Promoting Safe Visitation During COVID-19

Cohort 6 Session 13

February 25, 2021

1:00 pm

AHRQ ECHO National Nursing Home COVID-19 Action Network

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Today's Agenda

- Ice breaker (5 min)

- Follow-up from Session 12 – Promoting Safe Care Transitions during COVID-19 and Best Practice Case Study (10 min)

- **Promoting Safe Visitation during COVID-19 (30 min)**

- Performance Improvement Discussion & Breakout Rooms (15min)

- Wrap-up and Poll

- Questions & Answers

Warm-up Ice Breaker

What State?

What Country?

Jodi Bernard, LPN
Life Care Center of Acton

Laurie Roberto, Administrator
The Commons in Lincoln

Session 12 Follow Up & Key Takeaways

Promoting Safe Care Transitions During COVID-19

- Care Transitions happen a lot and can result in many bad unintended outcomes

- Different types of Care Transitions

- Making Care Transitions Safer IS possible
  - Sharing Information <u>and</u> Ownership Attitude
  - Covid Specific issues - DPH

- Communication is Key!
  - INTERACT & IPASS
  - Just Talk!

Current Delivery System

Revised 5/14/10

(c) Copyright 2010, Carolyn C. Zollar
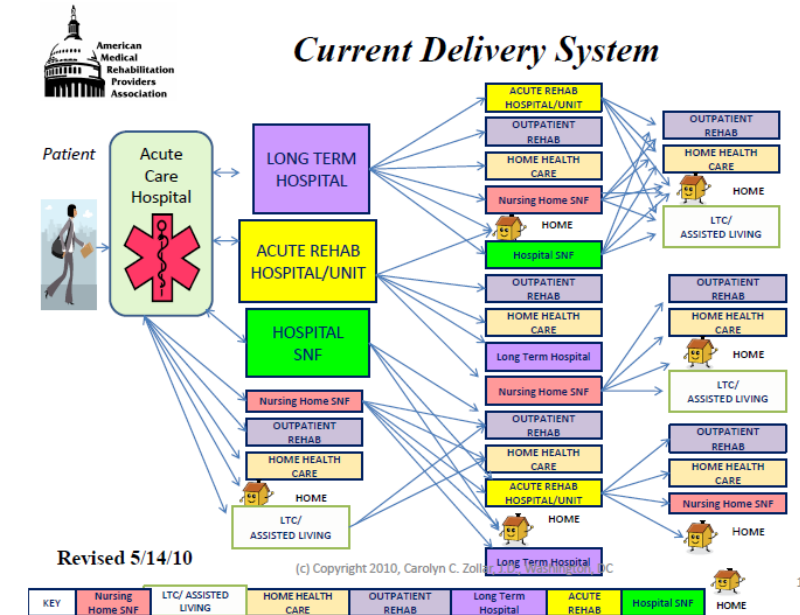
Care Transitions Best Practice Sharing (1)

" We are short-term rehab (32 beds). There is a lot of information to get to and from the families in a short amount of time. We are committed to holding meetings 48 - 72 hours post admission with the whole team. Covid has made this a challenge but we use every technology available to have this happen. We feel covid makes these meetings more important as the families are not here and we value their input. They know their loved one better than anyone. We have found that during Covid, we are holding meetings more frequently with most of our short-term residents. It's a huge time commitment by the staff but we feel this constant communication with families and patients is contributing to the success of the discharge."

Jenn Marino, RN, Commons in Lincoln

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Care Transitions Best Practice Sharing (2)

"The other best practice that is new involves the covid vaccine. We now have completed our third clinic. We are in the process of adding to our transfer/discharge forms covid vaccine information as well as covid status. We are sending this information to the PCP, VNA and with the patient upon discharge. We are adding the covid vaccine as a bullet point to our weekly Medicare/skilled meetings. We have committed to helping residents who may need an additional vaccine, or who need to be vaccinated find a location. We had partnered with our ACO liaisons to work on getting their patients immunized at hospital-based clinics (unfortunately due to distribution changes by the State, this is no longer an option), but we did have a plan. We are working very diligently to ensure that upon discharge or transfer to the hospital, the transferring agency/facility is aware of the covid vaccine status and covid status of the patient."

