Nursing Home ECHO

COVID-19 Action Network

Virginia Nursing Homes * VCU Department of Gerontology
VCU Division of Geriatric Medicine * Virginia Center on Aging

For educational and quality improvement purposes, we will be recording this video-session. By participating in this ECHO session you are consenting to be recorded. If you have questions or concerns, please email, nursinghome-echo@vcu.edu.

Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some teleECHO® programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives

Post-Vaccination Practices: Session 2

Visitation:

Prepare visitation policies that align with COVID-19 post-vaccination guidance

CE/CME Disclosures and Statements

Disclosure of Financial Relationships:

The following planners, moderators or speakers have the following financial relationship(s) with commercial interests to disclose:
Christian Bergman, MD – none; Dan Bluestein, MD – none; Joanne Coleman, FNP-none; Laura Finch, GNP - none; Tara Rouse, MA, CPHQ, CPXP, BCPA – none; Sharon Sheets-none;

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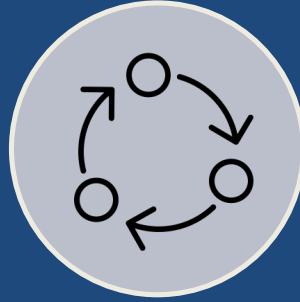
Agenda

- Introduction

    – Virginia COVID-19 Status (data)

    – Guidance/Regulatory Updates (CDC, CMS)

- Weekly Content with Interactive Quality Improvement

- Wrap up

- Open Discussion
  – COVID-19 Active Issues
  – QI Content, more in-depth conversation
  – Questions for Group Discussion

Session Learning Objectives
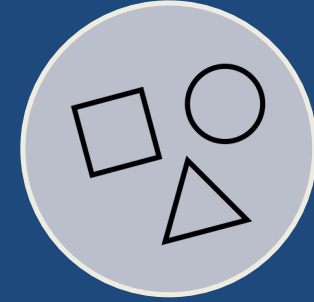
By the end of this session, participants should be able to:

1. Apply Rogers' diffusion of innovation model to recognition of readiness to engage in visitation among various stakeholders.

2. Summarize current CDC, CMS, & state health department guidance concerning visitation.

3. Use flow charts to formulate visitation processes.

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Let's Poll It Up!

COVID-19 Updates

- Data
- CDC/CMS

Data Updates

In this section, we will cover weekly updates regarding data around COVID-19 transmission, variants, and forecasting.

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COVID-19 in Virginia

[COVID-19 State Profile Report - Virginia | HealthData.gov](#) 5-7-21

	LAST WEEK	CHANGE FROM PREVIOUS WEEK
RATE OF NEW COVID-19 CASES PER 100,000	67	-21%
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	4.5%	-0.7%
NEW CONFIRMED COVID-19 HOSPITAL ADMISSIONS / 100 BEDS	4	+3%
RATE OF NEW COVID-19 DEATHS PER 100,000	1.2	+0%
COMMUNITY TRANSMISSION LEVEL	SUBSTANTIAL TRANSMISSION	
PEOPLE RECEIVED AT LEAST 1 DOSE	4,194,146 people	49.1% of total pop.
PEOPLE 65+ RECEIVED AT LEAST 1 DOSE	1,147,985 people	84.5% of 65+ pop.
PEOPLE FULLY VACCINATED	3,103,009 people	36.4% of total pop.
PEOPLE 65+ FULLY VACCINATED	993,509 people	73.1% of 65+ pop.

SARS-CoV-2 Variants of Concern
- The following proportions of variants of concern have been identified in Virginia: B.1.1.7 (54.7%), B.1.351 (2.2%), B.1.427/B.1.429 (5.8%), P.1 (0.7%)

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Cases in Skilled Nursing Facilities 5-7-21

VIRGINIA
STATE PROFILE REPORT | 05.07.2021

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	FEMA/HHS REGION	UNITED STATES
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	2%†	-2%*	6%	4%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	8%†	-5%*	15%	11%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	2%†	+0%*	2%	1%
CONFIRMED AND SUSPECTED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	2,045 (12)	+2% (+2%)	11,374 (17)	66,871 (9)
CONFIRMED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	625 (4)	+3% (+3%)	3,714 (6)	31,697 (4)

† 92% facilities reported

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Emerging Variants in the US

Variants in Va: SARS-CoV-2 Variants of Concern • proportions of variants of concern identified in Virginia: B.1.1.7 (UK) , B.1.351 (SA) , B.1.427/B.1.429 (USA) , P.1 (USA)

Region	B.1.1.7	B.1.351	B.1.427	B.1.429	P.1
Virginia	1,343 (85.3%)	96 (6.1%)	68 (4.3%)	50 (3.2%)	17 (1.1%)
Central	270 (88.8%)	12 (3.9%)	17 (5.6%)	4 (1.3%)	1 (0.3%)
Eastern	202 (65.6%)	66 (21.4%)	23 (7.5%)	14 (4.5%)	3 (1.0%)
Northern	396 (90.0%)	12 (2.7%)	6 (1.4%)	18 (4.1%)	8 (1.8%)
Northwest	166 (81.4%)	3 (1.5%)	22 (10.8%)	11 (5.4%)	2 (1.0%)
Southwest	309 (97.2%)	3 (0.9%)	0 (0.0%)	3 (0.9%)	3 (0.9%)

5/14/21

Total Virginia Cases

Virginia Department of Health

5/10

Total Cases*		Total Hospitalizations**		Total Deaths	
666,986		**28,911**		**10,902**	
Confirmed†	Probable†	Confirmed†	Probable†	Confirmed†	Probable†
519,310	147,676	27,446	1,465	9,192	1,710

