LTC > 2021
VIRTUAL SYMPOSIUM
THE WAY FORWARD

SEP 13-15, 2021

The Way Forward in Clinical Care

MARY MADISON, RN, RAC-CT, CDP
CLINICAL CONSULTANT, LTC/SENIOR LIVING
BRIGGS HEALTHCARE

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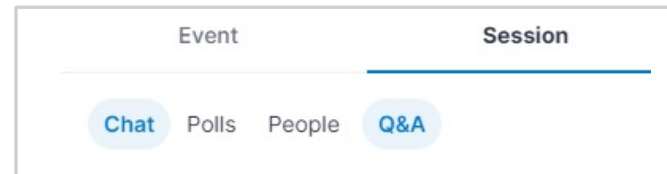
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Purpose

2020 and 2021 have been extremely challenging years for the LTC/PAC workforce, thanks to the COVID pandemic and ongoing PHE. We've learned, and continue to learn, many lessons from standing firm on the front lines of this historical event — and it's not done with us yet!

Working in the LTC industry is not for the faint of heart – something we've proven without a doubt for these past 549 days. In this in-depth session, we'll spend time using a bit of hindsight to determine how we can move forward from this point.

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Objectives

➢ Positive takeaways for forward management of our Infection Prevention and Control as well as Emergency Preparedness programs

➢ Why data is king and always will be

➢ Take care of your staff and they'll take great care of your customers

➢ What to do when the waivers have ended

➢ The MDS 3.0 Item Sets will be updated and there will be significant changes going forward – what to expect

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Disclosures

- I have no financial relationships to disclose.

- I have no conflicts of interest to disclose.

- I will not promote any commercial products or services.

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Poll Question

Today, how are you feeling about the past 19 months as well as the future:

- ○ My facility did well and I'm hopeful going forward
- ○ My facility did well but I'm fearful going forward
- ○ My facility really suffered and I'm hopeful going forward
- ○ My facility really suffered and I'm fearful going forward
- ○ I'm still in shock over the events of the past 19 months and don't know how I feel about the future

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Where Are We Now?

WHAT JUST HAPPENED/WHAT IS HAPPENING HERE?

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Timeline in the U.S.

- 1st case reported to WHO … December 31, 2019

- 1st U.S. case reported to CDC … January 22, 2020

- PHE Declared … January 31, 2020

- QSO-20-14-NH … March 13, 2020 (NH Lockdown/Visit Restriction)

- COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers … March 13, 2020

- CARES Act passed … March 26, 2020

- QSO-20-29-NH … May 6, 2020 (IFR: NHSN reporting; F884 & F885)

- U.S. COVID-19 death toll surpasses 100,000 … May 28, 2020

- CMS-3401-IFC … August 25, 2020 (IFR: routine testing NH residents & staff)

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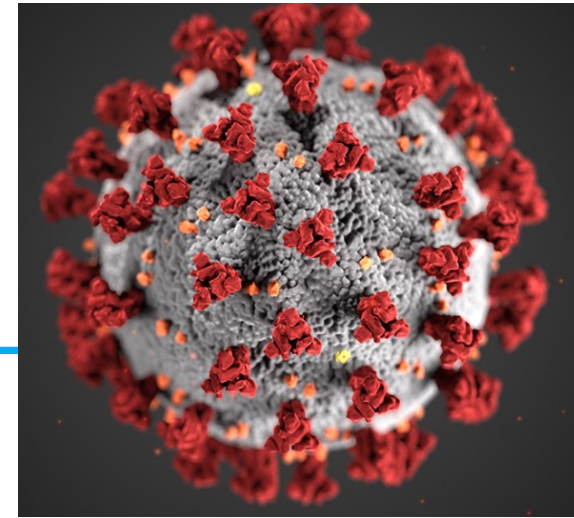
Timeline (cont'd)

- U.S. COVID-19 death toll surpasses 200,000 … September 22, 2020

- ACIP recommends HC workers and LTCFs receive vaccine first … December 3, 2020

- FDA issues EUA for Pfizer-BioNTech vaccine … December 11, 2020

- 1st dose of vaccine given in U.S. … December 14, 2020

- FDA issues EUA for Moderna vaccine … December 18, 2020

- Over 1 million people in U.S. vaccinated … December 24, 2020

- First U.S. case of UK variant reported in Colorado … December 30, 2020

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Timeline (cont'd)

- U.S COVID-19 death toll surpasses 400,000 … January 18, 2021

- U.S.COVID-19 death toll surpasses 500,000 … February 21, 2021

- FDA issues EUA for J&J (Janssen) vaccine … February 27, 2021

- U.S. surpasses 100 million vaccinations administered … March 13, 2021

- QSO-20-38-NH … April 27, 2021 (IFR: Revision of NH Staff & Resident Testing)

- QSO-21-17-NH … May 10, 2021 (Waiver Updates)

- QSO-21-19-NH … May 11, 2021 (IFR: Vaccine Immunization Requirements for NH Residents and Staff)

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Timelines (cont'd)

- OSHA issues Emergency Temporary Standard (ETS) ... June 21, 2021

- 56 Healthcare Societies Issue a Joint Statement in Support of COVID-19 Vaccine Mandates for All Workers in Health and Long-Term Care ... July 26, 2021

