

Centers for Medicare & Medicaid Services  
COVID-19 Call with Nursing Homes  
November 18, 2020  
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OPERATOR: This is Conference # 1335116

Alina Czekai: Good afternoon and thank you for joining our November 18th 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 and CDC leaders as well as providers in the field who have offered to share best practices with you all.

First, I'd like to turn it over to Jean Moody-Williams, Deputy Director at the Center for Clinical Standards and Quality for an update from the agency. Jean, over to you.

Jean Moody-Williams: Thank you. Thanks so much. And thanks to all of you for taking your time for the call today. As usual, we have a lot of information to get through in a short period of time so, I just want to jump in. I know you are still in the midst of the continuing challenges with COVID despite efforts across government and healthcare industry overall. The country is still experiencing an increase in the cases of the coronavirus in the nursing home.

I'm going to ask somebody to go on mute, I'm hearing a little bit of background. So, if we could go on mute. Thank you. We have – I know we have a number of people on the line and I'm really happy to be joined by a number of my colleagues today from CMS and CDC who will be available to answer your questions when we get to the Q&A.

But we continue to work. I think it just takes – I wanted to take a minute to reflect on the work that we are doing with the federal agencies and local and state officials to address the continuing rise of COVID in the communities.

And as you know, from these calls, which we've been having from the very beginning, we've implemented a plan and we work with CDC OS and the field at the local level for providing information and support to the QIOs, state

survey agencies, the public health agencies and others. And we've learned a lot and we've been able to address a number of needs based on those actions.

So, this is really no time to back off on the important interventions at this point. I know we are getting a little weary, but of course our residents, our families, they expect us to continue to do all that we can. And as usual, I just salute you and just have so much respect for your efforts. And I just want to encourage you as we move through these challenging times.

So, the things that we specifically want to continue to and in fact rev up as we're wrapping up our efforts in the area of rapid response, testing, training and prevention, which now includes preparing for the vaccine administration and then also administering COVID-19 therapeutics.

So, as far as our rapid response, we're continuing on fact technical and virtual technical assistance and support through the QIOs, the federal strike teams, the survey teams and others. And we do get questions about the federal strike teams. And they have really been deployed and been used in very specific instances for facilities with high case counts.

People have found them to be useful in providing good information, but we know that they are limited in number. So, several states have set up similar task forces and teams at that time finding helpful. And what we've been doing is hosting calls to allow for the sharing of best practices from states that have found this to be a successful approach using the local strike team.

So, we want to get resources and information out to you if that's something that your state is doing, that you can connect with them or the state is on the call, that we can get information to you as well and share what we've been doing from the federal side. We've also had a goal for rapid contact in nursing homes experiencing an increase in cases to determine how we can best meet your needs.

And so you may have already received, as a matter of fact, last week or this week of call from a CMS related entity, asking a series of questions. Now, these responses have been very helpful in determining where resources are needed. And so we ask your continuing cooperation, usually these talks don't

take very long and then we know how to follow up and what kind of resources may be most useful for you.

As a part of that effort, we're deploying the QIOs to facilities in various modes, either on site or digitally, to provide technical assistance. We're getting good feedback from that and with fellow staff can participate. Sometimes virtually, the QIO can tap into that to get information that you might need. So, that continues to be a resource that's available..

Testing. Now, that's the other part of this. Here, our goal is to encourage our nursing homes to test their staff in accordance with the federal rules and recommendations. And we're finding from our rapid response efforts and some data that we're evaluating that this is not always happening the way that it should for various reasons and we understand that fact.

We are currently working through our data regarding facilities with large numbers of cases to determine whether and to what extent these facilities are compliant with the testing requirements. And in some cases, we're finding that there is no compliance. So we encourage you to continue to test according to the guidelines.

And more importantly, than just doing the test request, is using that information to guide your activities and your actions and what's your next step. And if you need help with that, then we can try and find new ways of resources for that. We are still getting a lot of questions about that and so we are trying to get some more resources, maybe some quick tips, that kind of thing out to you.

In fact, it would be good if you would tell us what would be most helpful to you. And next, what kind of resource might be helpful to you in that situation. And we work and along with CDC can see what we can do. Training, yesterday, CMS published the names of the nursing homes at which 50 percent or more of staff have completed the National Training Program.