5/17

Total Cases*		Total Hospitalizations**		Total Deaths	
670,834		**29,290**		**11,042**	
(New Cases: 378)^					
Confirmed†	Probable†	Confirmed†	Probable†	Confirmed†	Probable†
522,362	148,472	27,802	1,488	9,319	1,723

Observed and forecasted weekly COVID-19 cases in Virginia 5/10

Observed and forecasted weekly COVID-19 cases in Virginia
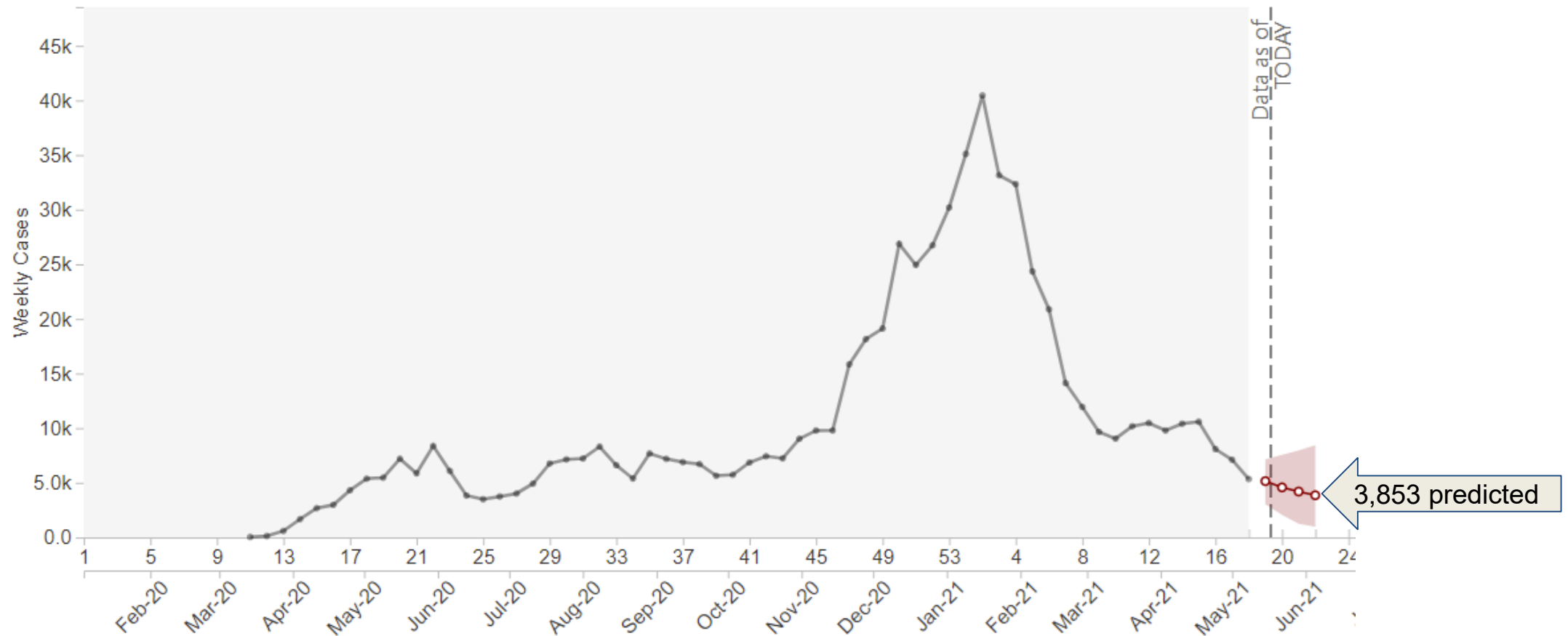
Data from CDC Forecasting models for Virginia, updated 5/13/21

CDC/CMS Updates

In this section, we will cover weekly updates from CDC, CMS, VDH, or novel research findings that impact nursing homes.

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CDC Updates - 5/13/21

Choosing Safer Activities

- Fully vaccinated individuals can do more (no mask, no social distancing)
- Details on: Indoor/Outdoor Settings, Travel, Isolation/Quarantine/Testing
- **BUT:**
  - **"The following recommendations apply to non-healthcare settings"**
  - **"Limited data on vaccine protection in people who are immunocompromised"**

Interim Public Health Recommendations for Fully Vaccinated People

Updated May 13, 2021   Languages ▾   Print

Summary of Recent Changes

Updates as of May 13, 2021   ∧

- Update that fully vaccinated people no longer need to wear a mask or physically distance in any setting, except where required by federal, state, local, tribal, or territorial laws, rules, and regulations, including local business and workplace guidance
- Update that fully vaccinated people can refrain from testing following a known exposure unless they are residents or employees of a correctional or detention facility or a homeless shelter

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

CDC Data on Efficacy of Vaccine

- Multiple studies show real world vaccine efficacy.

Table 1a. Effectiveness against SARS-CoV-2 infection and symptomatic disease

Country	Population	Vaccine	Outcome	Vaccine Effectiveness
United States[14]	General adult population	Pfizer-BioNTech or Moderna	SARS-CoV-2 infection	89%*
United States[15]	Healthcare workers, first responders, and other essential and frontline workers	Pfizer-BioNTech or Moderna	SARS-CoV-2 infection	90%**
United Kingdom[16]	Healthcare workers	Pfizer-BioNTech	SARS-CoV-2 infection	86%*
United Kingdom[17]	Adults aged ≥ 80 years, including those with multiple underlying conditions	Pfizer-BioNTech	Symptomatic disease	89%**

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CDC Data on Viral Transmission

- Multiple studies show reduction is asymptomatic carriers.

