

WEBINAR | NOV 17, 2021

Don't just stand there, let's move forward!

*LTC clinical care in 2022
and beyond*

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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 since March 13, 2020. In this in-depth webinar, we'll spend time using a bit of hindsight to determine how we can move forward from this point.



Objectives

- Tips 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 so they'll take great care of your customers
- What to do when the waivers have ended
- How to prepare for anticipated late 2021–2022 regulatory changes

Poll Question

Today, how are you feeling about the past 20+ 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 but 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 20 months and don't know how I feel about the future

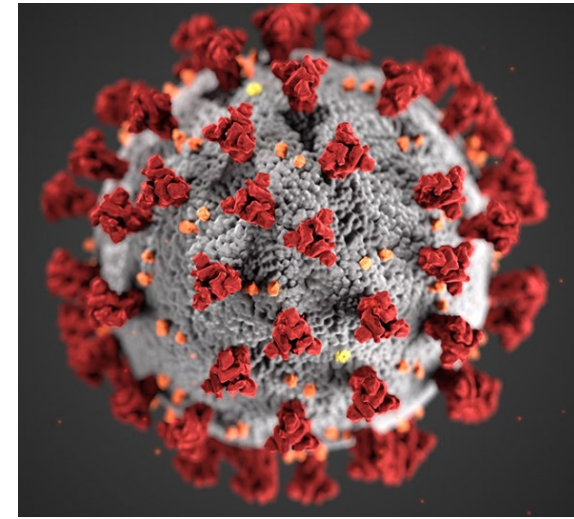


Where are we now?

WHAT JUST HAPPENED?

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)



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

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
- U.S. surpasses 200 million vaccinations administered ... April 21, 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)

Timeline (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

And ...

- CMS issues Omnibus COVID-19 Staff Vaccination Mandate IFC-6 ... November 4, 2021
- OSHA issues COVID-19 Vaccination and Testing Emergency Temporary Standard ... November 4, 2021
- CMS issues QSO-20-39-NH ... Nursing Home Visitation – COVID-19 (REVISED 11/12/21) and QSO-22-02-ALL ... Changes to COVID-19 Survey Activities and Increased Oversight in Nursing ... November 12, 2021
- U.S. death toll = 757,663 ... November 12, 2021

LTC Data: November 12, 2021

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

https://download.cms.gov/covid_nhsn/covid-19%20nursing%20home%20resident%20and%20staff%20vaccination%20rates.xlsx

86.0%

National Percent of Vaccinated Residents per Facility

72.8%

National Percent of Vaccinated Staff per Facility

719,408

Total Resident COVID-19 Confirmed Cases

139,270

Total Resident COVID-19 Deaths

670,315

Total Staff COVID-19 Confirmed Cases

2,155

Total Staff COVID-19 Deaths

Level of Community Transmission of COVID-19, by State/Territory ... November 12, 2021