Jenn Marino, RN, Commons in Lincoln

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Promoting Safe Visitation during COVID-19

Queen Anne Nursing Home, Hingham

# Why is it so important to reopen nursing facilities to visitation?

- Humans are social beings

- Social Isolation REALLY matters

- The elderly are particularly vulnerable to the effects of isolation

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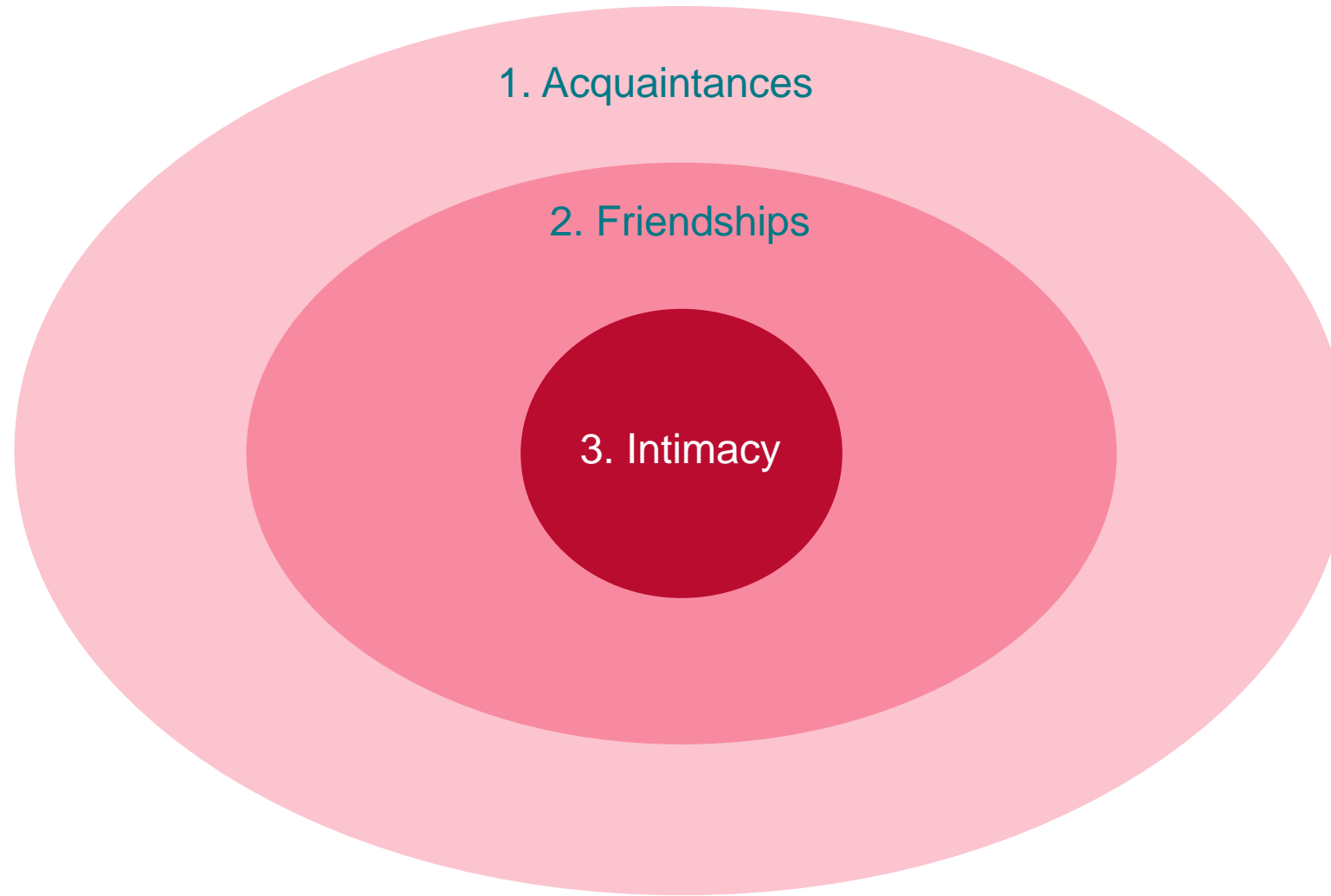Hebrew SeniorLife | HARVARD MEDICAL SCHOOL AFFILIATE

