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The VDH Long Term Care Facility Vaccination Coordination Team has been established to coordinate the current and on-going need for vaccinations at long term care facilities (LTCFs) including skilled nursing facilities, assisted living facilities, and other settings.

- An intake process has been established in REDCap for facilities to report their vaccination needs at: <https://redcap.link/VaccineLTCFs.Virginia.gov>.
 - Note: this form should be completed by the designated point of contact at your facility (not by individual residents). If your facility has an upcoming vaccination clinic already scheduled, you do not need to complete this survey.
- VDH has also shared the following documents, which include more information on the process for requesting vaccines:
 - [How Can LTCFs Request Additional Vaccine Doses - REDCap Form](#)
 - [Message to VHHA/Virginia Hospitals: Linking LTCFs to Vaccines as CDC Pharmacy Partnership for LTC Ends](#)
- For questions, please contact Mounika Bazar at mounika.bazar@vdh.virginia.gov.



How to Get a PDPM ADR Paid & Avoid losing money to SNF QRP **Webinar by Judy Wilhide Brandt, RN, BA, CPC, QCP, RAC-MTA, DNS-CT**

Date/time: March 3, 2021 2 PM EST; Cost: \$120 ; [Registration \(gototraining.com\)](https://gototraining.com)

MA Plans have been very active with ADRs for SNF stays. They've learned to just ADR the entire stay at one time. Pulling a chart together to support the PDPM HIPPS code is a new skill some are struggling with. Judy is offering a live webinar to share what she's learned in pulling charts together to get a PDPM stay paid. Judy is also offering a basic explainer of what SNF QRP is, what you need to know, and how to prevent losing 2% Medicare APU this October. She will explain in a live webinar how the 2% penalty will be applied this October, with the pandemic exceptions. She'll also explain the QRP measures and what to do with those "review and correct" reports we're supposed to be caring about. 90 minutes scheduled but Judy will answer all live questions.

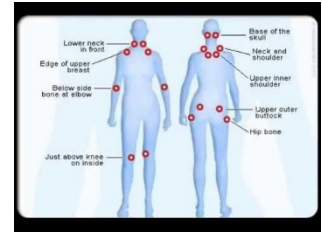
Description: Learn how to assemble a chart for a PDPM ADR to get the claim paid. While the MACs have been relatively quiet, the MA plans and RACs have not. Judy will share her successful strategies for effectively getting the chart together & writing cover letters to guide the reviewer through rapid verification of HIPPS code and skilled level of care. She will also share how to avoid denials due to missing documentation, based on her nationwide experience in what is commonly unsupported in the clinical record. This is a live 90-minute webinar, but it will go over time to answer all questions.



The NPIAP takes the following positions on the development of pressure injury during COVID-19 crisis situations.

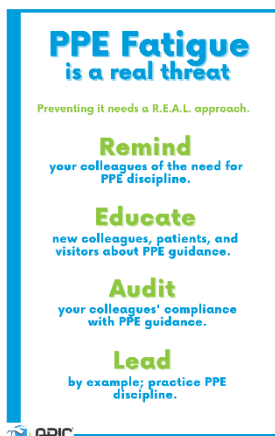
1. Before any decision is made about the avoidability or unavailability of a pressure injury that developed during the COVID-19 crisis, all factors should be considered on a case-by-case basis, including both the intrinsic issues in the critically ill patient and the extrinsic issues in the health care facility at the time of the injury.
2. Before labeling purpuric skin manifestations in COVID-19 patients, consider that the skin manifestations of COVID-19 may mimic the appearance of pressure injuries and should be considered in the differential diagnosis.

3. Areas of skin discoloration or tissue injury on non-loaded anatomic locations (i.e., no history of pressure and/or shear stress, no use of a medical device) are most likely not pressure injuries.
4. When pressure injuries occur on anatomical locations likely subjected to pressure and/or shear stress in patients with COVID-19, the pressure injury may be unavoidable IF:
 - a. Microvascular occlusions from COVID-19 increased the magnitude and severity of nonmodifiable risk to a level that preventive interventions were not able to be overcome despite reasonable efforts at prevention;
 - b. Multiorgan dysfunction issues from critical illness ultimately affected the skin's normal abilities to protect the body and remain resilient to injuries and trauma including pressure injuries; and,
 - c. All reasonable efforts to provide evidence-based preventive care were attempted within the context of a health care system determined to be at crisis capacity.



