Welcome Nursing Facility Providers!

COVID-19 Updates and Q&A with LTCR and DSHS
April 14, 2021

For more information:
Email: LTCRPolicy@hhs.texas.gov
Phone: 512-438-3161
COVID-19 Q&A

Panelist

Kevin Knippa
Senior Policy Specialist
Policy & Rules
Long-term Care Regulation
Future Webinar Changes

Starting May 1st, the Nursing Facility Provider Webinars will change to a bi-weekly schedule.

The schedule will be:

• April 21, 2021
• April 28, 2021
• May 5, 2021
• May 19, 2021
• June 2, 2021
• June 16, 2021
• June 30, 2021
Future Webinar Changes

As always, we will send notifications for the webinars through GovDelivery alerts and post them on the Nursing Facility Provider Portal.
CMS QSO-21-17

CMS issued QSO-21-17, updates to the COVID-19 blanket waivers.

Starting May 10th, the following blanket waivers will end:

- Notifying Residents before Transfer or Discharge or Room or Roommate Change
- Certain Care Planning Requirements
- Minimum Data Set (MDS) Timeframe Requirements

(Cont. on next slide)
CMS QSO-21-17

Starting May 10th, NFs will be required to:

• Resume providing notice as required in the regulations:
  • With 30 days advanced notice, or as soon as practicable before the transfer or discharge of a resident; and
  • Before a room or roommate change.

• Complete a baseline care plan for residents within 48 hours of admission and a comprehensive care plan within 7 days of admission.

• Complete and transmit MDS assessments as required at 42 CFR §483.20
CMS QSO-21-17

CMS is not ending the following blanket waivers:

• Waivers which continue to allow facilities to transfer or discharge, and change rooms for the sole purposes of cohorting.

• Waiver at 42 CFR §483.20(k) related to the Pre-Admission Screening and Annual Resident Review (PASARR).

• Waivers related to nurse aide training / certification requirements.
Although CMS is not terminating blanket waivers related to nurse aide training and certification requirements, QSO-20-17 does acknowledge NFs concerns about what will happen when this blanket waiver ends.

CMS provided that whenever the blanket waiver is terminated, the four-month time period will begin. Meaning NFs and CNAs would have four-months to complete the requirements for certification once the blanket waiver is terminated.

(Cont. on next slide)
CMS QSO-21-17

HHSC is currently working on solutions and alternatives to address the need for certification of nurse aides hired during the COVID-19 pandemic.

HHSC will notify providers as soon as more information is available.
Updated COVID-19 FAQs

HHSC published updated NF COVID-19 FAQs.

The FAQs reflect the recent updates to guidance including:

• Quarantine guidance for fully-vaccinated residents
• Updated visitation requirements
• Other infection control and prevention guidance related to fully-vaccinated individuals

The updated NF COVID-19 FAQs can be found in the COVID-19 Resources Section of the Nursing Facility Provider Portal.
April Updates

Version 3.9

COVID-19 Response for Nursing Facilities
April Updates

Updates include:

• Quarantine guidance per CDC updates for fully-vaccinated residents and staff

• Visitation guidance and requirements to reflect the updated Expansion of Reopening Visitation Emergency Rule

• Updates CDC references to include Infection Control After Vaccination webpage
COVID-19 Q&A

Panelist

Robert Ochoa
Senior Policy Specialist
Policy & Rules
Long-term Care Regulation
In-Person Tours in NFs

NFs can allow in-person tours for prospective residents, assuming the following is met:

• The NF must have:
  • Separate cohorts for residents based on COVID-19 status
  • Dedicated staff for each COVID-19 resident cohort
  • No facility-acquired outbreak in the COVID-19 negative cohort

• However, tours can still occur if the outbreak is isolated to a single area. (See Section 5.0 of PL 2021-08 for more information on how to determine if an outbreak is isolated)

(Cont. on next slide)
In-Person Tours in NFs

NFs can allow in-person tours for prospective residents, assuming the following is met:

• During the in-person tour, facilities must:
  • Screen all visitors for COVID-19
  • Limit in-person tours to COVID-19 negative areas of the building
  • Ensure all visitors wear a facemask or face covering at all times
  • Ensure all visitors perform proper hand hygiene before and after the tour
  • Ensure all visitors maintain physical distancing between themselves and all staff, residents, and other visitors

(Cont. on next slide)
In-Person Tours in NFs

During the in-person tour, facilities must limit visitors for in-person tours to not more than three persons:

• the prospective resident
• no more than two people they have chosen to accompany them
Reminder: Essential Caregiver Training

HHSC created a Infection Control Basics & Personal Protective Equipment for Essential Caregivers document.

The document meets the requirements for training of essential caregivers.

You can find this document in the “COVID-19 Resources” section of the Nursing Facility Provider Portal.

It is also included as a handout on this webinar.
Reminder: Resident Socialization

HHSC is working on new, updated trainings related to creating normalcy for residents in nursing facilities.

In the meantime, NFs are encouraged to review guidance related to resident socialization on the following topics in the COVID-19 NF Response Plan:

- Group activities and communal dining
- Residents leaving the facility
- Visitation (also covered in PL 2021-08)
- Quarantine Guidance
COVID-19 Q&A

Panelist

Christine Riley
Nurse III/Clinical Policy Specialist
Policy & Rules
Long-term Care Regulation
Additional Quarantine Guidance Resources

In addition to the resources provided by HHSC, the National Consumer Voice for Quality Long-term Care created a helpful summary document to help navigate the current CDC quarantine guidance.

The document provides the same quarantine guidance that has been covered in recent webinars.

Access the summary document [here](#). The document is also included as a handout.
CDC’s New Webpage

On March 29th, the CDC published the new webpage, *Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes*.

This webpage condenses and expands on information that was previously included on two separate webpages.

You can find the new webpage at:


(Cont. on next page)
CDC’s New Webpage

Notable changes/updates include:

**Added proper use and handling of personal protective equipment (PPE).**

- Facilities should have policies and procedures addressing:
  - Which PPE is required in which situations
  - Recommended sequence for safely donning and doffing PPE

- If PPE shortages are anticipated or exist, implement [CDC PPE optimization strategies](#)
CDC’s New Webpage

Notable changes/updates include:

Added universal PPE use to align with the interim infection prevention and control guidance for HCP. (updated)

- Source control (the fit of the mask or respirator over the wearer’s mouth and nose is a critical factor)
- Important to have well-fitting masks, respirators, which are required for staff, as tolerated for residents
- HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or presymptomatic residents with COVID-19 infection.
CDC’s New Webpage

Notable changes/updates include:

• Considerations for situations when it might be appropriate to keep the room door open for a resident with suspected or confirmed COVID-19 infection.

Generally it is recommended that the door to the room remain closed to reduce transmission of COVID-19. This is especially important for residents with suspected or confirmed COVID-19 infection being cared for outside of the COVID-19 care unit.

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However, in some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open. If doors must remain open, work with facility engineers to implement strategies to minimize airflow into the hallway.

As a reminder, residents do have the right to choose to have their door open or closed.
Notable changes/updates include:

- A description was included about when it may be appropriate for a resident with a suspected COVID-19 infection to “shelter-in-place.”

If limited private rooms are available or if numerous residents are simultaneously identified to have known COVID-19 exposures or symptoms concerning for COVID-19, residents should shelter-in-place at their current location pending return of test results.
Health alert from CDC and FDA:

- **Cases of Cerebral Venous Sinus Thrombosis with Thrombocytopenia after Receipt of the Johnson & Johnson COVID-19 Vaccine;** April 13, 2021
- As of April 12, approx 6.85 million doses of the J&J vaccine have been administered in the US
- There have been 6 reports into VAERS of patients who developed a type of blood clot called cerebral venous sinus thrombosis (CVST), and also had low platelets

*(cont. on next slide)*
Health alert from CDC and FDA:

- Providers should be aware of symptoms that might represent serious thrombotic events or thrombocytopenia in patients who have recently received the J&J vaccine; symptoms include severe headache, backache, new neurologic symptoms, severe abdominal pain, shortness of breath, leg swelling, petechiae (tiny red spots on the skin), or new or easy bruising. Obtain platelet counts and screen for evidence of immune thrombotic thrombocytopenia.