Social Isolation and Loneliness

Social Isolation = Objective physical separation from others

Loneliness = Subjective feeling of being alone, left out, isolated, lacking meaningful connection with others
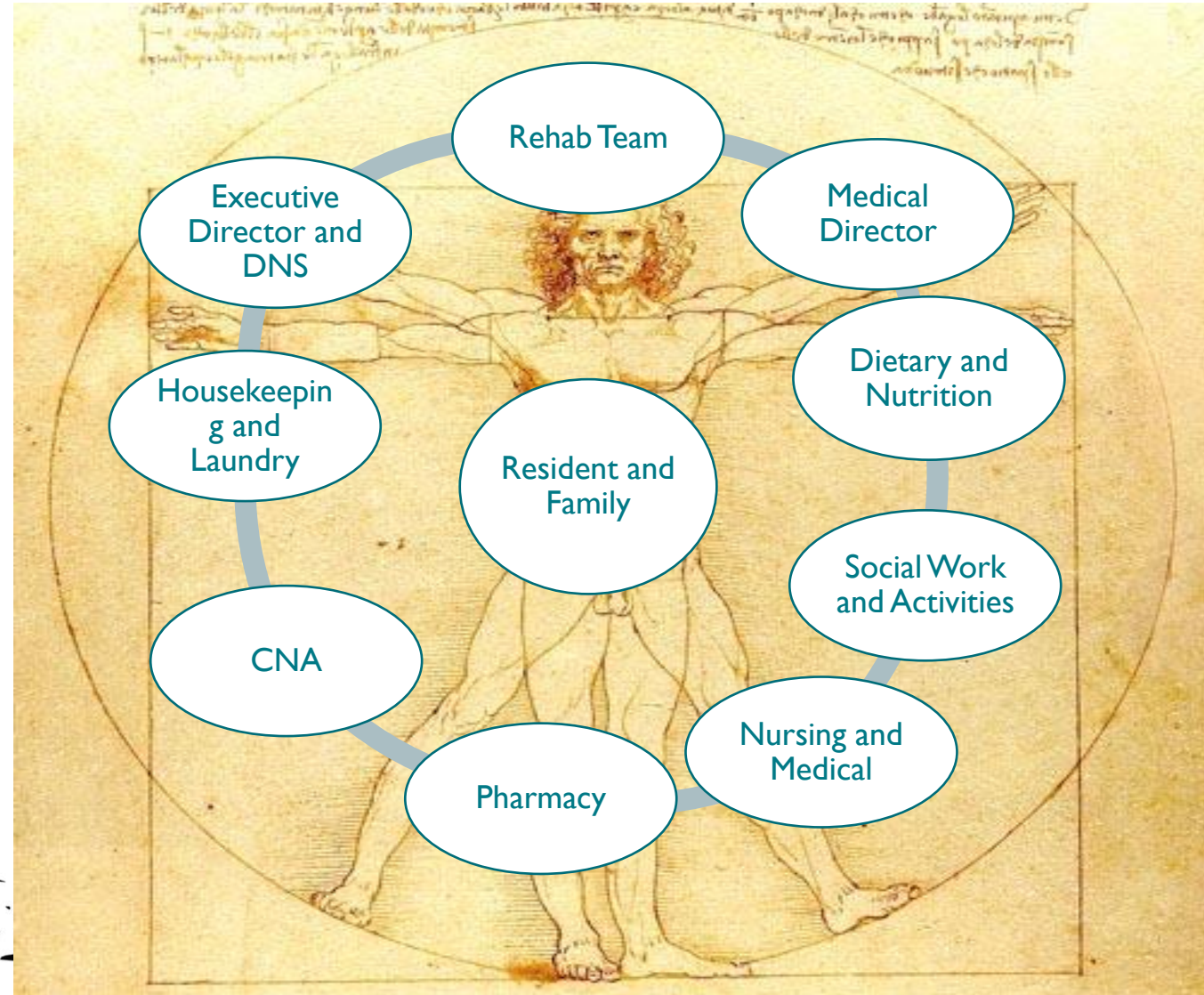
Social Isolation and Loneliness

