

Agenda and Key Guidance
Nursing Facility/Skilled Nursing Facility/ICF-IID Provider Call

Wednesday, June 21, 2023

1:00 PM – 2:00 PM

Beverly Clark

1. Welcome

- Session is being recorded
- All participants are muted, please keep phones muted during the call
- Q&A session – All participants should submit questions to LTC@health.ok.gov, we will answer as many questions as time allows on the call
 - Online participants may post questions in the Q&A box, these questions will be answered in the FAQ document
 - Only questions sent to the LTC email box will be answered during the call
- Phone number 405.426.8200
- Fax Incidents/Form 283 to 1-866-239-7553
- To request emails from GovDelivery.com, email Diane Henry at DianeH@health.ok.gov or email LTC@health.ok.gov
- Please join via Team app on the computer to allow viewing of the presentations
- Reminders:
 - Guidance for NF/SNF and ICF/IID comes from CMS QSO Memos and CDC guidance as indicated in the QSO memos
 - Assisted Living/Adult Day Care/Residential Care should follow standards of care related to infection control. CDC is an example of standards of care that may be followed.
- The COVID Resource page on the OSDH website has been removed. We will be creating a new page for LTC Resources and hope to have that up next week. On that page you will find the recordings, key guidance, and Q&A for the Provider Calls.

2. Telligen Update

Micki Reyman

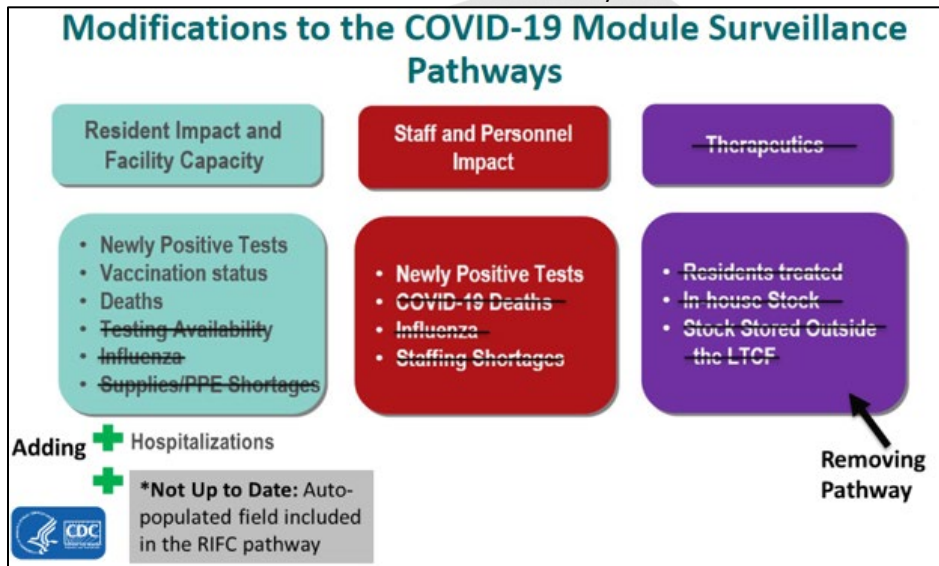
- Telligen QIN/QIO facilitators in Oklahoma: Morgan Satterlee, LPN (msatterlee@telligen.com); Tamara Carter, RN (tcarter@telligen.com); and Micki Reyman, (mreyman@telligen.com).
- Telligen is funded by CMS to deliver improvement services to nursing homes at no cost to you
- Telligen QI Connect encompasses our work as CMS Quality Innovation Network-Quality Improvement Organization (QIN-QIO)
- We offer technical assistance and support with your quality improvement methods, resources, and tools to support with any CMS referral we receive
- This includes partnering with you for directed plans of correction
- We offer support for NHSN reporting
- We offer support for improving vaccination rates and reporting processes. This is not only for COVID-19 vaccinations, but for other reported vaccinations as well
- We offer support with quality improvement plans to help reduce hospital readmission rates and emergency department visits to help boost five-star ratings
- CMS continues to make referrals to Telligen for COVID-19 infection outbreaks of five or more cases in resident populations. We also continue to receive re-referrals of COVID-19 outbreaks
- The FDA and CDC have updated the recommendations for receiving the COVID-19 bivalent vaccination
- This new recommendation of receiving one bivalent vaccination may help encourage your staff, residents, and families to receive the vaccine
- CMS is making COVID-19 bivalent booster referrals to Telligen. We can assist your teams to improve those vaccination rates.
- Currently CMS is sending referrals to Telligen for nursing homes that have COVID-19 bivalent vaccine rates of 40% or less in resident population. CMS is encouraging vaccination rates among residents of at least 99%
- In addition to virtual visits, Telligen is now making more on-site visits and support with infection prevention and control processes and quality measure improvements
- Check out our website <https://www.telligenqiconnect.com/> for the latest updates, 30-minute webinars, on-demand trainings, podcasts and more

