



office of the governor of the commonwealth of virginia

GOVERNOR'S COVID-19 LONG-TERM CARE TASK FORCE

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May 21, 2020

Welcome and Housekeeping Items

- Please mute your phone (do NOT put us on hold) if you are not speaking
- We prefer to take questions/comments at the end of each agenda item
 - Feel free to utilize the chat box

Overview of Agenda

- Data Update
- Financing
- New CMS Recommendations: Nursing Home “Phased Reopening”
- Medical Reserve Corps
- Point Prevalence Surveys
- Implementing Project ECHO in Virginia’s Long-Term Care Facilities
- National Healthcare Safety Network
- QIN-QIO Quality Improvement Initiatives
- Website & Playbook Update
- Discussion
- Next Steps

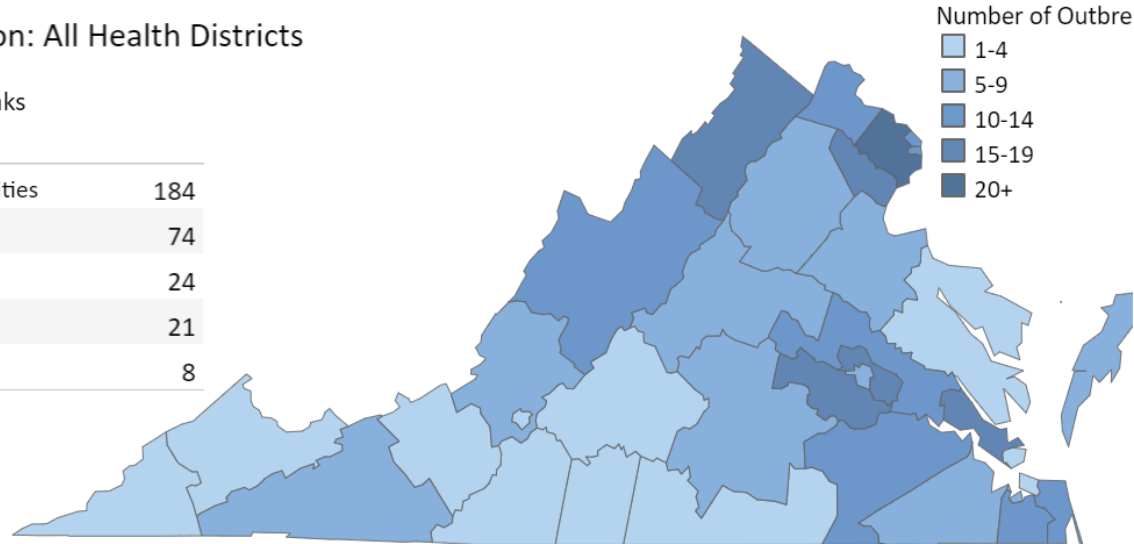
COVID-19 Outbreaks in Virginia

All Health Districts Total Outbreaks	All Health Districts Outbreak Associated Cases	All Health Districts Cases in Healthcare Worker
311	6,809	2,281

Current Selection: All Health Districts

Number of Outbreaks
by Facility Type

Long Term Care Facilities	184
Congregate Setting	74
Correctional Facility	24
Healthcare Setting	21
Educational Setting	8

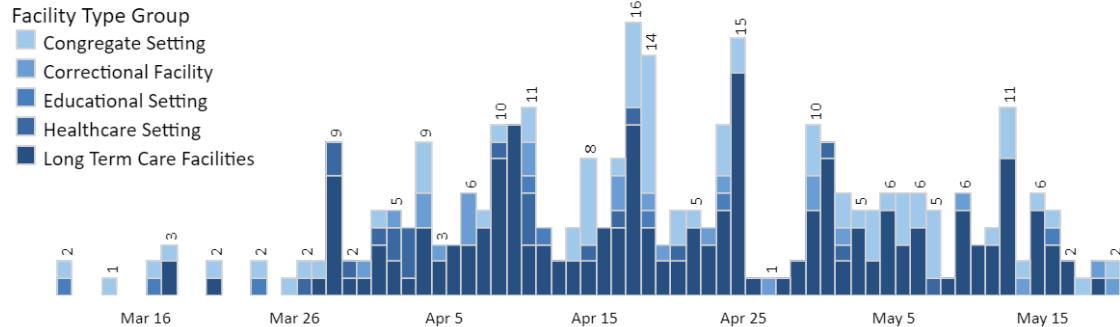


COVID-19 Outbreaks in Virginia

Cases and Deaths by Outbreak Facility Type - State Totals

Long Term Care Facilities	Cases	4,259
	Deaths	636
Congregate Setting	Cases	1,271
	Deaths	19
Correctional Facility	Cases	1,127
	Deaths	5
Healthcare Setting	Cases	110
	Deaths	2
Educational Setting	Cases	42
	Deaths	0

