Implementation Strategies for COVID-19 Surveillance and Early Detection

June 4, 2020
4:00 – 5:00 PM ET
Introduction and Welcome

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IPRO Quality Innovation Network-Quality Improvement Organization (QIN-QIO) Region

**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 beneficiaries
Presentation Focus

Implementation Strategies for COVID-19 Surveillance and Early Detection

- The operational aspects of screening, testing, early detection and surveillance for residents and staff from the provider’s perspective
- Process
- Implementation strategies
COVID-19 Created the Perfect Storm

- Workforce Issues
- Institutional Settings
- Variation in Nursing Home Culture
- A One of a Kind

“Do the best you can until you know better. Then when you know better, do better.” — Maya Angelou
The Plan

COVID-19 Control Plan being steadily massaged by an Infection Preventionist

- Make this visible and transparent (bulletin board)
- Get help from QIN-QIO team
- Do an Audit - use the tools
- Ask experts
- Listen to others
- Teach, Teach, Teach and teach some more
COVID-19 Response
CDC’s Three Key Steps

Three Key Steps:

1. Keep COVID-19 out!
2. Detect cases quickly
3. Stop transmission
Screening
Step 1. Keep COVID Out!

Tips from Providers:

Manage Staff at the Door

- Wellness checks for all upon entering (checklists are available and spreadsheets for tracking)
  - Document the absence of symptoms (Respiratory symptoms, sense of smell)
  - Checking staff mid-shift* (every 4 hours)
  - Self-assess at end of shift
  - Well trained, non-direct care staff can provide this service
  - Use the opportunity to offer reminders at the door about areas that are in need of greater vigilance
  - Stagger shift start so as not to create traffic jams
Tips from Providers:

On an Operational Level:

- Invest in an organizational culture that prioritizes safety and wellness of staff (paid sick leave)
- Consider 12 hour shifts to limit numbers of staff and pad with extra staff from the eliminated third shift
- Know where agency staff have recently worked
- Encourage staff who work in more than one setting to work at only one single building and pick up extra shifts (if not, shower and new clothes)
- Prepare for staffing shortages-universal workers, waiver jobs, non-direct, DLT, volunteers
Screening
Step 1. Keep COVID Out!

Tips from Providers:

Keep visitors away while increasing your communication resources

- Echo Show-Drop-in feature / Portal
- Communication chains
- Caring Bridge
- Lots of helping hands

- Limit vendor access
  - Special protocols for deliveries

- Have a clear return to work policy
Step 2. Detect Cases Quickly in Residents

Tips from Providers

- Daily rounds
  - Checked every day for signs and symptoms
  - AM meeting with Interdisciplinary Team-sharing information about every person
    - Appetite, cough, fall risk, other issues

- Mid-Shift Huddles

- Back to Basics and Good Assessment Skills
  - Watch for subtle signs
  - You are the eyes and ears
Step 2. Detect Cases Quickly

Tips from Providers

- Daily rounds
  - Asymptomatic for 3 days
  - Care only for COVID +

- Swabbing

- Residents that go out (tested every time)

- Dialysis, shower, new clothes
Algorithm for Testing & Cohorting Nursing Home Residents

American Health Care Association (AHCA)
Algorithm for Testing & Cohorting Nursing Home Residents

- The algorithm walks through three primary entry points for testing prior to deciding on who and how to cohort individuals.

- The entry points include:
  - Testing residents who develop symptoms,
  - Testing all residents simultaneously, and
  - Testing new admissions.

The algorithm also walks through how to cohort if the person(s) tested are in a single-person room or with roommates.
Special Care and Observation of Those with Dementia

- Watch for changes in behavior (e.g., increased agitation, confusion, sudden sadness) or worsening symptoms of dementia
- Should be evaluated because they can be an indication of worsening stress and anxiety as well as COVID-19 or other infections.
- Consider carefully if they should be moved - transfer can be traumatic
- If residents with COVID-19 will be moved from the Memory Care Unit
  - Bring familiar items
  - Help others know ways to bring comfort
- Portable Wall
- Touchless Temp
- Check while otherwise engaged
IPRO QIN-QIO Infection & Antibiotic Tracking Tool

- Monthly Tracking Tool was initially developed in preparation for the release of the Final Rule (November 2016)

- Infection Control F880
  - The intent of the regulation is to ensure that each facility…
    - Establishes facility-wide systems for the prevention, identification, investigation and control of infections
    - The facility’s surveillance system must include a data collection tool and the use of nationally-recognized surveillance criteria (i.e. McGeer, Loeb, NHSN)

Tool currently undergoing revision to include COVID-19 components
One Simple Excel Tool That Tracks...

