Centers for Medicare & Medicaid Services
COVID-19 Call: Nursing Homes
Moderator: Alina Czekai
April 8, 2020
4:30 p.m. ET

OPERATOR: This is Conference #: 6798274

Alina Czekai: Hi, good afternoon. Thank you for joining our call this afternoon. This is Alina Czekai at the Centers for Medicare and Medicaid Services. Today's call topic is COVID-19, specifically tailored discussion for nursing homes.

Today we are also joined by some guest speakers, and you'll have the opportunity to hear updates from CMS, learn about some best practices that your peers are employing in the field in response to COVID-19. We'll have some time for questions for our guest speakers.

But I'd also like to encourage you to save some of your questions for our new series, which is called CMS COVID-19 Office Hours. And those calls will be a new series every Tuesday and Thursday from 5 to 6pm Eastern, where we will have all of our CMS subject matter experts at the ready to answer your questions, clarify anything you're looking for clarification on in response to our waivers, our recent policy announcements.

But to start, I will kick things over to Jean Moody-Williams, the Acting Director here at CMS' Center for Clinical Standards and Quality. Jean, turning it over to you.

Jean Moody-Williams: Great. Thanks so much, and thanks to everybody for joining this call today. We'll start by giving just a few updates from CMS. There are a couple of things that have happened since the last time that I talked with you about a week ago. And then we'll go right into our presentation.

The main thing I wanted to highlight was, on April 2, CMS, working in cooperation with the CDC, we issued critical recommendations that was directed to state and local governments, as well as nursing homes. And I think

it's important to recognize that it was for both of those audiences. And really, the direction was to help mitigate the spread of the coronavirus.

So the recommendations really built on, and strengthened, recent guidance from CMS and CDC related to effective implementation of long standing infection control procedures. As a reminder, on March 13, CMS issued guidance that advised nursing homes to restrict visitors, and on March 23, CMS announced new focused infection control surveys intended to assess facilities' compliance with infection control.

We are continuing to conduct these targeted infection control inspections, and we are using the assessment tool that was distributed at that time. We're also encouraging our nursing homes to use that tool as well to do their own self assessment.

Those guidances that I mentioned can be found on our website. If you go to cms.gov, there is a big link that will take you to our COVID emergency page, and all the guidances are listed there.

The recommendations announced on April 2 highlighted the urgency of immediately ensuring that staff are complying with all CMS and CDC guidelines related to infection control. Now given the highlighted visibility of the virus, you might be thinking. Well of course, everyone is adhering to the guidelines.

But there are several processes that we have observed that, on occasion, this is not the case. And we recognize that the volume of residents that you're dealing with, the unique circumstances, and the challenges that you have, and you are working, you know, at high capacity. But if you could set aside just a little time to observe and to train, and to make sure that all of your workers are following the guidelines, I think it would go a long way to help you, and obviously the residents, as we go along.

So the other thing – again, we recognize there's not a lot of time to fit your extensive training. So we are working with the CDC to come up with short period things that can be done, like podcasts or webinars. So what would be

really helpful is if you would let us know what kinds of things would help you and support you and your staff in your work.

Secondly, we urge state and local leaders to consider the need of long term care facilities with respect to PPE and COVID-19 tests. We know that state and local leaders are really working hard to distribute PPE and the tests, and we just wanted to heighten the awareness of the need of long term care facilities.

Additionally, Medicare is now covering COVID-19 testing to eligible beneficiaries at certified laboratories. And these laboratories may choose to enter nursing facilities to conduct the tests if you make those arrangements with them. And they can also be paid a fee for the collection.

Third, we noted that nursing homes should immediately implement symptom screening for all staff, residents and visitors, and that would include temperature checks, and other items that was outlined in greater detail in that guidance.

And then fourth, when PPE is available, I think it's important that we ensure staff are using it appropriately to the extent possible. And I know that there's some modifications to ensure that the supply lasts. But some of the things that we have observed are things that we think with improvement, or more training on to how to, for example, take off the PPE, or remove the gloves in a certain way, would be helpful.

And to avoid transmission in the nursing homes, facilities should use separate staffing teams for residents to the best of their abilities, and to work with state and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents. And we are aware that there are some facilities that are doing this.

