

Welcome to the webinar:

Current Best Practices for COVID-19 Management in Skilled Nursing Facilities Part 2

The webinar will begin at 10:30

June 11, 2020

Current Best Practices for COVID-19 Management in Skilled Nursing Facilities Part 2

COVID-19 Workshop Series

June 11, 2020



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Housekeeping and Requests



For today's call, everyone is muted.

- Please use the Chat box (right side of your screen) for questions and comments.
 - This webinar will be presented in an interview style, question and answer format and is intended to be conversational versus PowerPoint based. Although we have a variety of questions prepared, we want to answer YOUR questions – please type questions in the Chat box and send to “all participants”
- If we are unable to get to your question today, we will follow up with you
- Use to the Chat box to let us know who's here today – your name, organization and role

The IPRO QIN-QIO Who We Are



The IPRO QIN-QIO

- A federally funded Medicare Quality Innovation Network – Quality Improvement Organization
- 12 regional CMS QIN-QIOs nationally

IPRO:

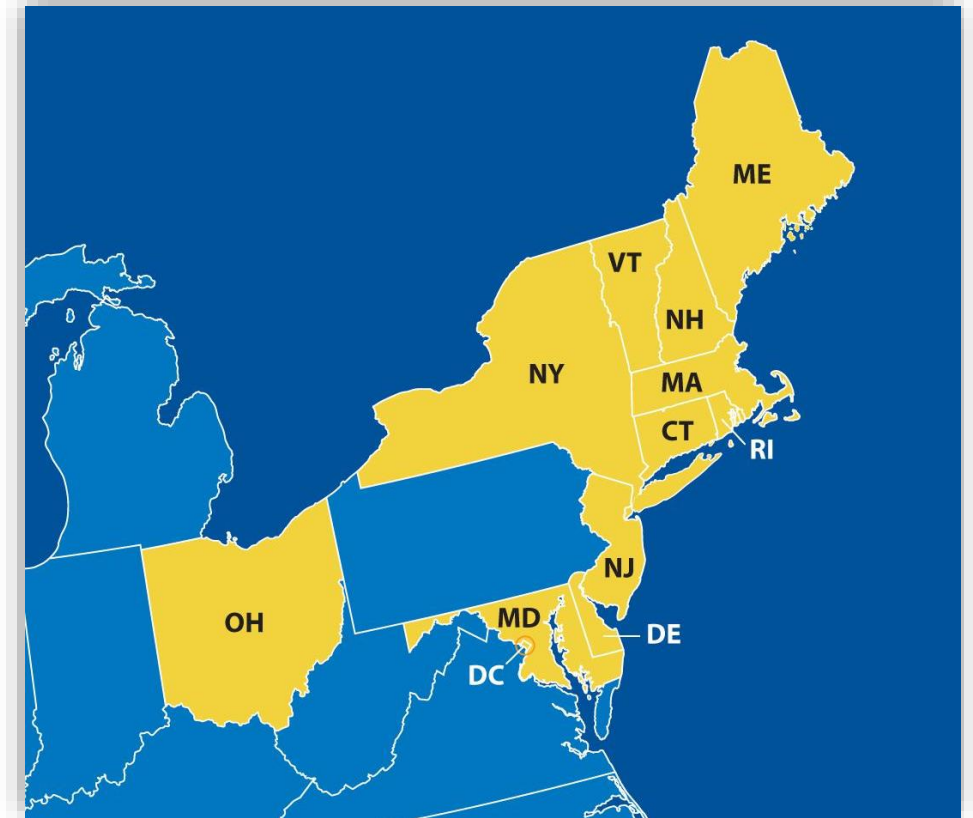
New York, New Jersey, Ohio

Healthcentric Advisors:

Maine, New Hampshire, Vermont,
Massachusetts, Connecticut, Rhode Island

Qlarant:

Maryland, Delaware, District of Columbia



Working to ensure high-quality, safe healthcare for
20% of the nation's Medicare FFS beneficiaries

Our Speakers



Ghinwa Dumyati, MD

- Infectious Diseases Physician and Professor of Medicine. She directs the Communicable Diseases and Surveillance Program at the Center for Community Health and Prevention, University of Rochester Medical Center, Rochester, New York.
- Dr. Dumyati has over 80 peer-reviewed publications and book chapters to her credit, including multiple papers relating to infectious disease among seniors and in senior care settings.

