

Welcome to the webinar:

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

The webinar will begin at 10:30

June 4, 2020



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

COVID-19 Workshop Series

June 4, 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



- Healthcentric Advisors
- Qlarant

The IPRO QIN-QIO

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

IPRO:

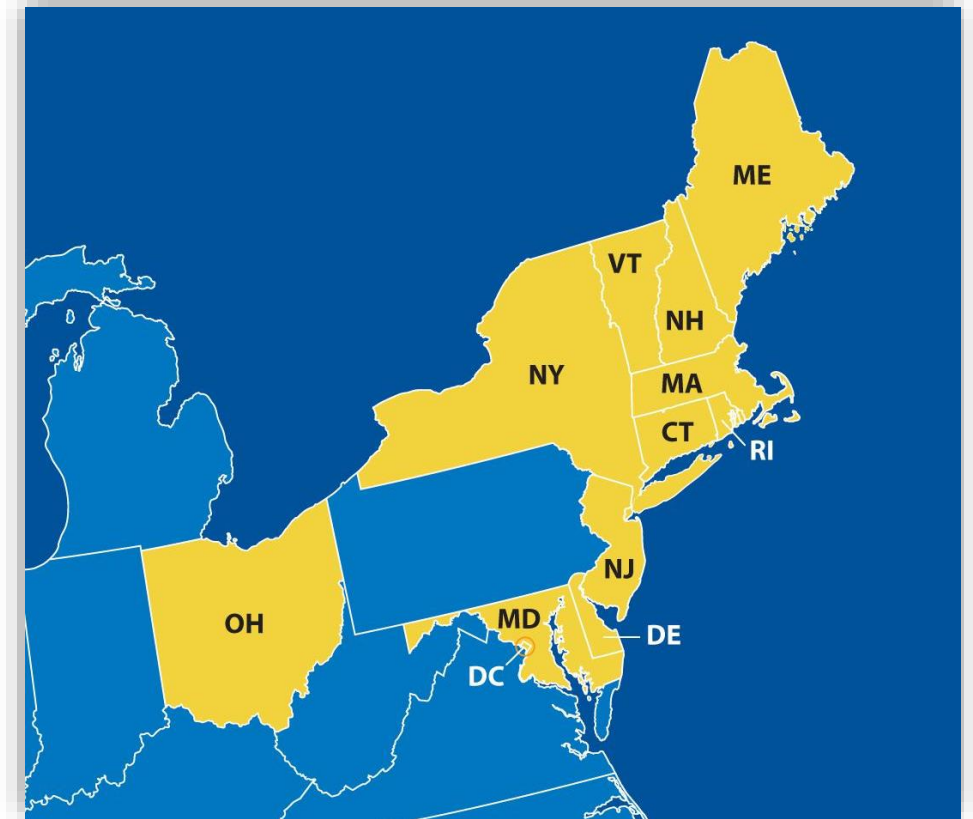
New York, New Jersey, Ohio

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

Focus Areas Across Settings

Nursing Homes

- ✓ Working with more than **1,500** of the nursing homes in the region

Community Coalitions

- ✓ Communities that encompass at least **65% of the Medicare beneficiaries** in each state
- ✓ Members collaborating to improve outcomes for the communities they serve:

- Acute Care Hospitals
- Critical Access Hospitals
- Federally Qualified Health Centers
- Home Health Agencies

- Skilled Nursing Facilities
- Physician Practices
- Pharmacies
- Community Based Organizations

Cross-Cutting Priority Areas

- Health Information Technology
- Health Equity
- Trauma-Informed Care
- Patient & Family Engagement
- Rural Health
- Vulnerable Populations

Focus Areas Across Programs



Behavioral Health & Opioid Use



Patient Safety



Chronic Disease Self-Management



Care Transitions



Nursing Home Quality



Our Speakers



Guest Speaker: 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.

Moderator: Anne Myrka, BS Pharm, MAT – Senior Director and Pharmacist
IPRO

Chat Monitor: Terry Lubowski, PharmD – Pharmacist, Quality Improvement and Task Lead, Nursing Home Quality Improvement Initiative

Presentation Overview



Objectives

- Describe the most current knowledge regarding COVID-19 transmission
- Discuss facility-specific best practices to avoid COVID-19 infection and transmission
- Characterize strategies for testing patients and facility staff
- Identify pitfalls associated with suboptimal outcomes

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.

