

Succeeding in the HHS COVID-19 Performance Payment Program Support Tool

HHS wants to reward buildings that are successful in keeping COVID-19 out of nursing homes, or at low levels. AHCA has created a list of approaches to consider implementing to help centers prepare, fight, and win against COVID-19. Useful resources are linked under each theme of approach.

Prevention: Steps that could be taken immediately

- Monitor staff, residents, and visitors for signs and symptoms of respiratory infection.
- Physical distancing of at least 6 feet whenever possible between all people.
- Implement universal use of facemasks for all facility staff, cloth face coverings for visitors and residents when out of resident rooms.
- Consider the use of face shields or eye protection in addition to facemasks.
- Consider the use of full PPE (gown, gloves, facemask, and eye protection) as supplies allow.
- Reinforce and monitor adherence to strict infection prevention and control measures, including hand hygiene, cough/respiratory etiquette, and donning/doffing PPE.
- Communicate with and educate staff, residents, and families about actions the center is taking to protect them and their loved ones.
- Evaluate current supplies of PPE (gowns, gloves, facemasks, respirators, eye protection, etc.) and alcohol-based hand sanitizer and try to stockpile supplies for possibility of surge.
- Provide frequent environmental cleaning and disinfection of frequently touched objects and surfaces (including non-dedicated, non-disposable resident care equipment such as thermometers, pulse ox, blood pressure cuffs, and resident lifts).

Resources:

- Infection Prevention and Control in the Post-COVID-19 World - <https://educate.ahcancal.org/products/infection-prevention-control-in-the-post-covid-19-world>
- Infection Prevention and Control Core Practices for Managing COVID-19 - <https://educate.ahcancal.org/products/infection-prevention-and-control-core-practices-for-managing-covid-19>
- Basics of Infection Prevention and Control in the Post-COVID-19 World - <https://educate.ahcancal.org/products/basics-of-infection-prevention-control-in-the-post-covid-19-world>
- Infection Preventionist Specialized Training – IPCO Version 2 - https://educate.ahcancal.org/p/ipcov2#tab-product_tab_overview
- How to prevent and manage outbreaks - <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/When-COVID-Gets-In.pdf>

Rapid Response: Steps that could be implemented for suspected respiratory illness or fever or prevalence in community

Staffing:

- Consider infection prevention designee on all shifts to make rounds, observe PPE use, transmission-based precautions, and coaching/correction in the moment.
- Meet with staff and ask them to limit working at other healthcare settings and between units in same center.
- Consider increasing active monitoring of all staff for fever and symptoms of respiratory infection.
- Consider restricting staff movement throughout the building identifying dedicated staff to care for residents and consider universal service worker roles if possible.

Resources:

- Screening checklist for visitors & personnel - <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/COVID19-Screening-Checklist.zip>
- Infection Preventionist Specialized Training – IPCO Version 2 - https://educate.ahcancal.org/p/ipcov2#tab-product_tab_overview

Direct Resident Care Approaches:

- Addition of standing orders for oxygen therapy, laboratory services, and comfort medications and hypodermoclysis.
- Alternative medication pass approaches.
- Discontinuation of non-critical/necessary medications.
- Consider restricting new admissions until COVID-19 outbreak is contained.
- Consider increasing active monitoring of all residents for fever and symptoms of respiratory infection, including resident assessment of respiratory rate, pulse oximetry, mental status changes, and any symptoms of COVID-19 while bundling with other visits to resident to reduce total number of interactions. Modulate frequency based on COVID-19 in the center.
- Consider adding precautions such as encouraging residents to keep doors closed (and windows open, when the weather allows) when they are in their room. If/when residents leave their rooms, ensure they are performing hand hygiene, wearing a source control mask, and practicing social distancing.
- Try to limit transferring residents about the center, unless to cohort using test-based method to identify cohorting opportunities. When transfers are necessary, residents should wear source control mask, engage in hand hygiene, and limit interactions with all people to the extent possible.
- Try to limit shared equipment and medical devices and dedicate equipment whenever possible. When equipment sharing is unavoidable ensure appropriate cleaning and disinfection with EPA-registered, hospital-grade disinfectant with emerging viral pathogen claim.