Table 1b. Effectiveness against asymptomatic SARS-CoV-2 infection and transmission

Country	Population	Vaccine	Outcome	Vaccine effectiveness or risk reduction
United States[27]	General adult population	Pfizer-BioNTech or Moderna	Asymptomatic infection	80%*
United Kingdom (Scotland)[28]	Healthcare workers and household members	Pfizer-BioNTech or AstraZeneca	Household members: SARS-CoV-2 infection	54%**
Israel[19]	General adult population	Pfizer-BioNTech	Asymptomatic infection	94%**

* 0 days after second dose
** 14 days after second dose

Preliminary data from Israel suggest that people vaccinated with Pfizer-BioNTech COVID-19 vaccine who develop COVID-19 have a four-fold lower viral load than unvaccinated people.[29] This observation may indicate reduced transmissibility, as viral load has been identified as a key driver of transmission.[30]

https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html

CDC Data from US Trial

- A retrospective cohort study of consecutive, asymptomatic adult patients (n = 39,156) within a large United States healthcare system who underwent 48,333 pre-procedural SARS-CoV-2 molecular screening tests between December 17, 2020 and February 8, 2021.
- Positive molecular tests in asymptomatic individuals were reported in 42 (1.4%) of 3,006 tests performed on vaccinated patients and 1,436 (3.2%) of 45,327 tests performed on unvaccinated patients (RR=0.44 95% CI: 0.33-0.60; p<.0001).

> Clin Infect Dis. 2021 Mar 10;ciab229. doi: 10.1093/cid/ciab229. Online ahead of print.

Impact of the COVID-19 Vaccine on Asymptomatic Infection Among Patients Undergoing Pre-Procedural COVID-19 Molecular Screening

Aaron J Tande [1], Benjamin D Pollock [2][3], Nilay D Shah [3], Gianrico Farrugia [4], Abinash Virk [1], Melanie Swift [5], Laura Breeher [5], Matthew Binnicker [6], Elie F Berbari [1]

Test Positivity after Vaccination

Marked decrease in testing positive >10 days after 1st dose (RR 0.20)
- Red Arrow: 20% risk reduction
- Green Arrow: 80% risk reduction

Figure 2
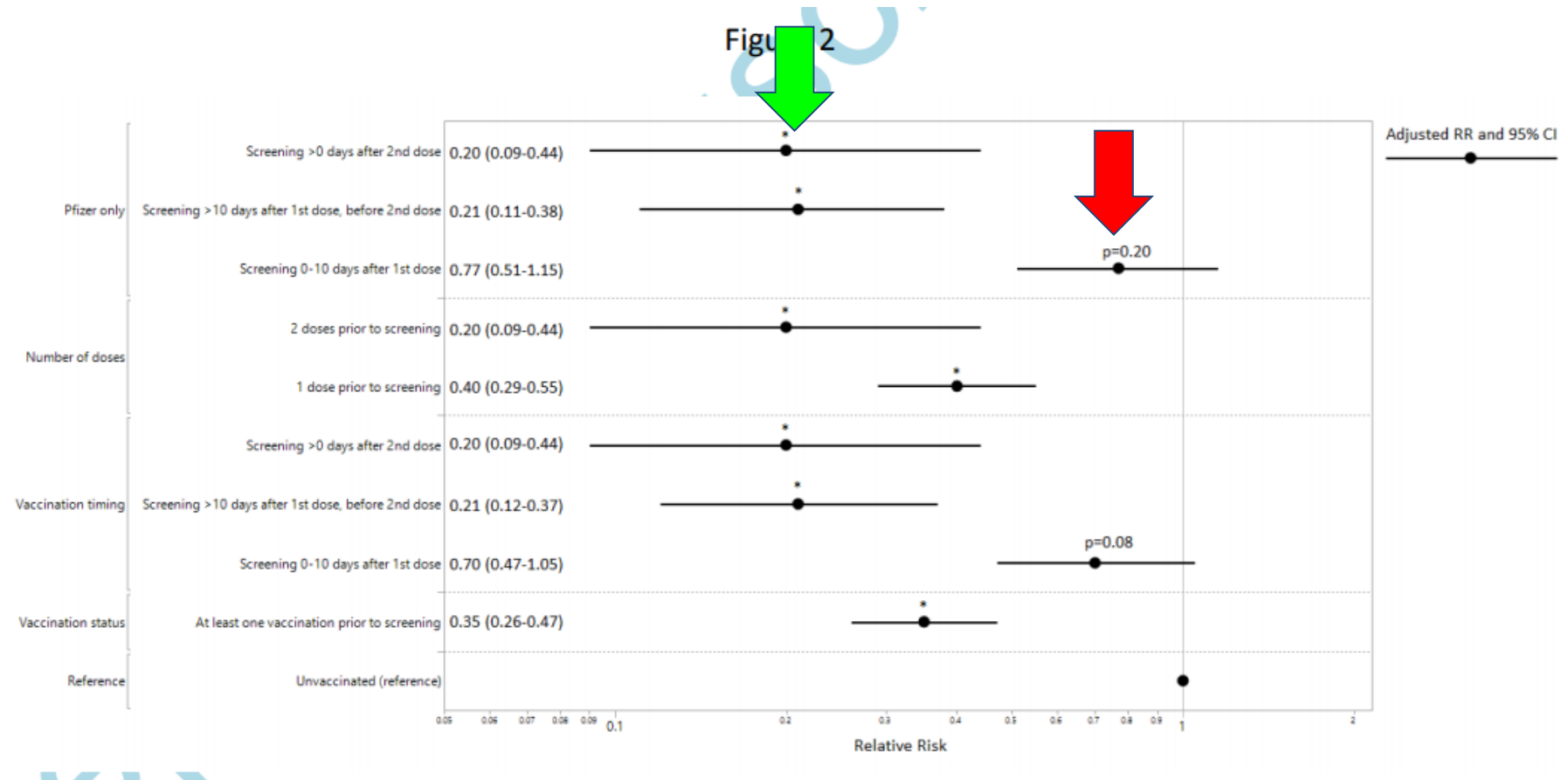
Tande AJ, Pollock BD, Shah ND, Farrugia G, Virk A, Swift M, Breeher L, Binnicker M, Berbari EF. Impact of the COVID-19 Vaccine on Asymptomatic Infection Among Patients Undergoing Pre-Procedural COVID-19 Molecular Screening. Clin Infect Dis. 2021 Mar 10:ciab229. doi: 10.1093/cid/ciab229. Epub ahead of print. PMID: 33704435; PMCID: PMC7989519.

