Nursing Home ECHO

COVID-19 Action Network

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

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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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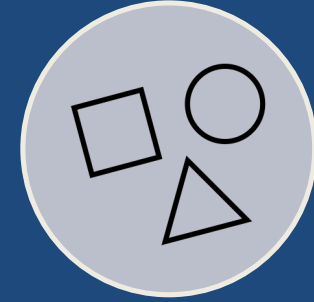
ECHO is All Teach, All Learn
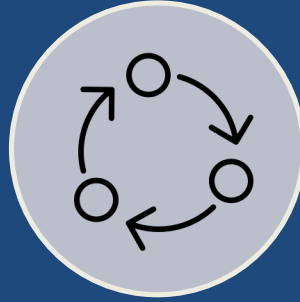
Post-Vaccination Practices: Session 3

Risk Mitigation/Infection Control:
Apply strategies for risk mitigation and adherence to core principles of COVID-19 infection prevention

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 3, Learning Objectives

1. Appreciate the need for COVID-19 related risk mitigation strategies in LTC facilities

1. Review core principles of COVID-19 infection prevention

1. Apply process development refinement techniques to optimize COVID-19 infection control procedures

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.

53.8% Virginia Adults Vaccinated

5/24/21

COVID-19 Vaccinations in Virginia

Total Doses Administered - **7,938,377**

People Vaccinated with at Least One Dose*	% of the Population Vaccinated with at Least One Dose	People Fully Vaccinated^	% of the Population Fully Vaccinated
4,554,856	**53.4%**	**3,645,490**	**42.7%**
	% of the Adult (18+) Population Vaccinated with at Least One Dose **65.9%**		% of the Adult (18+) Population Fully Vaccinated **53.8%**

Virginia Total Cases Past 180 Days
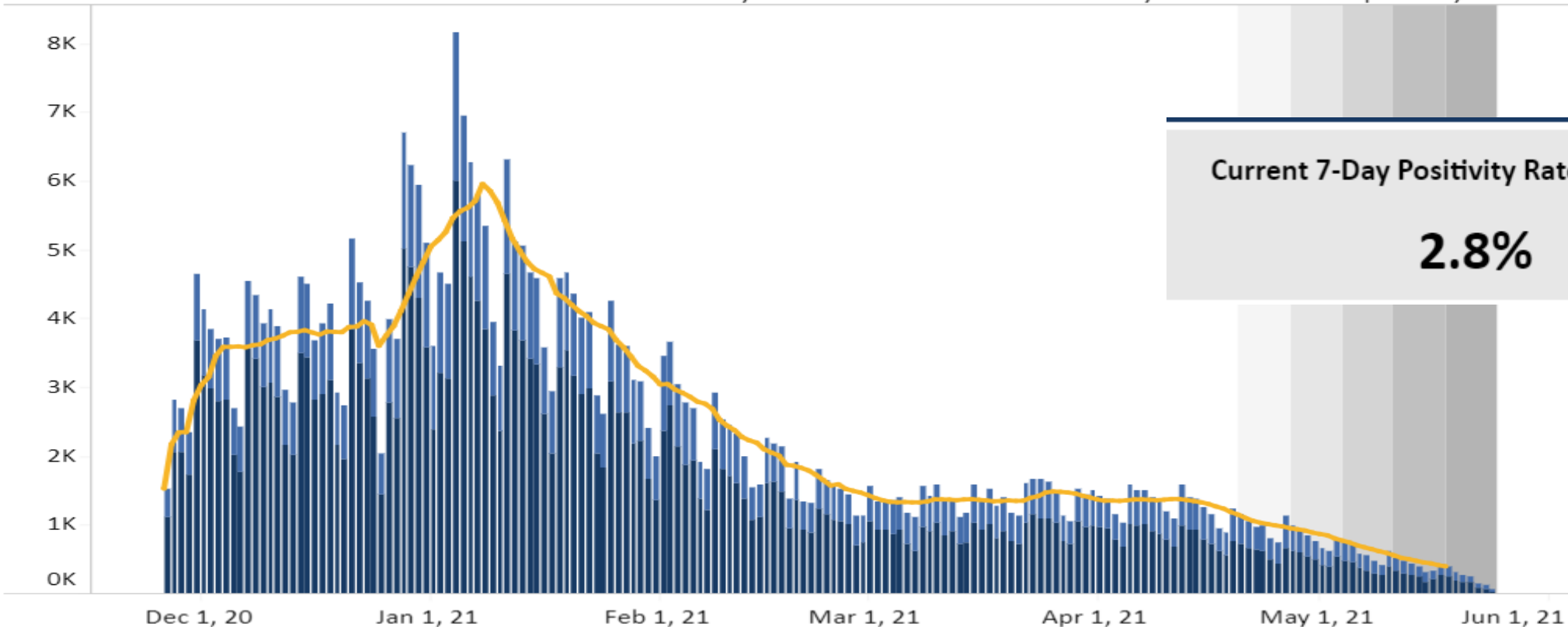
COVID-19 in Virginia 5-14-21