- CMS will issue new regulation requiring nursing homes to implement a requirement that all staff be vaccinated against COVID-19 ... August 18, 2021

- FDA issues full approval of Pfizer-BioNTech vaccine ... August 23, 2021

- AMA Encourages COVID-19 Vaccine Mandates to Defeat Pandemic ... August 24, 2021

- U.S. death toll = 652,480 ... September 9, 2021

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What the LTC Data Looks Like (August 29, 2021)

https://data.cms.gov/covid-19/covid-19-nursing-home-data

83.9%
National Percent of Vaccinated Residents per Facility

62.7%
National Percent of Vaccinated Staff per Facility

681,183
Total Resident COVID-19 Confirmed Cases

134,908
Total Resident COVID-19 Deaths
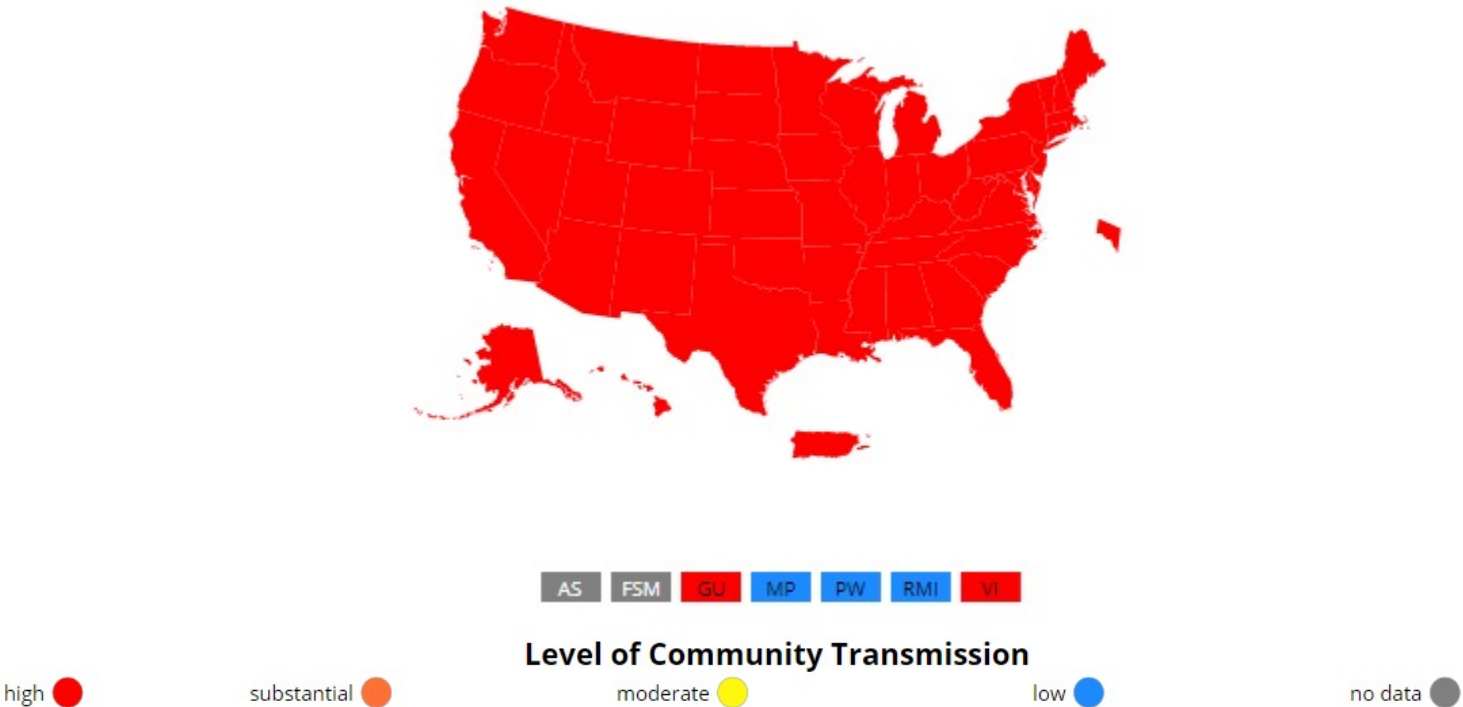
622,596
Total Staff COVID-19 Confirmed Cases

2,026
Total Staff COVID-19 Deaths

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Level of Community Transmission of COVID-19, by State/Territory

Level of Community Transmission

high ●   substantial ●   moderate ●   low ●   no data ●

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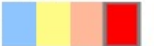
U.S. At a Glance