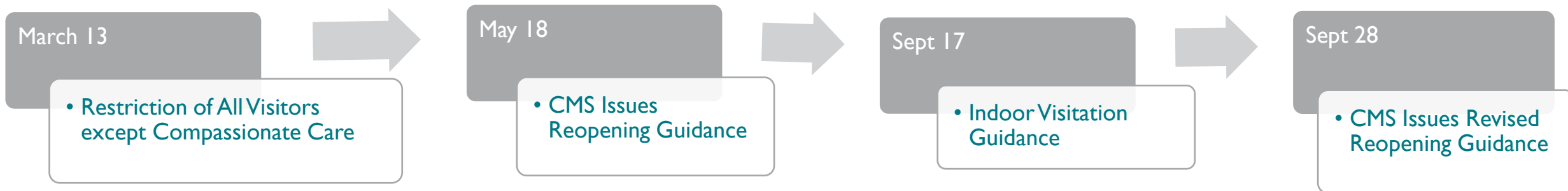1. Acquaintances

2. Friendships

3. Intimacy
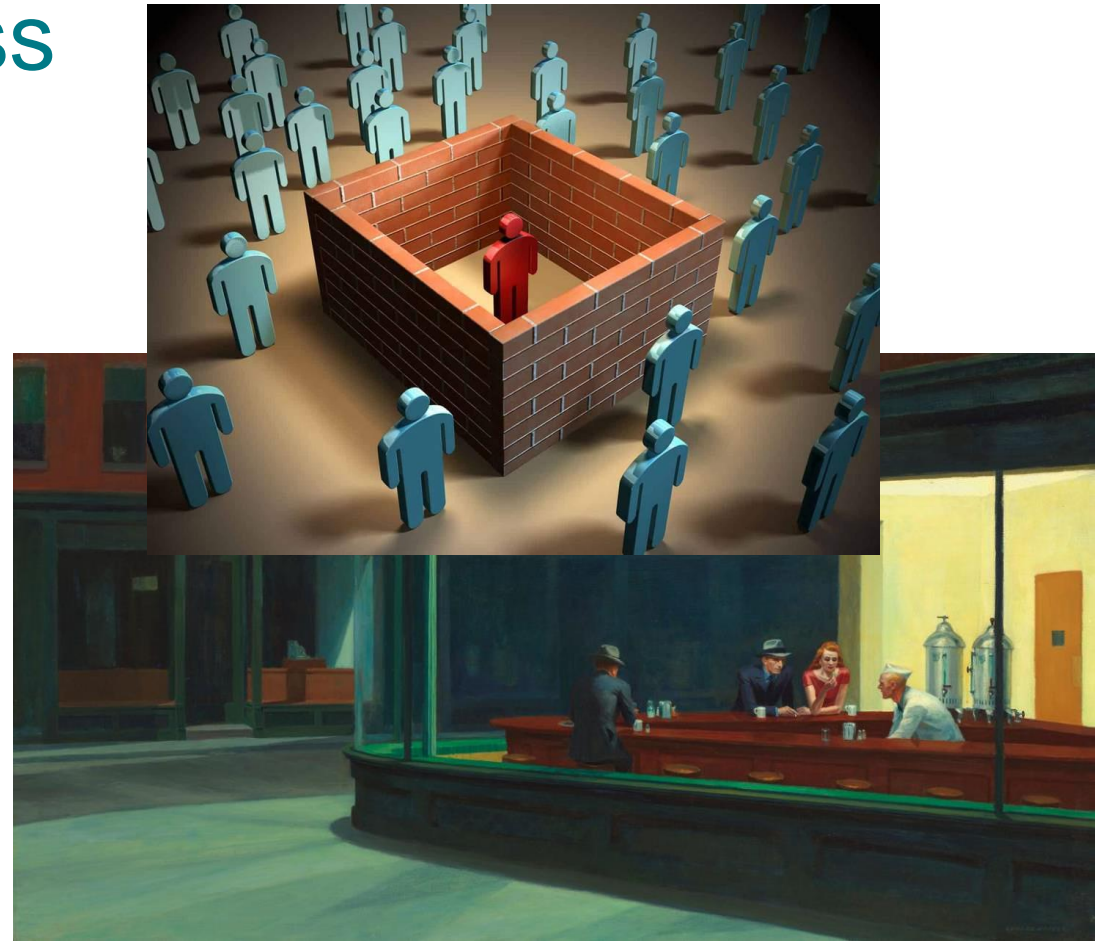
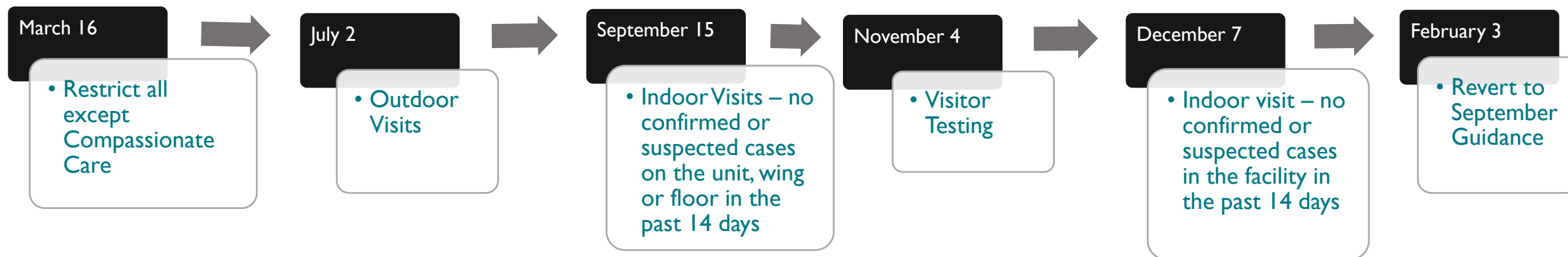# Lack of social interaction in the elderly can lead to:

- Changes in mood such as depression and anxiety

- Decline in mentation

- Increase in behaviors in residents with Dementia.