CDC Choosing Safer Activities OUTDOOR

Unvaccinated People	Examples of Activities — Outdoor	Fully Vaccinated People
Safest (green)	Walk, run, wheelchair roll, or bike outdoors with members of your household	green
Safest (green)	Attend a small, outdoor gathering with fully vaccinated family and friends	green
Safest (green)	Attend a small, outdoor gathering with fully vaccinated and unvaccinated people	green
Less Safe (yellow)	Dine at an outdoor restaurant with friends from multiple households	green
Least Safe (red)	Attend a crowded, outdoor event, like a live performance, parade, or sports event	green

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/pdfs/choosingSaferAct.pdf

CDC Choosing Safer Activities INDOOR

Less Safe		Indoor		Safest
🟡		Visit a barber or hair salon		🟢
🟡		Go to an uncrowded, indoor shopping center or museum		🟢
🟡		Attend a small, indoor gathering of fully vaccinated and unvaccinated people from multiple households		🟢
🔴		Go to an indoor movie theater		🟢
🔴		Attend a full-capacity worship service		🟢
🔴		Sing in an indoor chorus		🟢
🔴		Eat at an indoor restaurant or bar		🟢
🔴		Participate in an indoor, high intensity exercise class		🟢

Least Safe

CMS Updates - 5/11/21

In accordance with CDC guidelines, CMS updated Visitation and Testing Memos:

- **CMS Interim Final Rule - "COVID-19 Vaccine Requirements"**

- **QSO-21-19-NH (5/11/21) - "COVID-19 Vaccine Immunization Requirements for Residents and Staff"**

https://www.federalregister.gov/documents/2021/05/13/2021-10122/medicare-and-medicaid-programs-covid-19-vaccine-requirements-for-long-term-care-ltc-facilities-and
https://www.cms.gov/files/document/qso-21-19-nh.pdf

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CMS Interim Final Rule

- Offer and provide COVID-19 vaccination to staff and residents
- Educate LTC staff about COVID-19 vaccination
- Educate LTC residents or representative about COVID-19 vaccination
- Report COVID-19 vaccination status to NHSN on a weekly basis
- Effective June 14, 2021

*Look at resources in QSO memo, helpful links included

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CMS Definitions

"Staff" means those individuals who work in the facility on a regular (that is, at least once a week) basis, including individuals who may not be physically in the LTC facility for a period of time due to illness, disability, or scheduled time off, but who are expected to return to work. This also includes individuals under contract or arrangement, including hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, or volunteers, who are in the facility on a regular basis, as the vaccine is available.

NHSN Vaccine Module

- Remember:
  - proposed CMS SNF rule would make COVID19 vaccine reporting mandatory for quality reporting (effective October 1, 2021)
  - CMS interim final rule May 11, 2021 updates §483.80 Infection control; to be enforced by surveyors June 14, 2021
- Need level 3 SAMS access (nhsn@cdc.gov)

https://www.cms.gov/newsroom/fact-sheets/fiscal-year-fy-2022-skilled-nursing-facility-prospective-payment-system-proposed-rule-cms-1746-p

https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html

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NHSN HCP

Definitions:

a. Environmental, laundry, maintenance, dietary services

b. Registered/licensed practical/vocational nurses

c. Certified nursing assistants, nurse aides, medication aides, and medication assistants

d. Therapists (such as RT/PT/OT, speech, and music therapists) and therapy assistants

e. Physicians, residents, fellows, advanced practice nurses, physician assistants

f. Persons not reported in the HCP categories listed here, regardless of clinical responsibility or patient contact, including contract staff, students, and other non-employees

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities (CDC 57.219)

2 Pages
*required for saving

*Facility ID#:		
*Vaccination type: COVID-19		
*Week of data collection (Monday – Sunday): __/__/____ – __/__/____		*Date Last Modified: __/__/____

Cumulative Vaccination Coverage

	Healthcare Personnel (HCP) Categories						
	*All HCP (Total)	Ancillary services employees[a]	Nurse employees[b]	Aide, assistant, and technician employees[c]	Therapist employees[d]	Physician and licensed independent practitioner employees[e]	Other HCP[f]
1. * Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection							
2. **Cumulative number** of HCP in Question #1 who have received COVID-19 vaccine(s) at this facility or elsewhere since December 2020:							
2.1. ***Only dose 1** of *Pfizer-BioNTech* COVID-19 vaccine							
2.2. ***Dose 1 and dose 2** of *Pfizer-BioNTech* COVID-19 vaccine							
2.3. ***Only dose 1** of *Moderna* COVID-19 vaccine							
2.4. ***Dose 1 and dose 2** of *Moderna* COVID-19 vaccine							
2.5. ***Dose** of *Janssen* COVID-19 vaccine							
2.99. Complete COVID-19 vaccination series: unspecified manufacturer							
* **Any** completed COVID-19 vaccine series							

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Your Questions

- What is top of mind for you?
- What should we be sure to cover for you?
- What has been most challenging or frustrating for you?