Nursing Home COVID-19 Data



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CMS released initial NHSN nursing home data on 6/1/2020; data as of 5/24/20

- <https://www.cms.gov/files/document/6120-nursing-home-covid-19-data.pdf>

CMS 6/1/20 Memo on COVID-19 Survey Activities, CARES Act Funding, Enhanced Enforcement for Infection Control deficiencies, and Quality Improvement Activities in Nursing Homes

- <https://www.cms.gov/files/document/qso-20-31-all.pdf>
- CMS specifically offers QIN-QIO quality improvement assistance for nursing home infection prevention and control

State	Nursing Home COVID-19 Data								State Survey Data		
	Total Nursing Home Resident Cases	Nursing Home Resident COVID-19 Cases per 1,000 NH Residents	Total Nursing Home Resident COVID-19 Deaths	Nursing Home Resident COVID-19 Deaths per 1,000 NH Residents	Total Nursing Home Staff Cases	Total Nursing Home Staff Cases per 1,000 NH Residents	Total Nursing Home Staff Deaths	Total Nursing Home Staff Deaths per 1,000 NH Residents	Total Nursing Homes	Total Nursing Home Surveys	Percentage of Nursing Homes Surveyed
National	60439	62.0	25923	27.5	34442	39.5	449	0.5	15412	8332	54.10%
Alabama	789	58.2	294	18.4	619	48.0	7	0.4	228	53	23.2
Alaska	1	4.4	0	0.0	1	4.4	0	0.0	19	7	36.8
Arizona	227	55.4	88	18.6	372	135.6	1	0.1	143	69	48.3
Arkansas	237	23.6	67	6.0	151	13.9	0	0.0	227	128	56.4
California	2725	51.0	1169	23.0	1879	37.7	15	0.2	1194	1131	94.7
Colorado	770	66.3	384	28.1	552	50.4	3	0.2	227	227	100.0
Connecticut	3459	236.1	1495	125.0	1369	103.8	5	0.3	215	212	98.6
Delaware	522	155.8	125	37.4	168	53.8	2	1.0	46	41	89.1
District of Columbia	179	255.4	53	131.2	129	206.2	2	0.8	18	4	22.2
Florida	2040	39.8	847	17.9	1161	27.5	9	0.2	698	535	76.6
Georgia	2444	94.9	431	18.6	1023	41.5	11	0.4	358	64	17.9
Hawaii	0	0.0	0	0.0	0	0.0	0	0.0	44	16	36.4
Idaho	54	20.9	32	12.7	41	17.0	4	2.4	82	11	13.4
Illinois	4689	100.7	1913	42.9	3379	90.0	44	1.2	722	313	43.4
Indiana	1841	79.2	1141	41.0	838	36.2	8	0.3	534	270	50.6
Iowa	507	29.7	154	8.8	315	21.1	9	0.6	434	67	15.4
Kansas	133	7.9	189	14.1	107	7.2	1	0.1	331	148	44.7
Kentucky	490	33.8	150	11.8	263	20.7	3	0.2	285	242	84.9
Louisiana	1489	81.5	820	35.4	859	52.2	9	0.5	278	205	73.7
Maine	100	23.0	22	5.0	101	23.6	8	0.6	93	23	24.7
Maryland	2075	118.1	537	33.6	993	61.4	4	0.3	226	37	16.4
Massachusetts	5281	244.4	2261	117.5	3259	160.2	82	5.9	376	86	22.9
Michigan	2864	118.7	1654	63.6	1159	45.1	12	0.5	442	368	83.3
Minnesota	900	39.9	297	12.7	538	25.9	15	0.4	368	246	66.8
Mississippi	546	59.0	247	28.0	369	37.0	6	0.6	204	49	24.0
Missouri	726	24.0	309	10.2	260	9.1	2	0.0	522	287	55.0
Montana	5	0.0	2	0.0	6	0.6	0	0.0	71	44	62.0
Nebraska	232	28.4	66	7.8	187	20.9	1	0.1	201	49	24.4
Nevada	147	34.0	126	6.9	125	101.1	1	13.9	66	66	100.0
New Hampshire	242	39.8	77	18.2	154	23.8	0	0.0	74	19	25.7
New Jersey	5179	206.7	3191	145.5	2731	127.4	63	2.7	363	120	33.1
New Mexico	51	20.5	12	6.7	114	49.5	1	0.4	71	26	36.6
New York	6546	98.5	2948	42.2	3981	61.6	39	0.6	619	231	37.3
North Carolina	789	30.0	216	9.3	448	17.2	2	0.1	428	250	58.4
North Dakota	95	12.1	33	4.5	170	30.1	0	0.0	80	80	100.0
Ohio	1830	46.1	831	18.7	913	25.1	3	0.1	953	293	30.7
Oklahoma	318	27.3	85	7.0	228	16.7	9	0.8	298	164	55.0
Oregon	44	7.0	55	12.4	42	9.8	8	1.3	130	128	98.5
Pennsylvania	4776	94.1	2193	44.2	2361	48.3	30	0.4	695	113	16.3
Rhode Island	681	137.2	282	29.5	337	64.5	2	0.3	80	35	43.8
South Carolina	765	67.1	141	14.9	395	39.9	4	0.5	190	59	31.1
South Dakota	70	6.5	25	2.1	81	8.6	0	0.0	104	77	74.0
Tennessee	167	8.0	56	3.1	158	8.8	9	0.4	316	156	49.4
Texas	1356	23.9	228	4.5	940	18.0	2	0.0	1218	1140	93.6
Utah	39	9.7	9	2.9	66	27.3	0	0.0	99	22	22.2
Vermont	59	0.0	19	0.0	30	0.4	1	0.4	35	18	51.4
Virginia	847	48.9	307	19.9	419	29.7	9	0.0	287	43	15.0
Washington	512	47.4	378	53.7	254	22.8	0	0.0	205	204	99.5
West Virginia	182	27.5	90	14.5	126	19.3	0	0.0	123	14	11.4
Wisconsin	413	26.2	72	4.7	265	16.4	3	0.1	355	105	29.6
Wyoming	6	3.8	1	0.6	6	3.4	0	0.0	37	37	100.0