	STATE	STATE, % CHANGE FROM PREVIOUS WEEK	
NEW COVID-19 CASES (RATE PER 100,000)	3,887 (46)	-32%	
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	3.6%	-1.4%*	
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	105,535** (1,236**)	-12%**	
COVID-19 DEATHS (RATE PER 100,000)	117 (1.4)	+12%	
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	4%†	+2%*	
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	8%†	+0%*	
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	0%†	-1%*	
CONFIRMED AND SUSPECTED NEW COVID-19 HOSPITAL ADMISSIONS (RATE PER 100 BEDS)	1,923 (12)	-6% (-6%)	

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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

No new major updates

Last major update was 4/27/21: **Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination**

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

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CMS Updates

No new major updates

Last major update was 5/11/21 Memo: **"Interim Final Rule - COVID-19 Vaccine Immunization Requirements for Residents and Staff"**

https://www.cms.gov/files/document/qso-21-19-nh.pdf

https://www.cms.gov/newsroom
https://www.cms.gov/nursing-homes

Follow The Science Update

- NEJM 5/19/21: "Incident SARS-CoV-2 Infection among mRNA-Vaccinated and Unvaccinated Nursing Home Residents

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Vaccine Effectiveness in NH Residents

"Incident SARS-CoV-2 Infection among mRNA-Vaccinated and Unvaccinated Nursing Home Residents"

"Using electronic health record data from Genesis HealthCare, a large long-term care provider in the United States, we report the incidence of SARS-CoV-2 infection among vaccinated residents and unvaccinated residents of 280 nursing homes across 21 states."

- 18,242 residents who received at least one dose of mRNA vaccine
  - 13,048 also received the second dose of vaccine
  - 14,669 residents (80.4%) received the Pfizer–BioNTech vaccine
  - 3573 (19.6%) received the Moderna vaccine.
- 3,990 residents were unvaccinated.

Percent Incident cases post vaccine clinics:

Days since completion vaccine clinic	1-14	15-28	29-42	>42
Fully vaccinated	1%	0.3%		
Partly vaccinated.	4.5%	1.4%		
Unvaccinated	4.3%	1.7%	0.4%	0.3%