Dallas Nelson, MD CMD FACP

- Associate Professor of Medicine at the University of the Rochester in the Division Geriatrics and aging. She is medical director of the UR Medicine Geriatrics Group, a group that serves about 3000 patients across the spectrum of long term care in the Rochester Metro Area. She also serves as the medical director of two nursing facilities. Dr. Nelson is the primary care physician for residents in across the long term care continuum. Dr. Nelson's main interest are improving health care delivery to the frail older adult and educating practicing providers in geriatric medicine.

Moderator: Anne Myrka, BS Pharm, MAT

- Senior Director and Pharmacist IPRO

Presentation Overview



Objectives

- Discuss facility-specific best practices to avoid COVID-19 infection and transmission
- Characterize strategies for testing patients and facility staff
- Identify infection prevention strategies as facilities reopen

NOTE: Answers to questions are provided with the understanding that new scientific understandings regarding coronavirus can emerge daily and rapid changes can occur in both federal and state level policies. Always follow the most stringent regulation, whether it be Federal or State, and ensure that your policies reflect regulations and that your staff is trained.

False Negative Rate

From: Variation in False-Negative Rate of Reverse Transcriptase Polymerase Chain Reaction–Based SARS-CoV-2 Tests by Time Since Exposure . Annals of Internal Medicine. Published online: 13 May 2020doi:10.7326/M20-1495