United States
At a Glance

Cases Total   40,523,954
Last 30 Days

Deaths Total   652,480
Last 30 Days

75.3% of Adults with At Least
One Vaccination

Community   High
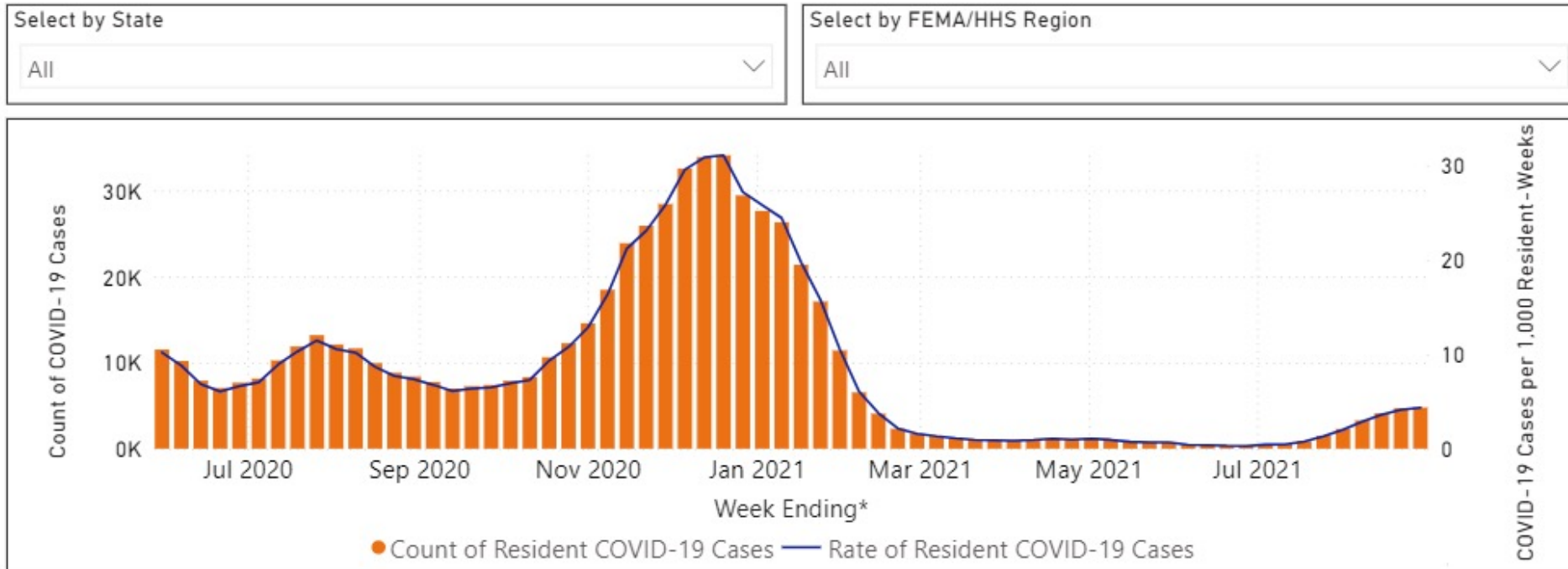Transmission

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NHSN Data (8/30/2021) + next 3 slides