(B) Vaccinated residents: Incident cases after dose 2
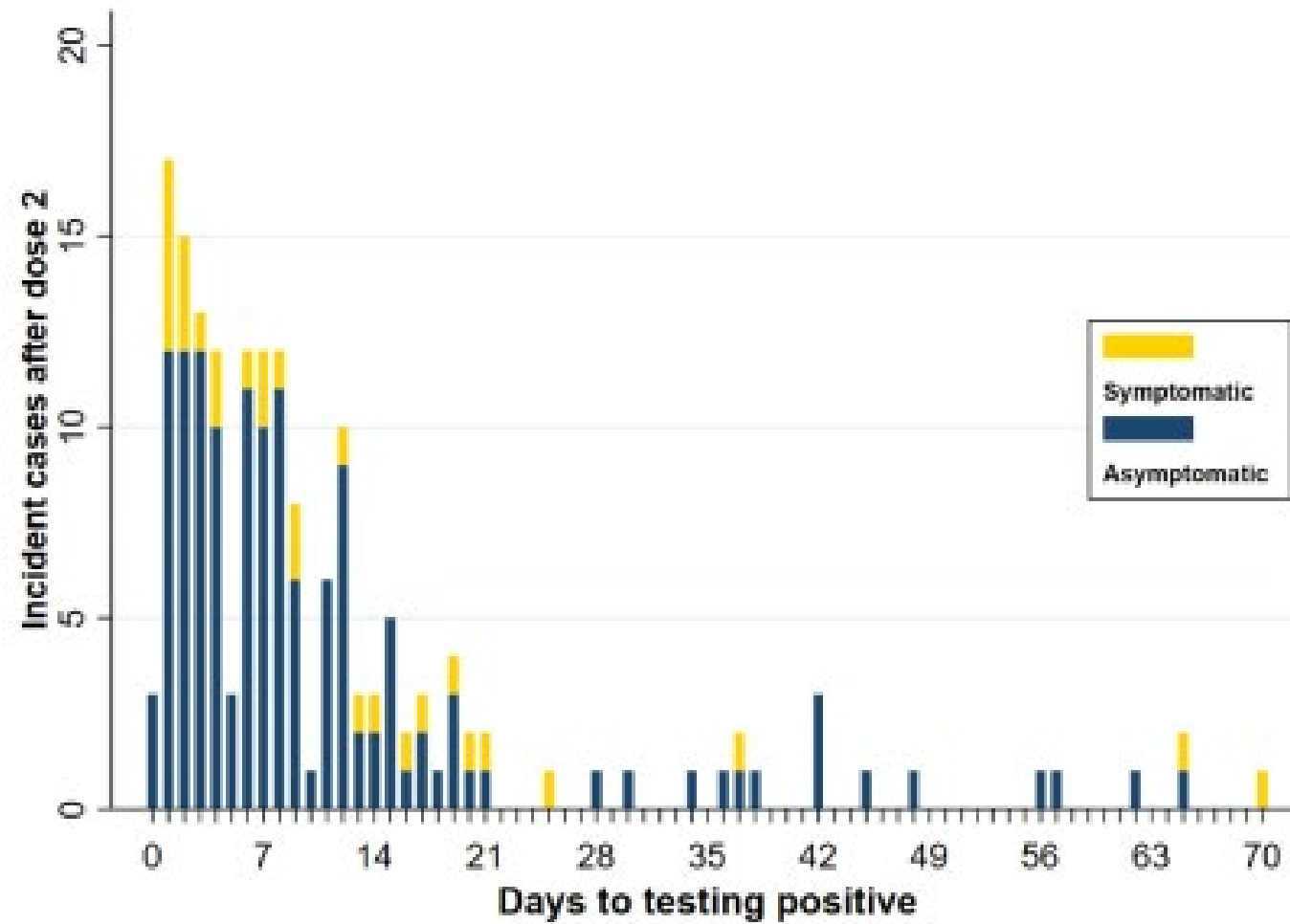
Bottom Line

Incidence of infection decreased markedly over time among both vaccinated residents and unvaccinated residents.

Most cases asymptomatic.

Cases proportional to community prevalence, not shown to be correlated with staff vaccination rates in this particular study.

m-RNA Vaccines are **very, VERY** good, **BUT** incident cases post vaccination = need for ongoing vaccination programs, surveillance testing & other infection control measures (don't let your guard down; follow the Guidance).