- Cerebral venous thrombosis has not been reported in those who received a mRNA vaccine (cont. on next slide)
Health alert from CDC and FDA:

- CDC and FDA reviewing these cases and assess potential implications on vaccine policy. Until that process is complete, CDC and FDA are recommending a pause in the use of the J&J COVID-19 vaccine out of an abundance of caution.

- DSHS has a section in their Vaccine FAQs on Johnson & Johnson Safety Information.

- DSHS Statement on Johnson & Johnson Vaccine news release
FDA Recommendations:

FDA Recommends Transition from Use of Decontaminated Disposable Respirators - Letter to Health Care Personnel and Facilities

• The FDA and CDC believe there is adequate supply of respirators to transition away from use of decontamination and bioburden reduction systems (bioburden refers to the number of bacteria living on a surface that has not been sterilized)

(cont. on next slide)
FDA Recommendations:

- FDA is not revoking the EUAs for decontamination and bioburden reduction systems at this time— if there are insufficient supplies of filtering facepiece respirators (FFRs) due to the COVID-19 pandemic, HCP may continue to use currently authorized decontamination and bioburden reduction systems.

- However, reuse of respirators should be limited to when no other respirators are available, including reusable respirators, such as elastomeric respirators or PAPRs.

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FDA Recommendations:

- FDA recommends that HCP and facilities:
  - Limit decontamination of disposable respirators
  - Transition away from crisis capacity strategy for respirators
  - Increase inventory of available NIOSH-approved respirators, including N95 and other FFRs
COVID-19 Q&A

Panelist

David Gruber
Associate Commissioner for Regional and Local Health Operations
DSHS
State Long-Term Care Ombudsman Program

Statewide phone: 800-252-2412
• Statewide email: ltc.ombudsman@hhs.texas.gov

State Ombudsman: Patty Ducayet, 737-704-9075 (or) patty.ducayet@hhs.Texas.gov

Weekly Facebook Live Q&A for Families of LTC Residents: Every Wednesday, 12:15 to 12:45
COVID-19 Q&A

Panelist

Melody Malone, PT, CPHQ, MHA, CDP, CADDCT
TeamSTEPPS® Master Trainer
INTERACT® Certified Champion
Healthcare Quality Improvement Specialist
TMF Health Quality Institute
NHSN Updates:

*Planned for the evening of Thursday April 15, 2021.*

- **Point of Care (POC) Test Reporting Tool** – multiple enhancements will be made.
- Nomenclature change to: **COVID-19 Pathways**
  - Resident Impact and Facility Capacity Pathway
  - Supplies and Personal Protective Equipment (PPE) Pathway
  - Therapeutics Pathway
  - **AND, other updates – see the Forum Post for more details!**
- **NEW Data Quality Alerts** - Two new guidance documents
  - [How to Address COVID-19 Module Data Alerts](#)
  - [Correcting COVID-19 Module Data](#)
New COVID-19 Data Quality Alerts page

