

UNMC College of Public Health ECHO

April 28, 2021

AHRQ ECHO National Nursing Home
COVID-19 Action Network



Welcome and Announcements

Deborah Levy

**AHRQ ECHO National Nursing Home
COVID-19 Action Network**



Announcements

- Please type your ***name, email, and facility name*** in the chat box for us and ECHO Institute to capture your attendance – **this is for training center accountability**
- Please type your questions in the chat box, and they will be addressed during the situation discussion and/or the Q&A
- The materials from the sessions are available for you to download from our website
- The recording of the sessions, which are required by AHRQ and ECHO Institute, are available only for special circumstances and a request must be made to Krista Brown
- Throughout the week, if you have questions, concerns, or issues to raise, please send Krista an email at Krista.Brown@unmc.edu
- IHI does not have a Quality Improvement Certification and the opportunity for additional federal funding is unclear given the change in the White House administration
- **We are continuing our Post Vaccination Practices today with the focus on visitation, and we have a poll question after our situation discussion for you to vote for next week's topic**

Week 2 Agenda

Time	Subject	Speaker/Facilitator
1200 - 1205	Welcome and Announcements	Deborah Levy
1205 - 1215	COVID-19 Update	Deborah Levy
1215 - 1220	Poll Question #1	Krista Brown
1220 - 1235	Post Vaccination Strategies: Visitation	Matt Beacom Peg Bradke
1235 -1255	Scenario Presentation and Discussion/Waterfall Exercise	Public Health Core Team
1255 - 1300	Poll Questions #2 and #3	Krista Brown
1300 - 1330	Continued Discussion and Q&A	Public Health Core Team

Core Domains

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Content – Core Domains

“What do Nursing Homes need to implement systems that help prevent, manage, and improve COVID-19 outcomes?”

1. **Post-vaccination practices – visitation policies, PPE practices**
2. **Ongoing COVID-19 identification and treatment – plan for recognizing patients with COVID, post-COVID syndromes, testing, treatment, and cohorting**
3. **Emotional and organizational support for staff**
4. Vaccinations – vaccine confidence, testing, logistics, ongoing compliance and complications
5. Addressing and supporting the needs of resident and families or care partners – isolation, family communications
6. Stopping the spread (infection control) – building sustainable infection control practices
7. Leadership communication for COVID-19 – huddles, rounding, etc.
8. Leadership behaviors to support teams during COVID-19 – teamwork, roles, and psychological safety

Current State of the Pandemic

Nebraska and Nationally

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COVID-19 Updates – State DOH

- Update on Nebraska hospitalizations
- Update on number of cases
- Update on vaccination rates

Age	% with One Dose
65+	
55+	
45+	
16-44	

COVID-19 Updates – Vaccine Update

- There is a plausible causal relationship between J&J/Janssen COVID-19 Vaccine and a rare and serious adverse event—blood clots with low platelets (thrombosis with thrombocytopenia syndrome, or TTS).
- After reviewing all available safety data, CDC and FDA recommend use of this vaccine resume in the United States given that the known and potential benefits outweigh the known and potential risks.
- This adverse event is rare, occurring at a rate of about 7 per 1 million vaccinated women between 18 and 49 years old. For women 50 years and older and men of all ages, this adverse event is even more rare.

COVID-19 Updates – Vaccine Update

- For **three weeks after receiving the J&J vaccine**, you should be on the lookout for possible symptoms of a blood clot with low platelets. These include:
 - Severe or persistent headaches or blurred vision
 - Shortness of breath
 - Chest pain
 - Leg swelling
 - Persistent abdominal pain
 - Easy bruising or tiny blood spots under the skin beyond the injection site
- **Seek medical care right away if you develop one or more of these symptoms**

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/JJUpdate.html?ACSTrackingID=USCDC_2067-DM55746&ACSTrackingLabel=What%20to%20Do%20If%20You%20Received%20the%20J%26J%2FJanssen%20COVID-19%20Vaccine%20%7C%20COVID-19&deliveryName=USCDC_2067-DM55746#symptoms-list-question