Please chat in with comments

Chat Waterfall:

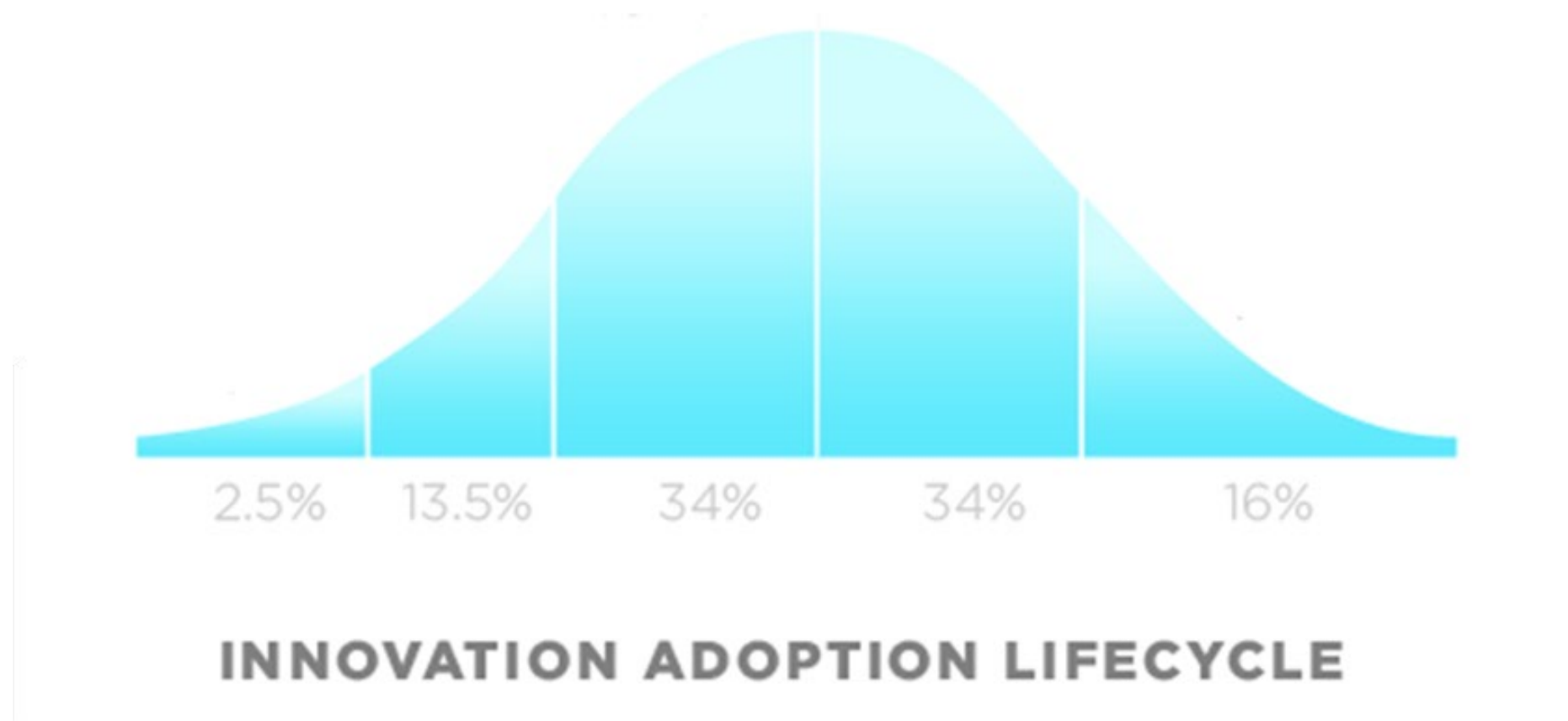What one famous real or fictional person would you love to have a coffee with?

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Post-Vaccinations Practices:

Visitation

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Diffusion of Innovation: Roger's Adopter Categories

Rogers, E. M. (2003). Diffusion of innovations. New York, Free Press.

Visitation

- Core Principles of COVID-19 Infection Prevention

- Outdoor Visitation

- Indoor Visitation

- Indoor Visitation During an Outbreak

- Visitor Testing and Vaccinations

- Compassionate Care Visits

- Policies and Procedures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH

DATE: September 17, 2020   *REVISED 04/27/2021*

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Nursing Home Visitation - COVID-19 *(REVISED)*

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.

Background
Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality.[1] The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

In March 2020, CMS issued memorandum QSO-20-14-NH providing guidance to facilities on restricting visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In May 2020, CMS released Nursing Home Reopening Recommendations, which provided additional guidance on visitation for nursing homes as their states and local communities progress through the phases of reopening.