There is a new alert button on the NHSN LTCF alerts page.
### QA Alerts

#### Alert List

<table>
<thead>
<tr>
<th>Collection Date</th>
<th>COVID-19 Data Form Type</th>
<th>Variable</th>
<th>QA Flag Description</th>
<th>Confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/11/2021</td>
<td>RIFC</td>
<td>Resident - COVID-19 DEATHS</td>
<td>Illogical relation between Resident COVID-19 deaths and case</td>
<td>N</td>
</tr>
<tr>
<td>03/12/2021</td>
<td>RIFC</td>
<td>Resident - CONFIRMED</td>
<td>Records with pure duplicates (&gt; 0) or cumulative data entry pattern (longitudinal) assessment</td>
<td>N</td>
</tr>
<tr>
<td>03/12/2021</td>
<td>RIFC</td>
<td>Resident - CONFIRMED</td>
<td>Multiple repeats of the same value for consecutive days</td>
<td>N</td>
</tr>
<tr>
<td>03/12/2021</td>
<td>RIFC</td>
<td>Resident - CONFIRMED</td>
<td>Records with pure duplicates (&gt; 0) or cumulative data entry pattern (longitudinal) assessment</td>
<td>N</td>
</tr>
</tbody>
</table>

Indicates the variables flagged

Indicates the type of error in data entry

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Correct or Verify Data

TOTAL DEATHS: Number of residents who have died for any reason in the facility or another location: 0

**COVID-19 DEATHS: Based on the number of reported Total Deaths, indicate the number of residents with COVID-19 who died in the facility or another location.

Influenza: Number of Residents with new influenza (flu).

Respiratory Illness: Number of Residents with acute respiratory illness symptoms, excluding COVID-19 and/or influenza.
## Manage Alert Page:

**Manage Alert(s)**

<table>
<thead>
<tr>
<th>Collection Date</th>
<th>COVID-19 Data Form Type</th>
<th>Variable</th>
<th>QA Flag Description</th>
<th>Value(s) for this Alert are Confirmed</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/08/2020</td>
<td>RIFC</td>
<td>Resident - COVID-19 DEATH</td>
<td>Repeat of any high value &gt;10 between 2 consecutive days</td>
<td>☐ Yes ☑ No</td>
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<tr>
<td>12/08/2020</td>
<td>RIFC</td>
<td>Resident - COVID-19 DEATH</td>
<td>Illogical relation between Resident COVID-19 deaths and</td>
<td>☐ Yes ☑ No</td>
</tr>
</tbody>
</table>

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NHSN Updates:

*Planned for the evening of Thursday April 15 2021.*

- **Weekly NHSN COVID-19 Vaccination Data Modules:**
  1. Reminder to report cumulative data
  2. History of laboratory-confirmed SARS-CoV-2 is optional
  3. Instructions for group (.csv) uploading will be updated

*For best results, when entering COVID-19 vaccination data in NHSN, CDC recommends that facilities use computer browser options such as Google Chrome and Microsoft Edge (instead of Internet Explorer).*
NHSN RESOURCES

- TMF resources here: NHSN Resources
- CDC NHSN COVID19 Module: https://www.cdc.gov/nhsn/ltc/covid19/index.html
- Details on SAMS Level 3: SAMS Level Three Access Having backup Users is crucial to staying in compliance with reporting!
- NHSN website changes: LTC Website Refresh Walk-through
CMS Targeted COVID-19 Training for Frontline Nursing Home Staff & Management Learning

• Available through the CMS Quality, Safety & Education Portal (QSEP).

• Can be completed on a cell phone

• Frontline nursing home staff modules:
  Module 1: Hand Hygiene and PPE
  Module 2: Screening and Surveillance
  Module 3: Cleaning the Nursing Home
  Module 4: Cohorting
  Module 5: Caring for Residents with Dementia in a Pandemic

• 3 hours total training time

• Management staff modules:
  Module 1: Hand Hygiene and PPE
  Module 2: Screening and Surveillance
  Module 3: Cleaning the Nursing Home
  Module 4: Cohorting
  Module 5: Caring for Residents with Dementia in a Pandemic
  Module 6: Basic Infection Control
  Module 7: Emergency Preparedness and Surge Capacity
  Module 8: Addressing Emotional Health of Residents and Staff
  Module 9: Telehealth for Nursing Homes
  Module 10: Getting Your Vaccine Delivery System Ready

