

COVID-19 Question and Answer Session for Long-Term Care and Congregate Residential Settings

October 30th, 2020

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to All Panelists
- Slides and recording will be made available later



Agenda

- Upcoming Webinars
- NHSN Updates
- Reopening: Understanding the CMS Phases & Tiers
- Mitigation Measures in LTC
- POC Test Distribution
- FAQ from Last Week
- Open Q & A

Slides and recording will be made available after the session.



IDPH webinars

Upcoming Friday Brief Updates and Open Q&A 1:00 pm - 2:00 pm

Friday, November 6 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e0a18700ac413c2e44 b72d01a9d69d03d
Friday, November 13 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ee46160a063dcf3734 6e5533c66bb5b23
Friday, November 20 th	https://illinois.webex.com/illinois/onstage/g.php?MTID=ee6e015f69c64f9fe94 82abe320bf5b92

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.



NHSN Pharmacy Partnership Program Update

- NHSN became aware of and corrected a defect in the reporting system for the Pharmacy Partnership Program (PPP).
 - > This defect appears to have been active between Monday, October 19 and Friday, October 23.
 - The defect occurred if a facility changed its previously entered PPP participation choices. In that case, the system may not have retained the changes.
- Important to ensure that NHSN has the correct selection for program participation for your facility.
 - If your facility made changes to the PPP options at any time during PPP enrollment, please reenter the NHSN system and confirm that the correct options are recorded. Make any necessary updates and save the correct data.
 - Reminder: End of the sign-up is November 6, 2020.

NHSN Training for POC Reporting Module

- Upcoming Training Session: Reporting Results of Point of Care Testing for COVID-19: A New NHSN Pathway
 - November 2, 2020/ 12:30 AM 1:30 PM EST
 - https://cdc.zoomgov.com/meeting/register/vJlscemvrjgoH2HEz6621xB-xPjz8Q8jMKE

FAQ: Users Unable to Report Point of Care Data

- Why am I not seeing the option to report Staff Point of Care (POC) test results?
 - If an NHSN User has rights to Add Staff POC test data, the option for staff will be listed in the dropdown menu for Type of Individual Tested.
- For confidentiality reasons, NHSN has only defaulted the rights to enter staff POC test result data to the NHSN Facility Administrator (FacAd). Other NHSN users at the facility will not be able to Add staff POC test data until enabled by the NHSN FacAd.
- The following screen shots outline the steps for an NHSN FacAD to assign "add, enter or delete" or "view" rights to staff POC test data to additional facility NHSN members.

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NHSN Home	Find User	
Alerts		
Dashboard		
Reporting Plan	Enter search criteria a	and click Find
Resident	User Information	
Event	1 Contraction of the second seco	User ID:
Summary Data	100.00	die Name:
COVID-19		ast Name:
Vaccination Summa	Y	e Number:
Import/Export	E-mail	I Address: Find Clear Back
5urveys	A 1 2	Find Clear Back
Analysis		
Users	Add	
Facility	Find	

1. In the NHSN application choose Users on the blue navigation bar and then Find from the drop-down menu.

2. Type in the last name of the individual who is already an NHSN User in the facility. Choose Find.

HSN Home		Add User Rights							
Verts									
Dashboard		User TEST (ID 44327) saved successfully. Please add rights for the new user.							
Reporting Plan									
Nesident				User ID: TEST (ID 44	327)				
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		Analyze Data	12		8	-	12		
lsers		Add, Edit, Delete View Data	12		-		11		
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				Effective	Rights Sav	e Back			

3. Check the appropriate box(es) indicating the desired rights for the NHSN member (1. Add, Edit, or Delete or 2. View staff POC test data) and then choose Save.