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:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- **Additional Guidance for Nursing Homes and Long-Term Care Settings:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- **Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs):** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>
- **Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-checklist.html>
- **CDC guidance on testing residents and staff:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html> which is included in the **CMS Nursing Home Reopening Recommendations for State and Local Officials:** <https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf>
- **Strategies to Mitigate Healthcare Personnel Staffing Shortages:** <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
- **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.
- <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html> has 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”:

<https://www.planetree.org/hubfs/Downloads/Guidelines%20on%20Preserving%20Family%20Presence%20During%20Challenging%20Times%205.28.20.pdf>

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”

https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Keeping-People-Connected.pdf

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.

Technical Assistance and Resources

To request resources or Technical Assistance from an IPRO Quality Improvement Specialist, or for any other questions regarding this webinar, please contact Anne Myrka, amyrka@ipro.org

Review past Weekly COVID-19 Webinars and register for upcoming programs: <https://qi.ipro.org/>

Hand Hygiene Competency Validation
Soap & Water
Alcohol Based Hand Rub (ABHR)
(> 60% ethanol or 70% Isopropanol)*

Type of validation: Return demonstration
☐ Orient
☐ Annus
☐ Other

Employee Name: _____

Hand Hygiene with Soap & Water

1. Checks that sink areas are supplied with soap and paper towels
2. Turns on faucet and regulates water temperature
3. Wets hands and applies enough soap to cover all surfaces of hands
4. Vigorously rubs hands for at least 20 seconds including palms, back and between fingers, thumbs and wrists
5. Rinses thoroughly keeping fingertips pointed down
6. Dries hands and wrists thoroughly with paper towels
7. Discards paper towel in wastebasket
8. Uses paper towel to turn off faucet to prevent contamination to clean hands

Hand Hygiene with ABHR

9. Applies enough product to adequately cover all surfaces of hands
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry
11. Verbalizes knowledge of when to use ABHR versus soap and water

