



## Implement Nursing Home Strike Teams

### Key messages

- The American Rescue Plan Act of 2021 provides \$250 million of federal funding to states to implement nursing home strike teams.
- Successful models of strike teams already exist in many states.
- Post-Acute and Long-Term Care (PALTC) clinical specialists have been instrumental in planning, implementation, and operationalizing successful strike teams.
- Strike teams can be flexible in their mission.

### Next steps

- Leverage the new federal funding to support nursing homes by quickly operationalizing or expanding nursing home strike teams.
- Partner with PALTC clinical specialists to improve the nursing home response to COVID-19.

### Executive Summary

Residents of long-term care (LTC) facilities have remained the most vulnerable population during the COVID-19 pandemic. We have experienced how a nursing home COVID-19 outbreak can quickly deplete equipment and staff resources, leading temporarily to the need to invoke crisis capacity standards. Strike teams have emerged as one effective option to provide direct support to nursing homes during outbreaks. These strike teams or rapid response teams have been deployed successfully throughout the COVID-19 pandemic across the United States. While we are encouraged by the steady recent decline in nursing home cases, we remain wary of future COVID-19 threats that include virus variants, decreasing cohort immunity due to new admissions and new hires, and possibly waning individual immunity. Thus, we encourage all state officials to examine the role of strike teams in the ongoing evidence-based response to COVID-19 in each state's LTC facilities.

## Issue

Well-implemented nursing home strike teams that include experts in PALTC have helped save lives during the COVID-19 pandemic. Given this experience, we are encouraged that the American Rescue Plan Act of 2021 (HR 1319), signed into law on March 11, 2021 by President Biden, specifically includes Section 9402 allocating \$250 million for “a State to establish and implement a strike team that will be deployed to a skilled nursing facility in the State with diagnosed or suspected cases of COVID-19 among residents or staff for the purposes of assisting with clinical care, infection control, or staffing during the emergency period described in section 1135(g)(1)(B) and the 1-year period immediately following the end of such emergency period.” This dedicated funding gives states and territories within the United States access to invaluable resources in continuing the fight against COVID-19 in nursing homes.

## Background

It is well established that residents of long-term care (LTC) facilities have remained the most vulnerable population during the COVID-19 pandemic. Further, we have seen how a COVID-19 outbreak in a nursing home can quickly deplete equipment and staff resources, leading to the need to invoke crisis standards of care. While we are encouraged by the steady recent decline in nursing home cases and deaths since the vaccine rollout began in December

2020, we remain wary of future COVID-19 threats that include virus variants, decreasing cohort immunity due to new admissions and new hires, and possibly waning individual immunity.

**Utah:** In January 2021, the Utah Department of Health deployed monoclonal antibody strike teams to state nursing homes through a collaborative effort between the health department, Utah National Guard, and long-term care facilities.

**Pennsylvania:** The Regional Response Health Collaborative Program (RRHCP) was a long-term care facility strike team program that assisted facilities both in prevention of outbreaks and active outbreak management with consultative advice and material help such as PPE, staffing and testing support. The RRHCP was composed of academic health systems in partnership with the state department of health. Recent successes have included monoclonal antibody infusion teams and vaccine administration support to address COVID-19 vaccine hesitancy.

Throughout the pandemic, AMDA has advocated for additional support for nursing homes, to include strike teams (also known as rapid response teams), and we are pleased that our advocacy has been effective. Listed here are a few examples of states that have benefited from the involvement of engaged post-acute and long-term care (PALTC) clinicians as subject matter experts and clinical leaders. This outline offers state officials access to use cases and concepts that may serve as a roadmap for successful deployment of future strike teams. The funding allocated by the American Rescue Plan may be able to fund pilot studies at the state level or target high-risk populations or regions.

## Policy Brief: Implement Nursing Home Strike Teams

**Maryland:** “Strike teams” were deployed in May 2020 to Maryland LTC facilities experiencing a COVID-19 outbreak to assist with assessment, testing, and clinical care. The assessment teams would evaluate the situation on-site to determine equipment and supply needs while the testing team would assist in contact tracing and collect and send out specimens. Smaller clinical teams provided medical care on-site to assist in stabilization and medical triage.

Many of the antibody strike teams consisted of registered nurses and other health care workers who were able to assist with administration of the intravenous monoclonal antibody therapy.

As the pandemic has evolved, the most productive uses and composition of strike teams have changed. However, what has not changed is the need for increased staffing support during a COVID-19

outbreak in a PALTC facility. Thus, future strike team implementation guidelines need to be flexible, co-sponsored by the state health department and key stakeholders, and contain a specific mission and scope of work.