NHSN - National Healthcare Safety Network (http://www.international.edu/actional.ed

NHSN Home		6 Find User	
Alerts			
Dashboard			
Reporting Plan		Enter search criteria and click Find	
Resident		User Information	
Event		User ID:	
Summary Data	×.	First Name: Middle Name:	_
COVID-19	•	Last Name: Jones	
Vaccination Summa	ry	Phone Number:	
Import/Export		E-mail Address:	
Surveys	•	Find Clea	ar Back
Analysis			

LTCF Reopening Guidance: Understanding the CMS Phases & Tiers



www.compliancedesigns.com

REOPENING CMS PHASES

CMS Phases

- Levels of reopening that are staged.
- Language comes from CMS.
- CMS Phases are *progressive* and allow more "freedom" or ability to participate in more "normal or pre-COVID-19 activities". Start at CMS Phase "1" and work your way to CMS Phase "3".
- The ability to move to the next phase is dependent upon whether the facility meets the required criteria* to advance.
 - Case status in the community
 - Cases status in the facility
 - Staffing level
 - PPE Supply and usage
 - Universal screening
 - Universal source control
 - Testing plan and response strategy
- All 7 criteria must be met in order to advance to the next phase or reopening.

*Each criteria has specific elements that must be met to advance.

REOPENING CMS PHASES



Case status in the community

Illinois is divided into 11 geographic COVID-19 regions for the purpose of monitoring and mitigating resurgence of COVID-19.

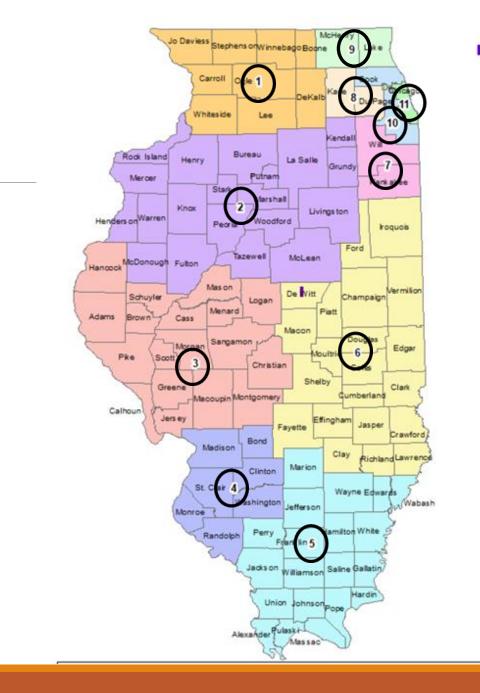
Based upon 1) test positivity rate and 2) composite metric of COVID-19 hospital admissions and hospital resource capacity.

Is my region under additional mitigation strategies by the Director or Governor?

NO







Levels of response or strategies implemented to slow or stop the spread of the virus.

Implemented when a region(s)has NOT met target metrics.

Tiers are progressive BUT instead of allowing more "freedom" or more activities, tiers restrict or limit the facility's ability to participate in activities freely or even advance in reopening.

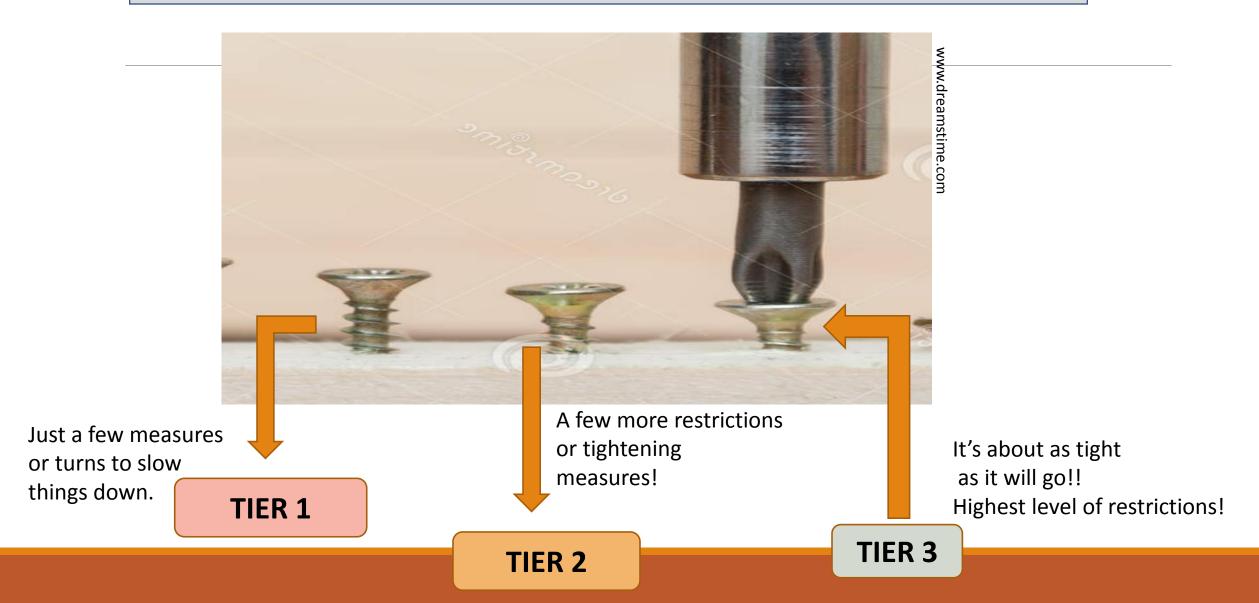
Starts at Tier 1 and works up to Tier 3 as necessary.