Geneva database studies ongoing

- Safety/side effects
- Breakthrough infections via variants

QA/PI Ideas

In this section, we will list topics that can be re-evaluated in-depth at the facility level to determine need for new QA/PI project

QA / PI Ideas

- Respiratory Protection Plan

- CDC Conventional Capacity Standards for PPE Use

- COVID-19 Staff Vaccine Education

- NHSN Vaccine Reporting

- Indoor Visitation Policies

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Module 3

Strategies for Risk Mitigation and Adherence to Core Principles of COVID-19 Infection Prevention

Follow-up from Last Week

1. Can vaccinated & unvaccinated residents be roommates?

2. Can we have a warm room instead of an entire dedicated unit?

   Implications regarding new admissions, outbreak mitigation, etc.

3. Vaccination status for new residents?

1. Can vaccinated & unvaccinated residents be roommates?

Visitation-

"Visits for patients/residents who share a room should ideally not be conducted in the patient/resident's room. If in -room visitation must occur (e.g., patient/resident is unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither patient/ resident is able to leave the room, facilities should attempt to enable in -room visitation while maintaining [recommended infection prevention and control practices](), including physical distancing and source control."

? unintended "labelling" or socio-emotional consequences

2. Can we have a warm room instead of an entire dedicated unit?

Considerations:

- Community prevalence
- Outbreak status
- Number of admissions
- Physical layout
- Staff adherence to proper PPE usage

3. Unclear vaccine Status, new residents

4-27-21: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

If given 1st mRNA vaccine dose & date known, OK for just 2nd dose up to 6 wks p 1st dose

Should not "mix" mRNA vaccines but can consider alternative product for 2nd dose if > 28 days & 1st vaccine type unknown. J&J also OK

If > 6 weeks & unknown product, start over; give 2-shot series of Pfizer or Moderna, or 1 shot of J&J

Consider checking w VDH or local health dept

New Questions?

- What is top of mind for you?

- Do you have any questions that we should be sure to cover this week?

- Has anything been particularly challenging or frustrating that you would like help advancing?

Worry List:

- ***What risk(s), related to COVID, keeps you up the most at night?***

Unmute or chat

LTC risks remain post vaccine

- Risks to Residents
  - Infection & outbreaks
  - Effects of Social Isolation
- Risks to Visitors
  - Risk of COVID-19 Exposure and Infection
- Risks for Staff
  - Risk of COVID-19 Exposure and Infection
  - Action if not following proper policies and procedures
- Nursing Home Risks
  - Quality
  - Compliance
  - Legal
  - Reputation and more!

**Reducing spread "final common pathway"
Focus of today**

**N.B. Vaccines are key to risk mitigation,
 topic of separate module under development**

Risk Mitigation post vaccine

Covered in depth elsewhere
    Visitation (last week)
    PPE (week 4)
    Staffing, return to work (week 5)
    Vaccines-separate module
Unchanged
    Cleaning & disinfection
    Walk rounds for environmental hazards
    Hand hygiene
    Signage

Updates for changes since phase 1

Testing

Screening

Cohorting

Caveat on Masks

CDC has relaxed mask wearing for vaccinated individuals in the community.

This change DOES NOT apply to healthcare settings, including nursing homes (under review).

Ditto social distancing

Testing Post Vaccines

- **Symptom based testing** - continue

- **Exposure testing** - continue

- **Outbreak testing** - unchanged, test HCP and residents every 3-7 days until no new cases for 14 days

- **Routine HCP testing** - fully vaccinated HCP no longer need to do routine testing

*PCR vs. antigen tests - still available

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Screening

Screening protocols should continue, including for vaccinated visitors:

- Vaccinated while incubating COVID infection
- Incomplete vaccine effectiveness
- Symptoms & signs could be flu, something else
- Are visitors being transparent about vaccine status?
- Tracking vaccine records for frequent visitors

Post Vaccine Cohorting Admissions & Readmissions

1. Confirmed COVID → COVID unit
   a. transfer out when meet criteria for DC of TBP
2. Unvaccinated, vaccine status unknown or incomplete vaccination, Exposure/symptoms/unknown → Observation Unit (warm/yellow zone)
   a. even if negative test
3. Can admit to green unit-no quarantine if recovered COVID-19 within 90 days or fully vaccinated & no high risk exposure but may need to consider quarantine based on
   a. Community prevalence
   b. NH outbreak status
   c. Emerging variants
   d. Presence of COVID Sx/signs
4. In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and do not have close contact with someone with SARS-CoV-2 infection.