<https://covid.cdc.gov/covid-data-tracker/#county-view>

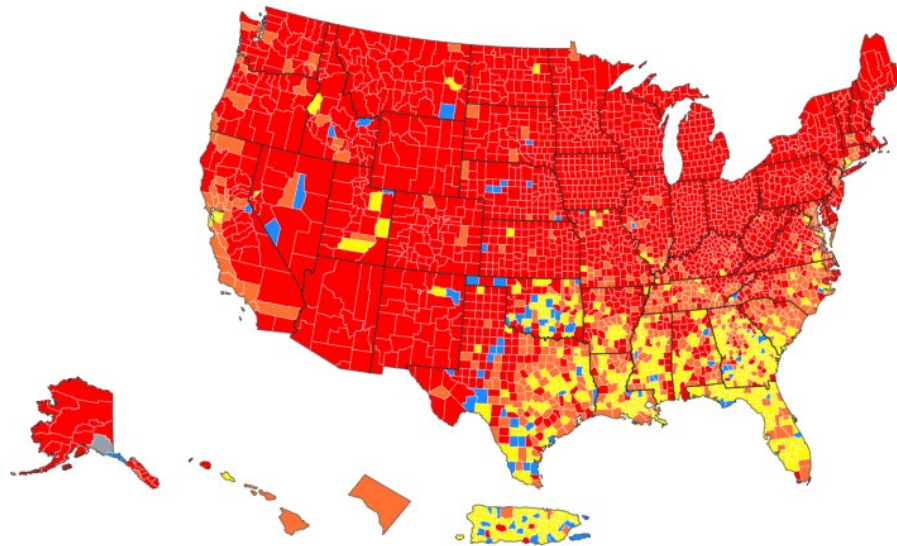
United States At a Glance

Cases Total **46,783,309**
Last 30 Days

Deaths Total **757,663**
Last 30 Days

79.2% of People 12+ with At Least
One Vaccination

Community Transmission



Community Transmission in US by County

	Total	Percent	% Change
High	2226	69.09%	-2.92%
Substantial	556	17.26%	0.31%
Moderate	358	11.11%	2.17%
Low	79	2.45%	0.43%



Infection Prevention and Control Emergency Preparedness

***LEARNING FROM THE ONGOING PHE
GOING FORWARD FROM HERE***

Vaccination



<https://www.ahrq.gov/sites/default/files/wysiwyg/nursing-home/materials/invest-in-trust-guide.pdf>

- 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.
- 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%2F covid-19%2Fhealth-systems-communication-toolkit.html
- Review your current vaccine education program – does it need tweaking?

Omnibus COVID-19 Staff Vaccination Mandate

<https://www.federalregister.gov/documents/2021/11/05/2021-23831/medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-vaccination>

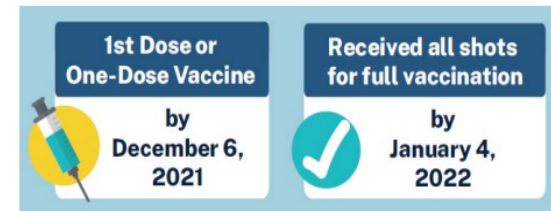
Requirements – What must my facility do?

There are three basic requirements that facilities must complete:

1. You must have a process or plan for vaccinating all eligible staff
2. You must have a process or plan for providing exemptions and accommodations for those who are exempt
3. You must have a process or plan for tracking and documenting staff vaccinations

Requirements – When must my facility do it?

- You must have your process or plan in place for vaccinating staff, providing exemptions and accommodations, and tracking and documenting staff vaccinations within 30-days (by December 6, 2021)
- Additionally, your process or plan for vaccinating staff must ensure that all eligible staff receive:
 - 1st Dose or One-Dose Vaccine by December 6, 2021
 - Received all shots for full vaccination by January 4, 2022



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Omnibus Requirements (cont'd)

<https://www.cms.gov/files/document/covid-19-health-care-staff-vaccination-ifc-6-national-stakeholder-call-slides.pdf>

Requirements – Who in my facility must be vaccinated?

- The vaccination requirements **apply to all eligible staff**, both current and new, working at a facility regardless of clinical responsibility or patient contact, including:
 - Facility Employees
 - Licensed Practitioners
 - Students
 - Trainees
 - Volunteers
 - Contracted Staff
- The vaccination requirements also apply to staff who perform duties offsite (e.g. home health, home infusion therapy, etc.) and to individuals who enter into a CMS regulated facility
 - Example: A physician with privileges in a hospital who is admitting and/or treating patients onsite
- This requirement does not apply to full time telework staff

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Requirements – How does CMS define fully vaccinated?

- CMS considers staff fully vaccinated if it has been two weeks or more since they completed a primary vaccination series for COVID-19
 - **Important Note:** Staff who have who have completed the primary series for the vaccine received by the Phase 2 implementation date are considered to have met these requirements, even if they have not yet completed the 14-day waiting period required for full vaccination
- Completion of a primary vaccination series for COVID-19 means:
 - Staff received a single-dose vaccine
 - Janssen (Johnson & Johnson) COVID-19 Vaccine
 - Staff received all required doses of a multi-dose vaccine
 - Pfizer-BioNTech COVID-19 Vaccine (interchangeable with the licensed Comirnaty Vaccine)
 - Moderna COVID-19 Vaccine
 - Staff received vaccines listed by the World Health Organization (WHO) for emergency use (in accordance with CDC guidelines)
- *Are boosters included?* – No, however CMS strongly encourages facilities and staff to review the CDC's *Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States* for additional detail on additional doses

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And ... <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws>

Requirements – How do exemptions work?