3. Healthcare Associated Infections (HAI) Program Updates

- If you've called Acute Disease lately, you may have noticed the phones are answered with "Infectious Disease". It is due to a renaming of the areas, but you are still contacting the right place
- Available resources:
 - Preventative ICAR (Infection Control Assessment and Response) Visits
 - HAI team performs scheduled onsite visit (tele-ICAR available) on your preferred time/date
 - Learn about your existing Infection Prevention and Control (IPC) program
 - Review each IPC program element
 - Tour facility
 - Provide verbal/written feedback related to good practices and offer resources to address gaps
 - 4 and 6 hours to complete (estimated)
 - Several facilities have verbalized the benefits
 - Lunch and Learn (scheduling soon!)
 - 15 to 45 minute presentations with 15 minutes live Q&A related to IPC activities
 - NHSN Reporting (SNF/NF)
 - CDC recorded presentations can be located at <https://www.cdc.gov/nhsn/ltc/covid19/index.html>
 - Jeneene Kitz can assist with NHSN technical support
 - Transmission-based Precautions (TBP) Signage – available soon!
 - Standardized signage
- To get information out to you, we need to keep our contact list updated. We request that you supply contact information to HAI@health.ok.gov
 - Name of your facility
 - Name of facility administrator (active, interim, corporate/group) and preferred email to receive communications
 - Name(s) and email(s) of your infection preventionist(s)
- COVID Data Tracker – Metrics for Hospitalizations
 - Can be located at https://covid.cdc.gov/covid-data-tracker/#cases_new-admissions-rate-county
 - The COVID Data Tracker is still available. The CDC is no longer using transmission levels. They are using the metrics based on hospitalizations and deaths
 - The map near the bottom of the link page indicates COVID-19 hospital admissions levels
 - You can use the map to help you make those decisions for preventative measures, such as when to implement broader masking
 - CDC recommends that healthcare facilities institute facility-wide masking when masks are recommended in the community
 - You can find county-specific information on <https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>
- NHSN Reporting Expectations

COVID-19 Surveillance Pathways	COVID-19 Vaccination Module
Reporting requirements	Reporting requirements
CMS certified facilities are required to report at least once every reporting week	Weekly reporting requirement for LTC residents and staff <ul style="list-style-type: none"> • Report at least once every reporting week • Requirement to go through December 2024
Requirement to go through December 2024	Quarterly Reporting Requirement for Staff <ul style="list-style-type: none"> • Report vaccination data 1 week/month for staff • After the weekly requirement expires in Dec. 2024, continue to report 1 week/month for staff • Use the "COVID-19 Vaccination HCP" tab in order to report these data

- There is quarterly reporting for staff. If you have questions on that, please reach out to HAI@health.ok.gov
- Modifications to the COVID-19 Module Surveillance Pathways



- The items that have a line through them have been removed.
- NHSN updates/recordings can be found at <https://www.cdc.gov/nhsn/ltc/covid19/index.html>
- You can contact HAI/AR Prevention Program at 405.426.8710 or HAI@health.ok.gov

