State Partnerships to Support COVID-19 Prevention and Response in Nursing Homes

2:00 - 3:00 PM ET

June 30, 2020





Introduction and Welcome





Traci Archibald
iQIIG, Director
Division of Community and Population Health
Centers for Medicare & Medicaid Services

Agenda



Our topics for today include:

- HAI/AR prevention program COVID-19 response activities and resources for nursing homes
- QIO Program COVID-19 prevention activities and resources for nursing homes
- Opportunities for coordination and partnership (examples could include provider outreach, Tele-ICAR activities and NHSN support)



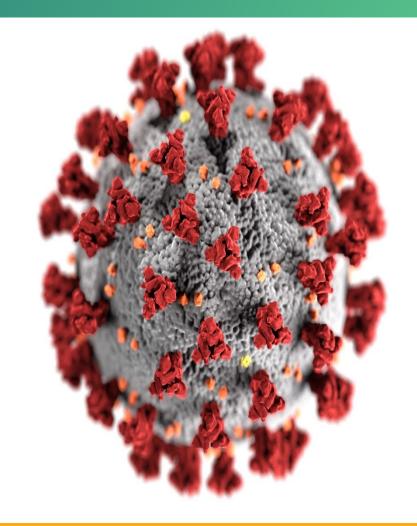
Joseph F. Perz, DrPH MA

Deputy Chief, Public Health Programs,
Prevention and Response Branch
Centers for Disease Control and Prevention



CDC and HAI/AR prevention program COVID-19 response activities and resources for nursing homes

Joe Perz, DrPH
Centers for Disease Control and Prevention





For more information: www.cdc.gov/COVID19



CDC and our Health Department partners thank frontline Nursing Home Staff and Administrators across the US

CDC thanks our State/Local Health Department and other partners for supporting Nursing Homes

Public Health Approach:

- Prevention
- Surveillance
- Response



PREVENTION



Coronavirus Disease 2019 (COVID-19)

Preparing for COVID-19 in Nursing Homes

Updated June 25, 2020

Print Page

Summary of Changes to the Guidance:

- Tiered recommendations to address nursing homes in different phases of COVID-19 response
- Added a recommendation to assign an individual to manage the facility's infection control program
- Added guidance about new requirements for nursing homes to report to the National Healthcare Safety Network (NHSN)
- Added a recommendation to create a plan for testing residents and healthcare personnel for SARS-CoV-2

https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html



PREVENTION

Mini Webinar Series — COVID-19 Prevention Training for Long-Term Care Staff



Sparkling Surfaces (7 min) - https://bit.ly/2yulKj2

 Keep long-term care and nursing home residents healthy by knowing how and when to clean and disinfect environmental and equipment surfaces.



Clean Hands (7 min) - https://bit.ly/35JzNgH

 Keep long-term care and nursing home residents healthy by knowing how and when to perform hand hygiene as part of preventing the spread of COVID-19.



Closely Monitor Residents (7 min) - https://bit.ly/3bhodKI

 Learn the importance of recognizing new or worsening infections quickly in long-term care facilities and nursing homes. The earlier sick residents can be identified, the faster COVID-19 can be prevented from spreading throughout the facility.



Keep COVID-19 Out! (6 min) - https://bit.ly/2SLKzhe

 Learn what staff, vendors, and consultants should do to protect residents and keep COVID-19 out of the facility. Understand the importance of wearing facemasks and cloth face coverings appropriately.

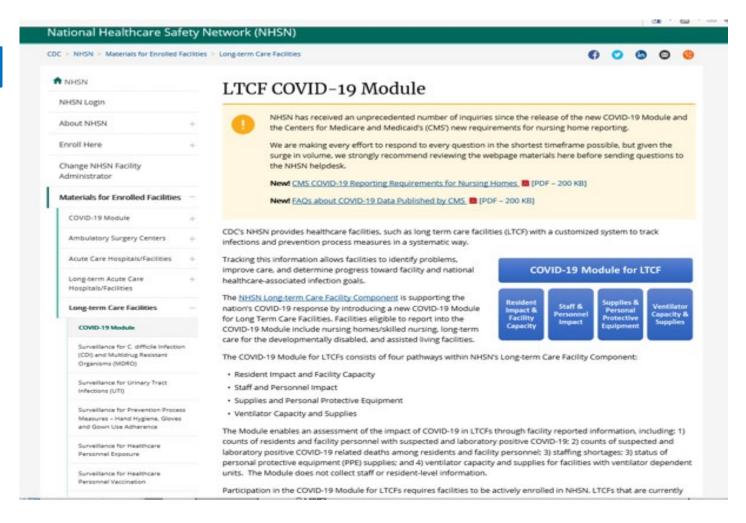


PPE Lessons (12 min) - https://bit.ly/2zn9yjQ

- Learn what personal protective equipment (PPE) should be used in long-term care
 facilities and nursing homes as well as when and how to use PPE correctly to help protect
 yourself and residents from COVID-19.
- Access the complete series on the COVID-19 Long-term Care webpage: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
- You can also watch the videos on CDC's YouTube Channel: https://www.youtube.com/user/CDCStreamingHealth