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

Core Principles of COVID-19 Infection Prevention

- Screening for ALL who enter the facility

- Hand Hygiene

- Face covering or mask

- Social/Physical Distancing

- Signage

- Cleaning and Disinfecting

- PPE

- Effective Cohorting

- Testing

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

Flow Charting for Information

***Remember - Not every outbreak is the same...

VISITATION DURING COVID-19 PANDEMIC

OUTBREAK STATUS ***

IN OUTBREAK
- Window → Closed window
- Virtual → Facetime, Google Meets, Skype, Zoom
- Compassion Care

NOT IN OUTBREAK
- Window → closed, open
- Virtual → Facetime, Google Meets, Skype, Zoom
- Indoor
- Outdoor
- Compassion Care
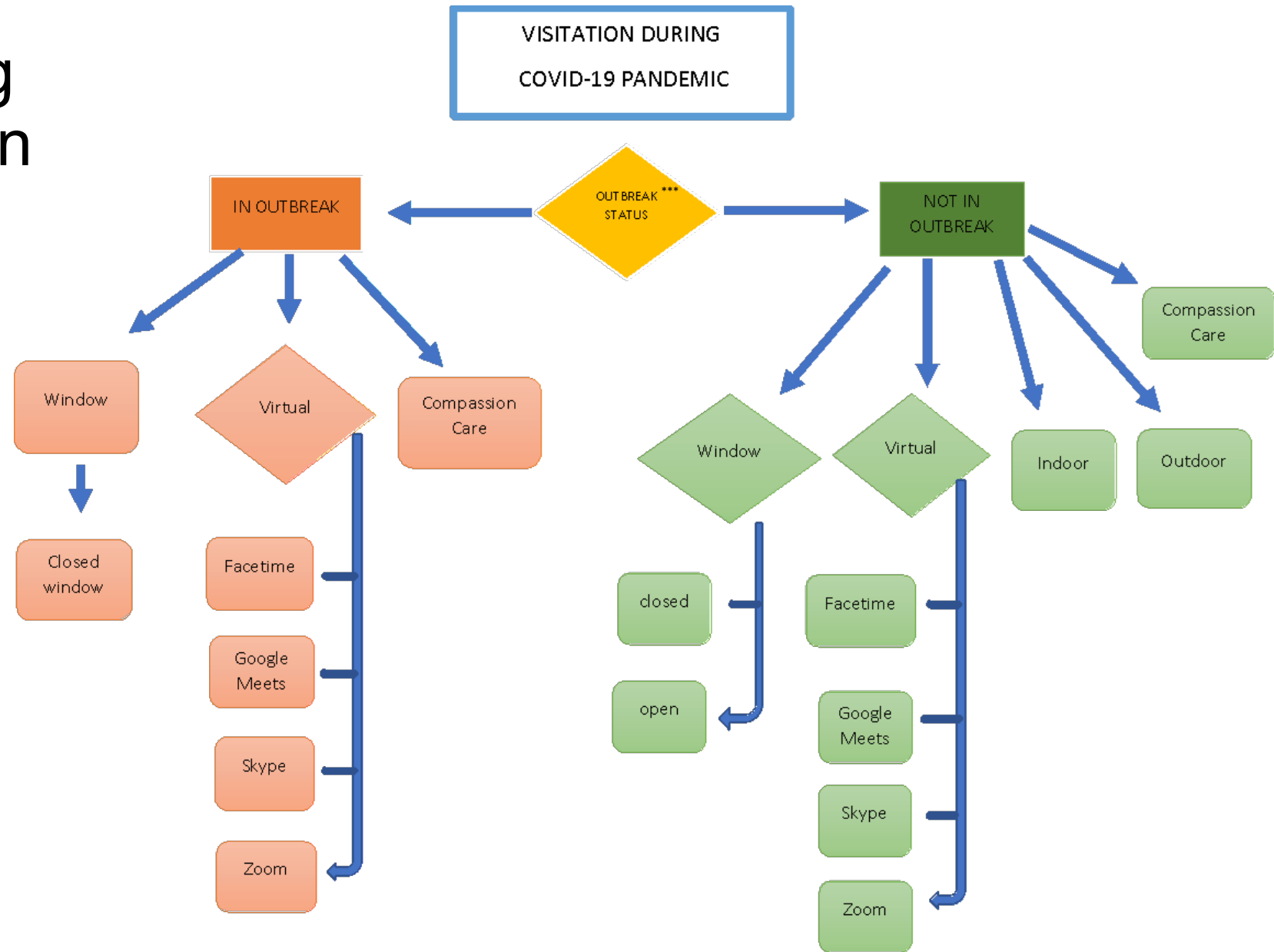
Brenda Marinan, Administrator at Chestelm Health & Rehabilitation Center

Outdoor Visitation

- Outdoor visitation is preferred

- Consider weather conditions

- Considerations of resident medical conditions

- Do not assume family preference

- **Plan and create a safe and accessible space**

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

Indoor Visitation

- Permit indoor visitation at all times, for all residents except for:

  - Unvaccinated residents
    - COVID-19 county positivity rate is >10% **AND** <70% of residents fully vaccinated
  - Residents on Precautions for COVID-19
  - Residents on quarantine

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

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#Visitation

Breakout Rooms

- Safe Indoor Visitation
  - What are your current processes for indoor visitation?
  - What where are the biggest decision points?
  - Where is the greatest opportunity for failure?

- Safe Outdoor Visitation
  - What are your current processes for outdoor visitation?
  - What where are the biggest decision points?
  - Where is the greatest opportunity for failure?

Compassionate Care Visits

"Compassionate care visits, and visits required under federal disability rights law, should be <u>allowed at all times</u>, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak."