Consider these are "tightening" measures.

Tier 1: The response starts small with a limited number of interventions to slow the spread of the virus

Tier 2: If that doesn't work then additional strategies (interventions) are put into place to slow the spread of the virus.

Tier 3: Previous measures haven't been as effective as expected so even more or the "highest level" of strategies are implemented to slow the spread of the virus



How Do Tiers effect the Phases?

The Governor and Director implement restrictions on regions which limit community activities and services within that region(s).

When a region(s) is placed under Tiered Mitigation, it triggers restrictions within long-term care facilities.

If your facility lies within the affected region, you will need to modify (limit) or suspend some activities based upon the level of Tiered mitigation (following the Reopening Guidance).

What restrictions are you referring to?

 Limits and restrictions on visitation, communal dining, group activities, off-site outings, barber/beauty shop visits

If your facility lies within the affected region, you are not eligible to advance to the next Phase until 14 days after tiered mitigation in the region has lifted. Hit pause!

•As regional mitigation tiers are put in place within the region(s), LTCF respond accordingly using the Tiered Strategies (page 17 of reopening guidance).

CMS Phases & Illinois Tiers Intersect!

If the LT<u>C facility lies within the affected region and you are in:</u>

Phase 1, your facility should already be at the highest level of mitigation

 No additional measures are required in Tier 1 or 2 but, in Tier 3, you will need to suspend Activities.

If the facility was planning on advancing to Phase 2; you must PAUSE and wait 14 days after the mitigation tier has been lifted.

Phase 2 and Phase 3, your facility will need to implement restrictions

Follow Tiered Mitigation table on page 17 of

Reopening Guidance (10.21.2020 release)



Illinois Regional Metrics Leading to Tiered mitigation. If health metrics indicate resurgence of COVID-19 within one of the 11 defined Illinois COVID-19 regions, then IDPH will consider mitigation options for various settings within that region from a tiered menu. If sustained increases in health metrics continue unabated despite initial measures, further mitigations may be added from additional tiers. Actions for long-term care facilities triggered by regional resurgence are shown in the following table:

Mitigation	Tier 1	Tier 2	Tier 3
Visitation	Suspend indoor visits. Continue outdoor visits.	Same as Tier 1	Suspend all visits except for EC or compassionate care.
Communal Dining	Continue	Continue	Suspend
Group Activities	Continue without outside leaders or off-site outings.	Same as Tier 1, plus limit to 10 participants.	Suspend
Barber and Beauty Shop	Suspend	Suspend	Suspend

If resurgence metrics exceed threshold within one of the 11 Illinois COVID-19 regions and mitigation measures are applied to long-term care facilities in that region, then LTC facilities must wait at least 14 days after metrics return to their target ranges before reversing tiered mitigation.

