

COVID-19 CALL WITH NURSING HOMES

Moderator: Alina Czekai

August 12, 2020

4:30 p.m. ET

Alina Czekai: Good afternoon. Thank you for joining our August 12th CMS COVID-19 Call with Nursing Homes. This is Alina Czekai, leading stakeholder engagement in the office of CMS Administrator Seema Verma.

Today, we are joined by CMS leaders as well as providers in the field who have offered to share their best practices with you all.

I'd first like to turn things over to Jean Moody-Williams from the Center for Clinical Standards and Quality for an update from the agency. Jean, over to you.

Jean Moody-Williams: Thank you and thanks, everyone for joining. I apologize for getting started a little late and have a lot of information we want to get to you. So, I'm going to go through these few announcements really quickly and want to get to our speaker from the nursing home that has information to share.

So again, I always like to start by thanking you for all that you're doing on an hour by hour, not even day to day, but hour by hour basis, really to help combat the spread of COVID-19 within the nursing homes across the country. We know that this is challenging. Your work is really so important. And so we don't take this time for granted that you have taken to join with us.

So, I just want to highlight that we thank facilities for continuing to submit data through the CDC NHSN system. This information, and I've said this before, has really been instrumental at the national, state, and local levels to determine prevalence in the community and in nursing homes.

It's used to make decisions on deployment of resources and to inform where we need to focus attention in a proactive manner to get ahead of the next hotspot. So we are seeing that caseloads continue to increase in areas around the country.

And as we evaluate the data closely, we have some concerns with the rate of rise in some areas and we continue to look at that, as I'm sure that you do. I wanted to make you aware that tomorrow our Administrator, Seema Verma, will have a special call for nursing homes. So, all of you on this call, please alert others to the fact.

You will be receiving an invite this evening for the meeting at 1:30 pm Eastern Standard Time. She's been on this call at least once or twice before and really looks forward to the opportunity to talk to this broader audience.

She does have calls at the state level, nearly weekly, but this broader audience, we like to come to you particularly as we are looking at the data. She will be joined by Dr. Lee Fleisher, who is the new CMS Chief Medical Officer and the Director of the Center for Clinical Standards and Quality.

I think I told you a couple of weeks ago, several weeks ago, that we were expecting his arrival and we're extremely pleased that he is here. And he is actually on the call today, but I think you're going to hear more from him tomorrow.

Many of you have been contacted to participate in activities as we deploy our federal task force strike team. And again, this is based on a data. They're coming out. They're providing technical assistance and education to nursing homes that are experiencing outbreaks and we want to share some of what we're finding with you tomorrow.

So, we continue to work with our federal partners in distributing and prioritizing the point of care testing devices to nursing homes and guidance and we're going to be providing more information on that soon. I know, there have been questions and so we've been working with our partners at CDC and we do have our partners on the line as well.

I wanted to make sure that you – just to remind you - about the importance of the accuracy of the data. Please review your data prior to submission. And then also review the CMS website where the data is posted. And so if your data has been flagged for not passing the quality assurance check that week, that is another source for you to know that we need to make some corrections to this.

We have received a number of questions around CLIA certification requirements for performing testing. We have, as I mentioned, guidance coming but we also have posted and partnered with the Office of the Assistant Secretary for Health, which is OASH for a resource that's titled CLIA Quick Start Guide Frequently Asked Questions.

This has been posted to our website on the CMS Emergency page. So you might go there and take a look to see if your questions have been addressed. And then, always, we accept questions from you directly so that we can continue to build on that.

I want to remind you that our National Nursing Home Training is available. It's live. Webinars are hosted every Thursday from 4:00 to 5:00 p.m. ET and you can access this training via the Quality Improvement Organization website.

So I want to turn to Greg Brandish who has a brief announcement, and then I'm going to introduce our guest speaker. And also, I'm not sure if Lee wants to say anything today, but I'll give him a minute as well if he so desires. So Greg, for your analysis.

Greg Brandish: Yes, I just wanted to let everyone know real briefly the due-in payable notices for the first round of CMPs related to the CDC reporting requirements will go out Monday. They will be in your CASPER mailboxes so be sure to check those mailboxes on Monday. That's it. Thank you.

Jean Moody-Williams: All right. Thanks, Greg. Lee, any anything you'd like to say today?

Lee Fleisher: Jean, thank you. And it's a pleasure to join today. I've joined a few of the calls and we look forward \ to tomorrow, giving you some ideas from the front line. And really best practices. Sorry, please go ahead.

Jean Moody-Williams: That's OK. See, he's all choked up, ready to talk to us. Thank you, Lee. I want to introduce our speaker Marvena Beltane, who is Director of Nursing from Kenwood View Health and Rehabilitation Center in Kansas.

Marvena has been on the front lines. She's working. She's learned a lot, lessons learned. She's also discovered some successes. So, as we go through this, there are some things that work and there are some things that don't, and we want to share both of those kinds of things so that we can learn from each other.

And I want to thank Marvena for joining us and I will turn it to you. Following that we'll have the opportunity for you, her peers, to ask questions of her as well. We do have some subject matter experts from the CDC and from CMS on the line and we can take those questions as well.

