AARP Nursing Home COVID-19 Dashboard
October 14, 2020

Overview

More than 84,000* residents and staff of nursing homes and other long-term care facilities have died from COVID-19, representing 40* percent of all coronavirus fatalities in the U.S., according to Kaiser Family Foundation's most recent analysis released on October 8. Yet federal policymakers have been slow to respond to this crisis, and no state has done a good enough job to stem the loss of life. AARP has called for the enactment of a 5-point plan to protect nursing home and long-term care facility residents—and save lives—at the federal and state levels:

- Prioritize regular and ongoing testing and adequate personal protective equipment (PPE) for residents and staff—as well as inspectors and any visitors.
- Improve transparency focused on daily, public reporting of cases and deaths in facilities; communication with families about discharges and transfers; and accountability for state and federal funding that goes to facilities.
- Require access to facilitated virtual visitation, and establish timelines, milestones, and accountability for facilities to provide in-person visitation.
- Ensure quality care for residents through adequate staffing, oversight, and access to in-person formal advocates, called long-term care Ombudsmen.
- Reject immunity for long-term care facilities related to COVID-19.

Policymakers have taken some action, such as requiring nursing homes to self-report COVID-19 cases and deaths at the federal level, ordering testing, and providing limited PPE and other resources to nursing homes. But, more must be done. AARP continues to urge elected officials to acknowledge and take action to resolve this national tragedy—and to ensure that public funds provided to nursing homes and other long-term care facilities are used for testing, PPE, staffing, virtual visits, and for the health and safety of residents.

COVID-19 cases across the U.S. are again on the rise, and nursing homes remain a hotbed for the virus. AARP will continue to shine a light on what's happening in nursing homes so that families have the information they need to make decisions, and lawmakers can be held accountable. For more information, visit aarp.org/nursinghomes.

The Dashboard

AARP fought for public reporting of nursing home COVID-19 cases and deaths. Using this data, the AARP Public Policy Institute, in collaboration with the Scripps Gerontology Center at Miami University in Ohio, created the AARP Nursing Home COVID-19 Dashboard to provide four-week snapshots of the virus' infiltration into nursing homes and impact on nursing home residents and staff, with the goal of identifying specific areas of concern at the national and state levels in a timely manner.

This first dashboard aggregates and analyzes self-reported data from nursing homes available from the Centers for Medicare & Medicaid Services (CMS), covering the timeframe of August 24 to September 20, 2020, and contains 5 key measures. It is specific to nursing homes:

- Resident deaths per 100 residents
- Resident cases per 100 residents
- Staff cases per 100 residents
- Percentage of nursing homes without a one-week supply of PPE
- Percentage of nursing homes with staffing shortages

Additional data points providing more information about each category in the dashboard are available online at aarp.org/NursingHomeDashboard. The dashboard will be updated every four weeks to track trends over time and will evolve to include more categories to follow other measures of interest.

Key Findings
The AARP Public Policy Institute will analyze data and report on key findings as the dashboard is reported over time. For the first dashboard, these include:

- In every state, nursing homes indicated a shortage of PPE (defined as not having a one-week supply of N95 masks, surgical masks, gowns, gloves, and eye protection during the last four weeks). Nationally, about one quarter (25.5%) of nursing homes had a PPE shortage during the August 24 to September 20 reporting period. In the highest performing state, 8% of nursing homes had a PPE shortage; in the lowest-performing state, 60% did not have a one-week supply.
- While considerable attention has been paid to infections among nursing home residents, it also critically important to consider direct care staff. In the four weeks ending September 20, one-quarter (24%) of nursing homes had at least one confirmed COVID-19 case among residents, and twice as many (50%) had at least one confirmed staff case. Per 100 nursing home residents, there were 2.6 COVID-19 resident cases and 2.5 staff cases, corresponding to a total of about 55,000 cases nationally.
- There is considerable variation across states. COVID-19 deaths in the four weeks ending September 20 averaged 0.5 per 100 residents across the nation (about 1 out of every 200 residents). At the state level, the death rate was as high as 1.2 per 100 residents (about 1 out of 80), and several states reported no resident deaths in the last month.

