Centers for Medicare & Medicaid Services
COVID-19 Call with Nursing Homes
May 27, 2020
4:30 p.m. ET

Operator: This is Conference # 1243649.

Alina Czekai: Good afternoon. Thank you for joining our May 27th CMS COVID-19 call with Nursing Homes. This is Alina Czekai leading stakeholder engagement on COVID-19 in the office of CMS administrator, Seema Verma.

Today, we are joined by CMS leaders, CDC leaders as well as providers in this field who have offered to share best practices with you all. I'd first like to turn it over to Jean Moody-Williams, Acting Director at the Center for Clinical Standards and Quality, for an update on the agency's latest guidance in response to COVID-19. Jean, over to you.

Jean Moody-Williams: Thank you and hello. Good afternoon, everyone. Thanks again for tuning in and as always, I want to stop and thank you for the work that you're doing, those of you on the call, those of you and your staff that are working each day to keep residents safe and the challenges that I know of with family members who are having a difficult time.

I call your attention again to our website in which we have posted a number of new guidances over the past couple of weeks. In particular, of course, we have the reopening guidance that's available as you begin to make decisions and work with your state and community leaders about making decisions. And we'd like to – at some point hear about your thought processes as you're working through. So, let us know, either doing the Q&A process or if you want to volunteer to share some of your best practices. We are open to volunteers as well.

So, I also want to let you know, in addition to the guidances that we provide, we have support available through our Quality Improvement Organizations. And probably, nearly everyone on this line at one point or another has received some kind of technical assistance support from Quality Improvement Organizations. And they're going to be hosting a series on infection control in nursing homes. And they'll be doing this on Thursdays of each week for the

next eight weeks. The capacity is limited, but please go on and register on their website which is qioprogram.org, again qioprogram.org. And the trainings will be recorded so if you missed the live ones you can catch it at that time.

Also, of course, we wanted to thank you and appreciate all the nursing homes that have begun to report to the NHSN system. You are doing a wonderful job those of you that have started to report. I know that we continue to have some that are in need of reporting and we are in the process now receiving that data from the CDC, doing analysis. And as noted, we will be posting that at some point in the future.

This is a reminder that you are requested to report at least once a week. You can do it more often than that but at least once a week. And if you haven't started, please begin as soon as possible. As a reminder, the first reports were due on May 17th, the second on May 24th, the third report period, which is coming up, would be May 31st, by 11:59 p.m. After which time, if you have not reported, you will receive correspondence from us. And the fourth reporting period would be June 7th. And at that time, we will be looking at enforcement. So, I just wanted to remind you of that. And again, thank you for all you're doing.

Now with that, I will stop and as always a pleasure to have Dr. Nimalie Stone from the CDC to give us a few words from the CDCand then, we have a wonderful guest speaker and then we'll have time for questions. So, Dr. Stone.

Nimalie Stone: Thank you so much, Jean. And let me echo our appreciation and gratitude for all of you that are out there in the trenches taking care of your residents' families and your staff. I had the opportunity to deploy last week and took a couple of colleagues with me to meet and learn from a group of nursing home providers around region of the neighboring state.

And I just wanted to say that being able to sit down and listen to the team who are struggling with and doing everything in their power to keep their residents and their staff safe despite constraints in PPE supplies or access to testing or

delayed turnarounds, all of which are very real challenges to the work you're trying to do when it comes to managing COVID and preparing, it was incredibly valuable for us. And I just wanted to acknowledge how amazing the work has been and the innovations that we saw in terms of overcoming these hurdles.

But this opportunity was entirely as a result of collaboration we had with the state health department, the state Nursing Home Association and the QIN-QIO that was working in that state, and those three partners together really facilitated our introduction to the nursing home providers, gave us an opportunity to get to know and also what support we could bring, and for them to volunteer their time as they were interested in having a visit and a discussion with this.

And I just think that all of you should take advantage of the state HAI/AR programs in your health department along with your QIN-QIOs. Those two groups often work together. And in one area in particular that I know is a very hot topic right now with NHSN, the QIN-QIOs have tremendous experience supporting nursing homes with NHSN enrollment and reporting.

So, I would recommend that if you have some centers that are struggling with that in any way to consider reaching out to them because they have great resources that can support you. Thanks so much, Jean. I appreciate the chance to share a little bit of that experience.