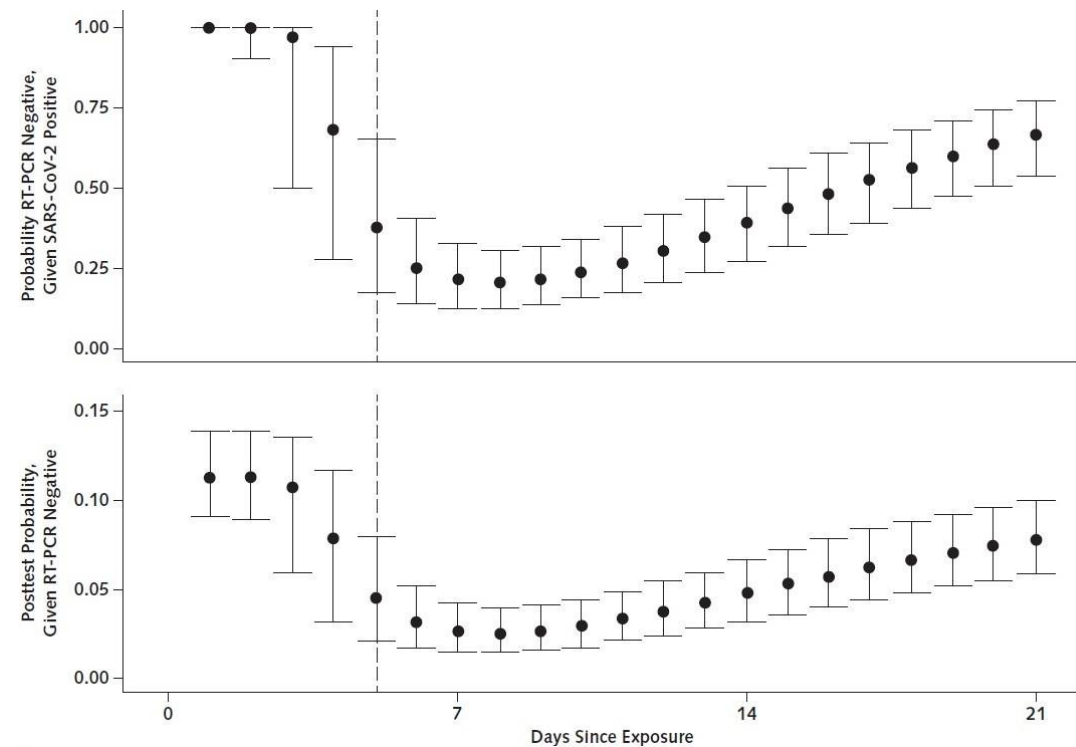
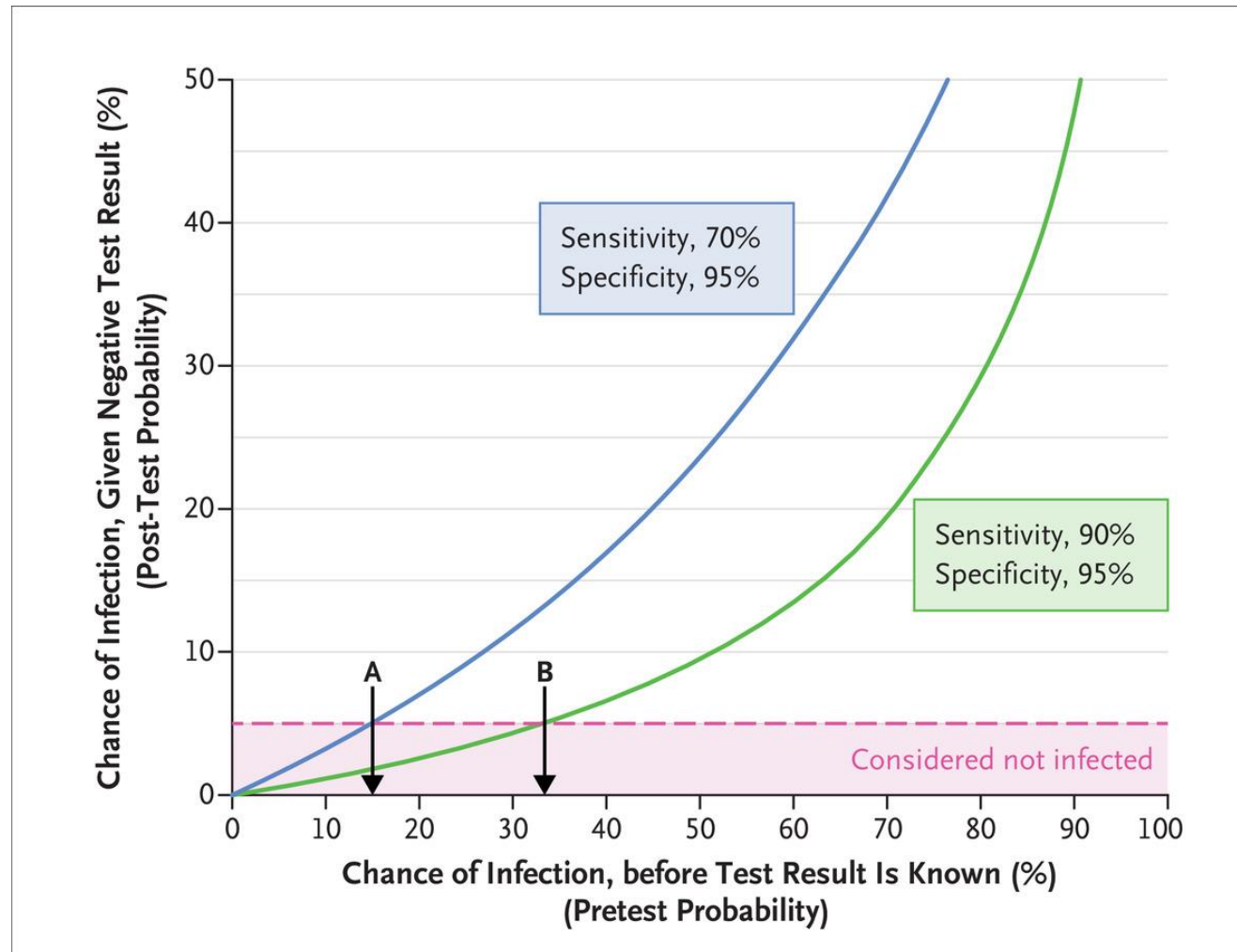


Figure Legend:

RT-PCR = reverse transcriptase polymerase chain reaction; SARS-CoV-2 = severe acute respiratory syndrome coronavirus 2.