COVID-19 Updates – Federal HHS and CDC

- HHS Launches ‘We Can Do This: Live’ Initiative to Increase COVID-19 Vaccine Confidence
 - Connect Americans with facts and information on vaccines from doctors, scientists, and health professionals through high-impact digital platforms

https://www.hhs.gov/about/news/2021/04/22/hhs-launches-we-can-do-this-live-initiative-increase-covid-19-vaccine-confidence.html?utm_source=news-releases-email&utm_medium=email&utm_campaign=april-25-2021

- Postvaccination SARS-CoV-2 Infections Among Skilled Nursing Facility Residents and Staff Members — Chicago, Illinois, December 2020–March 2021

[Postvaccination SARS-CoV-2 Infections Among Skilled Nursing Facility Residents and Staff Members — Chicago, Illinois, December 2020–March 2021 | MMWR \(cdc.gov\)](#)

- COVID-19 Outbreak Associated with a SARS-CoV-2 R.1 Lineage Variant in a Skilled Nursing Facility After Vaccination Program — Kentucky, March 2021

[COVID-19 Outbreak Associated with a SARS-CoV-2 R.1 Lineage Variant in a Skilled Nursing Facility After Vaccination Program — Kentucky, March 2021 | MMWR \(cdc.gov\)](#)

Follow-up from Last Week

- Is there a known brand of N95 respirator that has a broad range of fit?
- Be aware of a published article in Medical Hypotheses that states that a "Stanford/NIH" study shows that masks are harmful – **this is FALSE!!!!**
 - <https://www.snopes.com/fact-check/stanford-nih-mask-study/>
 - Journal states that they accept radical, speculative and non-mainstream scientific ideas
 - Author is an exercise physiologist
 - Was never employed by Stanford or NIH
 - Talking points for addressing this misinformation and others through social media bots have been developed

Weekly Poll #1

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New Questions?

- What is top of mind for you?
- Do you have any questions that we should be sure to cover this week?
- Has anything been particularly challenging or frustrating that you would like help advancing?
- Have you had any successes in the past week that you'd like to share?

Chat Waterfall:

Question or challenge that we need to address?



Daily Monitoring of Staff, Residents, and Visitors for COVID-19

Mark Yurkofsky MD, CMD

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Visitor Monitoring and Assessment for COVID-19

- Screen prior to arrival
- Symptom, exposure risk and temperature checks on arrival

Record of visits

- Report post visit signs and symptoms
- Consider antigen testing



Staff monitoring and assessment for COVID-19

- Symptomatic staff should not work until cleared
- Must undergo symptom screening and temperature checks on arrival
- Records of clearance to work must be maintained
- Testing frequency of staff based on local community/facility rate
- Vaccinated staff can still develop COVID-19
- Vaccine status or past COVID-19 infection may impact frequency of surveillance testing for individuals



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Resident Monitoring and Assessment for COVID-19

- Symptom screening and temperature per regulatory criteria
- Consider including oxygen saturation measurements
- Clear understanding of symptoms to check for
- Document screening results in medical record
- Determine if resident surveillance testing is needed and for which populations:
 - COVID-19 recovered
 - Vaccinated
 - Unvaccinated
 - New admissions
- What type of surveillance testing is needed:
 - Antigen
 - PCR: nasal vs. nasopharyngeal swab



Leadership Role in Covid-19 Monitoring and Assessment

- Keep current with regulatory agency recommendations
- Communicate with residents / families on visitation policies/requirements
- Monitor resident screening compliance
- Educate staff, especially nursing assistants and nurses, on resident screening protocols
- Ensure all staff understand and follow surveillance testing protocols
- Monitor turnaround time
- Should nasopharyngeal or nasal swabs be done based on/indication