CMS requires facilities to allow for the following exemptions to staff in accordance with federal law:

- Recognized medical conditions for which vaccines are contraindicated
- Religious beliefs, observances, or practices

Basics for Medical Exemptions:

- Facilities must develop a process for permitting staff to request a medical exemption
- Facilities must ensure all documentation is signed and dated by a licensed practitioner
- Documentation must contain all information specifying why the COVID-19 vaccines are clinically contraindicated for the staff member
- Documentation must include a statement by the authenticating practitioner recommending the staff member be exempted

Basics for Religious Exemptions:

- Facilities must develop a process for permitting staff to request a religious exemption
- Facilities must ensure all requests for religious exemptions are documented and evaluated in accordance with applicable federal law and as a part of the facility's policies and procedures

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Requirements – How do accommodations work?

- CMS requires facilities to develop a process for implementing additional precautions for any staff who are not vaccinated
- Potential accommodations for exempted staff could include, but are not limited to:
 - Testing
 - Physical Distancing
 - Source Control
- *In all cases – facilities must ensure that they minimize the risk of transmission of COVID-19 to at-risk individuals*

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QSO-20-39-NH ... Nursing Home Visitation – COVID-19 (REVISED)

<https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation Guidance:** CMS is issuing new guidance for visitation in nursing homes during the COVID-19 PHE, including the impact of COVID-19 vaccination.
- *Visitation is now allowed for all residents at all times.*

- Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility. Facilities should screen all who enter for these visitation exclusions.
- Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations. While previously acceptable during the PHE, facilities can no longer limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits.
- If the nursing home's county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.

And ...

- Unvaccinated residents may also choose to have physical touch based on their preferences and needs, such as with support persons for individuals with disabilities and visitors participating in certain religious practices, including in end-of-life situations. In these situations, unvaccinated residents (or their representative) and their visitors should be advised of the risks of physical contact prior to the visit.
- If residents or their representative would like to have a visit during an outbreak investigation, they should wear face coverings or masks during visits, regardless of vaccination status, and visits should ideally occur in the resident's room.
- Facilities may ask about a visitors' vaccination status, however, visitors 6 are not required to be tested or vaccinated (or show proof of such) as a condition of visitation. If the visitor declines to disclose their vaccination status, the visitor should wear a face covering or mask at all times.
- There are no longer scenarios related to COVID-19 where visitation should be limited, except for certain situations when the visit is limited to being conducted in the resident's room or the rare event that visitation is limited to compassionate care.
- The safest approach is for everyone, regardless of vaccination status, to wear a face covering or mask while in communal areas of the facility.
- Facilities must permit residents to leave the facility as they choose. (Review screening guidance upon return within this QSO.)
- LTC facilities are not permitted to restrict access to surveyors based on vaccination status, nor ask a surveyor for proof of his or her vaccination status as a condition of entry. If facilities have questions about the process a state is using to ensure surveyors can enter a facility safely, those questions should be addressed to the State Survey Agency. Surveyors should not enter a facility if they have a positive viral test for COVID-19, signs or symptoms of COVID-19, or currently meet the criteria for quarantine.

QSO-22-02-ALL

<https://www.cms.gov/files/document/qso-22-02-all.pdf>

SUBJECT: Changes to COVID-19 Survey Activities and Increased Oversight in Nursing Homes

Memorandum Summary

- **CMS remains committed** to taking critical steps to protect vulnerable Americans to ensure the nation's health care facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **CMS is announcing steps to assist State Survey Agencies (SAs) in addressing the backlog of complaint and recertification surveys. These steps include:**
 - Revising the criteria for conducting COVID-19 Focused Infection Control (FIC) Surveys;
 - Guidance for resuming recertification surveys; and
 - Temporary guidance and minor flexibilities related to complaint investigations.
- **CMS is increasing oversight in nursing homes** to allow a more focused review of quality-of-life and quality-of-care concerns.

What Does This Mean Going Forward?