- Decreased desire to eat leading to weight loss.

- Can cause other bad health outcomes – higher blood pressure, cardiac events, hospitalizations and even earlier death

Regulatory Timeline-CMS

CMS.gov
Centers for Medicare & Medicaid Services

March 13
- Restriction of All Visitors except Compassionate Care

May 18
- CMS Issues Reopening Guidance

Sept 17
- Indoor Visitation Guidance

Sept 28
- CMS Issues Revised Reopening Guidance

Regulatory Timeline DPH

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

March 16
- Restrict all except Compassionate Care

July 2
- Outdoor Visits

September 15
- Indoor Visits – no confirmed or suspected cases on the unit, wing or floor in the past 14 days

November 4
- Visitor Testing

December 7
- Indoor visit – no confirmed or suspected cases in the facility in the past 14 days

February 3
- Revert to September Guidance

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Key Points from Guidance (CMS): County Positivity Rates:

Utilize the COVID-19 county positivity rate as additional information to determine how to facilitate indoor visitation:

- Low (<5%) = Visitation should occur according to the core principles of COVID19 infection prevention and facility policies (beyond compassionate care visits)

- Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)

- High (>10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies

Key Points from Guidance (CMS)

Visitor Testing:

- Not required but facilities are encouraged in medium or high-positivity counties to test visitors, if feasible.

- If testing facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested.

- Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.

Key Points: DPH Update February 3rd Visitation Guidance

- Guidance Tip: Base permitting visitation on resident's visitation for compassionate care needs – which is not limited to only end-of-life care

- Updates to Visitation Conditions, Communal Dining, and Congregate Activities in Long-Term Care Facilities during the COVID-19 Outbreak.

- Amends previously-issued restrictions on in-person visitation, group activities, and communal dining.

- When there is a confirmed COVID-19 positive staff or facility-acquired resident case on a specific unit, floor, or care area, communal dining and group activities will only be suspended for residents within that unit, floor, or care area until 14 days have passed without a new COVID-19 positive resident and/or staff member.

Update – EOHHS Letter 2/19/21

No changes to current policies.

COVID-19 Prevention Protocols Post-Vaccination

February 19th, 2021

Many families and friends of loved ones residing in long-term care communities have asked whether there will be changes to COVID-19 policies, in particular visitation, now that residents are fully vaccinated. Since June 3rd, families and friends have been able to visit their loved ones. **You may visit your loved one so long as there have not been any new cases on your loved one's floor or unit for 14 days.** This policy was recently revised as prior to this change, visitation was not allowed when there were *any* positive cases in the facility. The Department of Public Health (DPH) will continue to modify these policies gradually as more communities become fully vaccinated, and as we learn more from the CDC.

It is important to recognize that fully vaccinated individuals can still contract COVID-19 and spread the virus to others. COVID-19 safety protocols have helped contain infections dramatically since last March, and we want to keep infections to a minimum, particularly given recent information that several virus variants could spread rapidly. You can find more information on the current number of COVID-19 cases and deaths in nursing homes and rest homes, referred to as Long-Term Care (LTC) Facilities, on the DPH Daily Dashboard under "COVID-19 Cases in Long-Term Care (LTC) Facilities."

When will I be able to visit my loved one in a long-term care facility?

You may visit your loved so long as there have not been any new cases on your loved one's floor or unit for 14 days. Visitation is critically important to a long-term care resident's emotional well-being and quality of life and therefore we encourage you to visit if able. Regardless of the vaccination status of your loved one or those within the facility, it is important to continue to adhere to COVID-19 safety protocols. As we all know, COVID-19 can spread rapidly in LTC. Furthermore, fully vaccinated residents may experience little or no symptoms, and inadvertently transmit the virus to visitors.

What else will change in long-term care facilities after residents are vaccinated?

Isolation and quarantine precautions:

At this point, isolation and quarantine recommendations for staff and residents have not changed, even if the person has received one or two doses of the COVID-19 vaccine. This includes quarantine for staff and residents after an exposure, and residents after admission to the long-term care facility.