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Segue to Tara

Any policy change or revision is only as good as the capacity of people to implement it

synonyms for segue:
passage, turn, transition, shift, continuation, pivot, twist, introduction, juncture, conversion

THESAURUS.PLUS

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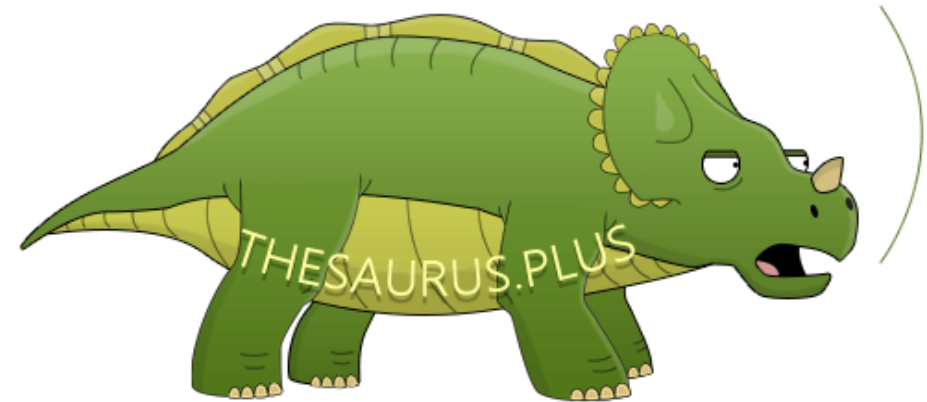
Humans are Unreliable

- **The Human Factor**
  - Memory Failure:
    - Humans can hold somewhere between 4 and 7 items in their short-term memory
  - Fatigue:
    - Physical and mental exhaustion
  - Boredom:
    - The repeat nature of some of the things we need to do can lead to boredom with the task
  - Overload:
    - Constantly deluge of new information and additional work for nursing home staff
  - Distraction:
    - New policies, procedures
  - Stress:
    - Emotional, financial, family stress
  - Lack of Routine Practice:
    - Staff in new/different roles

Discussion: Failure Opportunities for Screening

- What makes screening difficult?
  - Does COVID look the same every time?
  - Do all people who have COVID show symptoms?
  - Do COVID symptoms mirror other conditions that we don't worry about?

- How does stress effect screening?
  - People are desperate to see loved ones and recapture lost time from last year.
  - Financial stress could make someone less likely to report a symptom (it isn't malicious) if they don't really feel sick.

- What have you seen?
  - Come off mute or chat in where you have seen screening fail

