



FOCUS POINT NEWSLETTER
SPECIAL FOCUS COVID ALERT 6/5/2020

CHC Resources: The CHC Team has been busy trying to stay on top of all of the COVID-19 guidance, recommendations, and directions offered by a multitude of agencies and organizations. Along the way numerous resources, tools and training materials have been developed. Below is a list of available items related to COVID-19 pandemic. Please contact Mary at mary@chileshealthcare.com if you would like any of the resources.

Title	Description	Cost
CHC's Policies Tools, and Resources Related to COVID-19		
Policies		
Admission of Resident with Suspected and/or Diagnosis of COVID-19	Policy addresses pre-admission review and precautions that will be taken when admitting a resident with Suspected and/or positive diagnosis of COVID 19	\$50
NEW COVID-19 Advance Directive Package	The policy offers Advance Directive guidance as well as an Advance Directive Addendum for use during COVID-19 pandemic	\$50
COVID-19	This policy was developed when the Coronavirus-COVID-19 was an evolving pandemic. Prior to implementation of the policy, the facility should reference the CDC, CMS and state and local health departments for updated and revised information. This policy is intended to serve as basic guidance, additional details, policies and instructions may be necessary.	\$50
Emergent Infectious Disease	Appropriate for ALFs and NFs –Policy to add addressing novel infection control manual and addresses general guidelines for use when there is a novel infection outbreak revised. It is also useful to incorporate into the Emergency Preparedness Plan	\$50
Emergent Infectious Disease Package	Includes policies on Ebola and Zika	\$50
Environmental Cleaning and Disinfecting During Pandemic	Policy addresses environmental cleaning and disinfecting during a pandemic including cleaning of resident rooms.	\$50
Hand Hygiene	Policy addresses hand hygiene techniques including use of hand sanitizers and soap and water. Included is a competency tool.	\$50
NEW Infection Control Surveillance Plan	Policy provides guidance to ensure processes and systems are in place to support surveillance activities as part of the Infection Control Program	\$50
NEW Management of Laundry and Linen During an Infectious Disease Pandemic	Policy provided guidance on handling linen and resident laundry during and infectious disease pandemic and visitor restrictions	\$50
NEW Medical Director and Medical Coverage During a Pandemic	The policy provides guidance to ensure there are systems and processes in place to for medical direction and coverage during a pandemic such as COVID-19	\$50
Meeting Staffing Needs to Support Resident Care During a Declared Pandemic	Policy is designed to create an outline of current facility practices that may be considered when the facility is faced with staffing challenges during a pandemic	\$50
NEW Notification to State Agencies Regarding COVID-19	Policy offers guidance to nursing facilities and assisted living facilities on reporting cases of confirmed and suspected cases of COVID-19	\$50
Optimizing The Use Of Personal Protective Equipment During an Infectious Disease Pandemic	Policy addresses ways to optimize the use of PPE during the pandemic, including use of eye protection, facial masks, gowns, gloves and N95 respirators	\$50
Reporting COVID-19 Infections to the CDC	Policy supports reporting to CDC requirements at F-884	\$50