From page 17 of IDPH LTCF Reopening Guidance (October 21, 2020 release date)

Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities and Programs: Summary Table for Phased Reopening and Tiered Mitigation Strategies

*This table is not a stand-alone document. Specific guidance related to each activity is listed within the LTCF Reopening Guidance (http://dph.illinois.gov/sites/default/files/20201021_Revised_LTC_Reopening_Guidance.pdf)

ACTIVITIES	CMS PHASES FOR LTCF			
	CMS Phase 1- Highest level of mitigation	Tier 1	Tier 2	Tier 3
VISITATIONS	Virtual or teleconference visits encouraged Compassionate care, end-of-life visits allowed Outdoor visits allowed	Follow statements under Phase 1 Visitations. No further restrictions.	Follow statements under Phase 1 Visitations. No further restrictions.	Suspend all visit except compassionate care, end of life visits
COMMUNAL DINING	Communal dining is not recommended May be considered on limited and modified basis. If implemented follow CMS Phase 2	Follow statements under Phase 1 Communal Dining. No further restrictions.	Follow statements under Phase 1 Communal Dining. No further restrictions.	Suspend communal dinin
GROUP ACTIVITIES	Engagement through technology is preferred to minimize opportunity for exposure Encourage virtual activities or limited and modified activities In-person group activities are not recommended in CMS Phase 1 but may be considered. If done follow CMS Phase 2	Follow statements under Phase 1 Group Activities. No further restrictions.	Follow statements under Phase 1 Group Activities. No further restrictions.	Suspend group activities
MEDICAL TRIPS	Use telemedicine to extent practicable Avoid trips not medically necessary Medically necessary trips are allowed	Allowed	Allowed	Allowed
	CMS Phase 2	Tier 1	Tier 2	Tier 3

Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities and Programs: Summary Table for Phased Reopening and Tiered Mitigation Strategies

Page 1 of Summary Table

VISITATIONS	Virtual or teleconference visits encouraged		Same as Tier 1	Suspend all visit
	Compassionate care, end-of-life visits allowed Outdoor allowed Indoor visits allowed Follow IDPH reopening guidance for specifics	Suspend indoor visits	Suspend indoor visits	except compassionate care, end of life visits
COMMUNAL DINING	Communal dining may be considered with a maximum seating capacity of 25%	Continue as per Phase 2	Same as Tier 1 Continue as per Phase 2	Suspend communal dining
GROUP ACTIVIITES	Group activities may be considered for activities that improve the quality of life for residents, with a maximum of 10 residents at an activity.	Continue group activities except not allowed to bring outside leaders in to run the activity and not allowed to leave for off-site outings	Same as Tier 1 plus limit to 10 participants	Suspend group activities
MEDICAL TRIPS	Use telemedicine to extent practicable. Avoid trips not medically necessary. For trips away from the facility, follow Phase 1.	Allowed Follow Phase 1	Allowed Follow Phase 1	Allowed Follow Phase 1
Barber/ beauty shops	Barber and beauty shops visits are allowed following reopening guidance.	Suspend	Suspend	Suspend
	CMS Phase 3	Tier 1	Tier 2	Tier 3
VISITATION	Virtual or teleconference visits encouraged Compassionate care, end-of-life visits allowed Outdoor allowed Indoor visits allowed Follow IDPH reopening guidance for specifics	Suspend indoor visits	Same as Tier 1 Suspend indoor visits	Suspend all visit except compassionate care, end of life visits
COMMUNAL DINING	Communal dining is allowed Communal dining may be considered with a maximum seating capacity of 25%	Continue as per Phase 2	Same as Tier 1 Continue as per Phase 2	Suspend communal dinin

Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities and Programs: Summary Table for Phased Reopening and Tiered Mitigation Strategies

Page 2 of Summary Table

	Number of diners per sitting are limited by the size of the space, the room must allow 6 feet separation between dinners			
GROUP ACTIVITIES	Small group activities are encouraged Follow reopening guidance for specifics	Continue group activities except not allowed to bring outside leaders in to run the activity and not allowed to leave for off-site outings	Same as Tier 1 plus limit to 10 participants	Suspend group activities
MEDICAL TRIPS	Use telemedicine to extent practicable. Avoid trips that are not medically necessary	Allowed Follow Phase 1	Allowed Follow Phase 1	Allowed Follow Phase 1
Barber/beauty shops	Barber and beauty shops visits are allowed following reopening guidance.	Suspend	Suspend	Suspend
Non-Medical Trips	The decision on whether the resident should make a non- medical trip should be made collaboratively by the resident, the resident's family or surrogate, facility representative, and if appropriate the resident's physician	Suspend	Suspend	Suspend

Page 3 of Summary Table

Significance of 14 Days

Facilities must spend at least 14 days between each phase

- Phase 1 to Phase 2 (14 days)
- Phase 2 to Phase 3 (14 days)
- Phase 3 to Phase 1 (had to start over due to outbreak)—regress immediately to phase 1
- Facility must start over and advance through Phases.
- Phase 1 to Phase 2 (14 days), and so on.