Post Vaccination Practices Visitation


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Visitation

- Core Principles of COVID-19 Infection Prevention
- Outdoor Visitation
- Indoor Visitation
- Indoor Visitation During an Outbreak
- Visitor Testing and Vaccinations
- Compassionate Care Visits
- Policies and Procedures

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/Survey & Certification Group

Ref: QSO-20-39-NH
REVISED 03/10/2021

DATE: September 17, 2020.
TO: State Survey Agency Directors
FROM: Director
Survey and Certification Group
SUBJECT: Nursing Home Visitation - COVID-19 (*REVISED*)

Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation Guidance:** CMS is issuing new guidance for visitation in nursing homes during the COVID-19 PHE, *including the impact of COVID-19 vaccination.*

Background
Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality.¹ The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

In March 2020, CMS issued memorandum [QSO-20-14-NH](#) providing guidance to facilities on restricting visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In May 2020, CMS released [Nursing Home Reopening Recommendations](#), which provided additional guidance on visitation for nursing homes as their states and local communities progress through the phases of reopening. In June 2020, CMS also released a [Frequently Asked Questions](#) document on visitation, which expanded on previously issued guidance on topics such as outdoor visits, compassionate care situations, and communal activities.

While CMS guidance has focused on protecting nursing home residents from COVID-19, we recognize that physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones. Residents may feel socially isolated, leading to

¹ Information on outbreaks and deaths in nursing homes may be found at <https://data.cms.gov/stories/COVID-19-Nursing-Home-Data-Is-Not-Over>.

1

<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Core Principles of COVID-19 Infection Prevention

- Screening for ALL who enter the facility
- Hand Hygiene
- Face covering or mask
- Social/Physical Distancing
- Signage
- Cleaning and Disinfecting
- PPE
- Effective Cohorting
- Testing



<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Outdoor Visitation

- Outdoor visitation is preferred
- Consider weather conditions
- Considerations of resident medical conditions
- Do not assume family preference
- Plan and create a safe and accessible space



<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Indoor Visitation

- Permit indoor visitation at all times, for all residents except for:
 - Unvaccinated residents
 - COVID-19 county positivity rate is >10% AND <70 of residents fully vaccinated
 - Residents on Transmission-based Precautions for confirmed COVID-19
 - Residents on quarantine