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

AHRQ ECHO National Nursing Home COVID-19 Action Network

NM HEALTH SCIENCES | Project ECHO | AHRQ Agency for Healthcare Research and Quality | Institute for Healthcare Improvement

Compassionate Care Visits - Examples

Examples of compassionate care situations:

1. A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
2. A resident who is grieving after a friend or family member recently passed away.
3. A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
4. A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Compassionate Care Visits - Develop a checklist

Develop a checklist for determining if a resident visit is considered compassionate care

1. Would the indoor visit otherwise be restricted based on general visitation guidelines (quarantine, precautions, high county positivity AND low vaccine rate)?
   a. If no, proceed with visit
   b. If yes, proceed with step 2
2. Is the scenario similar to one described in the CMS memo? If yes, proceed
3. Would the visit otherwise be required by federal disability rights law? If yes, proceed
4. Could the purpose of the visit be described as providing "compassionate care" for a resident in need or distress? If yes, proceed

Indoor Visitation - Close contact

- If a resident is fully vaccinated, the visitor and resident can have close contact such as touch – as long as they practice proper hand hygiene and face coverings

- Indoor Visitation During an Outbreak

  - visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility

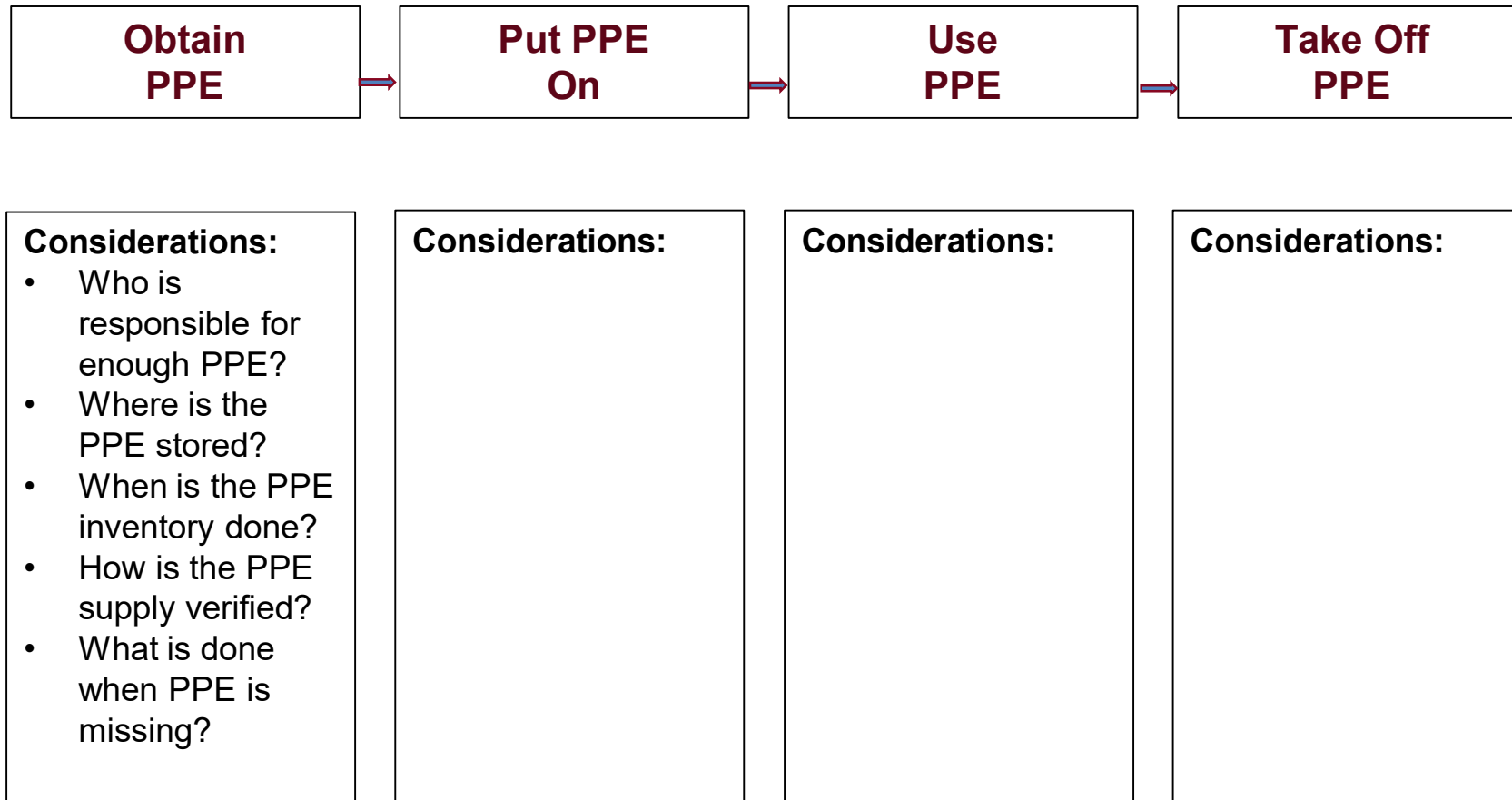https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#Visitation

Facility Visitation Process

- Policies and Procedures

- Education

- Monitoring and Oversight

- QAPI

- Create a reliable, adaptable facility process

Creating Flow Charts for Reliable Processes

Obtain PPE	→	Put PPE On	→	Use PPE	→	Take Off PPE

Considerations:
- Who is responsible for enough PPE?
- Where is the PPE stored?
- When is the PPE inventory done?
- How is the PPE supply verified?
- What is done when PPE is missing?