Indications for Hand Hygiene

12. Performs hand hygiene (even if gloves are used) in the following situation demonstration does not include all of these scenarios, staff member verbal touch points where hand hygiene is required:
 - When hands are visibly soiled (e.g., body fluids)
 - Before and after contact with the resident
 - After contact with blood, body fluids, or visibly contaminated surface
 - After contact with objects and surfaces in the resident's environment
 - After removing personal protective equipment (e.g., gloves, gown, face shield)
 - Before performing a procedure such as an aseptic task (e.g., insertion device such as a urinary catheter, manipulation of a central venous catheter) and before handling invasive medical devices
 - Before moving from work on a soiled body site to a clean body site or
 - Assists resident with hand hygiene after toileting and before meals
 - Before eating and using the restroom

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Using Disinfectants to Control the COVID-19 Virus



IMPORTANT NOTE:
The IPRO QIN-QIO is distributing this resource created by the National Pesticide Information Center. This resource contains information that is rapidly changing. It is the responsibility of the facility to regularly check the Environmental Protection Agency website: <https://www.epa.gov> to ensure that the most current guidance resource is being followed.

This material is being distributed by the IPRO QIN-QIO, a collaboration of Healthcentric Advisors and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 1250W-IPRO-QIN-73-20-01

Using Personal Protective Equipment (PPE) Correctly for COVID-19
CDC COVID-19 Prevention Messages for Frontline Long-term Care Staff

Pre-Test


The pre-test should be taken prior to viewing the CDC module to evaluate the staff's baseline knowledge


Staff member: _____ Date: _____
Test Score: _____

Question

1. PPE for COVID-19 does not include: a. N95 respirator b. Goggles c. Gloves d. Face shield
2. N95 respirators need to be changed: a. Every 4 hours b. Every 8 hours c. Every 12 hours d. Every 16 hours
3. When PPE is being worn, the person must be within 6 feet of the person they are wearing PPE except as part of: a. A procedure b. A task c. A duty d. A job
4. It is okay to touch the cloth you wash your hands after: a. Washing b. Drying c. Doffing d. Putting on
5. The correct order for donning PPE is: a. Gown, Mask or Respirator, Gloves, Goggles or Face Shield b. Mask or Respirator, Goggles or Face Shield, Gown, Gloves c. Goggles or Face Shield, Mask or Respirator, Gown, Gloves d. Gloves, Goggles or Face Shield, Mask or Respirator, Gown
6. Cloth masks are considered: a. High level PPE b. Intermediate level PPE c. Low level PPE d. Not PPE
7. Personal glasses or contact lenses: a. Must be worn b. Must be removed c. Must be disinfected d. Must be thrown away
8. The correct order for doffing PPE is: a. Remove Gown, Remove Gloves, You may now exit the room, Perform hand hygiene, Remove face shield or goggles, Remove respirator or face mask, Perform hand hygiene b. Remove Gown, Remove Gloves, Perform hand hygiene, Remove face shield or goggles, Remove respirator or face mask, You may now exit the room c. Remove Gown, Perform hand hygiene, Remove Gloves, Remove face shield or goggles, Remove respirator or face mask, You may now exit the room d. Remove Gown, Perform hand hygiene, Remove face shield or goggles, Remove Gloves, Remove respirator or face mask, You may now exit the room
9. Universal Face Mask is only used for: a. Patients with known COVID-19 b. Patients with suspected COVID-19 c. Patients with confirmed COVID-19 d. All patients
10. You can only spread germs to patients if you have known COVID symptoms

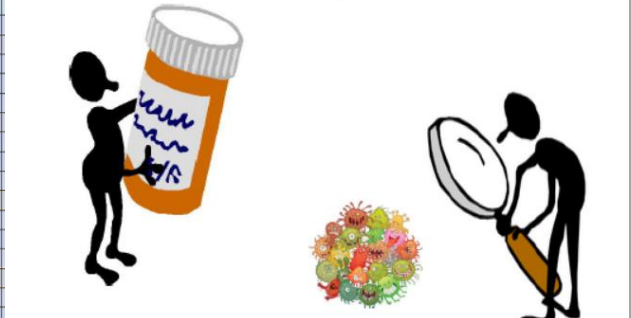
<https://www.youtube.com/watch?v=YYTATyWgav4&feature=youtu.be>

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Guide to the Monthly Infection and ABX Tracking Form