So just to highlight our efforts to support this, working with the CDC, we're looking at three domains. We're looking at assessment and support that I already mentioned, the tool that we sent out. And CMS will be conducting surveys of that, as well as self-assessment.

And QIOs are providing technical assistance to a focus group of nursing homes. So you can go on the website at QIOprograms.org, and that page contains helpful information about infection control strategies and updates, and how to contact the QIO as well.

CDC is working with state health departments to contact nursing homes to discuss preparedness. So there's a lot of support out there. And we are all working together so that we're trying not to duplicate efforts, but give you what you need when you need it.

And then we're looking at learning from our enhanced infection control innovations. I mentioned a couple of things that we have observed, that we think we could have better attention to. Today we're going to share some best practices from the field, and how others are working through some of the challenges.

Our third area of focus, or domain, is training, education and guidance. I've already talked about that, but we really want to be able to meet your needs. And as issues arise, new issues, new findings, to make sure that we're getting that to you as quickly as possible, either by way of guidance, so we encourage you to keep an eye on our website or through other means.

Lastly, I want to mention on April 3 we did issue a number of blanket waivers that were combined with our earlier waivers released in March. So please take a look at those. There are a lot of flexibilities that have been provided for the long term care facility.

As we mentioned, you can temporarily transfer COVID negative patients, or COVID positive patients, to another facility. We've made some waivers, you already knew about the three days prior hospitalization, we waived that early on, but reporting the minimum data set, we waived from the requirements the time stamps for that. We waived the staffing data submission requirement in many cases.

Again, we also had information about accelerated or advance payments that many people are taking advantage of. And lastly, I mention, of course, we are

waiving the requirement for some of the in person visits for nursing home residents to allow for the use of telehealth actions.

And we did develop – and this is by your request, so this is an example of when you ask for it, we're going to try and provide it – we developed a COVID-19 nursing home telehealth tool kit, which is available at – on our CMS Web site.

So that's a couple of the updates that we have done over the past week. So you can see there's a lot going on, and constantly we're producing things. And we hope that you have the opportunity to take advantage of some of that.

Now I'd like to turn to the portion where we start to have some dialogue, and share some best practices, and ask questions of each other. And thanks to Dr. John Mielke, who is the medical director at Genevive in Minneapolis, Minnesota. He's going to start our discussion today with some best practices. Dr. Mielke, I am going to turn it to you.

Dr. John Mielke: Thank you very much. I appreciate being able to present today. I'm representing, really, many outstanding providers in Minnesota. And I thought the main theme of my talk here should be to "stay connected". Communication, it seems to me, is so essential at this time.

In that regard, I represent the Minnesota chapter of PALTC AMDA. We are known as MAGIC, the Minnesota Association of Geriatric Inspired Clinicians. And we have a Clinical Practice Alliance Committee (CPAC) that's been very active during this time, providing our long term care partners with some evidence-based guidelines.

The benefit of these is that they have the support of nearly all the geriatric provider groups in our metro area, and others around the state. The easiest way to look at these guidelines is go to our website, which is minnesotageriatrics.org. So minnesotageriatrics.org.

One of the early efforts by MAGIC CPAC was identifying that we have no special COVID positive resources for post acute care. So a letter was drafted to government officials, long-term care trade associations, and our long-term

care partners, advocating the urgent development of COVID positive dedicated facilities.

Thanks to the hard work of M Health Fairview, Allina and Pres Homes in our area, we will soon have two facilities dedicated to COVID positive patients with a total of 150 bed capacity. One of these buildings has been retrofitted with 15 negative pressure rooms, and they're being staffed by trained facility staff, respiratory therapists, and I'm really proud of our community for doing that. I think we still have a long way to go.

Other long-term care facilities in our area are moving towards special floors, or dedicated areas, for isolation. And of course we're all providing isolation in place. We've been a little bit fortunate in that we haven't hit the surge yet, but I would say to everybody that early planning is the key to this.

MAGIC CPAC has also been instrumental in many of the things you've already mentioned – early closure of facilities to visitors, finding and advocating for PPE, understanding how we should test patients with limited capacity to test. In addition, our community has limited inter-facility travel by therapists, hospice personnel and providers. We are all attempting to work remotely, or visit one facility at a time.