SURVEILLANCE



https://www.cdc.gov/nhsn/ltc/covid19/index.html



SURVEILLANCE → Data for Action

Health Department Notifications for COVID-19

- Engage public health as soon as a single COVID-19 case is identified or a cluster of illness is noticed (≥ 3 residents or HCP with new-onset respiratory symptoms)
- Residents, families and staff should be made aware of COVID cases
 - Should be part of the facility's communication plan

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop C2-21-16 Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: OSO-20-26-NH

DATE: April 19, 2020

TO: State Survey Agency Directors

FROM: Director

Quality, Safety & Oversight Group

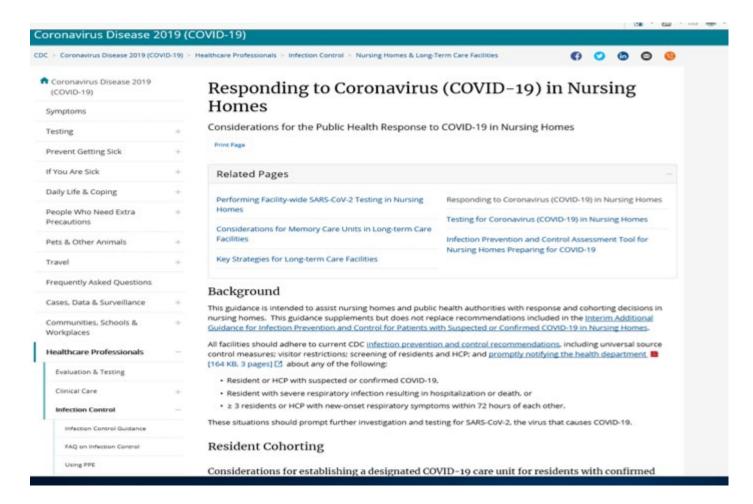
SUBJECT: Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes

Memorandum Summary

- CMS is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the 2019 Novel Coronavirus (COVID-19) Public Health Emergency (PHE).
- Communicable Disease Reporting Requirements: To ensure appropriate tracking, response, and mitigation of COVID-19 in nursing homes, CMS is reinforcing an existing requirement that nursing homes must report communicable diseases, healthcare-associated infections, and potential outbreaks to State and Local health departments. In rulemaking that will follow, CMS is requiring facilities to report this data to the Centers for Disease Control and Prevention (CDC) in a standardized format and frequency defined by CMS and CDC. Failure to report cases of residents or staff who have confirmed COVID-19 and Persons under Investigation (PUI) could result in an enforcement action. This memorandum summarizes new requirements which will be put in place very soon.
- Transparency: CMS will also be previewing a new requirement for facilities to
 notify residents' and their representatives to keep them up to date on the conditions
 inside the facility, such as when new cases of COVID-19 occur.



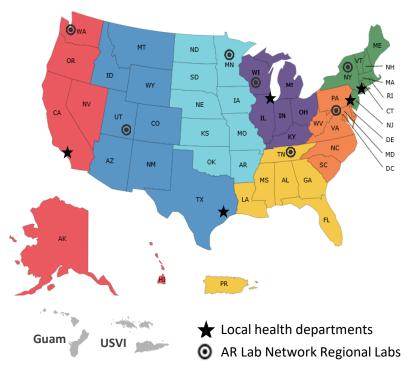
RESPONSE



https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

Healthcare-Associated Infections & Antibiotic Resistance (HAI/AR) Programs in Health Departments

- CDC-funded HAI/AR Programs are in 50 states, 5 large cites, DC, 3 territories
 - Surveillance, outbreak response, and containment
 - Partnerships and complementary activities with quality improvement organizations (CMS)
 - Data-driven prevention projects, including use of NHSN data for action
 - Infection prevention and control assessments across healthcare settings
 - Focused specialization in nursing homes



Infection Control Assessment and Response (ICAR)

- Standardized assessment tools for multiple different healthcare settings: acute care hospitals, nursing homes, outpatient
- Historically done in person
 - Assess infection prevention practices
 - Guide quality improvement activities
 - Foster a relationship between healthcare facilities and HAI programs
- CDC developed an ICAR tool specific for nursing homes and COVID-19, and structured with prompts to facilitate assessment by phone and video chat – called tele-ICAR



Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

This is an infection control assessment and response tool (ICAR) that can be used to help nursing homes prepare for coronavirus disease 2019 (COVID-19). This tool may also contain content relevant for assisted living facilities.

