



FOCUS POINT NEWSLETTER -- June 7, 2021



COVID-19 VACCINATIONS – IMPROVING VACCINATION STATUS AMONG CNAs --

New Nursing Home Guide from AHRQ -- [Invest in Trust: A Guide for Building COVID-19 Vaccine Trust Among Certified Nursing Assistants](#)

is designed to help nursing home leaders build COVID-19 vaccine confidence among CNAs and overcome barriers to vaccination by applying insights from social, behavioral and cognitive science. Created by the Center for Public Interest Communications (CPIC) for the AHRQ ECHO National Nursing Home COVID-19 Action Network, it offers practical tools for building vaccine confidence in U.S. nursing homes.

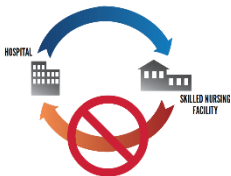
NEW TRAINING AVAILABLE – Cognitive & Mood Assessment Four-Course Training Series for Skilled Nursing Facility (SNF) Providers



The Centers for Medicare & Medicaid Services (CMS) is offering web-based training that provides an overview of the general and key clinical considerations important for conducting standardized cognitive and mood assessments. This four-course series is designed for providers in the Skilled Nursing Facility (SNF) setting. The courses contained within this training are:

- [Course 1: Approaches to Cognitive & Mood Assessments for SNF Providers.](#)
- [Course 2: Assessment of Cognitive Function for SNF Providers \(BIMS\).](#)
- [Course 3: Assessing Delirium in the SNF Care Setting \(CAM©\).](#)
- [Course 4: The Resident Mood Interview \(PHQ-9©\) for SNF Providers.](#)

These courses can be used on-demand anywhere you can access a browser. They include interactive exercises to test your knowledge related to cognitive and mood assessments. While it is intended that the courses be completed in sequential order, you may jump directly to any topic of interest.



Reducing Avoidable Hospitalizations

We recognize that avoidable hospitalizations and Emergency Department transfers/discharges for nursing home residents create opportunities of risk to our residents and opportunity for improvement within the nursing facility. However, it is important to realize that the reasons for discharge / transfer may be multi-faceted and requires analysis of multiple impacting factors.

These factors may include investigation of resident acuity, staff knowledge / competence / confidence, availability of resources [staff, supplies, external / ancillary support, engagement and responsiveness of providers, and family expectations.

So, what is the first step in understanding your opportunity for improvement? CHC believes that one of the most critical steps is to identify and trend the reasons the resident(s) are being sent out. Tracking the admission diagnosis or discharge diagnosis from ED provides information from the hospital perspective, but the primary concern should be more proactive in an effort to avoid any unnecessary discharges/transfers. Areas of consideration that may be useful in tracking the reason for transfer discharge include:

- Symptoms – respiratory, behavior, uncontrollable/acute pain, GI symptoms, general change in condition [lethargy, fever, N&V, dysuria, etc.], injury, critical labs, etc.
- Availability of resources / supplies – i.e., x-ray/diagnostic services, infusion support, medications/treatments not available, etc.
- Engagement/responsiveness of providers – how many are being sent out by on-call providers who do not know the residents or the care that can be safely provided within your facility. Are the nurses conducting comprehensive assessments of the resident's change and are the assessments being communicated to the provider in a confident manner.
- Family requests – do residents/families understand and feel confident in the services, care, and responsiveness of the facility team; do they know what you can provide safely?



QSO-21-15-ALL – CMS Update on 3/26/21 to Appendix Z [Emergency Preparedness]

NOTE: We have also seen an increase in E-Tag citations over the past few months.

While the primary changes to Appendix Z focused on the changes as a result of the Burden Reduction Final Rule, specifically adjustment of cycles of updates required for non-long term care providers and changes to the training and testing program; CMS has also updated the guidance to reflect some of the following changes:

- Expanded surveyor guidance to ensure Life Safety Code and health surveyors communicate/collaborate surrounding potential deficiencies for alternate source energy.
- Added new definitions based on Burden Reduction Final Rule expansion of acceptable testing exercises.
- Clarified expectations surrounding documentation of the emergency program.
- Added additional guidance/considerations for EID planning stages, to include personal protective equipment (PPE).
- Added additional guidance on risk assessment considerations, to include EIDs.
- Included planning considerations for surge and staffing.
- Expanded guidance for surge planning- to include recommendations for natural disaster surge planning and EID surge planning.
- Included recommendations during PHE's for facilities to monitor Centers for Disease Control and Prevention (CDC) and other public health agencies which may issue event-specific guidance and recommendations to healthcare workers.
- Clarified existing guidance surrounding use of portable generators and maintaining temperature controls.
- Added additional planning considerations for hospices during EIDs outbreaks.
- Expanded guidance and added clarifications related to alternate care sites and 1135 Waivers.
- Expanded guidance and best practices related to reporting of facility needs, facility's ability to provide assistance and occupancy reporting.
- Revised guidance related to training and testing program as the Burden Reduction Rule extensively changed these requirements, especially for outpatient providers.
- Provided clarifications related to testing exercise exemptions when a provider/supplier experiences an actual emergency event.