https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html

Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

COVID-19 Deaths among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

Data as of 8/30/2021 5:30 AM

Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

Data as of 8/30/2021 5:30 AM

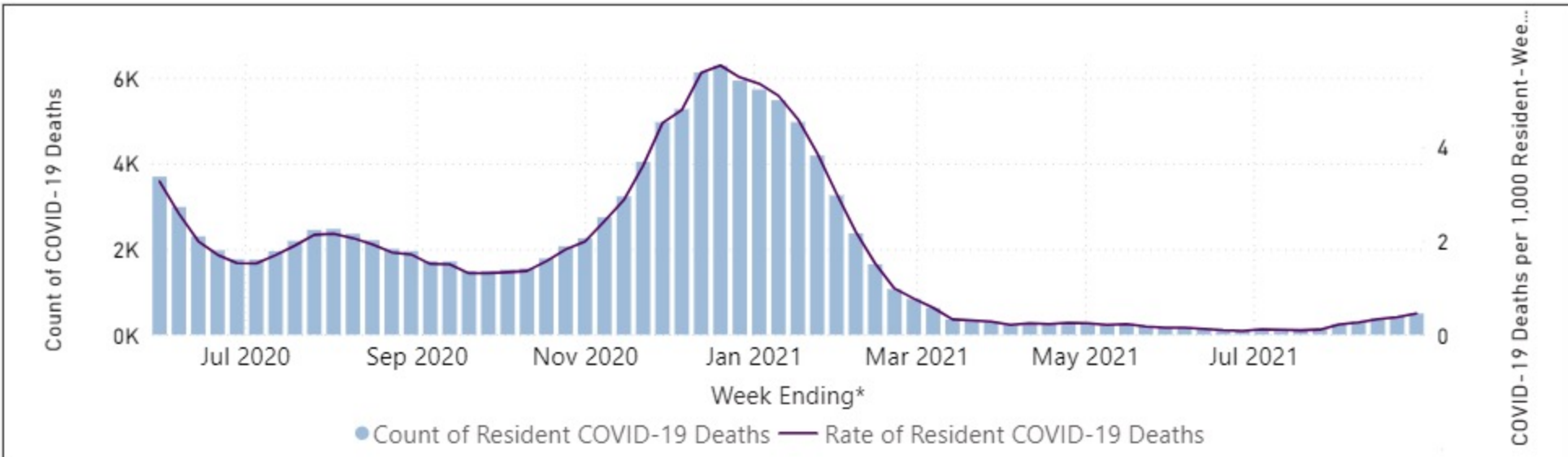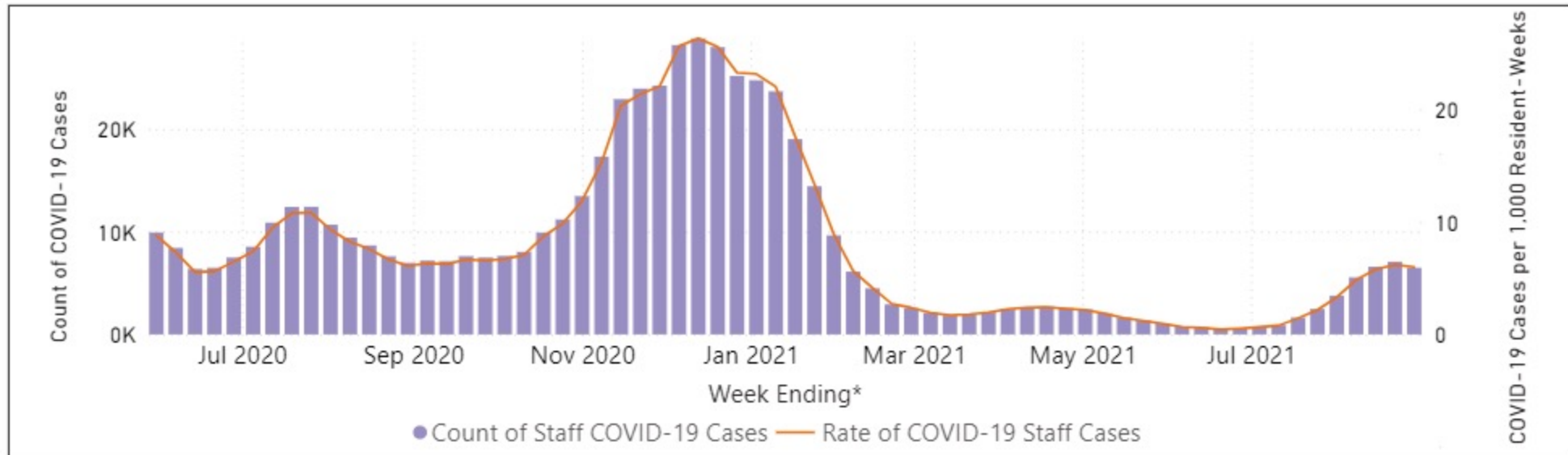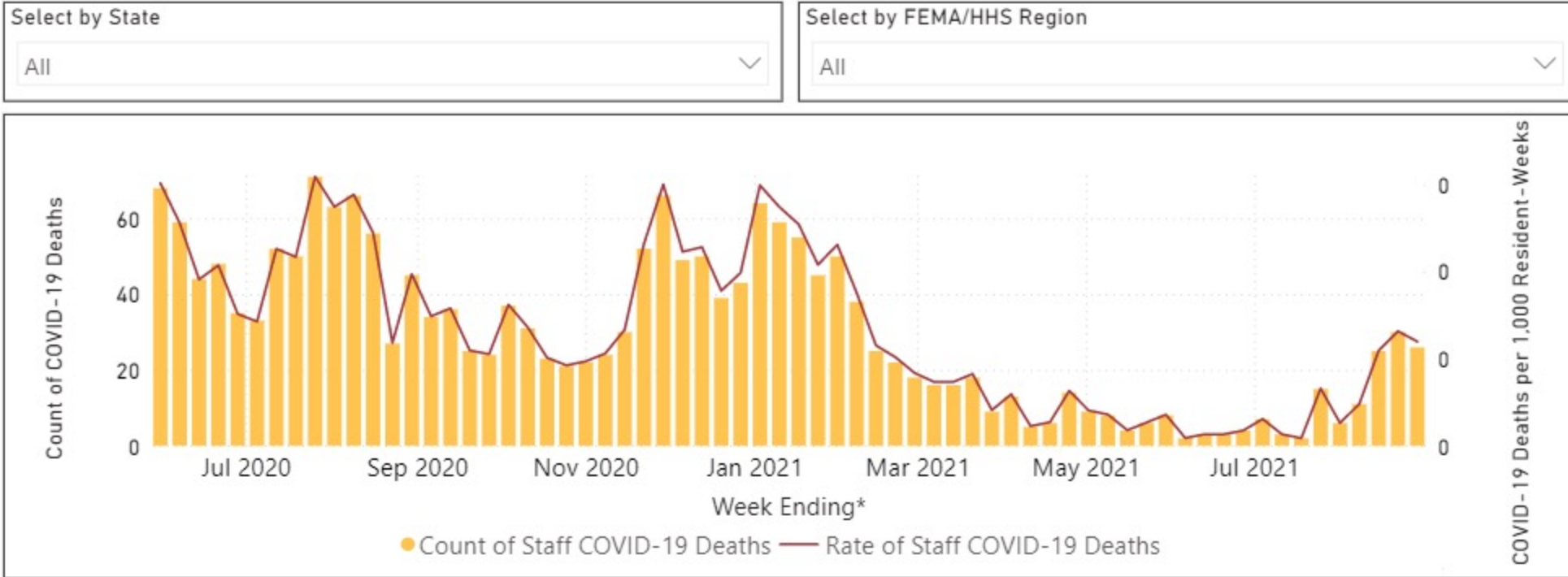COVID-19 Deaths among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States

Infection Prevention and Control Emergency Preparedness

LEARNING FROM THE ONGOING PHE
GOING FORWARD FROM HERE

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Vaccination

➢ Vaccination protects against serious illness, hospitalization and death. That's a fact.