<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#Visitation>

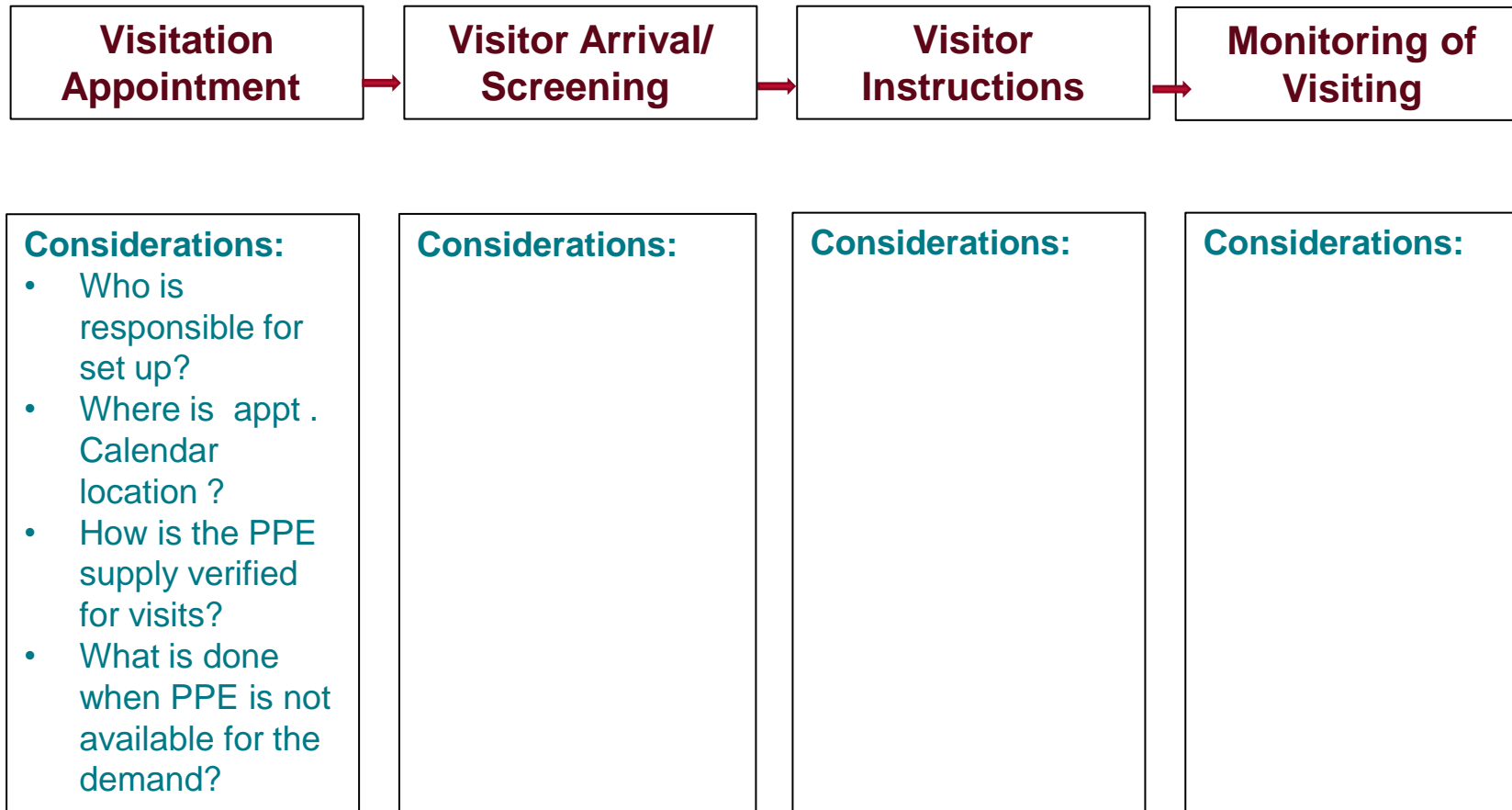
Compassionate Care Visits

“Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident’s vaccination status, the county’s COVID-19 positivity rate, or an outbreak.”