Chance of SARS-CoV-2 Infection, Given a Negative Test Result, According to Pretest Probability.





COVID-19 Testing in Nursing Homes



Reasons to test

- Symptoms-Index case
- Define a cohort → Conserve PPE
- Increase precautions
- Family request
- Advance directives

Reasons not to test

- Mandated moving of rooms
- High false negative rate

COVID Positive - Building Patient Categories



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	Testing	No Test
Symptomatic	COVID +	Presumed COVID +
Asymptomatic	COVID + w/o symptoms	Quarantined

Key Takeaways



- Skilled nursing facilities should be aware of common infection control non-compliance identified on focused surveys
- Use of evidence based infection prevention and control best practices can decrease coronavirus transmission and infection in skilled nursing facilities
- New tools and resources are emerging rapidly, highlighting the importance of collaborative learning and action activities and networks

Federal Resources



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- [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- [Additional Guidance for Nursing Homes and Long-Term Care Settings](#)
- [Key Strategies to Prepare for COVID-19 in Long-term Care Facilities \(LTCFs\)](#)
- [Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings](#)
- [CDC guidance on testing residents and staff](#) which is included in the [CMS Nursing Home Reopening Recommendations for State and Local Officials](#)
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)
- **CDC guidance** on [Engineering controls using the building ventilation system](#) which are based on [Guidance for Building Operations During the COVID-19 Pandemic](#)

Infection Control Best Practice Resources



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- [Universal and Serial Laboratory Testing for SARS-CoV-2 at a Long-Term Care Skilled Nursing Facility for Veterans — Los Angeles, California, 2020](#) After identification of two cases of COVID-19 in an SNF in Los Angeles, universal, serial reverse transcription–polymerase chain reaction (RT-PCR) testing of residents and staff members aided in rapid identification of additional cases and isolation and co-horting of these residents and interruption of transmission in the facility.
- [Infection Control Assessment Tools](#) for hospitals, LTCFs, outpatient settings and dialysis.
- [CMS Toolkit on State Actions to Mitigate COVID-19 in Nursing Homes](#) provides up to date best practices on state level actions to improve access to PPE, testing, co-horting, cleaning & disinfection, etc.
- [NYC Department of Health and Mental Hygiene’s Best Practices and Good Ideas: A Handbook for Infection Control in Nursing Homes](#) provides best practices that come directly from nursing homes – from surveillance, hand hygiene and PPE to injection safety and environmental cleaning in an easy to use guide with good ideas for engaging staff. Based on the CDC Infection Control Assessment and Response (ICAR) program.
- [Society of Post Acute and Long Term Care](#) provides COVID-19 management recommendations and includes a comprehensive frequently asked questions section.
- [Mitigating the Effects of a Pandemic: Facilitating Improved Nursing Home Care Delivery Through Technology](#) provides recommendations on full integration of electronic health record systems, use of telehealth, use of audiovisual programs for end-of-life planning and sharing information across care settings and online learning systems for staff education.

Re-opening Resources



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- Planetree released on 5/29 an updated ["Person-Centered Guidelines for Preserving Family Presence in Challenging Times"](#)

An evidence-based, person-centered set of recommendations that will minimize the variation of family presence policies and practice within communities and regions during challenging circumstances.

- On 5/28 The American Healthcare Association and the National Center for Assisted Living released ["Keeping People Connected: Innovative Methods using an Infection Prevention and Control Mindset"](#)

Guides using indoor and outdoor spaces to optimize social distancing but allow residents and families to meet – glass rooms, reconfiguring foyers, common areas, continuing to use source control face coverings, etc.