➢ Vaccination of all healthcare and essential workers/first responders as a condition of employment – influenza, COVID-19, etc.

➢ We'll be hearing from CMS later in September, but you should prepare now.

➢ Policy must be reasonable, fair and properly implemented so that everyone is protected.

➢ Safety for everyone that lives and works in the facility is Priority #1.

➢ Is your leadership team vaccinated? Lead by example.

➢ *Listen* to what your employees are saying. Meet them where they are in the process.

➢ Always provide truthful answers to questions. https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/faqs.html and https://www.cdc.gov/vaccines/covid-19/toolkits/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fvaccines%2Fcovid-19%2Fhealth-systems-communication-toolkit.html

➢ Review your current vaccine education program – does it need tweaking?

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Poll Question

○ My facility already has vaccination as a condition of employment.

○ I'm very concerned about implementing a vaccine COE – we may lose staff as a result.

○ I'm not concerned about implementing a vaccine COE from a staffing perspective.

○ Other

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PPE
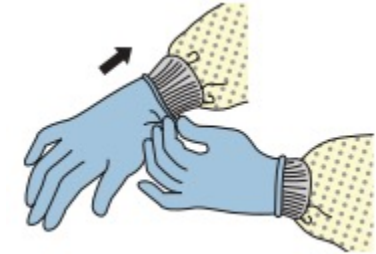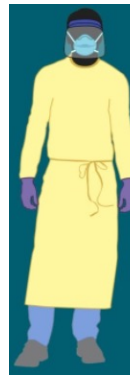
- Always maintain adequate supplies of PPE – plan for "normal" as well as "pandemic" or emergency situations. Include PPE procurement in your emergency/disaster plan. Have a back-up plan in place as well. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html

- Utilize PPE Preservation Planning Toolkit (HHS)
  https://files.asprtracie.hhs.gov/documents/ppepp-toolkit-fact-sheet-hrwg.pdf

- Assign at least 2 staff members to be responsible for monitoring PPE supplies. Accountability to Administrator should be expected with at least weekly reporting of status, more often during an outbreak.

- Don't let meeting your contact in a dark parking lot be your PPE procurement plan.

- Monitor to ensure staff are donning and doffing PPE properly. Train, retrain and audit to ensure no deviations from proper procedure. Watch for compliance during daily/shift rounding. https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

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Hand Hygiene

- Constant vigilance and supervision is a must! Ensure staff are practicing hand hygiene properly. Optimal practice – not just a lick and a promise.

- Include regular education and monitoring of resident hand hygiene.

- Make sure ABHR is readily accessible/proper placement so that it's used.

- Check dispensers at least daily to ensure adequate supply. Do you have back-up ABHR?

- Ensure there is soap or soap dispensers in every bathroom, utility room, kitchen, laundry, etc.

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Respiratory Hygiene

- Screen staff, residents and visitors to your facility when respiratory illness is seen within your walls or within your community at large.

- Encourage staff to stay home from work when they are ill, i.e., cough, running fever, etc. Do the same for families and friends wishing to visit when they don't feel well or there's flu/respiratory illness out in the community. Phone calls are appreciated under such circumstances.

- Teach proper hygiene for coughing or sneezing – use the crook of your elbow or into a tissue, not your hands. Ensure proper hand hygiene follows the cough or sneeze.

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Ventilation

- 1910.502(k) **https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.502**

- This section does not require installation of new HVAC systems or AIIRs to replace or augment functioning systems. In addition to the requirements for existing HVAC systems and AIIRs, all employers should also consider other measures to improve ventilation in accordance with "CDC's Ventilation Guidance," (www.cdc.gov/coronavirus/2019-ncov/community/ventilation.html) (e.g., opening windows and doors). This could include maximizing ventilation in buildings without HVAC systems or in vehicles.

- Is the amount of outside air for your HVAC system maximized? Do the air filters prevent the spread of infectious agents?

- MERV (Minimum Efficiency Reporting Value) ≥ 13 air filters are recommended.

- If your system can't handle this filter, use the highest level you can for the HVAC system.

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Have you taken these measures where/when possible?	YES	NO	Follow-up Action
o Is the HVAC system being checked, inspected, cleaned, and maintained on a regularly scheduled basis?	☐	☐	
o Is the HVAC system being used in accordance with the HVAC manufacturer's instructions and design specifications?	☐	☐	
o Is the HVAC system set to maximize the amount of fresh outdoor air that is supplied to the system within the system's capabilities?	☐	☐	
o Are the HVAC outdoor air intakes clean, are they in good working order, and are they clear of obstructions?	☐	☐	
o Are the HVAC air filters that are installed rated at least Minimum Efficiency Reporting Value (MERV) 13, or the highest level compatible with the system?	☐	☐	
o Are all air filters maintained and changed as necessary in accordance with the manufacturer's instructions for proper HVAC system function?	☐	☐	
o Are all air supply diffusers and return air grilles open, clean, and operating properly?	☐	☐	
o Are all existing AIIRs maintained in accordance with design and construction criteria?	☐	☐	
Additional Ventilation Strategies (Best Practices) to Consider	**YES**	**NO**	**Notes**
o Are windows and doors opened when ambient air quality and temperature allow, and if doing so would not pose other health or safety risks?	☐	☐	
o Are automatic settings that reduce outside air intake disabled?	☐	☐	
o Are HVAC system(s) operated at least two hours before people arrive and at least two hours after everyone has left in order to help flush the building?	☐	☐	

https://www.osha.gov/sites/default/files/COVID-19_Healthcare_ETS_Worksite_Checklist_Employee_Job_Hazard_Analysis.pdf