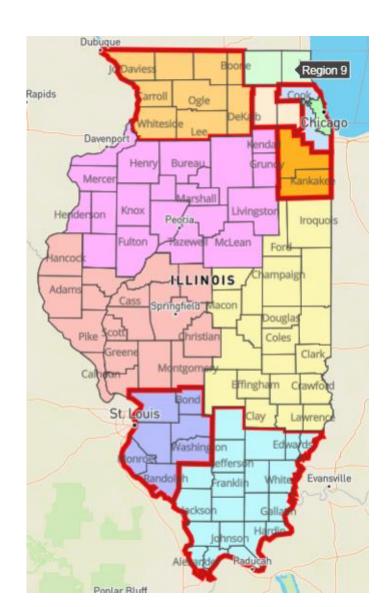
Facilities must wait at least 14 days after metrics return to their target ranges before reversing tiered mitigation.

•After mitigation strategies have lifted and 14 days have passed, facilities may return to their previous Phase level (1, 2, or 3).

Mitigation measures in LTCFs

Mitigation	Tier 1	Tier 2	Tier 3
Regions in mitigation	3*,4,5,7,8,9*,10, 11	1	
Visitation	ion Suspend indoor visits. Continue Same as Tier 1 outdoor visits.		Suspend all visits except for compassionate care
Communal Dining	Continue	Continue	Suspend
Group Activities	Continue without outside leaders or off-site outings.	Same as Tier 1, plus limit to 10 participants.	Suspend
Barber and Beauty Shop		Suspend	Suspend

*Region 9 starts Sat, 10/31; Region 3 starts Sun, 11/1.



FAQ: How do I get added to the HHS BinaxNOW distribution program?

- For eligibility in the BinaxNOW[™] federal distribution program:
 - Nursing homes must have a CLIA certificate of waiver <u>and</u> be Federally-certified by CMS as a Medicare Skilled Nursing Facility (SNF) and/or Medicaid Nursing Facility (NF)
 - Assisted living facilities must have a CLIA certificate of waiver with the appropriate type of laboratory designation of 04 – Assisted Living Facility, as listed on Form CMS-116
- Nursing homes and assisted living facilities must also be located in counties with at least 5% positivity for COVID-19
 - Allocation strategy: nursing homes and assisted living facilities in designated red counties will be allocated tests for testing all staff 2x/week; yellow counties will be allocated tests for testing all staff 1x/week



FAQ: What if my LTCF is not eligible for the HHS BinaxNOW distribution program?

- Most local health departments are now receiving a weekly allotment of BinaxNOW. LHDs can distribute to LTCFs, schools, jails, and other community settings in need
- If an LTCF is not eligible for the federal distribution, they can consider asking if the LHD can assist from their allotment

>Priority would most likely be for facilities with outbreaks

Facility must have a CLIA waiver to test and follow <u>IDPH guidance</u> for antigen testing



FAQ from last week

• Q: If we are reporting POC tests in NHSN do we also need to keep reporting POC tests in RedCap?

A: No. Once you transition to NHSN for POC reporting, you can stop using the IDPH REDCap for POC reporting.

• Q: From my understanding with indoor visits, that area can not be used for anything else. Is this true? If so, how should a smaller facility that doesn't have any unused space go about this without blocking a fire exit?





Submit questions via Q&A pod to All Panelists

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.



Reminders

- SIREN Registration
 - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <u>http://www.dph.illinois.gov/siren</u>
- Telligen QI Connect: <u>https://www.telligenqinqio.com/join-telligen-qiconnect/</u>
 - Last day to sign up is October 30th
 - Questions?
 - Contact Lisa Bridwel: <u>lbridwel@telligen.com</u>
 - CMS Letter of Support: https://www.telligenqinqio.com/wp-content/uploads/2020/10/CMS-NH-Letter-of-Support-12th-SOW-QIN-QIOs.pdf
- NHSN Assistance:
 - Contact Telligen: nursinghome@telligen.com