- Infections
- Antibiotic Prescribing Patterns
- Days of Therapy
- Prophylaxis Use
- Infection Rates (Facility-wide and Location-Specific)
- Prescribing patterns by all practitioners (combined)
- Prescribing pattern reports by individual practitioners
- All calculations, summaries and graphs are instantaneous
# Data Entry Sheet

## One-time Entries

- Location/Unit (up to 16 locations)
- Resident Name
- Short Term/Long Term (dropdown)
- Room/Bed
- Date of Admission
- Date of Infection
- Date of Resolution
- Facility Acquired? (yes/no)
- Infection (dropdown) ***
- Fever @ Onset (yes/no)
- Symptom (dropdown)
- Other Infections/Symptoms (free text)
- Met Facility-Adopted Criteria? (yes/no)
- Culture or Test Obtained? (yes/no)

- Source of Culture or Test (dropdown)
- WBC Count
- Colony Count for Urine
- Culture Results (dropdown)
- Were results reviewed within 48-72 hours of results? (yes/no)
- ABX Name (dropdown)
- ABX Start Date
- ABX End Date
- Hospital Start? (yes/no)
- Prescriber (dropdown / user-defined)
- Prophylaxis or Treatment (dropdown)
- Re-Assessment within 48-72 hours of Facility-Start? (yes/no)
- Additional Comments (free text)
Nationally Recognized Surveillance Criteria
One Tracking Tool
Meant to be Used Monthly

- Each month is saved as a separate file
- A “month-end routine” automatically removes infections that have resolved, residents who have been discharged and antibiotics that have been stopped
- All remaining data is automatically saved to a new file to continue tracking for the next month
- All summaries and graphs are formatted to easy printing as PDF
- All data may be “carved up” by up to 16 separate user-defined locations
- Ability to track prescribing patterns for up to 25 separate practitioners (user-defined)
Mitigation
Additional Support

1135 Waiver

- Providers lacking PPE or staffing should also file an individual 1135 waiver for flexibility with regulations that cannot be met due to these shortages or that conflict with other guidance, needs and expectations during the pandemic.

- Need for care plans to be up to date so unfamiliar support will be able to care
Surveillance
Step 3. Stop Transmission

**Tips from Providers:**

- Wash resident hands
- The chess board pieces can be deadly if they go from room to room—thoroughly clean anything that will be used by others
- Provide alert residents with wipes and sanitizer (document in Care Plan)
- Hallway Activities
  - Remote control cars
  - Hallway activities viewable by many
Resources

- Reducing COVID-19 Deaths In Nursing Homes: Call To Action, Health Affairs Blog, May 27, 2020. DOI: 10.1377/hblog20200522.474405

- AHCA Algorithm for Testing

- CDC Interim Testing Guidance in Response to Suspected or Confirmed COVID-19 in Nursing Home Residents and Healthcare Personnel
For More Information

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This material was prepared by the IPRO QIN-QIO, a collaboration of Healthcentric Advisors, Qlarant 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. 12SOW-IPRO-QIN-T1-AA-20-70
On April 19, 2020, CMS announced new regulatory requirements:

- Requires nursing homes to inform residents, their families and representatives of COVID-19 cases in their facilities.
- As part of President Trump’s Opening Up America, CMS requires nursing homes to report COVID-19 cases directly to CDC’s National Healthcare Safety Network (NHSN).
- CMS also requires nursing homes to fully cooperate with CDC surveillance efforts around COVID-19 spread.
- This joint effort is a result of the CMS-CDC Work Group on Nursing Home Safety.
- CMS plans to make the data publicly available on Nursing Home Compare.
- As of May 24, 2020, about 12,500 nursing homes – approximately 80 percent of the 15,400 Medicare and Medicaid nursing homes – had reported the required data to the CDC.
- To help nursing homes implement infection control best practices, CMS will provide technical assistance through Quality Improvement Organizations (QIOs). CMS and CDC will continue to monitor the data it receives through the new nursing home COVID-19 surveillance system to identify nursing homes with outbreaks and work with Governor’s offices and states to keep nursing home residents safe.
Announcement

The Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes v3.0 will be released on June 15, 2020.

The link to access version 2.0 is below:

Open Discussion and Questions
Join us for the next Nursing Home Training Call on Thursday, June 11, 2020 from 4:00 - 5:00 pm ET

Details forthcoming!
Thank You

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

https://www.surveymonkey.com/r/HBHZP63

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