The Items assessed support the key strategies of:

- Keeping COVID-19 out of the facility
- Identifying infections as early as possible
- · Preventing spread of COVID-19 in the facility
- Assessing and optimizing personal protective equipment (PPE) supplies
- · Identifying and managing severe illness in residents with COVID-19

The areas assessed include:

- Visitor restriction
- · Education, monitoring, and screening of healthcare personnel1 (HCP)
- Education, monitoring, and screening of residents
- Ensuring availability of PPE and other supplies
- Ensuring adherence to recommended infection prevention and control (IPC) practices
- Communicating with the health department and other healthcare facilities

Findings from the assessment can be used to target specific IPC preparedness activities that nursing homes can immediately focus on while continuing to keep their residents and HCP safe.

Additional Information for Personnel Conducting Assessments:

- The assessment includes a combination of staff interviews and direct observation of practices in the facility and can be conducted in-person or remotely (e.g., Tele-ICAR via phone or video conferencing). Provide a copy of the tool to the facility before completing the Tele-ICAR and encourage nursing home staff to take their own notes as you conduct
- Background information in the light green boxes above each section being assessed provides context for the ICAR use You should not read this aloud during the assessment process but can refer to it as additional information.
- Keep in mind that the goal of the assessment to a convey key messages to nursing homes and identify their COVID-19specific preparadness needs. Note any IPC questions and concerns and address them after the ICAB is completed. If you need additional support and technical assistance during an assessment, know that you can engage state HD healthcareassociated infections/artibiotic resistance (HAIARB) frogram leads for support.
- Assessment activities provide an opportunity for dialogue and information sharing.
- » Discuss the purpose of the assessment. Emphasize that it is not a regulatory inspection and is designed to ensure the facility is prepared to quickly identify and prevent the spread of COVID-19.
- » Promote discussion by asking additional questions to prompt or probe. Use this opportunity to address concerns and offer available resources.

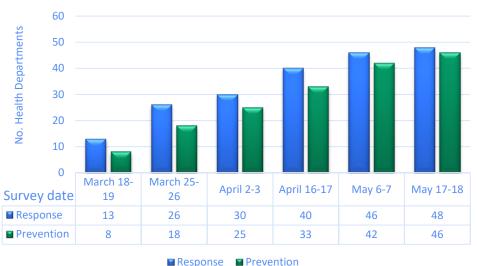
Health care personnel (HCP) are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials



CS316947 May 8, 2020-4:50 PM

HAI Program COVID-19 ICAR Activity in Long-Term Care Facilities (LTCFs)





- Response ICARs in LTCF performed by HDs in 43 states and 5 local or territorial health departments
- Prevention ICARs in LTCF performed by HDs in 40 states and 6 local or territorial health departments
 - >4300 preparedness ICARs

Note: These data were provided by health department HAI Programs to CDC. For health departments that did not report data on a given survey, data were carried forward where possible. Data do not include any reports from Guam, Mariana Islands, or Marshall Islands.

