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FOCUS POINT NEWSLETTER - February 12, 2020

COVID-19 Update for Virginia LTCFs --.

https://www.vdh.virginia.gov/content/uploads/sites/182/2021/02/LTCF-Clinician-Letter-2021_02_08.pdf

This document contains multiple links to the most current guidance on managing and responding to COVID-19 for Virginia long term care facilities

Infection Prevention and Control -- It is important for LTCFs to continue following all relevant infection prevention and control(IPC) guidance. Recent guidance includes the following

- Closing a Healthcare Facility to New Admissions or Readmissions during the COVID-19Pandemic
- Considerations for PPE and Cohorting during COVID-19 Response in LTC
- VDH Interim Recommendations for Duration of Quarantine for Healthcare Personnel
- Virginia COVID-19 Long-Term Care Facility Task Force Playbook
- Infection Prevention & Control FAQs for Nursing Homes

COVID-19 Vaccinations -- Additional information is available on the VDH COVID-19 Vaccine Dashboard.

- Due to a lag in reporting, data on the dashboard is lower than vaccines administered. Efforts are ongoing to resolve reporting issues.
- VDH is onboarding community pharmacies and matching them with LTCFs that were not included in the federal pharmacy partnership program. Vaccination administration is underway for LTCF populations included in statewide phases 1a and 1b, including DBHDS licensed long- term residential providers (ICF/IID, group homes, etc.), state veterans' homes, HUD 202, and independent living facilities.

Guidance following COVID-19 Vaccination -- At this time, LTCFs should continue to follow all existing recommendations regarding visitation, testing, use of personal protective equipment, and quarantine.

- **QSO-20-39-NH, September 17, 2020 --** Nursing Home Visitation-COVID-19 (cms.gov) – see details later in this report

Aerosol Generating Procedures -- Some procedures performed on residents with suspected or confirmed COVID-19 infection could generate infectious aerosols. Certain precautions should be taken during these procedures including:

- Healthcare personnel (HCP) in the room should wear an N95 or equivalent or higher-level respirator, eye protection, gloves, and a gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
- Aerosol-generating procedures should take place in an Airborne Infection Isolation Room(AIIR), if possible.
- Clean and disinfect procedure room surfaces thoroughly and promptly.

COVID-19 Testing Reminders -- VDH Interim COVID-19 Antigen Testing Recommendations and CDC Considerations for Interpretation of Antigen Tests in Long-Term Care Facilities for additionalinformation.

- VDH reminds practitioners using antigen tests that a confirmatory PCR test should be obtained when the antigen test result does not match the patient's clinical picture. For example, a person with symptoms consistent with COVID-19 who has a negative antigen test should have a confirmatory PCR test done immediately.
- Similarly, an asymptomatic person with a positive antigen test, but who has no evidence of being a close contact to a person known to have COVID-19, should have a confirmatory PCR test done promptly. Until PCR results are back, the asymptomatic person is considered presumptive positive.

Reporting of COVID-19 Point of Care Test Results

- CMS-certified nursing homes may use NHSN **or** the VDH Portal to report COVID-19 POC test results.
  - Facilities will only need to report to one system, as results from NHSN will be sent directly to state and local health departments.
    - If facilities choose to report to NHSN, they must first upgrade their SAMS access to Level 3. Facilities should report COVID-19 POC test results (positive and negative) within 24 hours regardless of the system that is utilized.
    - Please note that at this time, NHSN only allows reporting of results for LTCF residents and staff. The capability to report results for visitors is planned to be released in an upcoming NHSN update. In the interim, POC test results for visitors should be submitted to the VDH Portal.
    - Assisted living facilities and other LTCFs not reporting in NHSN should continue to use the VDH Portal.
    - Facilities reporting POC test results in NHSN should follow-up with their local health department to ensure results are being received. Please refer to the CDC/NHSN POC Testing Reporting Tool FAQs which can be found with other resources on the NHSN LTCF website.

Influenza Testing

- If you suspect flu may be circulating in your facility - with or without COVID-19, please contact your local health department to arrange testing and discuss infection prevention strategies. For more information and the up-to-date flu in Virginia, please visit the VDH Weekly Influenza Activity Report.

Project Firstline – A collaborative initiative with CDC and VDH,

Project Firstline, an initiative aimed at providing innovative and effective infection prevention and control training for all frontline healthcare workers. VDH is asking all frontline healthcare workers to participate in a 10-minute survey designed to inform development of future CDC training materials and guide VDH training sessions.

QSO-20-39-NH, September 17, 2020 -- Nursing Home Visitation-COVID-19 (cms.gov)

Outdoor Visitation

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred and can also be conducted in a manner that reduces the risk of transmission. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors whenever practicable. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual resident's health status (e.g., medical condition(s), COVID-19 status), or a facility's outbreak status, outdoor visitation should be facilitated routinely.

- Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available.
- When conducting outdoor visitation, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing).
- We also recommend reasonable limits on the number of individuals visiting with any one resident at the same time.

Indoor Visitation

Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:

- There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
- Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children;
- Facilities should limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space).

Facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors; and d) Facilities should limit movement in the facility. For example, visitors should not walk around

different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room.

- NOTE: For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
- Facilities should use the COVID-19 county positivity rate, found on the COVID-19 Nursing Home Data site as additional information to determine how to facilitate indoor visitation: Low (10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies
- Facilities may also monitor other factors to understand the level of COVID-19 risk, such as rates of COVID-19-Like Illness2 visits to the emergency department or the positivity rate of a county adjacent to the county where the nursing home is located.
- We note that county positivity rate does not need to be considered for outdoor visitation. We understand that some states or facilities have designated categories of visitors, such as "essential caregivers," based on their visit history or resident designation.
- CMS does not distinguish between these types of visitors and other visitors. Using a person-centered approach when applying this guidance should cover all types of visitors, including those who have been categorized as "essential caregivers."

Visitor Testing

While not required, we encourage facilities in medium or high-positivity counties to test visitors, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.

Compassionate Care Visits

While end-of-life situations have been used as examples of compassionate care situations, the term "compassionate care situations" does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past). Allowing a visit in these situations would be consistent with the intent of, "compassionate care situations."

Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident's needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included. Lastly, at all times, visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time.

Through a person-centered approach, facilities should work with residents, families, caregivers, resident representatives, and the Ombudsman program to identify the need for compassionate care visits.

Lead with Good Questions

Most leaders are focused on having all the answers instead of being focused on asking the right questions. Despite what you might think, expressing vulnerability and asking for help, clarification, or input can be a sign of strength and confidence, not weakness. The right questions are signals of trust and they can inspire people to trust you in return. Find ways to ask questions that inspire the team to

identify new opportunities. A big, simple question like this can inspire a burst of collaboration and creativity across the organization. Developing a question first mindset will help to establish an overall culture of curiosity and learning that will keep the team innovating and responding to challenges more effectively. Big-picture, open ended questions can head to new and exciting ideas.

Virginia Surveys

It has come to our attention that some Virginia nursing facilities have experienced standard certification visits during the past week. At this point, we are not aware of any standard surveys that have been performed by the contractors that OLC has engaged to conduct surveys. Virginia inspectors have been onsite and have also had additional support from inspectors who were off-site. We will keep you up to date as we learn more about survey process and outcomes.

The CHC team is available to be of support to you in preparing for your survey through virtual mock or targeted reviews. Please contact Mary at mary@chileshealthcare.com to schedule a review.