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Cleaning and Disinfection

- Clean contaminated work areas, surfaces and equipment with a suitable disinfectant and on a schedule in a manner that will prevent transmission.

- Ensure facility policies and procedures are always followed by every staff member.

- Follow the EPA List N. Pay close attention/observe wet times for each disinfectant. https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0

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Training

- The key to success with any facility policy or procedure is to train, audit/supervise and retrain as *often* as needed.

- Expect and ensure competency from all staff members – 24/7/365. Expect all staff members to train and look out for others so no one fails.

- Train at least 2 staff members to function as your Infection Preventionist. Seek out and facilitate/encourage additional training on a consistent (dare I say constant), regular basis. Document **all** training.

- Review past survey reports for areas of needed focus.

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Visitors + Community Outside Your Doors

- Use your newsletter and/or website as well as resident meetings to educate your customers on vaccination, staying home when not feeling well, hand and respiratory hygiene, etc.

- Screen everyone that comes into your facility for signs of respiratory infection, including during the upcoming flu season.

- Screen everyone that enters your building – by any/all doors. Consider limiting access doors and use signage to communicate. Use different doors for access and egress, especially during an outbreak.

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Facility Assessment & Emergency Plan

- Do a pre-post-mortem at this point in time to thoroughly assess your facility's status. Repeat next year/after the PHE or sooner, if things change in your facility.
  - What did your facility assessment look like pre-PHE?
  - What does it look like now?
    - Cases: residents and staff
    - Deaths: residents and staff
    - Effect on occupancy
    - Turnover of staff; use of contract staff (what did that cost?)
    - Supplies to meet needs of residents you care for
    - Do you have enough staff to care for your residents now? Going forward?

- Have you started working on the OSHA ETS risk assessment? https://www.osha.gov/coronavirus/ets

- Is your Emergency Plan current? Effective?   Do you need to make changes in contracts with other facilities in your area?   https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_z_emergprep.pdf

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Misc. Prevention and Control Measures

- Telehealth is and will become a great option to prevent spread of disease.

- Telehealth can also (positively) impact potential hospital admissions and readmissions. Treatment can often be started quicker in LTC.

- Ensure that you've implemented and are monitoring physical distancing at least 6 feet apart.

- Masks are very effective. They are basic PPE requirements. Make sure they're used according to your policy and worn correctly by everyone.

- Cleanable or disposable barriers when appropriate.

- Utilize COVID-19 Focused Survey for Nursing Homes to audit your current processes. **https://www.cms.gov/files/document/qso-21-08-nltc.pdf or https://www.briggshealthcare.com/assets/itemdownloads/1170C_COVID-19%20Focused%20Survey%20for%20Nursing%20Homes_UPD.pdf**

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QSO-20-38-NH … Revised 9/10/21

Memorandum Summary

- CMS is committed to taking critical steps to ensure America's healthcare facilities continue to respond effectively to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- On August 25, 2020, CMS published an interim final rule with comment period (IFC). This rule establishes **Long-Term Care (LTC) Facility Testing Requirements for Staff and Residents.** Specifically, facilities are required to test residents and staff, including individuals providing services under arrangement and volunteers, for COVID-19 based on parameters set forth by the HHS Secretary. This memorandum provides guidance for facilities to meet the new requirements.
- *Revised COVID-19 staff testing is based on the facility's county level of community transmission instead of county test positivity rate. The frequency of testing has also been updated.*
- *Facilities now have two options to conduct outbreak testing, through either a contact tracing or broad-based testing approach.*

Table 2: Routine Testing Intervals by *County COVID-19 Level of Community Transmission*

Level of COVID-19 Community *Transmission*	Minimum Testing Frequency of Unvaccinated Staff[+]
Low *(blue)*	*Not recommended*
Moderate (yellow)	*Once a week**
Substantial (orange)	*Twice* a week*
High *(red)*	Twice a week*

[+]Vaccinated staff do not need *to* be routinely tested.
*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, vaccinated and unvaccinated, with signs *or* symptoms must be tested.	Residents, vaccinated and unvaccinated, with signs *or* symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	*Test all staff, vaccinated and unvaccinated, that had a higher-risk exposure with a COVID-19 positive individual.*	*Test all residents, vaccinated and unvaccinated, that had close contact with a COVID-19 positive individual.*
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	*Test all staff, vaccinated and unvaccinated, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).*	*Test all residents, vaccinated and unvaccinated, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).*
Routine testing	According to Table 2 below	Not *generally* recommended

https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf

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Planning a Remodel or Addition?

