

NHCA & LEADING AGE UPDATE 4/29/2020

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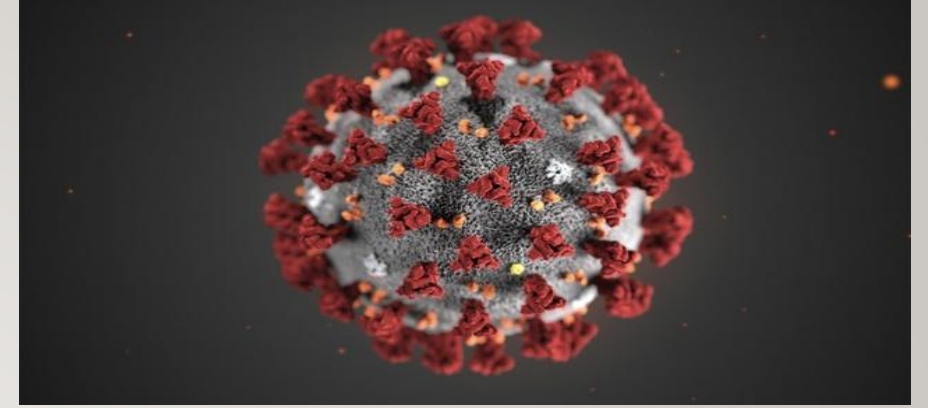
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AGENDA

- Overview of QSO 20-26 requirements
- Survey Forms
- PPE request form/tool
- Resident COVID 19 testing
- ICAR/ICAP SURVEYS

QSO-20-26-NH

- *Communicable Disease Reporting Requirements:*
- To ensure appropriate tracking, response, and mitigation of COVID-19 in nursing homes, CMS is reinforcing an existing requirement that nursing homes must report communicable diseases, healthcare-associated infections, and potential outbreaks to State and Local health departments.



FOR SNF/NF PER CMS SOM

Ongoing Public Health Surveillance

Finally, to ensure access by appropriate public health entities at the Federal, State or Local level, nursing homes are reminded of the requirement at 42 CFR 483.10(f) (4)(i)(A) and (B) which mandates immediate access to any residents by any representative of the Secretary or State. The purpose of these visits will be for CDC (or its agents) to perform on-site infectious disease surveillance, testing of healthcare personnel and residents, or other related activities, as permitted under law.



FOR SNF/NF PER 175 NAC 12

- 12-006.17A Infection Control Program Requirements: The facility must ensure the infection control program has provisions for and implementation of practices for:
 - 1. Identifying, reporting, investigating, and controlling infections and communicable diseases of residents and staff
 - 2. Identifying, reporting, , investigating, and controlling infections and communicable diseases of residents and staff;
 - 3. Early detection of infection that identifies trends so any outbreaks may be contained to prevent further spread of infection;

FOR SNF/NF PER 175 NAC 12

- 12-006.17A Infection Control Program Requirements: The facility must ensure the infection control program has provisions for and implementation of practices for:
 - 4. Monitoring treatment of infection for appropriateness and for alteration of treatment when necessary;
 - 5. Maintenance of a record to include observation of unsafe and unsanitary practices, incidents, and corrective action related to infections or transmission of infections.The record must include a system of surveillance of infections for uniform facility use and identification

ALF'S 175 NAC 4

- 4-006.03A3 Health Status: Each assisted-living facility must establish and implement policies and procedures regarding the health status of staff to prevent the transmission of disease to residents.
- 4-006.13F Disaster Preparedness and Management: The assisted-living facility must establish and implement disaster preparedness plans and procedures to ensure that resident care, safety, and well-being are provided and maintained during and following instances of natural (tornado, flood, etc.) or other disasters, disease outbreaks, or other similar situations. Such plans and procedures must address and delineate:



TRANSPARENCY: NEW CMS REQUIREMENT

- **Transparency:** CMS will also be previewing a new requirement for facilities to notify residents' and their representatives to keep them up to date on the conditions inside the facility, such as when new cases of COVID-19 occur.

RESIDENT AND RESIDENT REPRESENTATIVE REPORTING

- Soon cms will
 - be requiring that facilities notify its residents and their representatives to keep them informed of the conditions inside the facility.
 - will be shared by the nursing home directly with residents and their representatives.
 - *This is separate from the CDC reporting (Respiratory Line List and Outbreak Summary)*

MINIMUM REQUIREMENTS WITHIN 12 HOURS

- Must inform residents and resident representatives within 12 hours of:
 - occurrence of a single confirmed infection of COVID-19
 - three or more residents or staff with new-onset of respiratory symptoms that occur within 72 hours