CDC Tele-ICAR Process and Findings

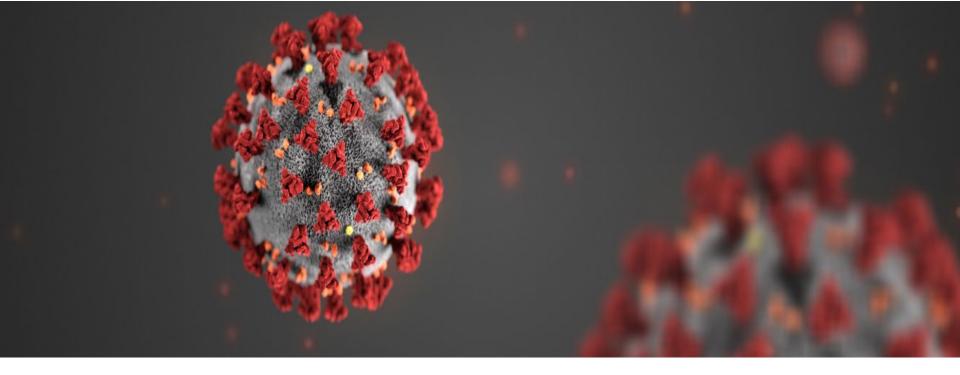
HAI Program Sends
CDC Facility List

CDC Conducts
Tele-ICAR

CDC Sends Facility Recommendations

CDC Follows Up with Sample of Facilities

- From April 6 to June 18, CDC performed tele-ICARs for 699 nursing homes in 19 states
- Identified common gaps in core IPC practices and COVID-19 PPE use
 - Preference for hand washing over alcohol-based hand sanitizer
 - Unknown disinfectant contact times
 - Correct use of PPE and PPE optimization strategies
- Approximately 70% of facilities that received follow-up call reported making changes after ICAR



For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

Thank you!

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Open Discussion and Questions to Run On



 What are some best practices you have applied to implementing the Tele-ICAR during the pandemic?



Alliant Health Solutions: The QIN-QIO for Alabama, Florida, Georgia, Kentucky, Louisiana, North Carolina, and Tennessee





Jeana Partington, MS, BSN, RN, CPHQ, CPPS Program Director for Alabama, Florida, and Louisiana





COVID-19
Preparedness and
Response in Alabama
Nursing Homes

Partners:

- Alabama Department of Public Health
- Mobile/Jefferson County Epidemiologists
- CDC Field Team and Support
- Alliant QIN-QIO
- Alabama Nursing Home Association
- Alabama Nursing Homes, residents, and staff



- CDC reviewed Alabama regarding trends in the tele-ICAR results
- CDC reached out to Alliant Quality to plan a strategic response for supporting the Alabama nursing homes
- Initial discussion with HAI/AR program, Alliant QIN-QIO, Licensing and Certification, Nursing Home Association (ANHA) to discuss goals (5/14)
- ANHA organized call with providers to discuss the opportunities for working with ADPH/CDC and solicited volunteers to participate in onsite assessment (5/15). Many corporations were most interested in learning together.
- ADPH team engaged and coordinated with Alabama Dept. of Public Health and District/County health departments around the state to participate in visits and IPC/PPE training (5/18)
- CDC team connected with 24 volunteer facilities
 - Conducted over 10 days at the end of May including Memorial Day! COVID-19 does not take a holiday or summer break.





Goals:

- ✓ Evaluate the COVID-19 preparedness and response efforts.
- ✓ Utilize infection control assessment tool to review IPC practices, capacity and readiness to care for residents with COVID-19 infection.
- ✓ Work with nursing home providers to discuss challenges with implementation
 of infection prevention and management practices.

Initial Lessons Learned:

- Partnership between public health and nursing home partners can build capacity to support and care of patients and residents with COVID-19 infection
- Struggles with basic infrastructure and capacity PPE supplies, staffing shortages, cleaning supplies, lack of hand sinks in patient rooms, separate locations for donning and doffing, etc.





Next Steps:

- 6/16/2020: Implementation of Office Hours: Lessons learned call was held with CDC and Alabama Department of Health to share the findings of the 24 visits that were made, photos and genuine appreciation shared
 - COVID-19 Office Hour calls held every Tuesday and Thursday (30 minutes)
 - NHSN
 - Updated CDC Guidelines
 - Identified topics of interest and concern
 - Monthly HAI Huddle (30 minutes)
 - First huddle held on Friday, June 26, 2020
 - Facilitated by Alliant with a topic selected by Alabama DPH





Contact:

Jeana Partington
919-745-4729

Jeana.Partington@alliantquality.org



Louisiana Department of Health



Erica Washington, MPH, CPH, CIC, CPHQ, FAPIC

Healthcare-Associated Infections & Antibiotic
Resistance
Program Coordinator



Open Discussion and Questions to Run On



 What do you find most helpful in the open Office Hour calls?



Health Services Advisory Group (HSAG)





Jennifer Wieckowski, MSG
Senior Executive Director, California
Health Services Advisory Group (HSAG)

NHSN Enrollment

- Assistance to meet May 17 enrollment deadline
- Partnership to meet June 7 reporting deadline
 - CDPH Center for Health Care Quality Licensing and Certification Division
 - CDPH HAI Program
 - CAHF
 - CDC NHSN Help Desk
- Assistance included
 - Phone calls
 - Email and eblast reminders
 - Webinars





June 7 not enrolled

Source: CDPH



California Weekly Nursing Home Infection Preventionist Educational Calls



- CDPH All Facilities Letter (AFL) 20-50.1
- Weekly calls every Thursday—started May 7
 - CDPH Licensing and Certification Division
 - CDPH HAI Program
 - CALTCM
 - HSAG
- Weekly webinars every Wednesday—started June 24
- Purpose
 - Provide just-in-time education and guidance
 - Opportunity to ask questions fielded by experts



Open Discussion and Questions to Run On



 What assistance do you find most helpful with NHSN enrollment and data entry for COVID-19?