Jean Moody-Williams: Thank you for that. And it's always good to hear from the field and we appreciate that. And so with that, I'm really pleased to welcome our guest speaker for today, and that is Vicky Hendricks. She is the administrator of the Callaway Good Life Center in Callaway, Nebraska. So, I'll turn it to you, Vicky.

Vicky Hendricks: Well, thank you for that. And I want to thank everybody that participates and makes these calls available to us. Thanks to LeadingAge for keeping us aware of when these are so that we can share our information. And with that, I will just tell a little bit about what happened in our facility.

On April 4th, our world in this little skilled nursing facility took an abrupt turn. Our first positive case of COVID-19 was upon as followed two days later by a second positive. Immediate testing of the remainder of our 32 residents was initiated resulting in 10 more positives. The victory was 19 negative residents in our facility. Immediate conversations were held with ICAP and epidemiologists among many others in Nebraska.

Dr. Ashraf and Kate Tyner of Nebraska ICAP were essential members of our initial team. Following their agreement with our plans, we began moving the positive residents to a location offsite which was possible with more teamwork involving our medical director, CEO of our local hospital and the CEO of the receiving hospital.

With guidance from ICAP, we were able to develop a map for our facility, outlining hot, warm and cold zones, which we mapped as red, yellow and green. Red zones depicted were COVID positive residents would reside. Yellow areas were for residents that had been exposed to a positive person but may have been asymptomatic and tested negative. And the green zone housed residents that had not been directly exposed.

But in reality we treated our entire green zone as if it were in the yellow zone. Wearing appropriate PPE including N95 masks, gowns, gloves and even face shields where they wear appropriate throughout the building until we were assured through testing and time that the virus had not spread to another area in the building. We have three main halls that make up our 24 rooms, which housed up to 35 residents.

Our census at the time of the outbreak was 34. All of our positive residents were found in the south hall. The rooms near the south entrance in this hall were designated as the red zone as they were near in the exit. The rooms to the north end of that hall were mapped as the yellow zone. The three residents that tested negative on that hall were moved to the rooms in the yellow zone leaving the red zone open for any residents that tested positive moving forward.

No residents were moved from the yellow zone to the green zone, keeping that area uncontaminated. Designated staffing was used on the red and yellow zones to eliminate crossing into the green zone. Proper donning and doffing of PPE was essential at this time between the zones to prevent the spread of the virus.

Following proper decontamination and an appropriate time lapse, our red and yellow zones were changed to fit our needs. Eight of the positive COVID residents returned to our facility following a 2-week stay at the hospital. They were still testing positive. So, they were housed in our west wing which had now become our new red zone.

The important part in this is to setup your facility in a way that keeps exposure to the lowest degree and helps to preserve PPE. Graphing this out on the facility map gives the best visual to your staff. And posting signs on the door to areas stating what PPE are to be used in that zone has been most beneficial.

This has been a time that we could never have imagined, a roller coaster of emotions, changing plans hour to hour, not day to day, not week to week, but hour to hour, all taking it's toll on the staff, residents and the family.

Sadly, we lost four of our elders, but we celebrated the victories of those were spared. The zoning, planning and training were all effective as no further positives have been found past the initial outbreak. Teamwork, that is the only way we can survive this. So, if you have any questions, I'm open to that.

Jean Moody-Williams: Thank you so much, Vicky, for sharing how you were able to – I mean you were really strategically determined to provide care during the challenges of COVID and obviously had the residents at the center of your thought process but for sure the staff as well. And so again, I thank you for all that you're doing and that you have done throughout this entire period.

With that, operator, I'd like to open up for questions. We do have some subject matter experts from CMS as well as if you have any questions for Vicky, please give instruction. Operator?

Operator: Yes, and ladies and gentlemen, if you would like to ask a question press star one on your telephone. Again, if you would like to ask a question press star one on your telephone. We'll pause for just a moment to compile the Q&A roster.

Again, if you would like to ask a question, press star one on your telephone.

For our first question – for our first question, it's from Kimberly Guemaro from Belmont Health. Kimberly, your line is open.

Kimberly Guemaro: Hi. Just because the line seems so quiet I just wanted to say thank you very much for the guest today and I really applaud her facility's example of immediately testing all remaining residents. I think that really proves to be a winning point in your particular experience with COVID.