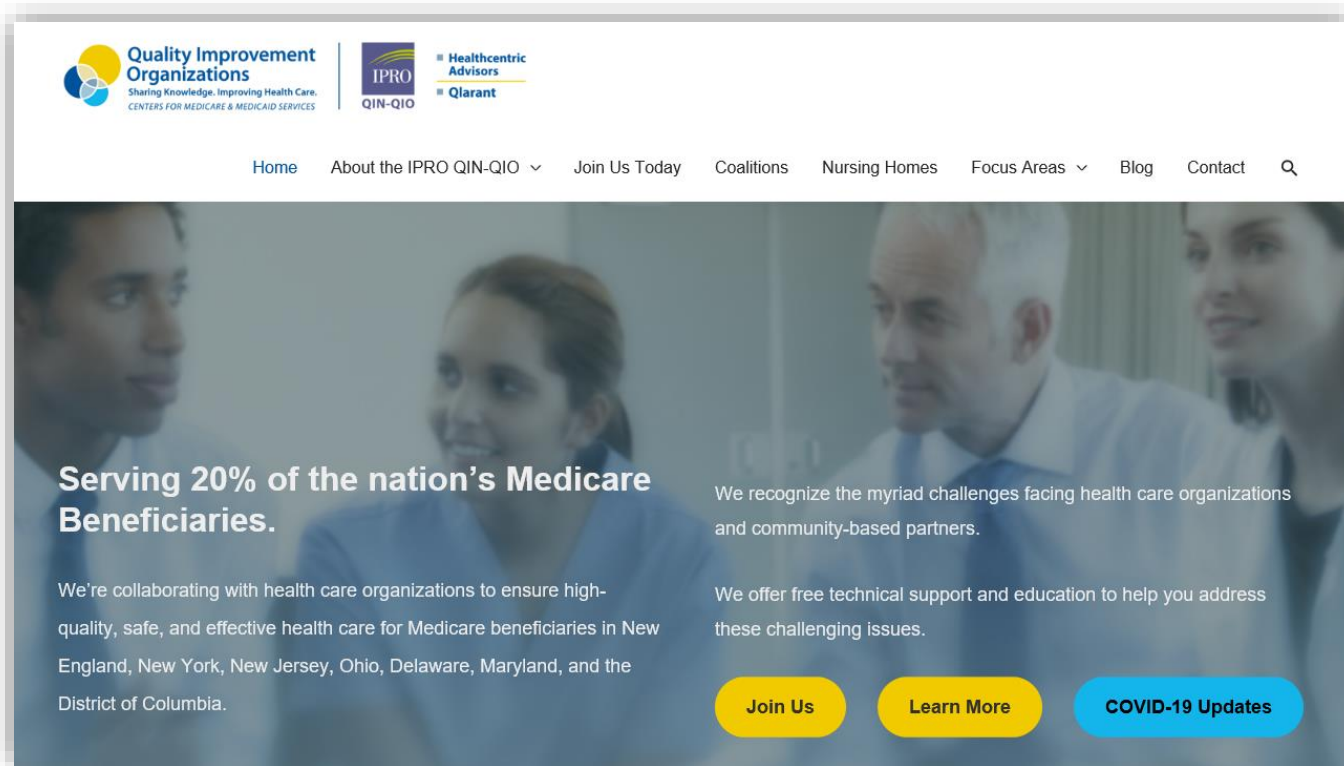


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Learn More & Stay Connected

<https://qi.ipro.org/>

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The screenshot shows the homepage of the IPRO QIN-QIO website. At the top, there are logos for Quality Improvement Organizations, IPRO QIN-QIO, Healthcentric Advisors, and Qlarant. Below the logos is a navigation bar with links: Home, About the IPRO QIN-QIO, Join Us Today, Coalitions, Nursing Homes, Focus Areas, Blog, and Contact. The main content area features a large image of four healthcare professionals in a meeting. Overlaid on this image is the text: "Serving 20% of the nation's Medicare Beneficiaries." Below this, it states: "We're collaborating with health care organizations to ensure high-quality, safe, and effective health care for Medicare beneficiaries in New England, New York, New Jersey, Ohio, Delaware, Maryland, and the District of Columbia." To the right of this text, it says: "We recognize the myriad challenges facing health care organizations and community-based partners." Below this, it says: "We offer free technical support and education to help you address these challenging issues." At the bottom of the main content area are three buttons: "Join Us", "Learn More", and "COVID-19 Updates".



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