COVID-19 Testing:

Testing will continue as currently outlined in DPH guidance, Long Term Care Surveillance Testing, regardless of vaccination status for individual residents or staff in the long-term care facility. This includes weekly testing of all staff, testing of symptomatic staff and residents as well as more extensive outbreak testing of all residents and staff when a new COVID-19 case is identified.

Screening:

Screening residents, staff, and visitors for signs and symptoms of illness will continue as outlined in DPH guidance, even after residents and staff at the facility have been vaccinated. There have been no changes to recommendations for screening for signs and symptoms of COVID-19 in long-term care facilities. No staff should work with fever or symptoms of acute illness, regardless of whether it is caused by COVID-19 or another illness.

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Core Principles of COVID-19 Infection Prevention

- Screening of all who enter the facility for signs and symptoms of COVID 19 (e.g., temperature checks, questions or observations a bout signs and symptoms) and denial of entry of those with signs and symptoms

- Hand hygiene (use of alcohol-based hand rub is preferred for mitigation of COVID 19)

- Face Covering or mask (covering mouth and nose)

- Social distancing of at least six (6) feet between persons

- Specific entries, exits, and routes to designated visitation areas.

- Instructional signage throughout the facility and proper visitor education on COVID 19 signs and symptoms, infection control precautions, other applicable practices (exits, routes to designated areas)

- Cleaning and disinfecting high frequency touched surfaces in the facility often, and in designated visitation after each visit

- Appropriate staff use of Personal Protective Equipment (PPE)

- Effective cohorting of residents (e.g., separate areas dedicated COVID 19 care)

- Resident and staff testing conducted as required at 42 CFR 483.80(h)

Virtual Visitation - Face time, Zoom, Skype, Google Duo

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Outdoor Visitation - Window visits, designated outdoor visitation space

Indoor Visitation - Compassionate Care visits, Designated indoor visitation space, Resident room visits

Your Visitation Innovations

Mount Carmel

Julian Leavitt

Challenges with Visitor Policies

- What do you do when when family/visitors get emotional (angry, sad, stubborn) about the visitor policies?

- What do you when family/visitors struggle to follow the Visitor Policies?

Compassionate Care Visits

Compassionate care situations'' does not exclusively refer to end-of-life situations.

- 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.

- A resident who is grieving after a friend or family member recently passed away.

- 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.

- 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.)

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What the future may look like
Breakout Sessions – 3 Scenarios – 1 per room, 10 minutes

Is visitation different for different scenarios?

- Resident and Visitor are both vaccinated

- Resident is vaccinated, visitor is not

- Resident is new admission on quarantine, received one dose of vaccination

Report Out

- How did you do?

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Human Frailty and Standard Work

Nizar Wehbi, IHI

Human Frailty

Accepting human failure in process design

Some Observations

If 80% of those using the designed process understand and believe **why the** project is important then you are ready for implementation.

Relying on humans to always do the right thing even if they want to is a poor design assumption.

Relying solely on education, training and vigilance to guarantee process acceptance will likely cause process failure.

The best way to achieve implementation of an idea even if the **why** is highly accepted is to assume human failure and design appropriately

Education and Training

- Absolutely required but not sufficient.

- Tends to be the only implementation tool for most processes.

- Uses and wastes a lot of resources.

- Often uses compliance, feedback and more training rather than accepting frailty of the design.