One last thing I'd like to add in – in part of staying connected. My own group, Genevive – it had a morning teleconference meeting at 8am – it lasts about an hour – for nearly a month. We have 120 staff and providers that meet to discuss our policies, roll out our telehealth, PPE availability, and difficult case discussions. Our CEO, Amanda Tufano, has emphasized the need for provider safety in these meetings.

Our providers discuss the mutual frustration of not being onsite to support staff. But we understand our potential role as vectors. And out of that discussion, a very practical thing has happened – many things actually. But many of our providers are simply calling our facilities on a daily basis to check in and see what support is needed.

In addition, I think we've been very surprised that the telehealth visits have been well received by our patients. They really like seeing our face on that

little iPad. It's amazing. And all of these activities help us stay connected, even though we are in Minnesota, staying at home most of the time. Thank you for allowing me to contribute today.

Jean Moody-Williams: Great. Thank you so much. And that's, of course, very timely given the discussion about using different facilities for patients. So I'm sure there will be some questions about that when we open it up.

But before we do that, I'd like to introduce Crystal Larson, who is the Administrator of Lynn Care Center, which is in Front Royal, Virginia. And I'll turn it to you now, Crystal.

Crystal Larson: Thank you. I hope everybody is holding in there. These are trying times. And I think this is one of those things that we all have to band together and work together and help each other. Some of the guidance that I wanted to share with you – some things that have been working really well for us.

Here in our area in the Shenandoah Valley of Virginia, we do have a small coalition of our hospital partners, skilled nursing facilities and assisted living facilities that have been meeting at least weekly to talk about ideas for setting up quarantine areas and isolation areas, sharing of resources, and just generally supporting each other.

And we've seen some very positive movement in that area. Facilities that were typically competitive with each other are now working together for a common mutual need.

As our doctor said earlier, we are all working very hard to set up quarantine areas and isolation areas, quarantining new admissions that we don't have a negative COVID test on. We're limiting accesses to our facility to only essential staff. For us in particular, that was a bit of a challenge, because we're hospital based. So we have dedicated staff that only come to our facility, and not floating back and forth between the hospitals.

We have implemented telemeds – the use of iPads – to limit our physician visitation. And we do have a few providers who are being solely dedicated to us. We continue to support our residents and their families with calls through

Skype, FaceTime, allowing window visits for families, using phones to facilitate conversation in that situation.

We've come up with some very creative ideas to facilitate some favorite group activities. Six foot bingo was a real hit – having people in the doorways of their rooms, and cleaning the equipment before and after. As we all know, bingo is a really huge favorite hit in our population.

I think the biggest challenge that we have faced is the anxieties that our staff and our residents, and their families, are facing during these times. So I think keeping them informed, sharing knowledge with them – we do daily updates through an app called Poppulo that lets our associates know the changes that are being made through the day. That comes out seven days a week.

We also do a little newsletter every day, just for our facility specifically, updating the staff on what's going on every day. And we're doing room service for our residents with activities carts, and sharing with them the new updates for the day, especially the alert oriented ones. We want them to be aware of the changes that are necessary. I do believe that education is the key to managing our employees and our residents in these very desperate times.

We've been working with conferring PPE, by following the CDC recommendations, monitoring our supply closely. Our health system has an initiative of a 10,000 mask challenge to our local community – to get a donation of 10,000 hand made masks. Our retired Director of Nursing, who retired in July, has been making 50 a day. So she's making good use of her retirement time.

We've been providing extra treats for our staff. In the beginning, we were doing some chair massages, because our wellness centers are closed within the system. We ceased that because of the challenges with social distancing as it's moved into our area. But candy, ice cream, devotionals to keep our morale good.

The employee assistance program has really amped up. They have a 24-hour hotline, obviously to support staff who are in desperate times of need. They've also set up a biweekly call – it's basically just a call to talk about

decreasing stress, improving your mental health and wellness during this pandemic, talking about self care, mindfulness, and how to keep yourself grounded during that time.

I think the important thing that we've all had to remind ourselves many times is just to breathe. And one of the things that I've been focusing on with my leadership team and with the staff here at the facility is trying to find five things every day to be grateful for. Even though this is a very difficult time, I do believe there's a lot of lessons that we can learn, and some positive changes we can make for our future. Thank you guys.

Jean Moody-Williams: Thank you so much for that. And all of those were some really good tips. I especially appreciate the "remember to breathe" part. I think we all have to do that every now and then.