- Consider smaller builds. Bigger isn't always better – the pandemic proved that.

- Consider more private rooms with own bathroom.

- Consider fewer beds/unit to facilitate staffing.

- Consult your staff and involve them in the design of the remodel/addition. They are involved in workflow every day and have good ideas.

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Take Care of Your Staff

TAKE CARE OF YOUR CUSTOMERS

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CNA Turnover

A study using nursing home payroll-based journal data from 2017 and 2018 found that the median turnover rate at U.S. nursing homes was 94%, and the average for CNAs was at 129.1%, data from more than 15,000 facilities across the U.S. showed. This was before the pandemic/PHE.

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2020, 2021 and ....

- Both years have really been life-changers for everyone in the world, but most especially for healthcare workers and in particular, those providing care in LTCFs/nursing homes. *The pandemic is not done with us yet.*

- COVID fatigue is <u>very</u> real.

- COVID has affected the personal as well as professional lives of all.
  - Many have lost family members and friends to COVID
  - We've lost 2, 013 LTC staff members to date (see slide #11)
  - Wages have been lost when staff needed to quarantine
  - Childcare/dependent care non-existent or extremely expensive, out of reach for some

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Toll on LTC Staff

- Caring for dying residents – many are like family to staff.
  - Few, if any, family members allowed in facility to be present for comfort to dying resident
  - Dealing with feelings of isolation and loneliness in residents they care for every day

- Increased workloads – longer hours – fewer days off due to staff shortages.

- Many workers continued to take on extra hours in other facilities or in the community at large.

- Increased expense of contract staff + no in-depth knowledge of residents they're caring for.   Bringing in staff without previous experience in LTC.

- Vaccine hesitancy amongst staff members despite terrific success with residents/COVID stats in the elderly.

- Psychological effects on staff.

- Social media effects on staff knowledge and morale.

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How Can We Help Our Staff?

- ✓ Remain calm. Chaos has never made life easier. They're looking to you to set the tone.

- ✓ Interact with staff every day/shift – look them in the eye – make that connection
  - ✓ How are you doing? How is your family doing?
  - ✓ What can I do to help you?

- ✓ THANK YOU!! Those 2 spoken, sincere words can be very profound. Staff look to leadership for recognition/acknowledgement for their value to the facility. Send a written note (and put a copy in the employee's file) to say thank you. Acknowledge staff during meetings.

- ✓ Work alongside your staff to get a better picture of how they work, how they interact with residents, families and others. Show them you are there to help.

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What Else?

✓ Include your team (that translates to staff in all departments) in making decisions for the facility. They have great ideas and are open to sharing them when asked. All supervisors need to recognize that every single staff member has great value to the facility. Let go of the "caste system" in your facility. When they're part of the solution, they contribute to its success.

✓ Be flexible whenever possible. Are you able to adjust work schedules to accommodate staff needs?

✓ DO NOT tolerate bullying/harassment of any kind from anyone.

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And ...

- ✓ Look at your current employee wage structure. Can you afford a bonus to staff or a raise in their wage? If not now, could you in the future?

- ✓ Look at your benefits package. Is there anything that could be added or increased to be attractive to new hires as well as retain current staff?

- ✓ Provide meaningful, continuing education to all staff/all departments.

- ✓ Find and cultivate your champions. Every facility has them. They're leaders without the official title and wages to go with that title. Be sure they're part of your planning and implementation teams.

- ✓ Provide a safe working environment for all that live and work in your facility.

- ✓ Communication is and always will be key to any successful operation.

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Data is King

DATA WILL ALWAYS BE KING

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In God We Trust, All Others Must Document

- We look at and utilize data every single day. It guides policies, our daily lives, laws & regulations, reimbursement, etc.

- PHE has seen an explosion of data as well as:
  - PBJ
  - Survey results
  - Complaint investigations
  - Quality Measures (MDS data)
  - NHSN

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Have an Heir and a Spare?

Do you have more than 1 staff member trained and able to submit/transmit required data?

- MDS

- PBJ

- NHSN

Do you have more than 1 person that can be take over some of the tasks of the Administrator/DON/ADON if needed? What happens if any of these key people get sick or die, leave employment or are unable to work for a period of time??

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Who's Looking at Your Facility's Data?

- CMS

- CDC

- OIG/GAO

- Consumers via Five-Star/Nursing Home Compare – Families looking for placement of loved one

- Media – National and Local

- Your competitors

- Local/area hospitals

- Private insurers

- You?

- Anyone else in your facility?

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Data Sources

- COVID-19 Nursing Home Data
  https://data.cms.gov/covid-19/covid-19-nursing-home-data

- COVID-19 Count Positivity Data
  https://download.cms.gov/covid_nhsn/test_positivity_rates.xlsx

- CDC COVID Data Tracker
  https://covid.cdc.gov/covid-data-tracker/#datatracker-home

- NHSN Nursing Home COVID-19 Data Dashboard
  https://www.cdc.gov/nhsn/covid19/ltc-report-overview.html

- Care Compare … Medicare.gov
  https://www.medicare.gov/care-compare/

- PEPPER
  https://pepper.cbrpepper.org/

- CMS Nursing Home Datasets
  https://data.cms.gov/provider-data/search?theme=Nursing%20homes%20including%20rehab%20services

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Document Everything!