Number and Facility Type of Outbreak by Date VDH Notified



CARES Act Stimulus Funding Proposals

- State's portion = \$1.8B
- All funds must be spent by 12/30/2020
- Can be made retroactive but only to March 26
- Must be spent on activities directly related to COVID-19 response
- Agencies submitted proposals for consideration
- Governor in process of considering proposals

Proposals Submitted

- Fund PPS testing support for all LTC facilities
- Increase Auxiliary Grant resident/per day payment to \$10/resident/day for a period of 6 months, starting on March 26
- Create a “case payment” and “outbreak payment” rate for LTC facilities

New CMS Recommendations: Nursing Home “Phased Reopening”

1 Criteria: Should lag behind general community’s reopening by 14 or 28 days

- **Weekly retesting of staff* continues until all residents test negative**
- **Testing of residents if suspect or confirmed case**

2 Criteria: No rebound in cases after 14 days in phase I

- **Weekly retesting of staff* continues until all residents test negative**
- **Testing of residents if suspect or confirmed case**

3 Criteria: No rebound in cases during phase 2

- **Weekly retesting of staff* continues until all residents test negative**
- **Testing of residents if suspect or confirmed case**

*Staff includes volunteers and vendors who are in the facility on a weekly basis

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New CMS Recommendations: Nursing Home “Phased Reopening”: Factors to Consider

- Case status in community
- Case status in NH: Absence of any new onset COVID19 cases such as a resident acquiring COVID in the NH
- Adequate staffing: No staffing shortages, not on contingency staffing plan
- Access to adequate testing
- Universal source control: all residents/visitors wear a mask
- Access to adequate PPE: CDC’s guidance at Strategies to Optimize the Supply of PPE is acceptable
- Local hospital capacity to accept patients

CMS Testing Recommendations (Continued)

- The capacity for all nursing home **residents** to receive a single baseline COVID-19 test
 - The capacity for all **residents** to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19
- The capacity for all nursing home **staff** to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week
- A nursing home should spend a minimum of 14 days in a given phase, with no new nursing home onset of COVID-19 cases, prior to advancing to the next phase
 - If a facility identifies a new, nursing home onset COVID-19 case in the facility while in any phase, that facility goes back to the highest level of mitigation, and starts over (even if the community is in phase 3)

Virginia Medical Reserve Corps (MRC)

LTCF Requests for MRC Staffing Support

- 41 requests received
- 14 MOU's being processed, 27 signed
- 7 from Northern Virginia in the past week

MRC Deployments

- Current support at 3 facilities and 1 walk-in clinic
- Completed support at 6 LTCF facilities
- 81 volunteers deployed
- 1586.5 volunteer hours including clinical and non-clinical support
- \$46,510 - monetary value of volunteer time

Point Prevalence Surveys: Between 4/21 and

XX Requests Received:

- X On Hold
- X Received
- X Scheduled for this week
- X Specimen Collection
- XX Results
- X Withdrawn
- X Closed

By Setting:

- XX Skilled Nursing
- X Correctional Facility/Jail
- X Assisted Living
- X Other/Meat Processing
- X Rehabilitation Facility

Average # specimens: XXX

PPS Planning & Response

VDH has published additional PPS guidance to help LTCFs plan and prepare for interventions that should be implemented based on PPS testing results, which may include:

- Resident placement
- HCP work exclusion
- Retesting
- Practical approaches for cohorting or relocating residents

Posted to [website](#) (replaces previous PPS guidance).

Reminder: Although we are reaching out to LTCFs to set-up PPS, facilities may also request PPS and we will consider those as they are received.

Project ECHO[®] Implementation

Interactive telementoring for clinicians to share best practices (<https://echo.unm.edu/>)

Consists of didactic presentation by subject matter expert, followed by interactive case-based discussion. Recorded and archived.

Target Audience: Primary care outpatient providers

VDH Project ECHO: COVID-19

Session 1 - Infection Control, Office Practices

Session 2 – Medication Management

Session 3 - Telehealth

Session 4 - Microbiology of COVID-19

Session 5 - Special Populations (Obstetrics, Pediatrics, Dentistry)

Session 6 - Special Considerations in Mental Health

Session 7 - Older Adult Populations, Congregate Settings

First Session: May 21st



National Healthcare Safety Network

- May 8 - CMS issued an [Interim Final Rule with Comment Period](#)
 - Requires nursing homes to report COVID-19 data in NHSN
 - Data must be submitted no less than weekly
 - Facilities must submit their first set of data by May 17
 - Grace period for reporting until May 24, then penalties accrue
- Data will be publicly available on the [CMS](#) website
- Refer to the [CMS Memo](#) (May 6) for details and FAQs
- Refer to the CDC NHSN [LTCF COVID-19 Module](#) website for instructions on enrolling and reporting
- As of 5/20: 262 Virginia LTCFs enrolled in NHSN
 - Includes 256 SNFs (out of 286 SNFs = 90%)

QIN-QIO Quality Improvement Initiatives

Task Force Website & Playbook

Discussion

Next steps