ADDITIONAL REQUIREMENTS

- Updates to residents/resident representatives must be provided weekly
 - Or each time a confirmed case of covid 19 is identified
 - And/or 3 or more staff or residents have a new onset of respiratory symptoms within 72 hours

MUST INCLUDE

- Notification to residents/resident representatives must include:
 - Mitigating actions implemented to prevent or reduce the risk of transmission
 - If normal operations will be altered
 - & must be reported in accordance with existing privacy regulations and statute
 - (see 483.10 resident rights)

FAILURE TO REPORT

as required,. **could result in an enforcement action against the nursing home by CMS**

in rulemaking to follow

- failure to report resident or staff incidences of communicable disease or infection,
- including confirmed COVID-19 cases (or Persons Under Investigation for COVID-19),
- or provide timely notification to residents and their representatives of these incidences,

SURVEYOR ACCESS

- requirement at 42 CFR 483.10(f) (4)(i)(A) and (B) **which mandates immediate access to any residents by any representative of the Secretary or State.** The purpose of these visits will be for CDC (or its agents) to perform on-site infectious disease surveillance, testing of healthcare personnel and residents, or other related activities, as permitted under law.

SURVEY FORMS- COVID 19 FOCUSED SURVEY FOR NURSING HOMES

- See handouts/attachments.
- This hyperlink will take you to the CMS QSO Memo's

Infection Control

This survey tool must be used to investigate compliance at F880 and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

Surveyor(s) reviews for:

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- The surveillance plan;
- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff; and
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19

6. Education, Monitoring, and Screening of Staff

- Is there evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- How does the facility convey updates on COVID-19 to all staff?
- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?
- If staff develop symptoms at work (as stated above), does the facility:
 - Place them in a facemask and have them return home;
 - Inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and

(3/20/2020)

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COVID-19 Focused Survey for Nursing Homes

- Follow current guidance about returning to work (e.g., local health department, CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>).

6. Did the facility provide appropriate education, monitoring, and screening of staff? Yes No F880

7. Emergency Preparedness - Staffing in Emergencies

Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19

Print Page

Summary of Recent Changes as of April 13, 2020

- Indicates a preference for use of the Test-based strategy to determine when HCP may return to work in healthcare settings
- Adds return to work criteria for HCP with laboratory-confirmed COVID-19 who have not had any symptoms
- Aligns with recommendations for [universal source control](#) for everyone in a healthcare facility during the pandemic.

CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances.

Who this is for: Occupational health programs and public health officials making decisions about return to work for healthcare personnel (HCP) with confirmed COVID-19, or who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, sore throat, shortness of breath, fever] but did not get tested for COVID-19).

Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy).

On This Page

[Return to Work Criteria for HCP with Confirmed or Suspected COVID-19](#)

[Return to Work Practices and Work Restrictions](#)

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

Use the *Test-based strategy* as the preferred method for determining when HCP may return to work in healthcare settings:

Strategies to Mitigate Healthcare Personnel Staffing Shortages

[Print Page](#)

Who is this for: Healthcare facilities who may be experiencing staffing shortages due to COVID-19

What is it for: To assist healthcare facilities in mitigating healthcare personnel staffing shortages that might occur because of COVID-19.

Summary of Recent Changes as of April 13, 2020

- Aligns with recommendations for [universal source control](#) for everyone in a healthcare facility during the pandemic.

Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for healthcare personnel (HCP) and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these, including providing [resources](#) to assist HCP with anxiety and stress.

6. Did the facility provide appropriate education, monitoring, and screening of staff? Yes No F880

7. Emergency Preparedness - Staffing in Emergencies

- Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the residents when needed during an emergency, such as a COVID-19 outbreak?
- Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the residents? (N/A if a emergency staff was not needed)

7. Did the facility develop and implement policies and procedures for staffing strategies during an emergency?

Yes No E0024

Personal Protective Equipment (PPE) Needs Form

COVID-19 Response Activities Only

Facility/Agency Name *

Facility/Agency Type *

Address *

Street Address

Street Address Line 2

City

Please Select

State

Zip Code

County *

County Name

Primary Contact *

First Name

Last Name

Email *

Email Address

Phone Number *

HOW TO REQUEST PPE

- request PPE through DHHS using the form:
- <https://form.jotform.com/NebraskaDHHS/PPERequestForm>

Personal Protective Equipment (PPE) Needs Form

COVID-19 Response Activities Only

Facility/Agency Name *

Facility/Agency Type *

Address *

Street Address

Street Address Line 2

City

Please Select

State

Zip Code

County *

County Name


Primary Contact *

First Name

Last Name



TO TEST OR NOT TO TEST?