Using Human Factor Thinking to Help

- How can you make physical distancing easier to remember?
  - Signage and cues are one tool – what else have you done?
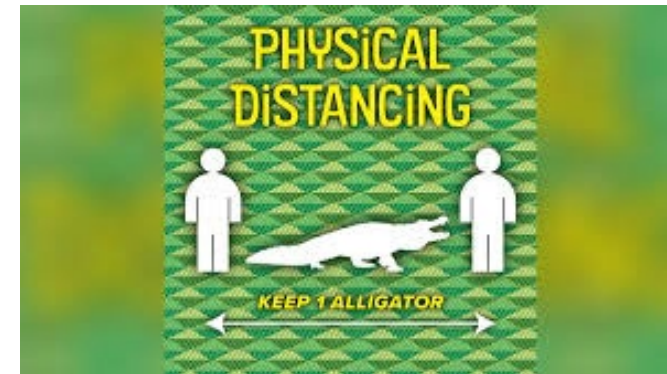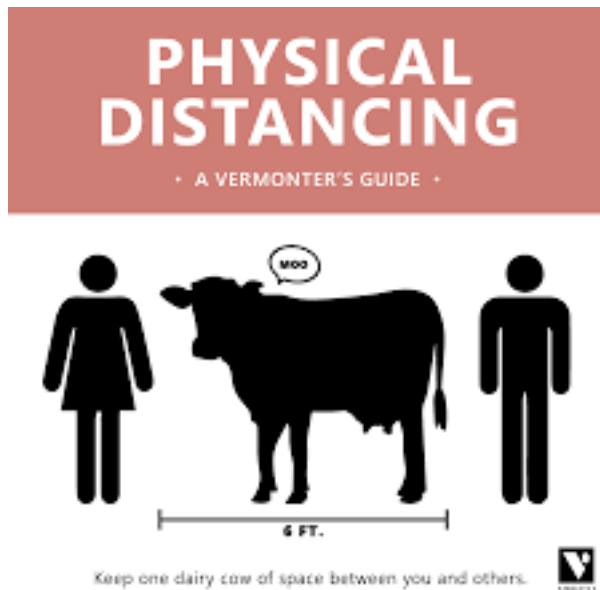
Attributes of Your Processes

1. **Who** does it?

2. **When** should it be done?

3. **Where** is it done?

4. **How** is it done?

5. **What** is needed to do it?

5 Attributes Example

- Let's build the five attributes for hand hygiene **for visitors**

Attribute	Description for hand hygiene
1. Who does it?	
2. When should it be done?	
3. Where is it done?	
4. How is it done?	
5. What is needed to do it?	

Ask 5…About 5

- Ask 5 staff involved in the process to describe the five attribute of the process
  - IF 5 direct staff can describe the work with the 5 attributes then:
    - You know you have a process in place that people know about
    - You have a good chance that you can achieve 95% performance AND sustain the process over time
  - IF 5 direct staff cannot describe the work with the 5 attributes then:
    - Determine if all 5 cannot describe the work (is there a training/education problem.
      - Determine if it is a COMMON or INFREQUENT failure.
      - Observation of ONE PERSON does not mean it is a common failure.
    - Determine which of the attributes are problematic and work to improve that aspect

Addressing Gaps: Common vs. Infrequent Failure

Common

(More than 1 of the 5 Cannot Articulate the Attribute or Process)

- Don't rely too heavily on education as THE FIX
- Get CURIOUS to determine WHY this is occurring
- Inform staff on the WHY:
  - WHY is this process important
  - WHY do we do it this way
- Get CURIOUS – WHY are they NOT following the process
- Develop a plan to fix ONE attribute
- Keep it SIMPLE!

Infrequent

(Only 1 of the 5 Cannot Articulate the Attribute or Process)

- Infrequent does NOT mean you have a bad process.
- Don't try to make it perfect – you will use up too many precious resources.
- Talk to that one person to reeducate or determine WHY it is occurring.
  - Determine if there is a simple fix
- MOVE ON to focus on another process

Core Principles-Summary

Surveillance

- The collection of information for action

- Cornerstone of core principles of COVID-19 prevention and risk mitigation

- Process surveillance

Wrap Up

- Any final questions/comments about risk mitigation or process development/refinement?

- 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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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 Disease Control and Prevention. COVID-19. Symptoms of Coronavirus, Updated Feb. 22, 2021: https://www.CDC.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

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References and Resources

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- Centers for Disease Control and Prevention. COVID-19. Social Distancing. Keep a Safe Distance to Slow the Spread. Updated Nov. 17, 2020: https://www.CDC.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html

- https://www.vdh.virginia.gov/content/uploads/sites/182/2020/12/PPE-Chart.pdf Considerations for Personal Protective Equipment (PPE) and Cohorting during COVID-19 Response in Long-Term Care 12/21/20

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Announcements

Next Week: PPE Practices

CE Activity Code:

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

Questions? email ceinfo@vcuhealth.org

Attendance

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

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Resources - our website