How to thwart human failure

Use design principles that assume human failure will occur from the onset so whenever possible help humans to remember.
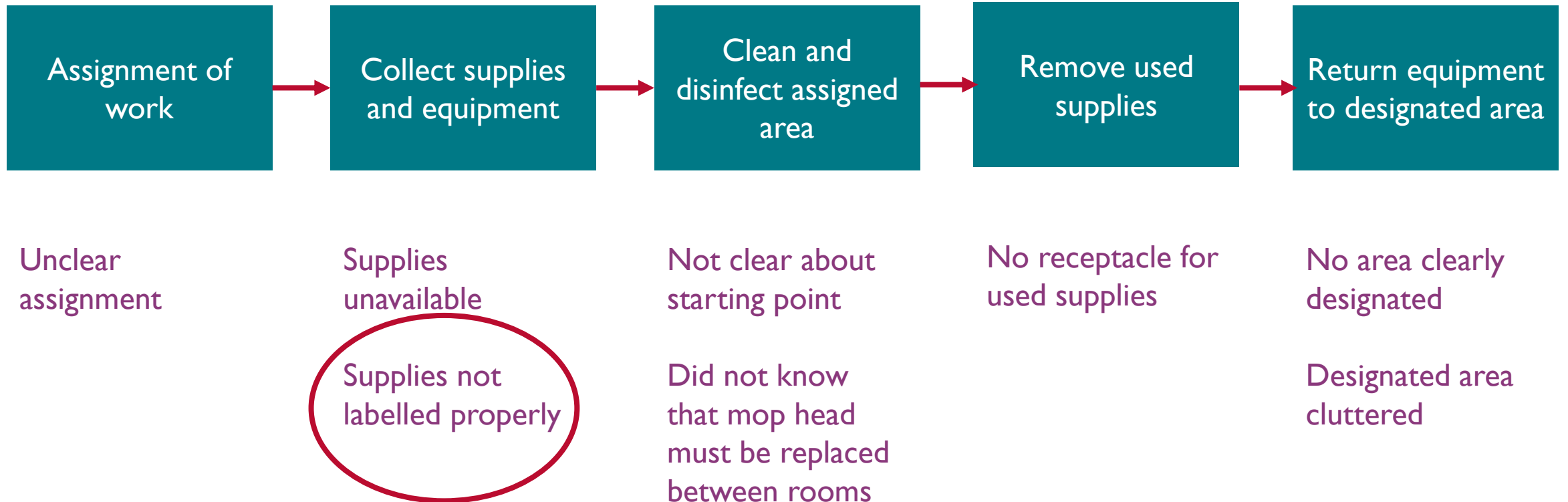
Checklists

Double checks

Reminders

Mechanical interfaces

Habits and patterns

Associate problems with a box in the flow diagram

Assignment of work	Collect supplies and equipment	Clean and disinfect assigned area	Remove used supplies	Return equipment to designated area

Unclear assignment

Supplies unavailable

Supplies not labelled properly

Not clear about starting point

Did not know that mop head must be replaced between rooms

No receptacle for used supplies

No area clearly designated

Designated area cluttered

Improve the Labeling of Cleaning and Disinfecting Products

- **Why**   Ensure safety of the user and residents

- **Who**   Person assigned to review inventory

- **When**   During inventory check

- **Where**   In the stock receiving area (or places where prepared)

- **How**   Review existing label; if not appropriate correct with appropriate label

- **With what** Use the label maker to produce label

Set Up For Your First Small Test of Change

- Explain what you are trying to accomplish: in this case, appropriate labeling of products by person responsible for inventory control to label products

- Ask the person to carry out the task as designed

- Debrief after the completion of the trial

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Debriefing the Tester

- Were there products that were not properly labeled?

- Were they easy to identify?

- Were you able to re-label correctly?

- What may have prevented you from completing this task?

- How long did it take you to complete the task?

- Is there something we should consider doing differently?

Leave in action

- Pick one step of one process that you want to improve

What to expect next…

Next Session: **March 4, 2021**

Topics:

- Session 14: Promoting Solutions for Making the Built Environment Safer During COVID-19

Questions? Comments? Email Marina Renton at
mrenton@maseniorcare.org

Wrap Up and Poll

- Please watch your screen and respond to our 2 poll questions as they launch

Questions?

Case Study: Mr. Doe

- Resident (Mr. Doe) currently hospitalized at a local hospital after a fall on a Friday night - **Feb. 12th**.

- Mr. Doe tested positive for COVID on a rapid test in their ER on Saturday – **Feb. 13th**.

- Resident has had no signs or symptoms and the test was performed as part of routine screening.

- Resident also had a negative PCR at the LTC facility screening the day prior, **Feb. 12th**, as residents are tested twice weekly.

- Mr. Doe had COVID last spring and also finished the 2nd round of vaccination Tuesday – **Feb. 9th.**

- A CNA on his unit tested positive on Friday – **Feb. 12th** (CT value in the low 30s), but that CNA was <u>not</u> assigned to resident. A second CNA who worked with him had non-specific symptoms on Sunday but tested negative on their last swab on Thursday – **Feb. 11th**.

Case Study: Mr. Doe, continued

- Before the CNA COVID-19 positive staff member, the LTC facility had not had a staff case in long-term care in over 2 weeks. Moreover, the LTC facility have not had a long-term care resident test positive since last summer.

- Even still, our staff wears full PPE for all patient care, including N95s, gown, gloves, and eye protection. Subsequent PCR testing on Sunday – **Feb. 13th** - in all the residents on floors worked by the staff member this week were <u>negative</u>. There were no positives thus far among the staff who could have been contacts.