Operator, can we please open up to questions?

Operator: My pleasure. If you would like to ask a question, please press "star", then the number "1" on your telephone key pad. That is "star" "1". We'll pause for just a moment to compile the Q&A roster. And your first question comes from Mark McDavid.

Mark McDavid: Good afternoon, and thank you all so much for this. We work with field nursing facilities across the country, and primarily on the therapy side. And just curious what you're doing in facilities that have zero positive cases at this point versus facilities that have positive cases, as it relates to therapy?

And how you're dealing with your therapists who, you know, in many cases – and other staff – go from building to building throughout the week for PRN jobs, or maybe they're float staff, and that kind of thing. So how are you handling your therapists, and at what point are you terminating therapy services, or possibly continuing? Thank you.

Crystal Larson: Hi, this is Crystal. So we've worked with a therapy provider. We work with Select Rehabilitation to dedicate staff only to our facility. And each of those therapists had to agree to let go of any PRN position that they had at other facilities, because the risk of cross-contamination was just too high.

We have worked with them, and to give them extra time, by doing personal assistant activities, like water passes, focus on the caseload. They've been increasing the time they're spending with them by doing the showers to supplement some of the aid duties. But I do believe it's key in these times to stop that cross-contamination between facilities.

Dr. John Mielke: I would add that I would begin that process of dedicating therapists to only one building now. I don't – I haven't looked very carefully at the rest of the country, but I think we're fooling ourselves if we think our community is going to dodge this bullet.

So it's really important to stop cross-contamination, and the contamination from the community, into each of these buildings right up front. So I would have dedicated therapy staff as much as possible.

In our buildings with COVID positive patients, our therapists are doing all the therapy in the rooms. So we're not using the therapy gyms at all.

Jean Moody-Williams: Thank you. Is there another question?

Operator: You do have a question from Shelley Tuggle.

Shelley Tuggle: Can you hear me?

Jean Moody-Williams: Yes. That's fine. Thank you.

Shelley Tuggle: What was the app that you're using to text and communicate with your staff on a daily basis?

Crystal Larson: It's called Poppulo. It's P-O-P-P-U-L-O. It's available on the App Store, and the Apple Store as well. It works very well, and you can push out communications via that. And it will come up as a notification on their phone.

Shelley Tuggle: Thank you.

Jean Moody-Williams: Thank you. Next question.

Operator: Your next question comes from Carey Dunning.

Carey Dunning: Thank you very much. This is a question for the people at CMS. I realize that you have given the MDS assessments some timeliness waivers. My question comes to payment. Because once the assessment is done, it's supposed to be sent to keys and with an "accepted" message before billing can occur. Is there any movement to figure out how we can bill if we are lax on the timing of the assessment?

Jean Moody-Williams: Yes, Evan, can you address that?

CMS Staff: Yes. I think CMS is working on some Q&A question and answers for that. So apologize for the delay, but we'll be sending something out on that as soon as possible.

Carey Dunning: Thank you.

Jean Moody-Williams: OK. And maybe we could get in one more question? I know we're almost at time.

Operator: Your next question comes from Maureen Magee.

Maureen Magee: Thank you. So our question is related to advance Medicare payments, but not those specifically. More of the grant type of money that was given to CMS. I hear something about $60 billion was granted to CMS to give out as grant money to health care providers, as long as they billed Medicare. Can you comment on that?

Jean Moody-Williams: Yes. I believe that we are working on the process, and getting information out on that. We don't have the right folks on the phone today. But thank you for the question. And if you are able to join in to our Office Hours, we'll make sure we'll have the subject matter experts to see how far along we are with those grants. Alina, I'll turn it back to you to wrap us up.

Alina Czekai: Sounds great, Jean. Thanks everyone for joining our call. And again, thanks to our guest speakers today for sharing their best practices from the field. As I

mentioned at the top of the call, we are hosting Office Hours again tomorrow – Thursday April 9 – from 5:00 to 6:00 pm Eastern Time.

And we also encourage you to send any questions you have throughout our nation addressing the pandemic. You can e-mail us at covid-19@cms.hhs.gov. Thanks again, and we look forward to speaking with you all soon.

Operator: That does conclude today's call. You may now disconnect.

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