False Negative Tests for SARS-CoV-2 Infection — Challenges and Implications

Steven Woloshin, M.D., Neeraj Patel, B.A., and Aaron S. Kesselheim, M.D., J.D., M.P.H.

- Negative results even on a highly sensitive test cannot rule out infection if the pretest probability is high, so clinicians should not trust unexpected negative results (i.e., assume a negative result is a “false negative” in a person with typical symptoms and known exposure)

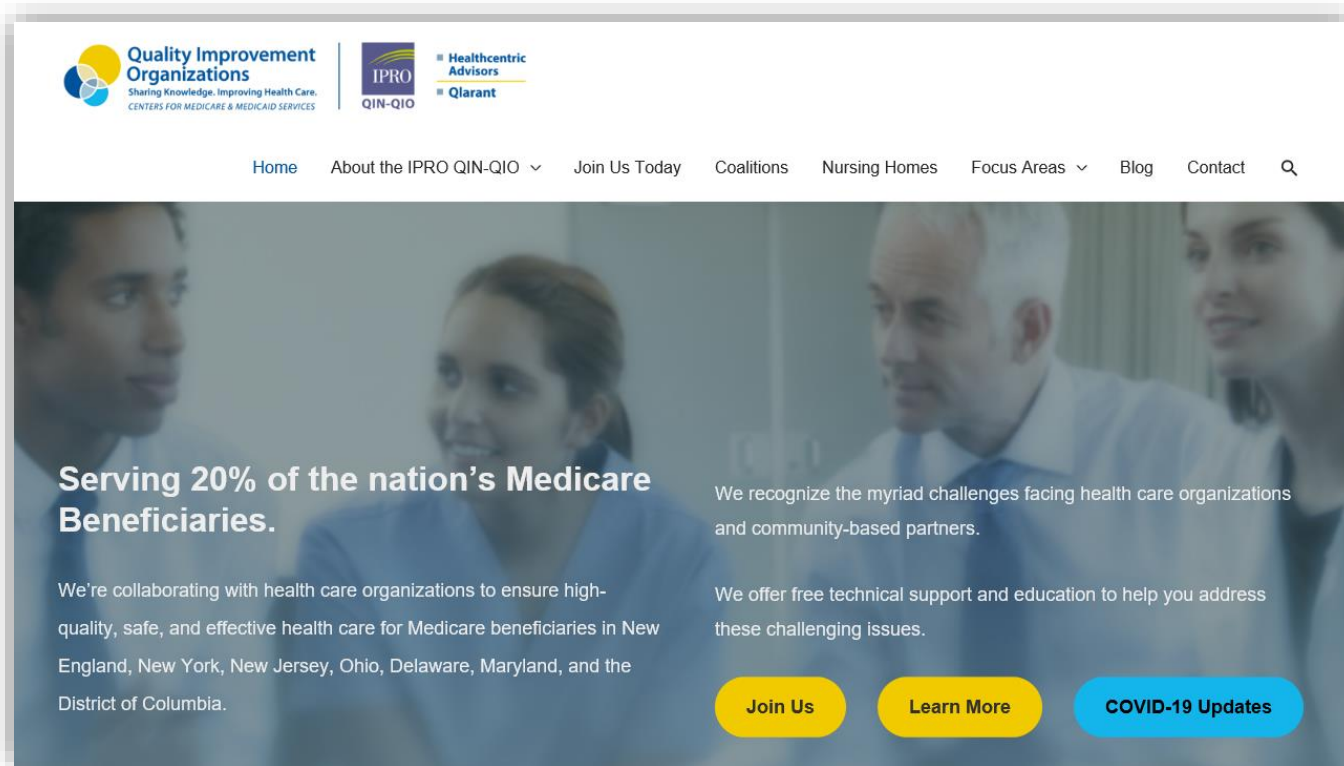
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