COVID-19 Data
Since the pandemic started, scant data has been available consistently to help gain a better understanding of the crisis in nursing homes and other long-term care facilities. The country counted mainly on the reporting of news media to glimpse the devastation caused by COVID-19. Organizations such as Kaiser Family Foundation and the COVID Tracking Project also began collecting and publishing important information from the states. It is important to note that each source collects data differently, so similar information may appear at odds due to how the measures are captured. Specific to nursing homes:
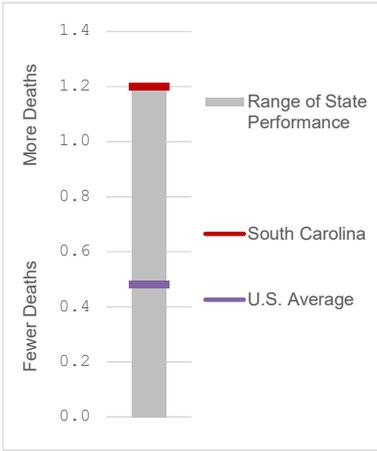
- In May, the Centers for Medicare & Medicaid Services (CMS) required nursing homes to self-report COVID-19 cases and deaths on at least a weekly basis; however, the required reporting was not retroactive. As a result, there has been a significant undercounting of cases and deaths before June.
- Many states have also required self-reporting by nursing homes and/or other long-term care facilities, but the requirements vary widely. Some states combine data for nursing homes and other long-term care facilities such as assisted living; others combine resident and staff cases and deaths, while others provide limited or no data at all.
- Since June, the data reported by CMS and by individual states appear to be roughly comparable, though exact comparisons are difficult because of the inconsistency in state reporting.

*Kaiser Family Foundation: https://www.kff.org/coronavirus-covid-19/issue-brief/state-data-and-policy-actions-to-address-coronavirus/#long-term-care-cases-deaths
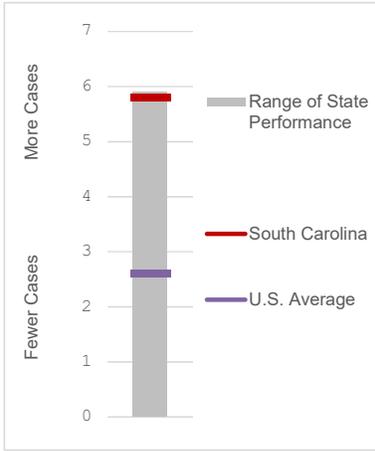
Nursing Home Resident Deaths
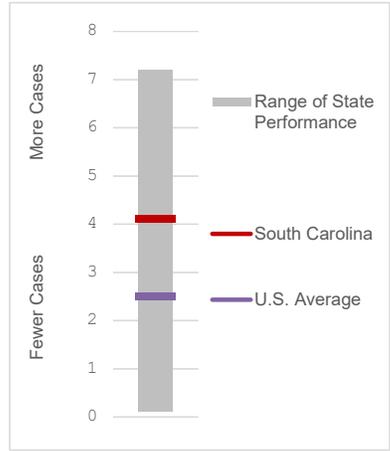(COVID-19 deaths per 100 residents)

In the last month (4 weeks ending 9/20/20) in South Carolina there were 1.2 COVID-19 deaths per 100 nursing home residents

Nursing Home Resident Cases
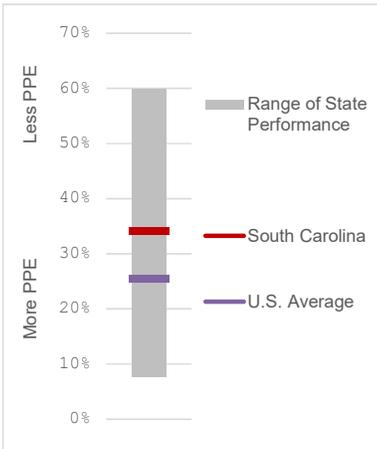(COVID-19 cases per 100 residents)

In the last month (4 weeks ending 9/20/20) in South Carolina there were 5.8 COVID-19 cases per 100 nursing home residents

