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FOCUS POINT NEWSLETTER -- March 23, 2021

Updated Guidance For Quarantine Of New Admissions/Re-Admissions
During the Virginia COVID-19 Long Term Care Task Force meeting on March 18, VDH shared the following guidance for quarantine of new admissions: This guideline is consistent with the CDC guidelines published earlier this month [we were waiting for clarification that the CDC guideline included nursing facilities].

Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated **and** have **not** had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days.
 The following residents should be quarantined upon admission/readmission:
  1. Unvaccinated residents
  2. Partially vaccinated
  3. Fully vaccinated resident who has prolonged close contact with a confirmed or suspected COVID-19 case
  4. Fully vaccinated resident who has signs and symptoms consistent with COVID-19

It is our interpretation that the same guidance would apply for "leaves of absence".

Visitation in Nursing Facilities
CMS has released a graphic to further explain the expanded visitation options. This is a great tool to share with your residents / resident representatives along with your specific protocols and procedures for visitation.

Launch of the Vaccine Status Reporting System [VSRS] - To help meet ongoing vaccine needs VDH continues to work through the needs long term care facilities (LTCFs) have for second dose vaccines following the final vaccine clinics with CVS and Walgreens, as well as first and second doses for new employees and new admissions.   VDH is prioritizing those needs you may have previously communicated. Agency contacts have been calling facilities to arrange for vaccines. In order to better facilitate this process, VHCA-VCAL has created the Vaccine Status Reporting System (VSRS) form you can use to update your vaccine needs daily. **IMPORTANT NOTE: Although developed by VHCA, use of this new tool is available for all Virginia nursing homes and assisted living facilities**.

VDH will immediately be using the information you provide in this system to get you vaccines. Please enter your initial needs by 5:00 pm March 23. Thereafter, enter updates as you have new admissions and new hires to ensure your needs are accurately reflected in the system. You can enter updates daily. Please forward the information about the VSRS to the appropriate person in your facility to complete the reporting.

About the Vaccine Status Reporting System
 VHCA-VCAL has developed a *Vaccine Status Reporting System (VSRS)* form LTCFs can use to provide a daily update on their needs for COVID-19 vaccines for residents/patients and staff. This form is intended to capture real-time needs for vaccine doses in nursing facilities and assisted living facilities and will be shared with VDH. Use the VSRS form to report daily updates on changing vaccine need will promote more timely allocation of vaccines where they are needed in LTCFs. **Please note, completing this form is not placing an order for vaccine doses.** *https://apps.vhca.org/vsrs/request*

This reporting process is interim and is subject to change as greater COVID-19 vaccine availability allows for the vaccine to be incorporated into the existing LTC pharmacy infrastructure.

Instructions for using the VSRS

1. Select your facility name from the alphabetized list of nursing facilities and assisted living facilities. (Scroll down for nursing facilities and scroll up for assisted living facilities.)
2. For your passphrase, enter the zip code for the facility selected. (The zip code that VDH OLC or DSS has on file for the facility license was used to set the passphrase, so if your organization uses a corporate mailing address with the state agencies, please be sure to use the correct zip code.) – Click Next
3. On the Daily Vaccine Request form, complete the required field in the three sections (Contact Information, First Vaccine Dose Needs, and Second Vaccine Dose Needs). All fields must be completed, if zero doses are needed for the first and/or second vaccinations, please enter a "0" in the corresponding field. Click Submit

Note: If you have an additional update for that day, when you log back into VSRS, the system will automatically display the information you submitted for that day. You are able to change the data and select Submit to update your daily report. You are not able to modify previous days submitted.   If you need help with selecting your facility or entering the passphrase, please contact *April Payne*.

Optimizing Your Risk Meeting – Making the Paradigm Shift From Reactive to Proactive
A well-organized interdisciplinary team risk meeting that creates opportunity for identifying and responding to "predictors" of risk and potential adverse outcomes can have a positive effect in many aspects. It serves as a structure to decentralize departmental thinking, to accelerate team building and promote engagement within various departments and levels of staff. It identifies those subtle predictors of change that may be predictive of impending adverse outcomes [i.e. falls, infection, weight loss, skin impairment, behaviors, etc.]. This model serves as a vehicle for resident, family and staff satisfaction and improved survey outcomes. It is cost effective when organized efficiently. CHC has long supported this model and we continue to reference the tools that were developed by HQIN. The links for user-friendly and fee tools may be found at: Predictors of Risk & Risk Factors Guide (hqin.org); The Huddle Meeting Summary (hqin.org); The Huddle Meeting Role Play (hqin.org). If you need help in establishing, refining, or sustaining your "At Risk" meetings, contact a CHC representative.

Facilities do a good job at vaccinating their residents for flu and pneumonia. However, vaccine percentages on Nursing Home Compare don't always reflect this. This is most likely due to discrepancies or inaccuracies in MDS coding. The Health Quality Innovation Network (HQIN) has developed Influenza and Pneumococcal MDS and QM Algorithms to help MDS staff code vaccinations accurately and understand why a resident will or will not trigger as being appropriately assessed and administered a vaccine. HQIN Pneumococcal QM Algorithm; HQIN Influenza QM Algorithm; HQIN Pneumococcal MDS Coding Algorithm; HQIN Influenza MDS Coding Algorithm

Following up in a Positive Way
Following up can feel awkward and hard to do. It is important to maintain perspective and to use these tips to increase your chances of getting a response.

1. **Have a compelling Subject Line**- research shows the shorter the subject line the higher your chances are of getting a response. Four words or less is best.
2. **Set a Positive Tone**- research shows the more positive the tone of the email the more likely you are to get a response. Be upbeat and appreciative.
3. **Use Short and Simple Language**- research shows initial emails between 75 to 100 words are ideal and get the most response. Follow up messages should be limited and need to be even shorter. Simple and straightforward.
4. **Make a Clear Ask**- no more than three questions in an email to get the best response rates.
5. **Give them an Out**- one reason someone might not reply to an email is that they are not able to help, or do not feel comfortable following through on the request.
6. **Following up is Worth the Effort**- research shows that asking for what is needed reduces anxiety, improves self-esteem, and the overall quality of relationships.

Following up with others who are not getting back to you is an inevitable and necessary part of business and accomplishing goals. Use these strategies above to increase the effectiveness of your follow up and help you get the responses you need.