Resources:

- Keeping Resident Engaged - <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Keeping-Residents-Engaged.pdf>
- Keeping People Connected: Innovative Methods using an Infection Prevention & Control Mindset - <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Keeping-People-Connected.pdf>
- Offering Compassionate Care - <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Compassionate-Care.pdf>
- When Residents Want to Take an Outing into the Surrounding Community - <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Residents-Leaving.pdf>

Testing & Cohorting:

- Consider testing to confirm symptomatic, pre-symptomatic, and asymptomatic residents and staff and to inform cohorting.
- Readily available testing of residents and staff as soon as possible of first known positive, with rapid results in less than 24 hours.
 - Rapid testing with results are necessary help determine resident placement/isolation and staff to care for them, especially in outbreaks with large numbers of asymptomatic positive.
- Provide training on proper specimen collection and/or test performance if the facility is collecting specimens or collecting samples onsite.
- Quality controls for surveillance tools (line lists) to assure accurate tracking of symptomatic residents and staff; symptoms/testing/test results; screening results residents and staff; and tracking of case outcomes.
 - Consider weekly 100% surveillance of all remaining negative staff and residents until 14 days elapse without a new positive.
- Have ready and consider implementation of cohorting plan including:
 - Education to all staff on the plan and implementation of the plan.
 - Creation of dynamic “heat maps” to visually plan and track resident diagnostic and screening test results, room changes and unit cohorting.
 - Implementation of cohort-dedicated staff, equipment, nursing stations, break areas and PPE donning and doffing areas.

Resources:

- Testing in LTC - <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/COVID-Testing-LTC.pdf>
- Testing Vendors for LTC - <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/COVID-Testing-Vendors.pdf>
- Algorithm for testing and cohorting NH residents- <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Algorithm-Testing-Cohorting.pdf>
- Point-of-care Antigen Tests in SNFs - <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/POC-Antigen-Tests.pdf>

- Summary of CDC Guidance on Rapid Antigen Tests - <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Summary-CDC-Guidance-Antigen-Tests.pdf>

Environmental:

- Consider creating physical barriers to reduce potential cross-contamination between COVID-19 (+) and (-) areas and to reinforce social distancing.
- Explore existence of COVID care SNF facilities, to allow for quick transport of any positive resident from a non-COVID facility to the specialty facility. Try to only use acute care as discharge location if full code and requires intubation.
- Consider assessing the air flow throughout the community and open windows, put fans in place, etc.

Resources:

- Resources for Health Care Facilities - <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- Health Care Infection Control Guidelines - https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html&deliveryName=USCDC_1052-DM21038

Technology:

- Increase usage of telehealth services for clinical appointments/visits.
- Consider implementation of virtual infection prevention self-assessments on off-shift hours.
- Eliminate facility-based in person meetings and ensure break areas have 6-foot or more allowance.
 - Use Zoom (or other solution) for all department heads for daily meetings, for communication with staff that may be within an isolation unit and at shift changes. Zoom set up on nursing stations computers.
- Consider exploring options for onsite or remote technical/epidemiology assistance by subject matter experts.

Resources:

- Long-Term Care Nursing Homes Telehealth and Telemedicine Tool Kit - <https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf>

Communication:

- Seek methods to increase communication and transparency with staff, residents, and families about suspected and confirmed COVID-19 including steps being taken to halt the spread.
- Notify state and local public health department and follow reporting requirements.

Resources:

- Template Letter to Residents and Families - <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Template-Letter-Families-Confirmed-Case.docx>
- Communication Strategies for Keeping Families Up to Date - <https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Communication-Strategies-Families.pdf>

Dialysis Centers:

- Seek methods to increase effective and continual communication between dialysis centers and nursing homes to prevent COVID-19 transmission.
- Request dialysis centers notify the nursing home in a timely manner of any community dialysis patients or dialysis staff members who had positive test results to inform the nursing home's decisions for testing and to take necessary precautions.
- Communicate with dialysis center about:
 - Need for consistent infection prevention and control practices to protect the medically vulnerable populations going to and from dialysis centers from the nursing home setting.
 - Any concerns of infection prevention and control practices experienced during the dialysis process as expressed by the resident or accompanying staff (e.g., proper use of PPE, time spent in waiting areas, spacing of machines, and cohorting).
 - Seek to revise schedules to minimize co-mingling of nursing home residents with community patients in the same room during the same dialysis session. If separate spaces are not possible, ask for separation between cohorted nursing home and community groups with dedicated staff and equipment for each cohorted group.
- Seek and create alternative approaches for dialysis treatment, such as on-site dialysis opportunities within the nursing home if possible.

Resources:

- Preparing for COVID-19 in Nursing Homes - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html>
- CDC Dialysis Resource Page - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html>