**Nebraska:** During this pandemic, the Nebraska DHHS-funded Infection Control Assessment and Promotion (ICAP) program (founded in 2015) has been supporting LTC facilities with office hours, educational webinars, Tele-ICARs (Infection Control Assessment and Response), and one-on-one guidance for managing COVID-19 outbreaks. When a need is identified, the ICAP team coordinates with their partner organization to deploy strike teams to LTC facilities for setting up or evaluating COVID units and other infection control protocols. More recently, ICAP collaborated with various stakeholders including hospitals, home health agencies and a LTC pharmacy to establish a strike team that implemented a statewide long-term care monoclonal Ab infusion program.

**Washington:** In response to the November 2020 COVID-19 surge, Washington’s Department of Social and Health Services contracted with a nursing staffing agency to provide six Rapid Response Crisis Staffing teams that were deployed to long-term care facilities facing critical staffing shortages to assist with direct patient care, including administration of monoclonal antibodies.

### Ask

- Strike teams must include clinical experts in PALTC.
- Future strike team implementation guidelines need to be flexible.
- Best strike teams include stakeholders from across the healthcare continuum.
- Strike teams can address a variety of issues including assistance with visitor guidance, vaccine administration, infection prevention and control education, assistance with respiratory protection programs, assessment of PPE supply, administration of advanced medical therapies, and/or direct assistance with COVID-19 testing.

#### Potential Applications of Strike Teams:

- visitor guidance
- vaccine administration
- infection prevention and control education
- assistance with respiratory protection programs
- assessment of PPE supply
- administration of monoclonal antibodies
- COVID-19 testing

## Policy Brief: Implement Nursing Home Strike Teams

As illustrated in AMDA's May 28, 2020 statement, an ongoing evidence-based response to COVID-19 in congregate settings requires expert clinical guidance and leadership. We urge each state to engage local PALTC specialists who can serve in an expert advisory role for the implementation of state-based strike teams.

For more information on how to get in touch with a local PALTC specialist, please contact Alex Bardakh, AMDA Director of Public Policy and Advocacy at [abardakh@paltc.org](mailto:abardakh@paltc.org).

### References

[HR 1319 American Rescue Plan Act of 2021](#)

CDC: [CDC Guidance for Rapid Response Teams](#)

QIO: [QIO Toolkit on State Actions, Feb 2021, version 19](#)

AMDA: [Statement on State Response to COVID19, May 28, 2020](#)

Strike Teams:

<https://www.nytimes.com/2020/08/18/health/Covid-nursing-homes.html>

Maryland: [https://aahealth.org/wp-content/uploads/2020/03/MDH-FAQ\\_covid19\\_strike\\_teams.pdf](https://aahealth.org/wp-content/uploads/2020/03/MDH-FAQ_covid19_strike_teams.pdf)

Pennsylvania:

<https://www.dhs.pa.gov/coronavirus/Pages/RRHCP.aspx>

Nebraska:

<https://www.unmc.edu/news.cfm?match=25887>

Nebraska:

<https://asap.nebraskamed.com/monoclonal-antibody-project/>

Nebraska: <https://icap.nebraskamed.com/>

Utah:

<https://kslnnewsradio.com/1941301/utah-health-dept-deploys-special-strike-team-to-long-term-care-facilities/>

Utah:

<https://www.sltrib.com/news/2021/01/16/utah-long-term-care/>

Washington:

<https://www.seattletimes.com/seattle-news/health/rapid-response-teams-being-sent-to-short-staffed-nursing-homes-in-washington-state-as-covid-19-surges-again/>

Washington:

<https://www.dshs.wa.gov/os/office-communications/media-release/dshs-provide-rapid-response-nursing-teams-long-term-care-facilities-heavily-impacted-covid-19>

**This Policy Brief is co-sponsored by the AMDA State Based Policy and Advocacy Subcommittee and the Public Policy Steering Committee.**

Special thanks go to Drsl Christian Bergman, Michele Bellantoni, Leslie Eber, Daniel Haimowitz, Dheeraj Mahajan, David Polakoff, Jason Spaulding, Joshua Uy, Sabine von Preyss, Michael Wasserman for contributing content to this policy brief.

AMDA – The Society for Post-Acute and Long-Term Care Medicine is the only medical specialty society representing the community of over 50,000 medical directors, physicians, nurse practitioners, physician assistants, and other practitioners working in the various post-acute and long-term care (PALTC) settings. The Society's 5,500 members work in skilled nursing facilities, assisted living communities, CCRCs, home care, hospice, PACE programs, and other settings.