Conclusions

Every reasonable effort should be taken to prevent pressure injuries. **The mere diagnosis of COVID-19 does not make a pressure injury inevitable or unavoidable. However, some pressure injuries are unavoidable. Intrinsic factors with the COVID-19 virus pathophysiology and extrinsic factors during the COVID-19 pandemic associated with its propensity to overwhelm health care systems should be taken into consideration when determining whether a pressure injury was unavoidable.** It is imperative that we prepare for future pandemics with adequate supplies of functioning equipment, supply chain management to ensure timely and appropriate distribution of supplies and pressure injury prevention protocols designed to be effective in crisis situations. Criteria for unavoidable pressure injury determinations require clarification for all patients with pressure injuries, whether or not they are affected by the COVID-19 crisis. **This NPIAP Position Paper is intended for wide public distribution. Please share with your contacts who may benefit from this information. This content (unless otherwise specified) is copyrighted to the NPIAP and appropriate citation of source is requested.** https://cdn.ymaws.com/npiap.com/resource/resmgr/white_papers/Unavoidable_in_COVID_Pandemi.pdf



PPE Fatigue = Increased Transmission Risk + Survey Citations

COVID-19 continues to affect many different parts of our communities, lives and workplaces. As COVID-19 continues to spread and impact our daily lives, APIC is dedicated to providing infection preventionists, their colleagues, and members of the public with the most up-to-date information. Their webpage contains a variety of factsheets from APIC, CDC, and other healthcare organizations to educate people about ways to help prevent the spread of COVID-19.

We know from infection control survey outcomes, that staff compliance with PPE is problematic. Everyone is tired and continued compliance with PPE is being questioned more now than ever by staff, residents, and families with the increased vaccination. Remember that the CDC continues to encourage us to be vigilant and to continue with recommended PPE guidelines. As leaders, we know that education about PPE protocols and use may not be the

root cause, so we are challenged to utilize other strategies to remind staff to be compliant. The APIC website has a multitude of free posters that may be downloaded. [PPE-Fatigue-1.png \(1294x2000\) \(nxedge.io\)](#)



CHC is conducting virtual comprehensive and targeted reviews and surveys for nursing and assisted living facilities. The past year has been a slippery slope for many of us. We have experienced and survived untold challenges, we have learned how to do things differently – often in ways that we thought never possible; we have laughed, and we have cried; we have gained new relationships and lost some that we were close to. In spite of our desire to “do it all”, things have slipped by us. Now is the time to take a candid look – are the systems and processes that once worked well for you and your team, still achieving the outcome that is desired. Contact Mary at mary@chileshealthcare.com or 804-690-5824 if you are interested in having an interactive and educational virtual review. Remember Virginia certification surveys have re-started for nursing homes and DSS continues to complete surveys for assisted living facilities.

HQIN has compiled comprehensive *free* listing of resources for Virginia nursing homes [and assisted living facilities] regarding COVID-19. These may be downloaded at:

- [Virginia Nursing Home COVID-19 Vaccine Resource List | HQIN](#)
- [Virginia Nursing Home COVID-19 Resource List | HQIN](#)



Leadership in High Stress Situations

We all have stressful events in our lives but there is a way to use the stress to your advantage. Recent research in the field of neuroscience offers insights into the process of self-regulation and how you can move from a “fight or flight” response to a higher state of openness that invites collaboration, creativity, and thriving. The steps below offer a process to help reach this higher level of leadership.

As a leader, the more effectively you can self-regulate the better you can lead and help others. Here is a five-step framework to help leaders make the shift from “fight or flight” to leading during times of high stress:

- **Step 1- Understanding:** Acknowledging that your physical response can be managed by your intellectual self. Knowing where you are in the stress process gives you choice and the power to shift to a higher level of thinking.
- **Step 2- Awareness:** Being able to identify when you are in a state of “fight or flight”.
- **Step 3- Recall:** Bring to mind past experiences where you have successfully moved through a highly stressful situation. Draw on past experiences as your guide through the current high stress situation.
- **Step 4- Intention:** Clarify your purpose and focus your intentions will help you shift from the physical response of “fight or flight” to the intellectual process of problem solving.
- **Step 5- Trust the process:** The intellectual process allows for easier exploration and idea development with another person. The interaction is a challenging learning process but as long as you stay connected to the other person or group of people you will be able to move through the high stress situation together.

This five-step framework opens the way to self-regulation, collaboration, and change during times of high stress. It is during these times that often make the difference between our successes and our failures.



Welcome
March...What took
you so long??