- CMS will no longer require FIC surveys to be conducted within 3-5 days of a nursing home having 3 or more new COVID-19 confirmed cases, or 1 confirmed resident case in a facility that was previously COVID-19-free.
- SAs will continue to conduct recertification surveys, but do not need to conduct additional recertification surveys to make up for any surveys that could not be completed during the COVID-19 PHE.
- SAs should be able to resume recertification surveys on a regular basis and should do so by establishing new intervals based on each facility's next survey, not based on the last survey that was conducted prior to the COVID-19 PHE.
- SAs prioritize recertification surveys according to the potential risk to residents, such as facilities with a history of noncompliance, or allegations of noncompliance, with any of the following:
 - Abuse or neglect
 - Infection control
 - Violations of transfer or discharge requirements
 - Insufficient staffing or competency
 - Special Focus Facilities (SFFs) and SFF candidates; and/or
 - Other quality-of-care issues (e.g., falls, pressure ulcers, etc.).

And...

- CMS is temporarily allowing certain mandatory survey protocol tasks to be discretionary or triggered based on concerns identified during offsite preparation activities such as complaints to be investigated during the survey, or those raised by the ombudsman, and previous patterns of citations. These tasks can also be triggered based on concerns identified during the onsite survey through observations, interviews, and record reviews or if complaint(s) are to be investigated during the recertification survey. The mandatory survey tasks eligible for temporary discretion are the following:
 - **Resident Council Meeting:** Surveyors interview up to 40 residents in the initial pool depending on facility census (See Attachment A of the [Long Term Care Survey Process \(LTCSP\) Procedure Guide](#)). If concerns are identified through these interviews (e.g., concerns with visitation or grievances), the survey team should proceed with conducting this task.
 - **Dining Observation Task:** This task may be discretionary except it must be completed if a resident is being investigated for nutrition, weight loss, or concerns identified related to dialysis.
 - **Medication Storage:** This task may be discretionary except it must be completed if the surveyor identified concerns with medication storage when completing the mandatory task of medication administration observation.

Increasing Oversight in Nursing Homes

- CMS is very concerned about how residents' health and safety has been impacted, such as increased weight loss, pressure ulcers, abuse or neglect, and other quality-of-care and quality-of-life issues.
- Surveying for Nurse Competency
- Inappropriate Use of Antipsychotic Medications
- In addition to the items above, surveyors should assess other care areas where residents' health and safety may be at increased risk, such as unplanned weight loss, loss of function/mobility, depression, abuse/neglect, or pressure ulcers. SAs should use the appropriate critical element pathways to thoroughly investigate these areas to ensure any noncompliance is identified and subsequently corrected.

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>

Hand Hygiene

<https://www.cdc.gov/handhygiene/providers/guideline.html>



- 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.

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.

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 AllRs to replace or augment functioning systems. In addition to the requirements for existing HVAC systems and AllRs, 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.

Have you taken these measures where/when possible?	YES	NO	Follow-up Action
○ Is the HVAC system being checked, inspected, cleaned, and maintained on a regularly scheduled basis?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Is the HVAC system being used in accordance with the HVAC manufacturer's instructions and design specifications?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Is the HVAC system set to maximize the amount of fresh outdoor air that is supplied to the system within the system's capabilities?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Are the HVAC outdoor air intakes clean, are they in good working order, and are they clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	
○ 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?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Are all air filters maintained and changed as necessary in accordance with the manufacturer's instructions for proper HVAC system function?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Are all air supply diffusers and return air grilles open, clean, and operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Are all existing AIIRs maintained in accordance with design and construction criteria?	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Ventilation Strategies (Best Practices) to Consider	YES	NO	Notes
○ Are windows and doors opened when ambient air quality and temperature allow, and if doing so would not pose other health or safety risks?	<input type="checkbox"/>	<input type="checkbox"/>	
○ Are automatic settings that reduce outside air intake disabled?	<input type="checkbox"/>	<input type="checkbox"/>	
○ 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?	<input type="checkbox"/>	<input type="checkbox"/>	

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

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>

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.

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.

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? Is your staff competent?
- 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

Misc. Prevention and Control Measures

- Telehealth is and will become a great option to prevent spread of disease.
- Telehealth can 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, including yourself.
- Use cleanable or disposable barriers when/where 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> and CMS-20054 ... Infection Prevention, Control & Immunizations Critical Element Pathway (9/2021)
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Pathways.zip>

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.