CHC does not profess to be emergency preparedness experts; therefore, we suggest you contact Roy LeNeave at RWL Consulting for questions / assistance with emergency preparedness. Roy has worked with many of our clients, and we have had positive feedback. Roy has also recently developed a comprehensive Emergency Preparedness Binder that he will work collaboratively with you to individualize a plan for your facility.

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New NIOSH Guidance on N95 Respirators

The National Institute for Occupational Safety and Health (NIOSH) issued new guidance specifying that health care providers should only use N95 respirators and should not be using crisis standards as availability of N95 respirators is sufficient. According to a situational update as of May 2021:

“The supply and availability of NIOSH-approved respirators have increased significantly over the last several months. Health care facilities should not be using crisis capacity strategies at this time and should promptly resume conventional practices. **Check the [NIOSH Certified Equipment List](#) to identify all NIOSH-approved respirators.** The update included the following:

- Health care facilities should stop purchasing non-NIOSH-approved respirators for use as respiratory protection and consider using any that have been stored for source control where respiratory protection is not needed. Respirators that were previously used and decontaminated should not be stored.

- We do not know the long-term stability of non-NIOSH-approved respirators and respirators that have been decontaminated, and if these will be recommended for use in the future. Health care facilities should return to using only NIOSH-approved respirators where needed.”

In addition, the FDA posted a [letter](#) about transitioning from non-NIOSH-approved and decontaminated disposable respirators.

This update applies to the following guidance:

- [Strategies for Optimizing the Supply of N95 Respirators](#)
- [Summary for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during Shortages](#)
- [Implementing Filtering Facepiece Respirator \(FFR\) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators](#)
- [Factors to Consider When Planning to Purchase Respirators from Another Country](#)



a note from Judy -- Introducing PDPM Master Class

Contact Judy @ <https://www.judywilhide.com>

I’ve been working on an exciting new opportunity for folks who are coming up out of the pandemic and getting back to basics. Introducing PDPM Master Class by Judy Wilhide Brandt. If you join, you will receive exclusive access to members-only content with weekly posts. I’m breaking PDPM down into small segments, focusing on one aspect at time. Try it free for 30 days. The introductory annual price, \$100, is less than one webinar. This is designed to provide:

- Master tips on MDS coding to accuracy reflect the complexity of your SNF resident to ensure appropriate reimbursement.
- Education on correct ICD-10 code assignment
- Exclusive articles and useful tools to learn and apply PDPM skills when reviewing medical records, conducting SNF resident assessments, and setting the PPS assessment reference date.
- From time to time, free tip sheets and free or reduced-price webinars

Other “Back to Basics” Educational Offerings on your time

I’ve also redesigned my website to make it easier to quickly find what you need from any device. Be on the lookout for live trainings there. Let me know your educational needs. I’m planning live trainings for beginners on the 5-star system and quality measurement. PDPM Master Class Members will receive all educational offerings at discounted prices.

Develop a Solutions-Oriented Team

When presented with new initiatives, some teams are good at spotting potential problems. They readily ask tough questions and point out possible risks. But a team overly focused on finding problems, rather than solving them, can be detrimental to morale and productivity. So how do you change your team’s culture to become more solutions oriented?



Here are a few dos and don’ts:

Do:

- Practice what you preach. Role model the problem-solving behavior and attitude you’d like to see in your team.
- Identify a trigger word to remind team members to focus on solutions. That way, when conversations veer off course, colleagues can help get it back on track.
- Reflect on how you can create an environment that allows for both creativity and critical thinking.

Don’t:

- Ignore or discount resistance to an obstacle. Instead, explore possible solutions by asking questions.
- Go it alone. Instead, invite a consultant or a member of a different department to attend a team meeting. They might spark new strands of conversation.
- Be stingy with compliments. Instead, publicly acknowledging team members’ creative thinking helps increase the sense that norms are shifting.