Staff COVID-19 Cases
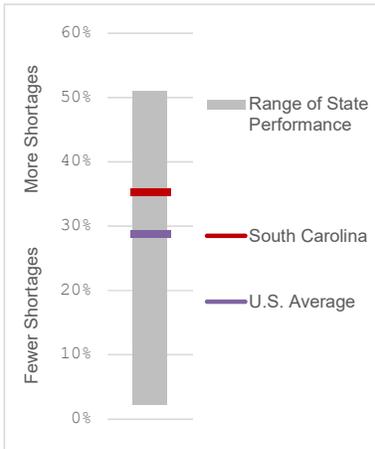(COVID-19 cases per 100 residents)

In the last month (4 weeks ending 9/20/20) in South Carolina there were 4.1 nursing home staff cases per 100 residents

Personal Protective Equipment (PPE)
(% of facilities without 1 week supply)

34.1% of nursing homes in South Carolina did not have a one week supply of all PPE during the 4 weeks ending 9/20/20

Staffing Shortages
(% of facilities with staffing shortage)

In the 4 weeks ending 9/20/20, 35.2% of nursing homes in South Carolina had a shortage of direct care workers

About this dashboard

This year, the COVID-19 virus has swept the nation, killing more than 200,000 Americans. Nursing home residents and staff are particularly vulnerable.

This dashboard looks at state-level impacts of the COVID-19 pandemic on nursing home residents and staff in 5 categories. It will be updated monthly to track these impacts over time, and may be expanded to include additional indicators.

Data were analyzed by Scripps Gerontology Center at Miami University; additional analysis and preparation of the dashboard by the AARP Public Policy Institute.

Original data source: https://data.cms.gov/stories/s/COVID-19-Report-Archived-Datasets/dyvx-s2qr/; downloaded on 10/1/2020.

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Nursing Home Covid Dashboard - South Carolina State Fact Sheet

Nursing Home Resident Deaths

		Low State	USA	High State
Nursing home Covid deaths (4 weeks ending 9/20/20)	172		5,215	
Rate per 100 residents	1.20	0.00	0.48	1.20
% of all Covid deaths in state *	25%	0%	23%	60%
Nursing home Covid deaths (total since 6/1/20)	761		28,426	
% of all Covid deaths in state *	28%	6%	30%	71%
Nursing home Covid deaths (total since January)	940		56,992	
% of all Covid deaths in state *	29%	4%	29%	58%

Nursing Home Resident Cases

	YES	NO	Low State	USA	High State
Nursing homes with confirmed cases (4 weeks ending 9/20/20)	43.0%	57.0%	2.9%	24.2%	49.8%
Nursing homes with confirmed cases (since January)	85.6%	14.4%	5.6%	63.8%	93.7%
Cofirmed nursing home resident cases (4 weeks ending 9/20/20)	823			28,405	
Rate per 100 residents	5.8		0.0	2.6	5.9
Confirmed nursing home resident cases (total since 6/1/20)	4,172			138,030	
% of all Covid cases in state *	3.3%		0.1%	2.8%	10.1%
Confirmed nursing home resident cases (total since January)	5,102			238,211	
% of all Covid cases in state *	3.7%		0.3%	3.5%	12.1%

Staff COVID Cases & Deaths

	YES	NO	Low State	USA	High State
Nursing homes with confirmed staff cases (4 weeks ending 9/20/20)	66.5%	33.5%	5.7%	48.3%	75.6%
Confirmed staff cases (4 weeks ending 9/20/20)	582			26,945	
Rate per 100 residents	4.1		0.1	2.5	7.2
Confirmed staff cases (total since 6/1/20)	2,787			132,303	
% of all Covid cases in state *	2.2%		0.3%	2.7%	9.8%
Nursing home staff Covid deaths (4 weeks ending 9/20/20)	2			107	
Rate per 10,000 residents	1.4		0.0	1.0	6.3
% of all Covid deaths in state *	0.3%		0.0%	0.5%	3.3%
Nursing home staff Covid deaths (total since 6/1/20)	11			541	
% of all Covid deaths in state *	0.4%		0.0%	0.6%	2.3%

Personal Protective Equipment (PPE)

For the 4 weeks ending 9/20/20, the percentage of nursing facilties in which staff did not have a one week supply of

	Shortage	1+ week	Low State	USA	High State
N95 masks	10.6%	89.4%	0.0%	11.4%	42.9%
surgical masks	2.2%	97.8%	0.0%	6.6%	38.6%
eye protection	1.7%	98.3%	0.0%	6.3%	40.0%
gowns	4.5%	95.5%	0.0%	7.4%	41.4%
gloves	1.7%	98.3%	0.0%	2.1%	6.8%
all PPE (all 5 categories above)	34.1%	65.9%	7.7%	25.5%	60.0%
hand sanitizer	1.1%	98.9%	0.0%	2.0%	11.1%