Reporting to Residents, Resident Representatives, and Family	Policy offers reporting strategies to report COVID-19 information and supports F-884	\$50
Resident Exiting the Facility During a Pandemic	Policy addresses facility actions when a resident/representative want to exit, authorized and unauthorized, the facility during a pandemic	\$50
Resident Initiated Discharge Without Physician Approval Including During a Pandemic	Policy addresses facility actions when a resident / representative want to leave the facility against medical advice.	\$50
Respiratory Hygiene/Cough Etiquette	Policy addresses instruction for precautions, resident / staff training, and provision of supplies.	\$50
Telehealth and Telemedicine During COVID-19 Pandemic	Policy addresses waivers and opportunities for use of telehealth and telemedicine during the COVID pandemic based on CMS guidelines.	\$50
Terminal Cleaning / Disinfecting Resident Rooms After Isolation	Policy addresses terminal cleaning of residents who have been in isolation for pandemic infections.	\$50
NEW Transporting Residents During a Pandemic	Policy provided guidance on how to safely provided transportation for residents during a pandemic	\$50
Care Plans		
Confirmed or Suspected Resident with COVID 19	Sample care plans are provided in Word Format that is easily adaptable to your EMR software and is appropriate for either health care or assisted living facility.	No Charge
Risk of Fear, Anxiety, Depression During COVID 19		No Charge
Reducing Exposure / Transmission of COVID 19		No Charge
Educational Tools		
Making Your Wishes Known – Advanced Directive & DDNR/Post	A PowerPoint training tool that identified the types of advanced directives, the facility requirements related to advanced directives, discusses the difference between a DNR and DDNR, and use of POST form. The training is followed by a post test for competency and understanding. This presentation does not address COVID-19.	Billed at your hourly rate; presentation about 60
N95 Respirator	Training provides instruction on use, application, removal, and care of the N95 Respirator mask. This training is specific to the disposable types of N95 masks. Package includes traditional power point, audio voice instruction power point and competency checklist. This is a self-directed training unless you wish a CHC representative to do a webinar and will then be billed at your hourly rate.	\$50 for self-direction Hourly rate for webinar facilitated by CHC
Paid Feeding Assistant Training Tool	A PowerPoint training tool developed in response to the CMS blanket 1135 waiver, training will take approximately an hour followed by a post-test for competency and understanding. OLC cannot pre-approve the package, each facility will have to submit to OLC for approval, however they were consulted for review and all of their recommendations were incorporated into the training. This is a self-directed training.	\$135 for the package
NEW Infection Control Observation Audit	An audit tool designed to observe staff competencies in infection control practices	\$50
Resource Tools		
CMS Entrance Checklist for COVID 19 Focus Surveys	Entrance list of information to have available for inspector/surveyor review during a COVID 19 Focus Survey	Resource Tools Offered at No Charge
COVID 19 CMS Self-Assessment Tool	Tool and instructions for completing self-assessment of nursing facility preparedness and implementation of protocols specific to COVID 19.	
COVID 19 Implementation Timeline	Appropriate tool to help keep track of required actions such as screening, monitoring, precautions, training, etc. as that are implemented and modified.	
Managing Stress and Anxiety During COVID 19 Pandemic	This package includes a traditional power point presentation and a 20-minute voice automated power point presentation on recognizing and coping with stress and anxiety during the COVID 19 pandemic. It is designed for staff to acknowledge that outbreaks can be stressful; understand that everyone reacts differently; establish a plan of care for yourself and family; review healthcare worker self-care techniques and to determine how to best support your residents and their families. This is a self-directed presentation.	
Personal Assistant – A Training and Task Guideline	Developed for VHCA and made available to all nursing facilities	

Timeline for Regulations and Guidance

A tool developed for VHCA that captures the regulations and guidance offered from various organizations and agencies. The document is in chronological order and colored coded by topic and agency or organization. The document is published by VHCA weekly with updated current information.



COVID-19 Emergency Vendor List for PPE

The Virginia Department of General Services (DGS) has provided a link to an [emergency vendor list](#), which includes vendors that provide personal protective equipment. DMAS and DGS do not endorse nor suggest any vendor appearing on the emergency vendor list. Providers are required to conduct their own due diligence prior to procuring from any vendor listed.



AHCA/VNCAL has also developed a list of [PPE suppliers](#) that have recently served long term care providers. The list is not an endorsement or seal of approval of any particular PPE supplier, but can be used as a resource when PPE is not available through their ordinary supply chains. Knowing whether a PPE supplier is reliable is challenging these days with all the pop-up PPE suppliers and [PPE scams](#).



Focused Infection Control Surveys

The CHC team has been made aware that the facilities in Virginia are being provided different Entrance Checklist and request for different information than was originally provided in earlier Focus Points. Some of the additional or revised information includes:

- List of residents with acute respiratory symptoms not related to known, long term condition
- List of resident on isolation / quarantine and reason for isolation / quarantine
- Location of COVID-19 positive resident (facility or hospital)
- For COVID-19 positive facilities – the name and contact information of the local health department individual and local epidemiologist who have been monitoring the facility
- Policy Request
 - Back-up for Medical Director and medical coverage
 - COVID-19 specific policies and procedures developed and implemented for virus management
 - Transportation for dialysis residents – address if dialysis centers refuses to transport/treat COVID-19 positive residents and if dialysis center refuses to transport/treat residents from a COVID-19 positive facility
 - Notification to transportation staff/other facilities of suspected or known COVID-19 positive residents being transferred and back-up plan if transportation is refused
 - Advanced Directives related to COVID-19, reviewing, revising and care planning
 - DNR for resident who develop COVID-19
 - Notification to state agencies regarding respiratory illnesses
 - Notification to residents and resident representatives of COVID-19 positive case(s) in the facility
 - Hand hygiene
 - Respiratory hygiene practices and etiquette
 - Environmental cleaning related to COVID-19
 - Visitation related to COVID-19
 - Handling resident laundry related to COVID-19

Should you need assistance with policies, please contact Mary at mary@chileshealthcare.com



Nursing Home COVID-19 Data and Inspections Results Available on Nursing Home Compare