Considerations:

Considerations:

Considerations:

Flow Chart (aka Process Map): The Basics

Start/stop

Steps

Decision Point

Shape Connector

A

Page/Place Connector
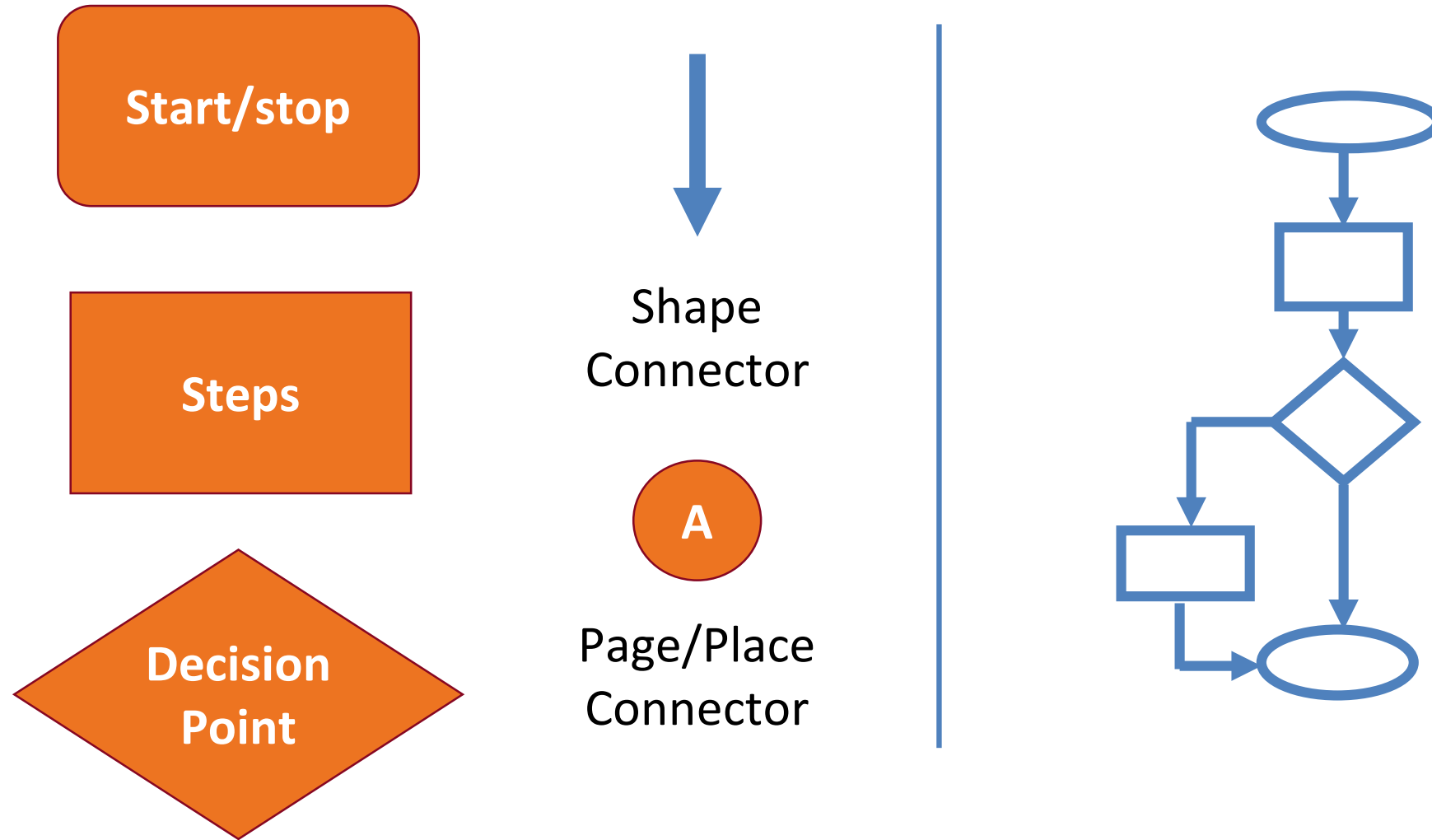
PMV

Making Safe Indoor Visitation (Sample)

Visitor comes to a screening area upon entry to the facility

Screening for COVID-19 signs & symptoms, and a temp check by a designated employee

The employee reviews answers to the screening questions and the temperature

Presence of signs & symptoms, exposure-14 days and temp?

No → **Visitor enters the building with a mask on or face covered for source control, and follows instructional signage**

POC Testing for visitors encouraged (high/medium positivity) – for staff in accordance with F886

POC Test Positive?

No → **Visitor follows instructional signage and meets the resident in a dedicated area, wearing a mask and maintaining proper social distance**

Visitor leaves the facility

Yes → **Denial of entry to the Nursing Home** → **Visitor leaves the screening area**

Yes → **Denial of visiting the resident** → **Visitor leaves the facility**

Additional 1:1 QI Coaching Available Upon Request

- Supplementary support for the QI offered in our sessions

- Opportunities to review QI from phase 1 for continuing participants

- Opportunities to learn more about QI topics from phase 1 for new participants

Email Tara at tara@partnershiphealthadvisors.com

Wrap Up

- Any final questions/comments about visitation or using flow charts?

- Any topics you would like the faculty to work on for next week?

- We want to continue to learn from you: please share your success, tests of changes, sticky changes with us by emailing: nursinghome-echo@vcu.edu

Please chat in with comments

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Let's Poll It Up!

References and Resources

- Centers for Disease Control and Prevention. Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination. Updated Mar. 10, 2021: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html#Visitation

- Centers for Medicare & Medicaid Services. Nursing Home Visitation-COVID-19 (Revised). QSO-20-39-NH, September 17, 2020, Revised 03/10/2021: https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

- Centers for Medicare & Medicaid Services. Data.CMS.gov. COVID-19 Nursing Home Data: https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg

Announcements

Next Week: Risk Mitigation & Core Principles of COVID-19 Infection Control Practice

CE Activity Code:

Within 7 days of this meeting, text the code to (804) 625-4041.

CE Questions? email ceinfo@vcuhealth.org

Attendance

Contact us at nursinghome-echo@vcu.edu if you have any questions.

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Resources - our website

https://www.vcuhealth.org/NursingHomeEcho