- Trends identified from data collected with Epidemiology so far
-
- Asymptomatic residents and staff with COVID19 positive tests
 - Symptomatic residents with negative COVID19 tests
 - Lack of testing of Hospice and Palliative Care Residents
 - Marked COVID negative when not tested
 - High Risk/High Exposure residents
 - Often COVID19 s/s are not different from current s/s
 - Potential exposure to other residents and staff
 - Please consult for COVID19 testing (MD, Hospice, LHD, Epi)
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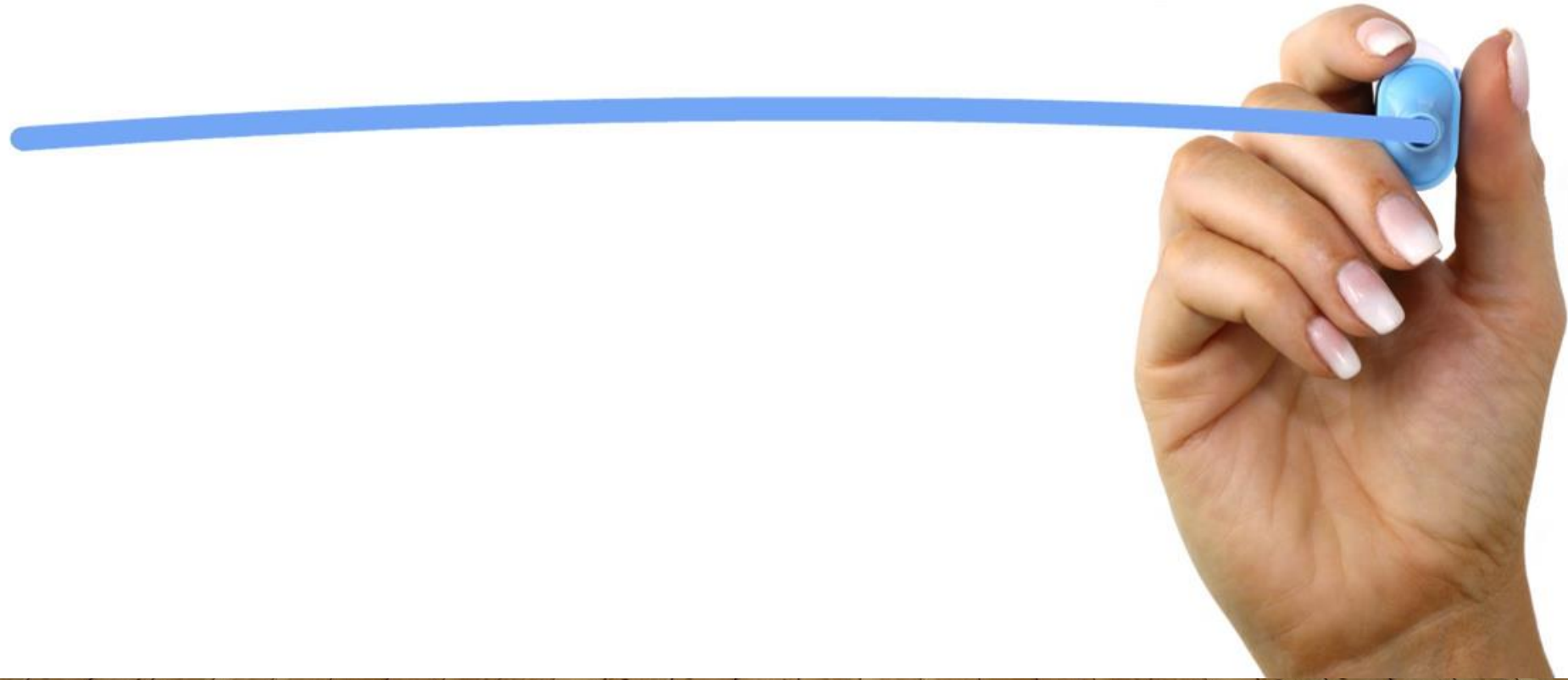
ICAP/ICAR SURVEYS

- Voluntary, not DHHS, no deficiencies associated with
 - Results may be considered for F865, F866, (QAPI) & F880 IC/ICAP
 - Focused on preventing, controlling, mitigating the spread of COVID19 in both SNF/NF and ALF facilities
 - Assisting facilities to establish COVID19 Zones (red/red, green, yellow & grey)
 - DHHS Licensure unit does not receive a facility report
 - DHHS Licensure is only notified if there is a situation which constitutes actual harm or immediate jeopardy
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ICAR/ICAP SURVEYS

- Information from surveys so far
- Facilities have been very receptive
 - PPE fatigue
 - Use of personal fans in resident care areas are not appropriate w/COVID19 suspected or present.
 - Sometimes inappropriate use/reuse of disposable gowns
 - Hung on the back of a door
 - Donning/doffing would put HCP at risk

QUESTIONS



thank you!