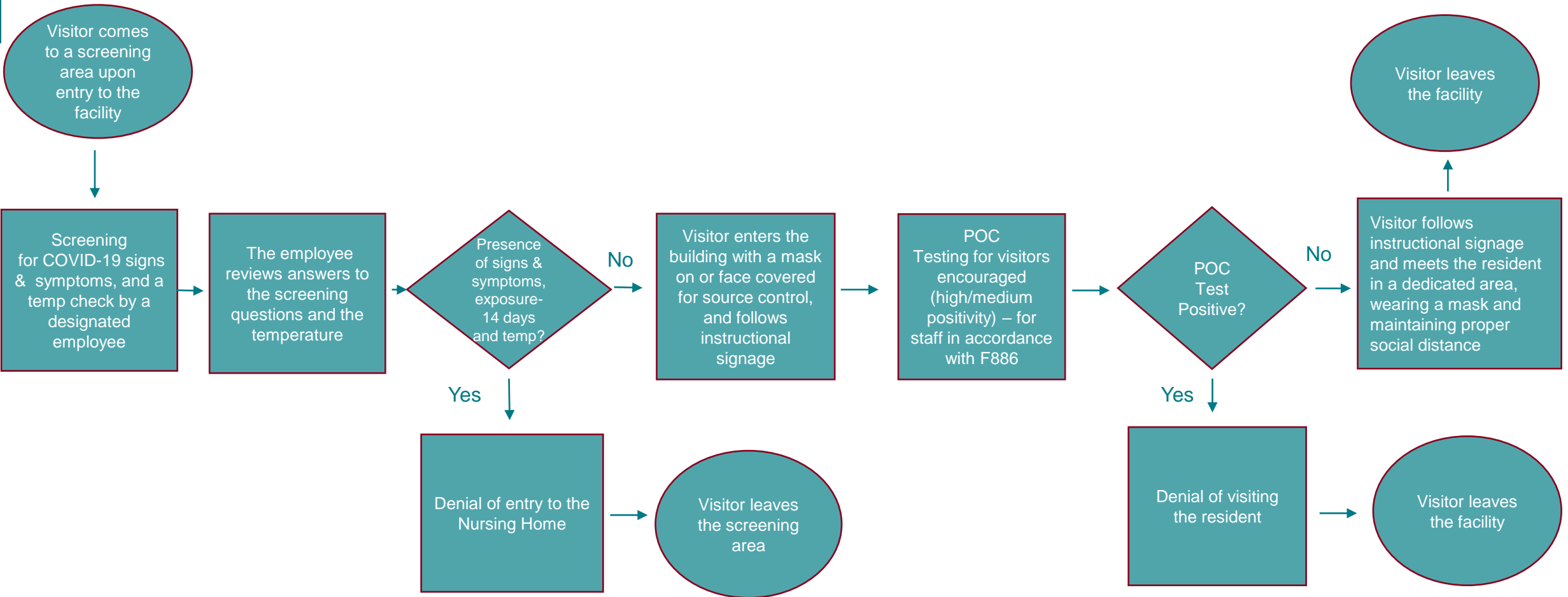


<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Creating Flow Charts for Reliable Processes



Making Safe Indoor Visitation (Sample)



Post Vaccination Practices Workforce Considerations

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COVID-19 Exposure-Work Restriction Consideration

Exposure	Personal Protective Equipment	Work Restrictions
Prolonged close contact with resident, visitor or health care provider with COVID-19	Health Care Provider was not wearing a face mask, eye protection or appropriate PPE	<ul style="list-style-type: none"> Exclude from work for 14 days Monitor for symptoms Contact employer at the onset of symptoms
Travel		<ul style="list-style-type: none"> Continue to follow the CDC guidance on travel recommendations and requirements
High risk exposure Recovered from Covid-19 in past 3 months		<ul style="list-style-type: none"> Not necessary, however review with public health
High risk exposure, staff is Asymptomatic and staff is fully vaccinated		<ul style="list-style-type: none"> Does not need to be restricted from work for 14 days following exposure
Fully vaccinated with underlying immunocompromising conditions with high-risk exposure		<ul style="list-style-type: none"> Consider work restrictions. Review with public health for guidance <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html</p>

Education

- Workforce Guidance
 - Fully Vaccinated Staff
 - Non-vaccinated staff
 - New Hires
- Adherence to core COVID-19 infection prevention practices
- Post-Vaccination Facility Policies
 - Visitation
 - Return to Work
 - Other



Translation of Ideas into Reliable Practice

- Standardization
- Decision aids and reminders
- Take advantage of pre-existing habits and patterns
- Make the desired action the default rather than the exception
- Create redundancy
- Bundle improvements
- Encourage teamwork, learning through feedback and training - Resilience

Elegert, Family Practice Management, 2005

Let's translate

Standardization

How can you use standardization to address reporting of Adverse Events from vaccination?

Decision Aids

How can decision aids help staff know when to return to work?

Bundle Improvements

What services can be bundled to ensure residents are fully cared for when you are short staffed?

Take Advantage of a Habitat or Pattern

How patterns can you use to ensure testing happens at the right place and time?