CMS is posting on Nursing Home Compare the results from the targeted infection control inspections announced on March 4, 2020, to allow inspectors to focus on the most serious health and safety threats like infectious diseases and abuse during the pandemic. This is part of the Trump Administration's historic transparency

efforts to ensure residents, families and the general public have information about COVID-19 in nursing homes. This information can be located on Nursing Home Compare webpage in the “spotlight” section. **If you have had an offsite survey, there is potential that you will have an additional onsite visit.**



Nursing Home COVID-19 Data Being Posted on Nursing Home Compare

CMS is posting the first set of underlying coronavirus disease 2019 (COVID-19) nursing home data on Nursing Home Compare. On April 19, 2020, CMS announced the requirement that nursing homes are to inform residents, their families, and their representatives of COVID-19 cases in their facilities. This information can be located on Nursing Home Compare webpage in the “spotlight” section. To locate your facility reporting data, click on view data, view and then filter by state, and sort by city. CHC strongly recommends that you review the data set to ensure your reported data is being captured. A determination that a facility failed to comply with the requirement to report COVID-19 related information to the CDC pursuant to §483.80(g)(1)-(2) (tag F884) will result in an enforcement action. These regulations require a minimum of weekly reporting, and noncompliance with this requirement will receive a deficiency citation and result in a civil money penalty (CMP) imposition. CMS will provide facilities with an initial two-week grace period to begin reporting cases in the NHSN system (which ends at 11:59 p.m. on May 24, 2020). Facilities that fail to begin reporting after the third week (by 11:59 p.m. on May 31st) will receive a warning letter reminding them to begin reporting the required information to CDC. **For facilities that have not started reporting in the NHSN system by 11:59 p.m. on June 7, ending the fourth week of reporting, CMS will impose a per day (PD) CMP of \$1,000 for one day for the failure to report that week.** For each subsequent week that the facility fails to submit the required report, the noncompliance will result in an additional one-day PD CMP imposed at an amount increased by \$500. **Review of the CMS data reveals that there are multiple facilities that have enrolled and entered data in the NHSN portal including numerous one on Virginia.** If you need assistance with enrolling and/or reporting, please reference NHSN’s Long Term Care Facility Guide to Using the COVID-19 module <https://www.cdc.gov/nhsn/pdfs/covid19/lcfc/fac-guide-covid19-508.pdf>



Reopening and Lifting Visitor Restrictions

CHC is extending a word of caution to all nursing and assisted living facilities about reopening plans and lifting visitor restrictions. To the best of our knowledge, we have not seen state specific information regarding the restrictions and guidance offered for on long term care facilities. The information we do have is the CMS memo to offering recommendations for State and local officials to help them determine the level of mitigation needed for their communities’ Medicare/Medicaid certified long term care facilities to prevent the transmission of COVID-19. <https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf> The majority of Virginia has entered into Phase 2 of reopening and long-term care facilities were not addressed in the plan. North Carolina’s Phase 2 states, “ continue rigorous restrictions on nursing homes and congregate living settings”.

Advance Care PlanningMore Important Now Than Ever



“Advance care planning is about planning for the ‘what ifs’ that my occur across the entire lifespan.”— Joanne Lynn MD

Whether someone is facing an acute illness, a long-term chronic illness or a terminal illness, advance care planning can help alleviate unnecessary suffering, improve quality of life and provide better understanding of the decision making challenges facing the resident and/or the legal representatives. The vast majority of our residents want:

- To have their pain and symptoms controlled
- To have their wishes known and honored
- To be treated as a whole person with appropriate psychosocial and spiritual support
- To know that family are important and will be care for

However these “wants” are not always clearly defined or documented.

The default practice in our medical system is to provide an aggressive “do everything possible” care unless there is a clear well documented Advance Directive. When Advance Care Planning is not completed and Advance Directives established, many of our resident could be hospitalized, isolated, alone, experiencing pain and discomfort and die. Families and loved ones are devastated emotionally and financially. A key part of the problem is our society’s denial of death and dying, and of being in a circumstance in which we are unable to make our own decisions and speak for ourselves. *“Denial about death does a disservice of not dealing with life-review and life-closure issues that some people would choose to do if they were thinking about dying as part of the last phase.”* – Judith Peres, MSW. So honor your residents by removing the denial and clear up the confusion. Give your residents the respect and dignity of having an Advance Care Plan that gives them a voice and a way to make choice as to what their wishes are and who can make the decisions on their behalf, if they are unable to do so. It is the least we can in this time in our world of the unknown.

Social Distancing Works.....Don't Let Your Guard Down NOW