Staffing Shortages

For the 4 weeks ending 8/30/20, the percentage of nursing facilities with a shortage of direct care workers

	Shortage	NO	Low State	USA	High State
nurses	28.5%	71.5%	1.8%	22.6%	41.3%
aides	31.3%	68.7%	2.1%	26.6%	48.0%
nurses and aides	24.6%	75.4%	1.6%	20.4%	36.8%
any shortage	35.2%	64.8%	2.3%	28.8%	51.1%

Context Data

		Low State	USA	High State
Statewide positivity rate ** (cumulative through 9/20/20 - not NH specific)	12.2%	1.1%	7.4%	15.5%
Percent of nursing homes responding all 4 weeks ending 9/20/20	95.2%	85.0%	95.3%	100.0%

Data Sources

Data Documentation

All nursing home data are from the Centers for Medicare and Medicaid Services (CMS) Nursing Home COVID-19 Public File (downloaded on 10/1/2020). These data are self-reported by facilities to Centers for Disease Control and Prevention (CDC) weekly. All five Dashboard measures use this CMS data source.

Several data points in the state fact sheets include general population state data (that is, not limited to nursing homes) as a denominator or stand-alone measure. These data are from the COVID Tracking Project (statewide positivity rate; downloaded 9/25/2020) and USAFacts (total deaths and cases in the state; downloaded 9/25/2020).

Data were analyzed by Scripps Gerontology Center at Miami University in Ohio; additional analysis and preparation of the dashboard by the AARP Public Policy Institute.

Key Definitions
- COVID deaths (residents): Total number of residents with suspected COVID-19 or a positive COVID-19 test result who died in the facility or another location as a result of COVID-19 related complications.
- Total deaths (residents)**:** This count includes new COVID-19 related deaths and non-COVID-19 related deaths. Includes residents who died in another location, such as a hospital.
- COVID deaths (staff): The number of deaths for staff and facility personnel with suspected COVID-19 or a positive COVID-19 test result.
- COVID cases: Number of residents, or staff and facility personnel, with new laboratory positive COVID-19 test results, as reported by the facility.
- Personal protective equipment (PPE) shortage: Having no supply, or not enough supply of each type of PPE for at least one week for conventional use, for at least one week out of the four weeks in the reporting period. For the "all PPE" measure, a shortage refers to having a shortage of one or more of the five categories: N95 masks, surgical masks, eye protection, gowns, and gloves.
- Staffing shortage: Identified staffing shortage for each personnel category based on facility needs and internal policies for staffing ratios for at least one week out of the four weeks in the reporting period.

CDC has issued detailed instructions to nursing homes for reporting these data:
- Resident deaths and cases;
- Staff deaths, cases, and shortage;
- PPE.

Inclusion Criteria
For the four-week measures, nursing facilities were included only if the facility reported to Centers for Disease Control (CDC) for all four weeks (nationally, 95% of facilities; for states ranging from 85% to 100%). If a nursing facility reported, but had missing data for a specific measure (this is rare), that facility is excluded from the calculation of that measure for the Dashboard.

Aggregate counts of deaths and cases may be an undercount if there are facilities that are not reporting. Percentages or rates might be slightly biased if the average of non-reporting facilities differs significantly from average of reporting facilities.

For the "since 6/1/2020" and "since January" measures, all nursing homes reporting at least one week of data are included. The national response rate is 99% for both measures.

Comparability to Other Data Sources
The first reporting date for the CMS Nursing Home COVID-19 data was May 24, 2020 and includes all cases and deaths since the beginning of the year; however, retroactive reporting is not mandatory and the accuracy of reporting is unknown. Data prior to the first reporting date, including the "since January" counts of resident cases and deaths in the Dashboard, is not reliable. At least at the national level, the CMS data source gives a significant undercount of the number of cases and deaths before June, and results in a lower total count than has been reported by other sources in real time.

Since June, the CMS data are much more reliable and at the national level track well against data reported by the states (comparisons to individual states are difficult because each state categorizes and reports the data differently).