Vicky Hendricks: I have to say that that was key because most of those residents – well eight of those residents have no symptoms at the time. We would not have known they were positive for a while if we have not tested.

Jean Moody-Williams: Thank you for that comment. Any other questions or comments?

Operator: Yes. We do have one more.

Jean Moody-Williams: OK.

Operator: For the participant who pressed star one, please state your first and last name. Your line is open.

Honor Crisco: Hi. This is Honor Crisco. Can you hear me?

Jean Moody-Williams: Yes. Hello.

Honor Crisco: Hi. Thank you for having us on. I have a question about reopening the centers and about relaxing some of the visitation to provide our residents with some psychosocial opportunities. And one of the things that was in some recent CDC guidance was some outdoor visitation with social distancing with proper source control. Is that something that is acceptable under the current status of nursing home visitation closures?

Jean Moody-Williams: So, I'll first turn to Dr. Stone to address the CDC guidelines and then see if Evan has anything to add. Nimalie?

Nimalie Stone: Yes, thank you and thank you for bringing up that question. We have heard from providers the toll that a restriction not just from visitors but even just the room restrictions are having on residents and their mental health and their functional well-being, and we are very supportive of centers that are in this circumstance where there's not a problem with COVID transmission there's a safe way to use appropriate precautions like putting up cloth face coverings on the residents when they're walking out of their room into a hall to go outside, having the right amount of staff to be safe in their transit and having a plan and process in place for their ability to either just be outside or maybe be outside and have a visit with families from a safe distance, at least 6 feet, were the family is also wearing a protective face covering.

We are also supportive of that and I think that providers should have put thought into where could you – where could that be done safely, what the – how would you organize it so that it's not overwhelming in terms of staff, time or families get the chance to schedule those visits, et cetera. But from our perspective, that is a very reasonable thing to do if a center feels comfortable that COVID is not spreading right now in the building.

Honor Crisco: Thank you.

Jean Moody-Williams: Great. Thank you for that. And I know that as you look at our guidance, I think that is the important key of being able to know the status which includes the – what we've recommended in the initial testing so that you do know the status and then subsequent testing as in the guidance. And then I'll turn it to Evan if you want to add anything.

Evan Shulman: Thanks Jean. Hi everyone. This is Evan Shulman from the Division Nursing Homes. And yes, I agree with everything Nimalie said that we really do want to do whatever we can to bring families together. I think that we would encourage you to dialogue with your state on this as these were state recommendations.

And – but if it can be done safely and again in collaboration with the – with the state and I think it makes sense. Obviously, there's a lot of other factors that you're going to want to consider. If you're in a facility that has a lot COVID inside of it, then this may not be something for you. If you're – and certainly you wouldn't want all of your residents to be having visitors outside at the same time.

So, I think that this is something that we're going to want to look at and see if we can update our guidance with because it's an important part of bringing families together. But as to that, I encourage you to reach out to your state. But also, with all of our guidance, we're not going to be able to describe every type of scenario.

And compassionate care can mean different things. And in the guidance we say for example, end of life situations. So, there are other situations that could qualify as compassion and care. What's important is that the residents are kept safe and that there is no transmission of COVID-19 because of the actions that the facility may be taking.

So, there's a lot of factors to consider here. I think these are all things that we've been wondering throughout all of this. And again, I encourage dialogue with your state and we will also take a look at this to see if there is something that we can put out as well.

Jean Moody-Williams: OK.

Honor Crisco: So, just to clarify, am I – am I hearing you say from the CMS perspective that it's not a green light based on the centers as self-assessment that it has to be blessed by the state?

Evan Shulman: Well, the recommendations that we put out were recommendations for states. So, states had been putting out their own guidelines on how to reopen different type of businesses. We can all agree that nursing homes are a very different type of business than a lot of the other businesses that are – that are – have guidance for reopening. So, this is for the guidance we put out for states. At the same time, CMS is looking at this and see what other types of guidance we could put out.

I think that in certain situations, it can certainly be done safely. In other situations, it may not be recommended depending on multiple factors. So, I think right now our guidance is for – is for states. If we can come out with some additional guidance on that we'd be happy to – we're looking at that right now. So, I don't have a definitive yes or no for you right now, just that our reopening guidance was intended for states on how to manage reopening within their state.