But first, I'll go to Marvena.

Marvena Beltane: Alright. Well, hi, guys. Thank you, Jean. I appreciate that. So yes, I'm Marvena in the middle of Kansas. So, working here at an 82-bed facility. We have long term care and rehab residents that stay with us short term. And I told everybody before I started this call that I didn't want to be like tempting karma by saying that we successfully battled COVID like it went away.

So, I just want to say we've made it this far and been successful. We continue to have our prevention policy and such in place and continue to battle it every day. And so as you guys know, I mean, we all started with this months ago and I cannot stress enough the importance and the helpfulness of having our plan in place, kind of our policy, all those conversations that we all started months ago, and we really didn't know what this was going to look like, what we were really going to have to turn to.

It just, again, I can't tell you how helpful that was because back at the beginning of July, I received a phone call from a staff member and actually he

let me know on a Saturday that he hadn't been feeling well. He had been at work the day before. Fine, no symptoms, no anything. That day he just kind of felt some of the congestion, a little elevated temp. He didn't think too much about it.

It just happened that he knew a health department nurse there. They tested him, they sent it off. Again, didn't think much about it. Because of part of the policy that we had in place, which is staff members staying out of the facility, of course, if they've been tested, but also until they were symptom free, fever free for at least 72 hours.

Of course he was home until he got that phone call that following Tuesday and let me know right away that he had tested positive. He was surprised. We were surprised. But that definitely set things in motion for us immediately. I went to my administrator, we pulled our team together. We were able to refer back to that plan and policy that we had in place.

Being prepared for this, again, we kind of split some duties up between our leadership group, which we're very fortunate to have, I guess. I don't know how other places are set up, kind of what the teams look like, but we have a great clinical leadership group, both within our building and then we have a couple of regionals outside of the building that were able to step in and help us right away, as well.

So what that looked like was me contacting the Kansas Department of Health and Environment (KDHE) right away, speaking to the epidemiologist there and we talked through it. She was excellent and telling me what we needed to do. She asked me about our plan and policy that we had in place and actually was quite pleased with what I could tell her and what we had in place.

She did indicate that maybe was an additional step, anyway, she was pleased with that and it definitely helped us kind of through this whole process. We were able to put that first step into place which was testing all of our staff and all of our residents.

That ended up being about 170 nasal swabs. I will tell you, it wasn't a whole lot of fun and we didn't make a lot of friends during that time. But, we again,

we had a team kind of rally. We were fortunate to be able to get the kits picked up. There are a couple of hours away from us, but we had staff work it out. We've got them picked up, got them here.

We implemented staff and resident testing within 24 hours. We kind of did a drive through testing thing out in our front parking lot. Myself and my assistant director of nursing kind of geared up and just had people come through. Again, we had our team in place. People that do the paperwork, do the screening, label all the stuff. So, it was pretty efficient.

So then the next day as we completed our resident screenings, which again, we kind of set up our little team anyway, went down the halls, did all that. We were able then to transport all of our tests right back to the state lab. Again, a couple of hours away, got in there.

In the meantime, things that we put in place here within the building, we, of course had done that immediate staff notification, immediate notification of our residents and their family members to let them know what was going on, what we were doing. We immediately notified our medical director and he kind of gave us that blanket order for all the tests that we needed, of course.

We put all of our residents in full quarantine immediately. So, I mean, kind of unfortunately, but again, for safety and health of everybody it was necessary. So, they were all to be in their rooms. We, of course, had already communicated with dietary so what that looks like with everybody getting served their meals in their rooms, using different service where we obtain in place isolation carts throughout our halls.

I realized you guys don't know what our building looks like, but we kind of have two parallel halls and then a couple of intersecting, kind of making us a little ladder here, but the two resident halls are east and west. And so we had these isolation carts spread out throughout the halls.

And that had the full PPE gear in each one of them. We kind of set up things in the rooms the way we needed to, of course education out to everybody, which again was kind of a review with that time, because we'd already gone

over all the competencies with staff as part of our plan, our policy in the beginning so that PPE, the hand hygiene, all of the above.

Other things that we did, we have therapy staff that come into our buildings, some of them go to other buildings, so we've limited that. We had conversations and talked about having the ones that we're going to continue to work within our facility, worked only in our building. They did not go to any other facilities and same thing the ones that were at the other buildings did not come here.

We kind of looked at the employees, again, kind of part of that leadership team but some other ancillary too. Any employees who were deemed essential and assisting with our response to COVID remained working in the building. Any staff who could work from home were allowed to do so.

Those of us who remained working in the building were considered to be placed on moderate quarantine. So, that meant we were directed to be at work or at home only, of course, not out and about in a community. Now of course, we already had in place where we were wearing masks all the time within the building.

Per KDHE, we kind of upped that to where we had some people that could wear or would wear the cloth masks, the filters they did away with, and they all switched to the surgical mask, so we have those. We had our equipment that we needed, so we put that in place. We increased our housekeeping and cleaning measures throughout the facility. Of course, that's extremely important.