4 Steps to Mitigate Threats (during COVID and beyond)

1. Make risk visible
 1. Use your data: Track your outcomes
 2. Know when things go wrong
 3. Highlight opportunities where things could go wrong
2. Honor existing procedures/protocols and adopt new ones as needed
3. Double down on efforts that address psychological safety and the added stress
4. Be transparent and account for the current environment
 1. Ensure everyone in your facilities and larger community (families, consultants, etc.) KNOW the current state

Martin, Berry, Mate. How to Safely Restart Elective Surgeries After a COVID Spike. Harvard Business Review; November 19, 2020.

Situation Presentation and Discussion

Waterfall Exercise

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Weekly Poll #2 and #3

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Open Q&A, Problem Solving, and Wrap-up

- Any questions or problems?
- Any topics you would like the faculty to work on for next week?
- We want to continue to learn from you: please share your successes, tests of changes, PPE tests, etc. by emailing Krista.Brown@unmc.edu

New Questions?

- What is top of mind for you?
- Do you have any questions that we should be sure to cover this week?
- Has anything been particularly challenging or frustrating that you would like help advancing?
- Have you had any successes in the past week that you'd like to share?

Chat Waterfall:

Question or challenge that we need to address?



References and Resources – 1

Centers for Disease Control and Prevention. COVID-19. Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes. Updated Mar. 29, 2021
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Centers for Medicare & Medicaid Services. Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID19 Focused Survey Tool. QSO-20-38-NH, August 26, 2020
<https://www.cms.gov/files/document/qso-20-38-nh.pdf>

Centers for Medicare & Medicaid Services. Nursing Home Visitation – COVID-19 (Revised). QSO-20-39-NH: Revision Date: 03/10/2021
<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

References and Resources – 2

Centers for Disease Control and Prevention. Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination. Updated Mar. 10, 2021
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#Visitation>

Centers for Medicare & Medicaid Services. Nursing Home Visitation-COVID-19 (Revised). QSO-20-39-NH, September 17, 2020, Revised 03/10/2021
<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Centers for Medicare & Medicaid Services. Data.CMS.gov. COVID-19 Nursing Home Data
<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

References and Resources – 3

The Centers for Disease Control and Prevention. Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

The Centers for Disease Control and Prevention. Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

The Centers for Disease Control and Prevention. Clinical Questions about COVID-19: Questions and Answers
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#anchor-handling>

References and Resources – 4

Centers for Disease Control and Prevention. Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility

<https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/index.html>

Centers for Disease Control and Prevention. V-safe After Vaccination Health Checker. Updated Apr. 1, 2021

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

Centers for Disease Control and Prevention. Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

Tran K, Cimon K, Severn M, Pessoa-Silva CL, Conly J (2012) Aerosol Generating Procedures and Risk of Transmission of Acute Respiratory Infections to Healthcare Workers: A Systematic Review. PLoS ONE 7(4)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/#!po=72.2222external iconexternal iconexternal icon>.

References and Resources – 5

ACIP Presentation Slides: April 23, 2021, Meeting

<https://www.cdc.gov/vaccines/acip/meetings/slides-2021-04-23.html>

CDC: What if I Got or Want to Get the J&J Vaccine?

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/JJUpdate.html?ACSTrackingID=USCDC_2067-DM55746&ACSTrackingLabel=What%20to%20Do%20If%20You%20Received%20the%20J%26J%2FJanssen%20COVID-19%20Vaccine%20%7C%20COVID-19&deliveryName=USCDC_2067-DM55746#symptoms-list-question

Updated Recommendations from the Advisory Committee on Immunization Practices for Use of the Janssen (Johnson & Johnson) COVID-19 Vaccine After Reports of Thrombosis with Thrombocytopenia Syndrome Among Vaccine Recipients — United States, April 2021

https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e4.htm?s_cid=mm7017e4_e&ACSTrackingID=USCDC_921-DM55766&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20April%2027%2C%202021&deliveryName=USCDC_921-DM55766

Did a ‘Stanford/NIH’ Study Conclude Masks Don’t Work?

<https://www.snopes.com/fact-check/stanford-nih-mask-study/>

Thank you!

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