- Based on these factors above, hospital staff agreed to re-test Sunday – **Feb. 14th** - and that was reportedly negative. <u>However</u>, their infection control now maintains that Mr. Doe should not have been re-tested and, by hospital protocol, the new positive test >180 days after initial infection should be considered a **<u>new infection, regardless</u>**.

Questions To Ponder?

- Who do you call for help?

- What should I do now?

- How is this reasonable?

- Why does this always happen on a weekend?
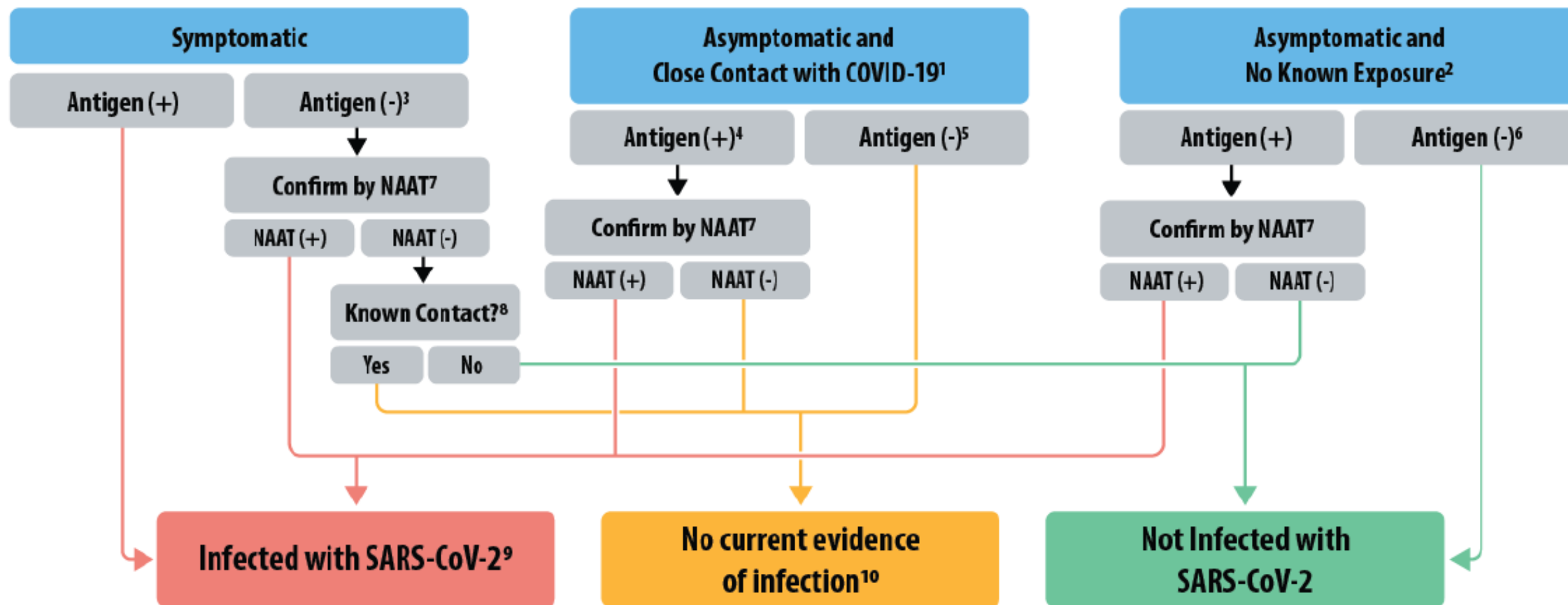
Unattended Consequences

- Outbreak status extended

- Family visitations impacted

- Because of the need for a precautions will be a potential disruption to this resident and others (including moving their rooms to meet the need for isolation)

- Not having a more definitive diagnosis, with consideration of the particular clinical circumstances of the situation, as opposed to unmovable decisions determined by protocol.

- Additional clinical workup (i.e., x-rays, medications, labs, etc.)

Lessons Learned – Putting the Puzzle Together

Use your network (i.e. ECHO, MSC, etc.) → Provide all the data to the ER Doctor → Advocate for re-testing with CT value → Advocate for more definitive diagnosis → Call DPH Epidemiologist Request Appeal to Hospital ID Team*

- In line with DPH guidance for recovered individuals in long-term care settings (10/16/20), isolation is not recommended for this individual based on the 2/13 positive result.
- DPH Guidance, October 16
  - https://www.mass.gov/doc/considerations-for-caring-for-covid-19-recovered-residents/download

Figure 1. Antigen Test Algorithm

https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html