Along with my first slide in the data category, be sure to document:

- Everything involved in expenditures related to the CARES Act and other Federal/state programs.

- All attempts to procure PPE and other infection prevention/control materials.

- All contacts with local and state public health entities.

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Waivers Aren't Forever

WHAT HAPPENS POST WAIVERS

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All Good Things Must Come to an End

- Waivers were introduced in March 2020 - most are still in place
  https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf
  https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf
  https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

  - ~~Staffing Data Submission. CMS is waiving 42 CFR 483.70(q) to provide relief to long-term care facilities on the requirements for submitting staffing data through the Payroll-Based Journal system.~~ (Terminated effective 6/25/2020)

- Additional waivers have already ended – May 10, 2021
  - NHs must resume compliance with providing notice to resident/resident representative at least 30 days or as soon as practicable prior to transfer or discharge
  - NHs must resume compliance with the requirement to provide notice to residents prior to change of room or roommate
  - NHs must resume compliance with timely completion and submission of all required MDS assessments

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Prepare for Training and Certification of Nurse Aides to end

- CMS recommends that states evaluate current requirements of state approved Nurse Aide Training and Competency Evaluation Programs (NATCEP) to determine if hours worked in the nursing home can be used to satisfy any of the state-approved NATCEP training requirements, including the federal 75-hour training requirement. CMS reminds states that required areas of training must be addressed and any areas that are not fulfilled through hours spent on-site at the nursing home must be fulfilled through supplemental training. CMS additionally reminds states that all nurse aides must pass the state's competency exam.

- CMS clarifies that while the current waiver at §483.35(d) allows a nursing home to employ as a nurse aide for longer than 4 months an individual who has not completed a state-approved NATCEP, nursing homes should be working with these individuals now to create a plan for completing required training. Individuals currently working under this waiver will have 4 months from the date of the expiration of this waiver to complete all required training and certification requirements.

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When Will Waivers End?

- "To assure you of our commitment to the ongoing response, we have determined that the PHE will likely remain in place for the entirety of 2021, and when a decision is made to terminate the declaration or let it expire, HHS will provide states with 60 days' notice prior to termination."
  January 25, 2021 … **https://f.datasrvr.com/fr1/621/80970/PHE_Extension.HHS_letter_to_Governors.pdf**

- Once approved, waivers have a retroactive effective date of March 1, 2020 and will end no later than when the emergency declaration is ended.

- Start making plans now to re-train staff, clinicians, physicians, etc. on what life without these waivers was like pre-PHE, especially the 3-day waiver.

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Where Are We with MDS?

WHAT DOES THE FUTURE MDS LOOK LIKE

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FY2022 – MDS Item Sets Remain Same

- v1.17.2 and RAI v3.0 User's Manual – October 2019 through 9/30/2022. Ensure your team is actually referencing this RAI Manual. Has your MDS Coordinator been trained on the MDS? Heir and a spare for this position?

- Continue top-notch documentation of daily skilled nursing services provided.

- Keep a close eye on active diagnosis coding as well as capturing all pertinent diagnosis – be sure there's physician documentation to back up that coding. Be sure to document any NTA.
  https://www.cms.gov/files/zip/pdpmicdcodesfori0020bfy2022.zip = allowable ICD codes for item I0020B
  https://www.cms.gov/files/zip/fy-2022-pdpm-icd-10-mappings.zip = FY2022 PDPM ICD-10-CM Mappings https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM = PDPM

- _Always_ use the RAI Manual as your guide for encoding the MDS. Specific examples include isolation, resident interviews, Section GG, Section I, etc.

- 2 new SNF QRP Measures
  - SNF Healthcare-Associated Infections (HAI) Requiring Hospitalizations
  - COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information

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Next Version of MDS ...

- The release of updated versions of the MDS will be delayed until October 1st of the year that is at least 2 full fiscal years after the end of the COVID-19 PHE. For example, if the COVID-19 PHE ends on September 20, 2020, SNFs will be required to begin collecting data using the updated versions of the item sets beginning with patients discharged on October 1, 2022.

  No MDS 3.0 v1.18.1 – But There Will Be MDS 3.0 v1.17.2 ... BNN Blog

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Are You/Your Team Ready to Move Forward?

WHAT MOVING FORWARD WILL LOOK LIKE FOR YOU

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In Conclusion

Take pride in your collective successes and lessons-learned.

What you have and are living/working through is historic. You've brought the staff and residents through a horrific pandemic that isn't over yet.

Hold your heads up high, reflect on those successes, study what didn't go as well as it should have and make plans/set goals to move forward. You can do it – you've proven that.

Infection prevention and control measures are everyday must-dos. These measures are the key to preserving health and life in your facility. Never forget that.

Let your community see the good things happening in your facility as well as the good people that work there.

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"Working hard for something we don't care about is called stress.

Working hard for something we love is called passion."

-Simon Sinek, author

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Questions & Answers

PLEASE USE THE Q&A BUTTON TO SUBMIT YOUR QUESTIONS

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Thanks for attending!

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