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FOCUS POINT NEWSLETTER: 3-18-2020
SPECIAL COVID 19 UPDATE

CHC RESOURCES Related to Emergent Infectious Diseases

The CHC team is working hard to provide you with resources to support you during the COVID-19 pandemic. Please contact Mary at mary@chileshealthcare.com to obtain the resources or if you have questions. We currently have the following available for your use:

- Policy: We revised our Emergent Infectious Disease policy for novel infections on 3/17/2020 and have sent it out to those who had previously purchased; if you did not receive it, let Mary at mary@chileshealthcare.com know and you will receive the revised copy at no cost. For those who have not purchased previously, the following is available.
  - Emergent Infectious Disease – Novel infection [revised 3 17 20] @ $50
  - Emergent Infectious Disease Package – includes policy on novel infections, Ebola and Zika
- New Policy – COVID-19 – has been developed based on request of several clients.
  - Admitting Residents with Presumptive / Diagnosis of COVID-19 at $50
- Care Plan – these samples are being offered at no charge; let Mary know if you would like a copy. It is in Word format that can easily be modified for individual resident concerns or copied into your EMR
  - Reducing Exposure and Minimizing Transmission of COVID-19
  - Risk for Increased Anxiety, Fear, or Depression Related to COVID-19 Outbreak

CDC Update – During the CDC call yesterday they provided some additional guidance on screening / monitoring residents.

- Take Vital Signs q shift including pulse ox every shift; notify attending physician of changes
- Monitor for signs / symptoms of respiratory infection or shortness of breath, document the presences or the absence of such symptoms; notify the attending physician of changes
  - Note: This does not mean that you must write a progress note on each resident each shift, consider adding an entry to your TAR and having a nurse document "YES" or "NO" for presence of symptoms; if YES, then require an evaluation by licensed nurse and document in a progress note.

VDSS Guidelines for Virginia ALFs – March 17, 2020

VDSS has reviewed the following guidance from the CDC in conjunction with AHCA/NCAL, and we **strongly encourage** the following:

- Immediately restrict **all** visitors, volunteers and non-essential healthcare personnel (e.g., barbers) except for certain compassionate care situations, such as end-of-life.
- Notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).
- Handle visits for end-of-life situations on a case-by-case basis, including screening of visitors, use of personal protective equipment (PPE) and hand hygiene by visitors, and limited access to the facility (resident's room or location designated by the facility).
- Cancel all group activities and communal dining.
- Implement active screening of residents and healthcare personnel for respiratory symptoms including actively checking temperatures for fever (all healthcare personnel at beginning of shift and residents at least daily).
- Document absence of symptoms
- Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat), other than residents, should not be permitted to enter the facility at any time (even in end-of-life situations). Screen and

monitor residents when visitors, staff, or others report respiratory symptoms within 14 days of interacting with the residents. Identify staff that work at multiple facilities and actively screen and restrict them appropriately.

- Enforce sick leave policies for ill healthcare personnel that are non-punitive, flexible, and consistent with public health policies, allowing ill healthcare personnel to stay home.
- Pay particularly close attention to any orders issued by Governor Northam or other public health officials in the coming days, weeks, and possibly months.

This new guidance means facilities need to explore mechanisms to allow family members, ombudsmen, resident representatives, and others to communicate with residents.
Additional recommendations include:

- Having all staff and visitors enter and exit through one main entrance, allowing for proper screening of each staff member, visitor, and contracted healthcare worker.
- Reducing group activities and communal dining.

Below is a link that provides significant information for assisted living facilities, including a COVID-19 screening tool kit, information on Personal Protective Equipment (PPE), outbreak reporting, local health district locators, training materials for staff, and a sample notice to families to restrict visitors.
https://www.vhca.org/covid-19-resources/

AHCA/NCAL has also created video messages directed towards family members/visitors to stress the importance of social distancing for the protection of those in care in assisted living. Facilities are encouraged to distribute this video to family members.
https://www.dropbox.com/s/r1f8cvk6y350fil/A%20Message%20to%20Families%20About%20the%20Coronavirus.mp4?dl=0

It is imperative that you notify your local Virginia Department of Health and your VDSS Licensing Inspector immediately if there is confirmation of COVID-19 in your facility. Please follow guidance from VDH and the Centers for Disease Control (CDC) for all subsequent actions and precautions.

Protecting Residents with Dementia during COVID-19

We respect that this is going to be a challenge – you are struggling with staffing, restricting visitors, and the media about COVID is almost non-stop. You cannot place each resident who wanders or who has Dementia on 1:1. We are going to have to get creative. We offer some of the following suggestions for your consideration:

- Encourage families to use alternate means [i.e. phone calls, facetime, Skype or other video means to communicate]; where possible establish a time for them to call and provide assistance to the resident as needed.
- Look around – ask families, children, volunteers, etc. to send notes, cards, etc. that the residents can read and hold.
- Explore availability of supplies to support in-room activities – ask others within your community, staff, volunteers, etc. to donate things such as magazines, books, DVDs, games, puzzles, cuddly stuffed animals, craft supplies, coloring books/crayons, playing cards, etc. for your residents to use.
- If the resident's enjoy TV or radio and have them in their rooms, monitor the channels to reduce over exposure to COVID 19 news and offer to change them frequently for variety.
- Encourage staff to "chat" with residents, to reminisce, as they provide care. Discourage staff from talking in front of residents about their "personal" hardships during this time.
- Utilize non-clinical staff [i.e. business office, secretary, non-clinical department heads, etc.] to assist with some 1:1 visits and socialization.

Note from Judy Wilhide RN, BA, CPC, QCP, RAC-MT, DNS-CT

SNFs 3-Day Stay Waiver

Section 1861(i) of the Act permits Medicare payment for SNF care only when a beneficiary first has an inpatient hospital stay of at least three consecutive days. Section 1812(f) of the Act allows Medicare to pay for SNF services without a 3-day qualifying stay if the Secretary finds that doing so will not increase total payments made under the Medicare program or change the essential acute-care nature of the SNF benefit. Based upon the President's actions and the Secretary's authority under Section 1135 and Section 1812(f), SNF care without a 3-day inpatient hospital stay will be covered for beneficiaries who experience dislocations or are affected by the emergency.

Spell of Illness Waiver

In addition, CMS is recognizing special circumstances for certain beneficiaries who, prior to the current emergency, had either begun or were ready to begin the process of ending their spell of illness after utilizing all of their available SNF benefit days. Existing Medicare regulations state that these beneficiaries cannot receive additional SNF benefits until they establish a new benefit period (i.e., by breaking the spell of illness by being discharged to a custodial care or noninstitutional setting for at least 60 days). Due to the current crisis, CMS also is utilizing the authority under section l8l2(f) providing renewed SNF coverage to beneficiaries without starting a new spell of illness and allowing them to receive up to an additional 100 days of SNF Part A coverage. The policy applies only for those beneficiaries who have been delayed or prevented by the emergency itself from beginning or completing the process of ending their current benefit period and renewing their SNF benefits.

For information re: SNF 3-day hospitalization or billing codes for COVID-19, please contact Judy at **https://www.judywilhide.com.**

STAY WELL