4. Survey Updates

Susan Hays

- Staff vaccination
 - The staff vaccination requirement was removed on 06/05/23
 - Staff are no longer required to have the COVID vaccine
 - Facilities are required to “educate and offer” the COVID vaccine to residents and staff
 - Facilities are required to have a policy and procedure related to vaccinations, including education
 - Guidance related to COVID vaccination requirement can be located in [QSO-21-19-NH \(cms.gov\)](https://www.cms.gov/medicare/quality/improvement/qualityofcare/qualityofcare/2019/05/2019-nh-qso-21-19-nh)
 - Deficiencies related to Infection control regarding Influenza, pneumococcal, and COVID-19 immunizations will be cited at F883
 - Failure to demonstrate education and offering the vaccine to residents and staff will be written at F887
 - Vaccination status is required to be reported to NHSN which will be cited by CMS at F884
- COVID-19 Testing
 - The resident and staff COVID testing requirement expired on 05/11/23
 - F886 will no longer be written
 - Testing is still a Core Principle for infection control and should be conducted following accepted national standards such as CDC recommendations
 - Noncompliance related to COVID-19 testing will now be cited at Infection Control F880 as part of the requirements related to the identification of infections and communicable diseases
 - [QSO-20-39-NH revised 05/08/23](https://www.cdc.gov/media/releases/2020/s050820-covid-19-testing.html) provides a link to the current CDC testing recommendations and standards of practice in [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](https://www.cdc.gov/media/releases/2020/s050820-covid-19-testing.html)
 - Standard of practice still recommends testing anyone with symptoms of COVID-19, regardless of vaccination status, and testing asymptomatic persons with close contacts. In the *Nursing Home* section, it describes how to conduct contact tracing and broad-based outbreak testing
- Masking requirements
 - The PHE has ended, COVID has not gone away



- CMS still expects facilities to adhere to infection prevention and control recommendations in accordance with accepted national standards
- Masking is still a Core Principle. [QSO-20-39-NH revised 05/08/23](#) does provide a link to the current CDC source control (masking) recommendations. [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) still recommends source control for anyone with suspected or confirmed COVID or other respiratory infections, and for residents with close contacts or staff with higher-risk exposures. Source control is recommended more broadly during outbreaks, or higher levels of COVID or other respiratory virus transmissions in the community. Toward the bottom of the page is a new Appendix titled *Considerations for Implementing Broader Use of Masking in Healthcare Settings*. It provides strategies and metrics which can assist you in determining when to implement broader mask use in the facility
- Documentation for surveys
 - Surveyors will still want to see the facility's Infection Prevention and Control (IPC) policies. Now would be a good time to review the facility's policies and make sure what you are doing aligns with the policies and the accepted national standards
 - Surveyors will request a list of residents and staff, and their COVID-19 vaccination status
 - Documentation the residents or their representatives were provided education and offered the COVID vaccine. This will include examples of the educational materials provided
 - Documentation of each dose administered or why they did not receive the vaccine.
 - Documentation the staff were educated and offered, or were provided information on how to obtain the vaccine.
 - Surveyors may ask to review the facility's policy and procedure related to notifying residents, representatives and family members about the facility's COVID status. This is related to F885 and guidance can be found in the [QSO-20-29-NH](#) memo.

5. Alzheimer Form Requirements

Espa Bowen

- During an association call on 06/16/23, misinformation was provided which needs to be corrected
- Facilities do NOT have to post the *Alzheimer's Disease or Related Disorders Special Care Disclosure (Form 613)* to their website. Facilities must make sure any representative of a person with Alzheimer's Disease, or any other form of dementia considering resident placement in the facility, has a copy of the form they can review
- The form is available on the OSDH website at <https://oklahoma.gov/health/services/licensing-inspections/health-resources-development-service/health-facility-systems.html>
- If you have any questions regarding this information, please call 405.426.8175 or send an email to HealthResources@health.ok.gov

6. General Comments

Janene Stewart

- Today is the longest day of the year and the first day of summer. Hopefully, everyone will be able to go outside and enjoy the summer weather
- Thank you for joining us this afternoon
- We have had minor restructuring within our survey teams
- Ed Roth is now the Preventative Medical Consultant (PMC) over all of Life Safety Code surveys. If you have any questions regarding life safety, please reach out to Ed
- We have also added two new Field PMCs. You may see them alongside our survey teams in the facilities. The new Field PMCs are Rae Belt and Brenda Lankford. Rae is over Districts 1, 2, 3, 4, Tulsa and Northern OKC. Brenda is over Districts 5, 6, 7, 8, 9 and Southern OKC
- Shayla Spriggs is the Manager of Survey
- You can reach the PMCs via the Long Term Care main phone number at 405.426.8200 and email LTC@health.ok.gov
- If you have any questions or concerns, please do not hesitate to contact us at 405.426.8200 or LTC@health.ok.gov

Questions and Answers

Next call to be announced