Regular updates to this list will occur and will be publicly available. We want to provide transparency on what you're doing and encouragement. We know that staff are key to keeping COVID out of the nursing home. I don't think

there's much question about that. And so we've heard from you the challenges that you are experiencing in that area. So we are really encouraging your staff to take this training.

And we also realize that time is valuable, and so we're working on some quick things that you can watch quickly or listen to as a resource. Lastly, I want to talk a little bit about prevention training in vaccines. We recently published a rule that establishes that any vaccine receiving the FDA Emergency Use Authorization or standard approval will be covered by Medicare Part B as a preventive vaccine at no cost to Medicare beneficiaries.

So this really removes some of the existing ambiguity around the vaccine coverage in Medicare and allows us to focus on the paramount goal of ensuring as many seniors as possible get vaccinated quickly. That vaccine itself will be paid for. And so, federal government Medicare will also pay providers to administer it.

And as I said, I do have colleagues from (CM) on the line for questions about that, as well as on Tuesday, November 10th, following the FDAs announcement on an Emergency Use Authorization for the monoclonal antibody product, bamlanivimab. Now, I questioned whether I should have even tried to pronounce it, but that is how you pronounce it.

CMS – and that's Medicare would cover and pay for these infusions in some where they covered and paid for the COVID-19 vaccine when furnished consistent with the EUA. And this means that Medicare beneficiaries that meet the EUA authorization guidelines can receive coverage of the monoclonal antibodies to treat COVID-19 with no class sharing during the public health emergency.

And we're finalizing additional FAQs that will be available and we can see what we can answer for you today as well. So I'm going to stop talking so I can give some of my colleagues an opportunity. The one thing we wanted to highlight and I don't know if anyone from CDC is on the line to talk about NHSN reporting and getting signed up for your security level. Is there anyone on the line for that?

And if not, let me just emphasize, continue to sign up, get your appropriate security level so that you can report your testing information as required to the CARES Act, to NHSN who will continue to work with you using enforcement discussion, and we will get you more information on that.

Our major concern right now is getting testing done and information in. We'll deal with the rest later, but we're trying to get the important information that's needed for you to be able to manage your population. So Evan Shulman, I believe that you had a couple of updates that you wanted to provide, and then we're going to get to our exciting guest speaker. So Evan, let me just turn to you.

Evan Shulman: Thank you, Jean. Good afternoon everyone. It's a pleasure to speak with you. I will try to be brief. One of the most common questions we're getting today is around what to do over the holidays. And it's also one of our biggest concerns. Because of that, we will be issuing an alert related to what residents and families and facilities can do over the holidays.

As we all know, cases are rising throughout the country so we need to be extra careful about what we do around the holidays, particularly because one of the sources of transmission is family gatherings. So, I'm going to walk through – I'm just going to give you five key things that are in this alert and you'll be able to read more details for yourself.

The first thing, one of the questions we'll be getting is that will CMS change any of our visitation guidance to allow for, say, more visitations around the holidays? And the answer is no, we will not be changing that. We think our visitation guidance is sound and allows for the appropriate way to conduct visitation when there are or not cases.

But the holidays, as you all know, the virus does not take off for the holidays. We need to be just as vigilant as Jean just said, this is no time to back off. Number two, residents will may want to leave the facility or families may want to bring residents home from the facility. And we are recommending that facilities and residents talk about this in particular that facilities educate

families and residents about the risks of leaving the facility during this crisis. So education will be key.

Number three, if a resident or – if a resident wants to leave the facility, even in spite of the risks, we provide suggestions of education that can be provided to families of how they could mitigate and reduce the risk of COVID transmission if they do go home. These are things like things around food and during buffet style eating, avoiding large gatherings and of course, adhering to all of the core principles of infection prevention and control, such as masking.

And not just masking when you're outside of the house, but masking indoors and cars as well. The fourth thing is that when residents come back to the facility, we've been asked, well what should facilities do and we have some recommendations there including if residents have been out of the facility for an extended period of time, for example, over 24 hours. We think it is reasonable for facilities to consider placing that resident on transmission based precautions.

And the fifth thing is that whatever I just said also applies to staff. So every single precaution that all residents must take, all of us need to take because we will – we are working with the resident in the same place as the residents. So, if residents take these precautions, but staff don't adhere to these guidelines, they will transmit the virus when they go back into the facility. We all need to pitch in here.