Take Care of Your Staff

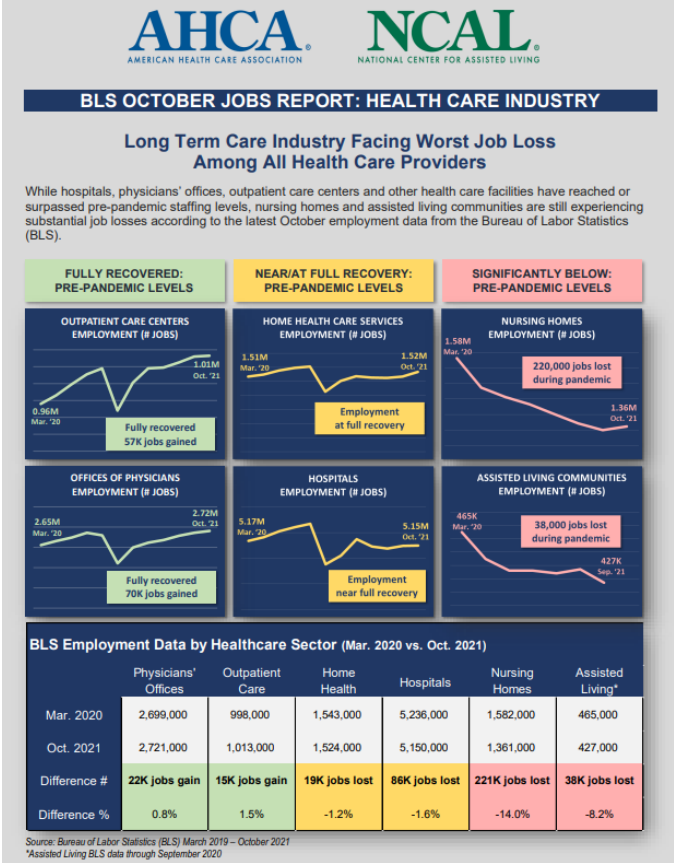
TAKE CARE OF YOUR CUSTOMERS

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.

Staff Turnover

<https://www.ahcancal.org/News-and-Communications/Fact-Sheets/FactSheets/BLS-Report-LTC-Job-Losses.pdf>



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 very real as is staff burnout.
- COVID has affected the personal as well as professional lives of all.
 - Many of us have lost friends, families and co-workers.
 - We've lost 2, 155 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.
 - Some LTCFs have closed or are considering closing due to insufficient staff and massive financial losses.

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.

How Can We Help Our Staff?

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

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.

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? What about additional time off?
- 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.
- Communication is and always will be key to any successful operation.
- Provide a safe environment for all that live, work and visit your facility.
- Vaccination will save lives – the lives of your residents, staff, families, friends!



Data is King

DATA WILL ALWAYS BE KING!

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
 - Care Compare

Document Everything!

Along with the previous slide, 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.
- Keep track of your long-haulers ... Residents and staff.
- Consider keeping track of your IPAs and potential IPAs.

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??

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?

Data Sources

- COVID-19 Nursing Home Data
<https://data.cms.gov/covid-19/covid-19-nursing-home-data>
- 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>
- CMS Provider Data Catalog
<https://data.cms.gov/provider-data/topics/nursing-homes>
- PEPPER
<https://pepper.cbrpepper.org>
- CMS Nursing Home Datasets
<https://data.cms.gov/provider-data/search?theme=Nursing%20homes%20including%20rehab%20services>



Waivers Aren't Forever

WHAT HAPPENS POST WAIVERS?

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

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.

When Will The 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 (QHS).
- Reference CMS' Current Emergencies website:
<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>



Are You/Your Team Ready to Move Forward?

*WHAT WILL MOVING FORWARD WILL LOOK
LIKE FOR YOU?*

Some Final Thoughts

- 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. Be flexible and ready to pivot when needed.
- 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. IPC programs are key to the present as well as the future.
- Let your community see the good things happening in your facility as well as the good people that work there.

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

Working hard for something we love is called passion."

-Simon Sinek, author



You and your staff are awesome!

Thank you for all that you do!!

Keep moving forward ...



Thank you for attending!

WEBINAR RECORDING AND SLIDES AVAILABLE AT:

simpleltc.com/move-forward