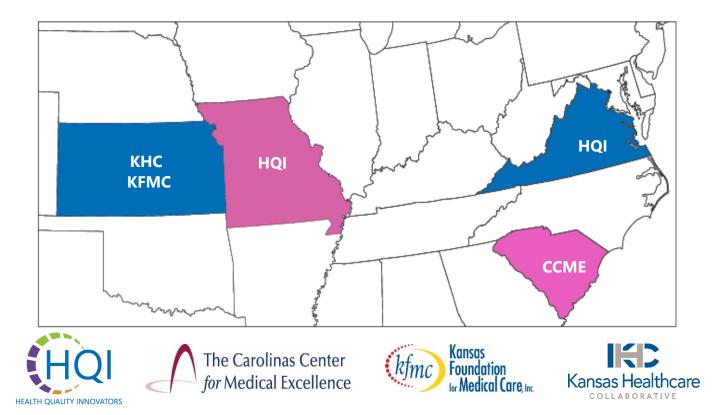


Sheila McLean, MBA, LNHA, CPHQ HQI, Vice President



Karen Southard, RN, MHA, CPHQ Program Director, CCME South Carolina HQIN

Health Quality Innovation Network





Partnerships in South Carolina

- 1. Partners meet weekly to discuss:
 - Updates on nursing homes with COVID-19
 - Challenges for facilities with outbreaks
 - Centers for Disease Control and Prevention (CDC)
 Infection Control Assessment and Response (ICAR) Tool
 - Infection control and prevention educational needs

2. Activities include:

- Statewide process to request N95 fit testing through the National Guard
- Review of CDC National Healthcare Safety Network (NHSN) data reporting to address emerging issues
- Education addressing gaps in infection control practices











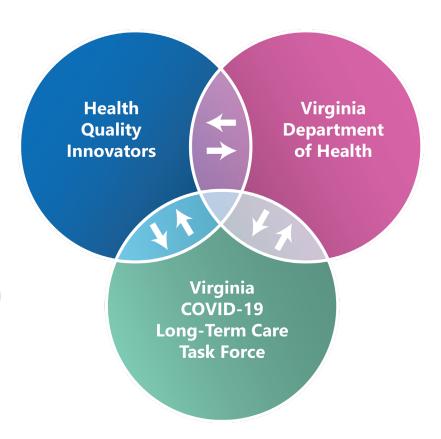
Partnerships in Virginia

1. Coordination

- ICARS
- NHSN enrollment and reporting
- Personal Protective Equipment (PPE)
- Infection Control Quality Improvement Initiatives

2. Collaboration

- Guide on Hospital Transfer and Admission of Patients to LTCFs During COVID-19 Emergency
- Hospital to LTCF Transfer COVID-19 Assessment





Thank you!

Sheila McLean, MBA, LNHA, CPHQ Vice President, HQI smclean@hqi.solutions

Karen Southard, RN, MHA, CPHQ Program Director, CCME ksouthard@hqin.org



CONNECT WITH US

Call 877.731.4746 or visit www.hqin.org









@HQINetwork **Health Quality Innovation Network**



South Carolina Department of Health & Environmental Control



Pat Kopp, BSMT (ASCP), CIC
Infection Preventionist
HAI Section
Department of Acute Disease Epidemiology



Virginia Department of Health



Sarah File Lineberger, MPH HAI Program Manager Healthcare-Associated Infections (HAI) and Antimicrobial Resistance (AR) Program Division of Clinical Epidemiology

Open Discussion and Questions to Run On



 Based on what you have heard today, please share how this may impact your work going forward.



Conclusion



- CMS, CDC, the QIN-QIOs and the State HAI/AR Prevention Programs are here to assist nursing homes.
- Connecting with local stakeholders can be a key to improving outcomes and remaining viable during the COVID-19 pandemic.
- The Learning & Action Network (LAN) Events give us another opportunity to hear from you and what you need, as well as an opportunity to hear how others are being successful.
- It was our pleasure to provide a robust presentation. We will plan additional LANs and we look forward to you joining us.

Thank You





Your opinion is valuable to us. Please take a moment to complete the post event assessment here:

https://www.surveymonkey.com/r/06_30_20

We will use the information you provide to improve future events.