• 4 hours total training time
TMF LTC Connect – 30 minute sessions

• April 22 - The Best-Ever Formula to Improve Pneumococcal Vaccinations
  Register: [April 22 - Pneumococcal Vaccinations Webinar](#)

• May 20 – Hit the Easy Button on NHSN COVID Data
  Register: [May 20 - NHSN COVID Data Webinar](#)

• Sessions start at 1:30 pm
Reach out to us at:

nhnetwork@tmf.org
to submit requests for assistance with NHSN reporting problems or quality improvement assistance.
COVID-19 Q&A

Panelist

Heidi Lizyness
Policy Specialist
Policy & Rules
Long-term Care Regulation

Questions from last week
Q&A

On the warm unit (unknown COVID-19 status) should staff wear full PPE even if they are not providing direct care to a resident? For example, staff delivering a meal to a resident.

Yes. Any staff working in the COVID-19 positive cohort (hot unit) or unknown COVID-19 status cohort (warm unit) are required to wear full PPE (N95 respirator or equivalent, gloves, gown, face shield/goggles). This requirement applies to any staff working in these cohorts, not just direct care staff.
What is the recommendation for residents who are receiving nebulized breathing treatments? Do we ask the roommate to step out? Do we close the door?

For a resident who receives frequent nebulizer treatments, a private room is recommended. If a private room is not available, the resident may be still be cohorted with another resident of the same COVID-19 status (positive, negative, unknown).

(Cont. on next slide)
Ideally, the nebulizer treatment should be performed in a space where the air is not recirculated and where nobody else will enter for 1-2 hours, according to the American Lung Association.

This could be a treatment room or other well-ventilated area away from other residents. The door should be kept closed to minimize the circulation of air from the room where the treatment is taking place to other parts of the facility.

*(Cont. on next slide)*
If the treatment must take place in the resident’s room, the roommate of the resident receiving the treatment should refrain from entering the room during the treatment, and for 1-2 hours after the treatment.

If this is not an option, or if the treatment must take place while both residents are in the room, the facility should place a barrier or curtain between the residents, maintain at least 6 ft physical distance between residents, and promote increased ventilation in the room (ex. open window), when the nebulizer treatment is underway.

(Cont. on next slide)
Cleaning and disinfection of the nebulizer, surfaces and areas of nebulization should be performed after the treatment.

See [American Lung Association](https://www.lung.org) and [CDC guidance](https://www.cdc.gov) for more information
Reminders

**GovDelivery Alerts**
Don’t forget to sign up for GovDelivery alerts [https://service.govdelivery.com/accounts/TXHHS_C/subscriber/new](https://service.govdelivery.com/accounts/TXHHS_C/subscriber/new)
Select “Nursing Facility Resources” as a topic option to receive webinar updates.

**CMS/CDC COVID-19 Training**
CMS is offering free online training for nursing facilities related to COVID-19
[Click here](https://service.govdelivery.com/accounts/TXHHS_C/subscriber/new) to view currently available pre-recorded trainings.
Facilities also have access to the [CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management](https://service.govdelivery.com/accounts/TXHHS_C/subscriber/new)
Reminders

Life Safety Code and the Maintenance of Nursing Homes Webinars

This course helps participants maintain their fire alarm, sprinkler and HVAC systems. While many of the facility staff can gain from this class, the information is especially suited for the maintenance staff. Other modules discuss the maintenance of a building's construction type, smoke barriers and corridor doors.

• April 22, 2021 | 1:30 - 4:30 p.m.

Register for the webinar.
Reminders

Emergency Preparedness in Long-Term Care Facilities Webinars

You will learn the basic steps of emergency preparedness (including risk assessment and plan development) and the eight core functions of a disaster plan. You will also learn the federal requirements for emergency preparedness.

• April 20, 2021 | 1:30 - 4:30 p.m.

Register for the webinar
Questions?

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Thank you!

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