We continued other things like our daily staff screenings. Again, we already have that in place. So, every time staff member reported to the building, we have it set up out front where they have to, of course, get their temperature checked, answer the questions, sign in. Anybody who had any kind of symptoms, again, sent home until they were symptom free or got the test results back, of course.

We increase our resident screens, which consists of temperatures and O2 and then kind of that respiratory screening, which we know – we all know has

kind of changed over the timeframe and added other symptoms, but we upped that. And so then what it looks like for us going forward from there, we did that first round of testing.

We were really fortunate that we had quick turnaround from the state lab, like I started getting test results maybe 24 hours after we got our first test there. Because we did identify one more positive, which again, we tested about 170 people. So, one more positive. It was a staff member, no resident.

That second positive classified us as being an outbreak of the COVID. So, again, KDHE was very essential and helped us walk through that, helped me. I was in contact with them every day, talking about what we needed to do next, which ended up one week later, we did that second round of testing again, retested everybody. So, all the residents, all the staff. So we still have those other things in place, then we did that next round of testing. And we ended up, we had one more staff member in the mix who had tested positive, so we ended up with three total.

But we did not have any residents test positive for COVID. So of course, super excited about that and super grateful. Everybody remained in that full quarantine for a full 14 days since that's kind of that period of time when they said symptoms could still appear. Anyway, we continue at this point in time, all of these things we have in place for protection of our staff and our residents.

We still don't have visitors coming in, but we have been able to open it up a little bit, say for end of life residents. A few things like that, a few vendors, which has been helpful. But anyway, I think that's kind of it in a nutshell I think. So, I guess Jean, I'll turn it back over to you.

Jean Moody-Williams: Yes, thank you so much for sharing that and I mean, there were a number of key points that you pointed out with preparation being extremely important from the very beginning.

Let me see from our participants if they have any specific questions for you. And I could have plenty, but let me give our participants an opportunity first.

Operator, could we please open up the line for questions for Marvena or for CMS as well?

Operator: Certainly. And for everyone, if you would like to ask a question, you will need to press star one on your telephone keypad. Again, that's star one on your telephone keypad. To withdraw your question, press the pound key.

Jean Moody-Williams: While we're waiting, I may ask you one quick question. So, how did you make sure that everyone in your facility knew what to do? So oftentimes, maybe the RN or the director of nursing knows what to do, but it sounds as though you really penetrated through all layers. How did you make sure that happens?

Marvena Beltane: OK, are you – let me just make sure so I don't just start answering like, the wrong question. And are you talking, Jean, about just kind of throughout that process and then knowing what you were doing?

Jean Moody-Williams: Yes, right.

Marvena Beltane: OK. OK.

Jean Woody-Williams: Yes, right, like the – the Certified Nurse Assistants, et cetera.

Marvena Beltane: OK. Yes. Well, yes, of course education, education and lots of communication. So, again, I relied a lot on my leadership team. So, all the department heads, each of us that are in that, and I mean, in leadership, I mean, that's activities, human resources, all of these individuals that we could use for that. People sending out messages. So we have kind of like the group texts and stuff that we send out.

We have a lot of paper education here. As you can imagine it involves some of us like myself and my ADON today. I have the opportunity to spend lots of time in the building during these couple of weeks for sure.

And so we were going around, circling around, making sure we were available to staff, whatever questions they had. Make sure they were comfortable with everything in place like reviewing the PPE, reviewing, OK, yes, for this

resident. This is what we need to do. Constant communication with families too, so yes, just that constant communication, written education, verbal education.

Jean Moody-Williams: Great, thank you. Operator, any questions?

Operator: Our first question comes from the line of Jennifer Weiner. Your line is open.

Jennifer Weiner: Hi, there. I just had a question for you on how you did the 14-day isolation with residents that might have memory impairment and how you went about that.

Marvena Beltane: Yes, and thank you, Jennifer. Great question. We, I mean, some of the cute little old ladies did not know and didn't remember to stay in their rooms. And so that is a conversation we had with KDHE here, our health department. And we could not keep them in their rooms. So some of them still kind of tootled about, but we provided masks and staff would help them even like put a little hand sanitizer on as they were wheeling past and we were very cognizant of keeping residents distanced from each other.

Jennifer Weiner: Thank you.

Jean Moody-Williams: Thank you. I think we have time for one more question. Operator, do we have another?

Operator: There are no questions at this time. Speakers, you may continue.

Jean Moody-Williams: Right. Thank you so much. Alina, I'll turn it back over to you.

Alina Czekai: Great. Thanks, Jean. And thanks everyone for joining our call this afternoon. As Jean mentioned, we have another special nursing home call tomorrow with Administrator Verma at 1:30 p.m. Eastern. An invitation for that call will be forthcoming later this evening.

In the meantime, please feel free to e-mail us with any questions at our COVID-19 mailbox which is COVID-19@cms.hhs.gov. Again, we appreciate all that you are doing for nursing home residents and their families around the country as we address COVID-19 as a nation.

This concludes today's call. Have a nice rest of your day.

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