This year is going to be different around the holidays unfortunately, but it needs to be different because of the position we're in. That said, with the vaccine on the horizon, there's a light at the end of the tunnel. And hopefully in a few months, even shorter perhaps we'll all be celebrating all of the holidays together. So with that, thank you. Keep an eye out for the alert and Jean, I will turn it back to you.

Jean Moody-Williams: Great. Thanks, Evan. Great words. So, we always like to hear directly from the field, what's going on and we are delighted to have with us today Patty Comer, who is the Director of Nursing at A.G. Rhodes at Wesley Woods

and she's going to (inaudible) a few minutes. So, (inaudible), let me just turn to Patty. Thank you so much for being with us.

Patty Comer: Thank you so much for this opportunity to share some of our COVID infection control journey. I really appreciate it. As you said, I am the director of nursing of A.G. Rhodes at Wesley Woods. We're 150 bed long term care facility, very near to Emory University. I've been a director of nursing for about 20 years and at my current facility for the last six years.

I'm also currently honored to be the president of GANLTC here in Georgia, which is the Georgia Association of Nurses in Long Term Care. So, just to start my story, our facility was selected to participate in a targeted response quality improvement initiative with our Georgia QIO related to infection control in August of 2020.

As a background, our facility (inaudible) committee, which is comprised of our department heads, initiated a COVID impact (inaudible) project in March of 2020, which is when the pandemic first began, to address new COVID-19 infection control policies in order to meet government and regulatory requirements to ensure resident and staff safety.

One of the action plans for our (inaudible) was to perform random weekly audits to identify breaks in infection control protocols, including hand hygiene, donning and doffing PPE, social distancing, wearing a mask, and proper mask placement. As you all know, audits are very important in long term care and they do help us determine breaks and technique.

So the audits which were performed by the (inaudible) members, were returned weekly to me with perfect results 100 percent of the time. We looked like we had no problems whatsoever. We quickly identified that our audits did not represent accurate data and were producing cookie cutter answers.

Our Georgia QIO infection control specialist guided us to a new objective approach that was not punitive towards staff that were already stressed by COVID. And we proceeded to use another approach, which was to identify teachable moments to re-educate staff on proper infection control techniques.

The (inaudible) team was challenged with taking a more critical eye to evaluating staff and they immediately engaged in this project. The objective audits identified significant problems with wearing masks and donning and doffing PPE, especially on our COVID observation and positive units.

So new strategies were developed. And these strategies included, we first identified informal leaders or staff standouts in each department that we called our secret sauce. And we were able to monitor PPE and mask compliance behind the scenes on a day to day incidental basis. And these were our new rock stars.

For example, my rehab team identified one of their PPE standouts, which was a PTA to be their PPE coach who could help educate, mentor, and ensure staff compliance to wearing proper PPE. We eliminated perceptions such as COVID police and a clipboard mentality and encouraged peer accountability, and even developed a buddy system approach to getting each other to comply with good PPE usage.

We consistently used a coaching and guiding approach to correct incorrect techniques at the precise time the break in technique was noticed and began praising staff for all of their efforts. That was truly very important to reinforce each other's motivation to stay true to good PPE usage.

There were successful infection control strategies that were discovered along the way, which included ensuring proper fit of PPE for staff of different body types, such as gowns that we noticed were too small for our bigger men. We had a PTA who was 6'7 and he needed an extra-large gown but he was trying to use a regular one, which came to – the gown came to his waist and didn't even cover his forearms.

So we noticed right away that that was something we needed to improve on, is matching PPE to the appropriate body size. Mask straps not secured properly or masks not placed up correctly such as under the chin – we corrected that immediately. Lack of social distancing between co-workers that often were friends here in the building and off site.

Keeping attention focused on wearing proper PPE on observation units, especially when there were no active cases in the building, and of course, honest dialogue about successes and failures to promote quality improvement across all departments through our ongoing (inaudible) process.

Currently, we are exploring ways we can give staff mask free breaks to promote rest and the ability just to take a breath with the intent to reduce COVID fatigue throughout the workday with our staff. And we are trying to identify best practices for mask free breaks that could be done safely. That is our current project right now. Thank you so much for your attention. I appreciate it.