Honor Crisco: OK. Thank you so much.

Jean Moody-Williams: OK. Great question. Thank you. I think we have time maybe for one more. So, if there's anyone in the queue.

Operator: Yes. We do have more. It's from Melissa Montgomery from the WDONC. Your line is open.

Jean Moody-Williams: Hello. Are you there?

Operator: Hi. Yes, we can hear you.

Jean Moody-Williams: Yes. That was me. I'm not sure if they are on mute.

All right. Operator is there another question?

Operator: Yes. We do have several more. And for our next question, it's from Anthony Burgesses from the Tutera Living. Your line is open.

Anthony Burgesses: Hey, thank you for taking my call. I have a question. I appreciate the CMS guidance on how to open nursing homes. That's fantastic. However, I have questions as far as how, who's helping, and with what test, and more importantly, who's paying for the test? I know it's up to the states and I respect that, but I'll be really honest it's called the wild wild test. There's no answers here. And I'm pretty much shooting blanks. Could use a little help? Maybe a little bit more structured information or definition?

Jean Moody-Williams: Great. Thank you for the question. And there's not one answer for that question as multiple ...

Anthony Burgesses: All right.

Jean Moody-Williams: ... yes. So, and we are actually getting out some additional guidance on that as well, but Evan, I'll see if you have anything that you want to say now related to that and you've acknowledged that portions of this obviously CMS does not pay for staff testing, for example, but – and I know that some states are working with nursing homes, but, Evan, do you want to add to that?

Evan Shulman: Just a quick follow up for a clarifying question, which – could you ask specifically what your question is about testing again?

Anthony Burgesses: Yes, sir. I'm the chief medical officer for Tutera nursing homes. We represent 75 buildings and 10 states. So, we have 10 different versions of what's going to happen. And so we have multiple patients and employees who need to be tested. So, the point prevalence survey, I get that, but then what about the weekly testing and then the testing to make sure that the building is completely clear. All of our state, health department, local health departments everyone's operating on different frameworks or ways.

Evan Shulman: Yes.

Anthony Burgesses: I'm having trouble. And I know – it comes from you guys as far as how to and then – for them to interpret what to do and that's the problem. There's no clear way. I know this is very vague questioning, but just trying to get the answer.

Evan Shulman: It's OK.

Jean Moody-Williams: Yes. And I don't know, Dr. Stone can jump in too. I didn't mean to just put it to Evan but anyone who has any – can do clarifying.

Nimalie Stone: You know, Jean, thanks – hey, it's Nimalie and I'll just say that what you're raising is a really important point that many providers are struggling with right now. And that is the circumstance that a particular facility might be in, should be considered in part of the decision about deploying these large-scale testing efforts.

For example, the value of doing a snapshot of all the residents in a building that's already had a known very large-scale outbreak of COVID. It may not be quite as valuable because we have to ask the question, what are we going to do differently at this point with that data?

On the other hand, a center that has just recently had a COVID exposure from either a resident or a healthcare personnel staff member, there is tremendous value in doing a large testing of the residents and healthcare workers to see who else might have been infected or exposed at the same time. And how do we then quickly move those positive people into their own space away from the people who are negative?

So, I think there are nuisance to the way these testing strategies are deployed that may be part of what you're getting at. And I also understand that many states are doing this differently, to providers who have centers across the country or even in the region but across several states. You may be getting very different guidance for your centers depending on where you are.

So, I just want to acknowledge what you're saying and appreciate the point you're raising. We are trying to think about other ways to clarify how this approach could differ based on the circumstance. Thank you.

Jean Moody-Williams: OK. Thank you. And we are at time and thank you for joining this call and thank you so much, Vicky, for sharing with us and others on the line. Let me turn back to Alina to close this out.

Alina Czekai: Thank you, Jean. And thanks everyone for joining our call today. We hope that you will join us for our CMS COVID-19 Office Hours next Tuesday, June 2nd, at 5:00 p.m. Eastern for technical Q&A with our CMS subject matter experts. And in the meantime, you can continue to direct your questions to COVID-19@cms.hhs.gov.

Again, we appreciate all that you are doing for nursing home residents and their families around the country as we address COVID-19 as a nation. This concludes today's call. Have a great rest of your day.

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