Department of Health, CMS Department of Health…We have a consultant company that comes in and assists us in our policies and practices…And they change frequently, especially screening forms when staff come in the building… We get a new policy, we go over it in the morning meeting... because it's been so confusing implementing… I'm still learning with the ever changing policies with the Department of Health. (N1rep.1_4-21)
Challenges: State's regulations might be too strict	They don't always match up. The state has some more stringent rules than the CDC does… It seems to me it would have been the other way around. Don't get me wrong. [governor] has done a good job so, you know, [laugh], dealing with this crisis but, you know, it's just some of it and maybe because she did do overkill. (N4.2_10-20)
Challenges: Disconnect between policymakers and NH realities	My frustration is with government…. you've got people making rules and regulations and passing legislation that are not in the trenches, don't understand the realities of the way our facilities function. They try. But without physically doing it you just don't get it. So they're coming up with things that, you know, sometimes it's pounding a square into a circle. You just have to get a bigger hammer. (laughs) (N5.4_7-21)
Thoughts on future, need financial support	I think we all know we can't go back to business as usual, but that was all being talked about before COVID, how do we survive, how does long-term care survive, what do we become? ... What we need, like you said, is the support though, and so that has to come in the way of some kind of financial support. (N3.4_4-21)

DISCUSSION

This qualitative study reflects NH-administrator perspectives on how RI state agencies communicated and implemented COVID-19 regulations and guidelines. Early in the pandemic, guidelines focused on COVID-19 positive admissions requirements, and infection-control measures around visitation, screening, testing, and viral outbreak management. To assist with implementing guidelines, the state supported NHs with PPE, COVID-19 testing and support, additional staffing via the National Guard, financial loans, stimulus funding, and a coordinated vaccine rollout. Although NH administrators noted many strengths to RI's approach to managing resources and communications during the pandemic, they also reported on the challenges they experienced and offered suggestions for improvement. Findings from this study highlight several key takeaways.

First, as NH administrators in this study reported, RIDOH and QIO provided critically needed support, information and guidance, and became increasingly collaborative over the course of the pandemic. However, the speed with which regulations and guidance changed, along with inconsistencies between state and federal regulations, were a source of frustration and confusion. In preparation for a future health emergency requiring critically important coordination of information and resources, policymakers should consider centralizing communication pathways to reduce duplicative or contradictory directives.[13]

Second, as reported in this study, federal and state guidelines and regulations were frequently implemented with little advance notice for NH administrators to effectively and efficiently train staff.[17,18] Additionally, state governmental entities frequently transferred the responsibility of enforcement onto NHs, rather than as a unified public health directive. For example, the COVID-19 vaccine was initially well received by NHs and the public alike as a lifesaving tool to reduce impacts of the virus on NHs, and as the first step towards NHs returning to normal operations. Despite its efficacy in reducing morbidity and mortality of COVID-19,[19] vaccine acceptance has waned in part due to inconsistent enforcement by government bodies. As the long-term care industry works with policymakers to create protocols for future emergencies, addressing inconsistent messaging around public health measures is critically important.

Lastly, given the frequency of changing regulations and guidelines around COVID-19 infection-control measures prior to the vaccine, and the reported disconnect on the part of policymakers with NH experiences,[20] administrators in this study indicated that their expertise could contribute towards policy development, improving federal and state understanding of needed resources, staffing, and financial support.

Although our findings may not be generalizable to all RI NHs and reflect administrator perspectives from July 2020–December 2021, they align with a recent report and call to action from the Office of the Inspector General.[12] As recommended in the report and reflected in our findings, effective communication, guidance, and assistance from state

and federal entities during a public health emergency was critically important to the long-term care industry. Policymakers and industry experts should consider collaborating with NH administrators as they design and improve NH policies and protocols.

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