Jean Moody-Williams: Thank you so much, Patty, for that and it sounds like you have a whole lot of rock stars. So, I congratulate you for being able to take an objective look at the practices and working to improve them. Let's open up for questions. We have a few minutes left. Operator, if we could open up for questions please.

Operator: Thank you. As a reminder, to ask a question over the phone, you will need to press "star" "1" on your telephone keypad. Again, to ask a question, please press "star" "1." Your first question comes from the line of (Kimberly Gimaro) from Beaumont health. Your line is now open.

(Kimberly Gimaro): Hi, thank you. Two questions, one in regards to the information Evan shared. Do you recommend that we update our screening questions as staff return from Thanksgiving and in the future Christmas holiday? And number two, just a suggestion, I would certainly love if CMS updated their publishing of the county COVID rates on a rolling 14-day basis to stay responsive for our sites with the national trending. Thank you.

CMS - Evan Shulman: All right. Thanks for the question.

CMS - Jean Moody-Williams: Evan?

CMS - Evan Shulman: On the last – yes. On the last one, I think we are on a rolling 14-day basis. Oh, it's not on days, but it's a weekly basis. It's a rolling two weeks. I guess you're asking for days. Yes, we'll probably be on weeks for a while. So, sorry about that, but it is rolling two weeks.

We do – we don't get it – first up, we think that when residents are returning, that facility should be extremely vigilant at screening. We don't get specific into what types of questions to ask or how often to screen or monitor, but we do recommend increased monitoring for signs or symptoms when they come back.

But I think you raise a great point and this is really something we hope facilities do work together and learn as best practices of what are those additional screening questions or what are the best screening questions that could be asked of residents as they come back from any holiday outings to identify any additional risks.

But again, you'll see the alert. It should be up by the end of the day. And again, we – great questions, and we do recommend increased screening and monitoring.

CMS - Jean Moody-Williams: OK. Thank you. Anymore questions?

Operator: Your next question comes to the line of (Bridget Williams). Your line is now open.

(Bridget Williams): Hi, thanks for taking my question. It's really not a question just FYI. The modules that you're speaking of, the CMS targeted COVID-19 trainings, what we're finding in those modules is once the video is played, there's a point where it kind of gets stuck in a way and it reverts you back to the beginning.

So, it's taken a lot more time to complete those modules and I'm not sure if CMS or Deputy Williams, if you were aware of that.

CMS - Jean Moody-Williams: So, thanks for that. And (Carl), that's (inaudible), I believe you had been working on that, is that correct?

CMS - Male: Yes. Thank you very much, Jean, and thank you, (Bridget) for the comment. I've written down everything you've said. We also have a space in the training, as I'm sure you know, for written comments, over 130,000 people have completed the training and received their certificate.

But we'll go back and check this again. I think Bridgette, I don't know what your internet connection is like, but it's off – that restart video is often related to slow, less than broadband internet speeds. And we're also just so you know, working on a workaround for that as well, in case you might be in a rural area and find it hard to get high bandwidth internet. So that's another contributor to the phenomenon that you're describing. But we'll go back and look at it again and see if there's anything more we can do on our end.

(Bridget Williams): OK, thank you so much.

CMS - Jean Moody-Williams: And thank you for the comment. Let's take – I know we're getting that time. Do we have another question or comments?

Operator: Yes, your next question comes from the line of (B. Dunn) from Bishop Center. Your line is now open.

(B. Dunn): Thank you for taking my question. I'll be brief. The alert that is forthcoming, thank you very much. It's important information and I'm excited to be able to hear your words directly with our residents, families and our staff members. My question is, could that be made available in other languages, specifically Spanish? Thank you.

CMS - Male: Thanks. So, we'll take that back and see what we can do. I don't have an answer for you right now, but we'll see what we can do.

(B. Dunn): I appreciate that.

Jean Moody-Williams: OK, and as I said, as usual, we've run out of time, but Alina, if you could close this out with where we can get additional questions.

Alina Czekai: Great. Thanks, Jean. And thanks everyone for joining our call today. You can send any additional questions to our COVID-19 mailbox, which is [COVID-19@cms.hhs.gov](mailto:COVID-19@cms.hhs.gov). I hope you all have a Happy Thanksgiving next week. This concludes today's call.

Operator: Ladies and gentlemen, this concludes today's conference call. Thank you for participating. You may now disconnect.

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