



Civil Monetary Penalty Reinvestment Program Special Topics Webinar November 4, 2020 1:00 PM CT



Civil Monetary Penalty (CMP)

- Centers for Medicare and Medicaid Services (CMS) oversees compliance with Medicare health and safety standards of facilities serving Medicare and/or Medicaid beneficiaries
- State Survey Agencies complete surveys to determine compliance (Section 1864 of the Social Security Act)
- Penalties may be imposed against facilities if facilities are not in compliance with CMS regulations
- Fines may differ depending on severity of deficiency



CMP Funding Opportunity

- Request for Applications (RFA)
 - **Applications due by 2:00 pm CST on November 6th**
 - Projects can be awarded up to 3 years
- Funded programs must showcase a variety of enhancement philosophies through current evidence-based practices
- For more information on how to submit a proposal visit:
 - <https://www.tn.gov/health/health-program-areas/nursing-home-civil-monetary-penalty--cmp--quality-improvement-program/redirect-cmp/cpm-how-to-apply.html>
- Or contact the CMP Program to be added to our listserv to receive notifications via email



TDH Emergency Preparedness Program

Diane Dubinski, Jeff Sexton, and Meisha Millwee

The Future of Long-Term Care and the Emergency Preparedness Program

- Why LTC Residents are at Higher Risk During Emergencies
- Introduction of Vulnerable Population Coordinators
- Your input is needed as to what I can do to better support you

Health Care Resource Tracking System (HRTS)



Healthcare Resource Tracking System (HRTS)

- Implemented late 2007
- Initial Focus Acute Care Hospitals
 - Bed and Service Tracking
- 2017 and Later
- EMS
- LTC
 - Skilled Nursing
 - Assisted Living
- Used actively. More than 700 Disasters/Incidents
 - Floods, Storms, Evacuations, Bus Crashes, Planned Events, Power or Water Outage, MCI's, etc. Anything that may overload the local health system

HRTS 2020 - 2021

- Onboard Skilled Nursing Facilities
 - Beds, Services
- Onboard Assisted Living
 - Bed, Services
- Why
 - Become more engaged with HealthCare Coalitions (Community)
 - Support Emergency Planning and Response

Events/Disasters

Nursing Home Fire

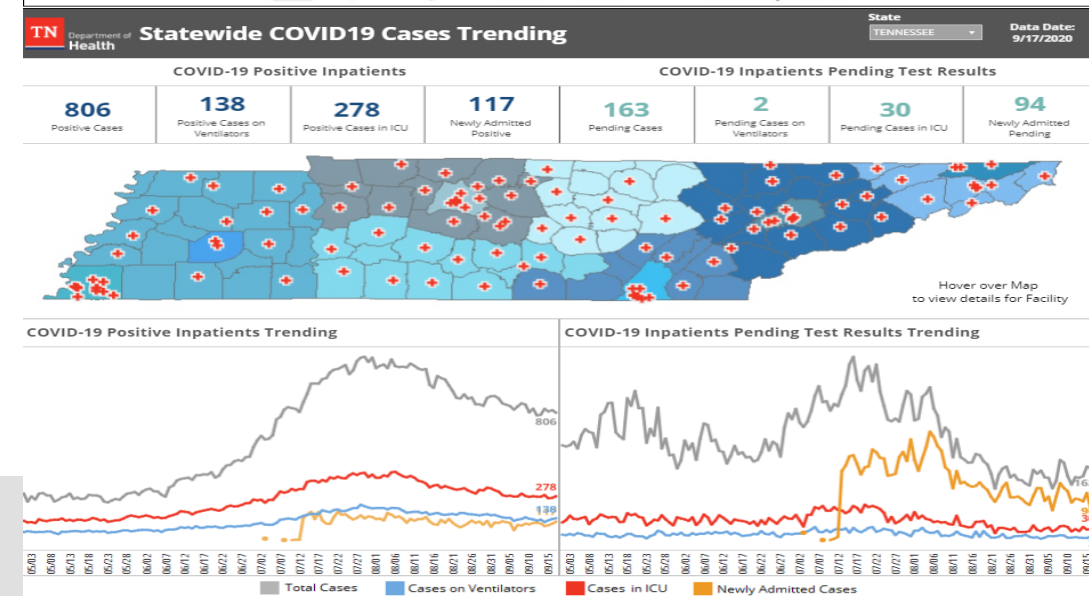
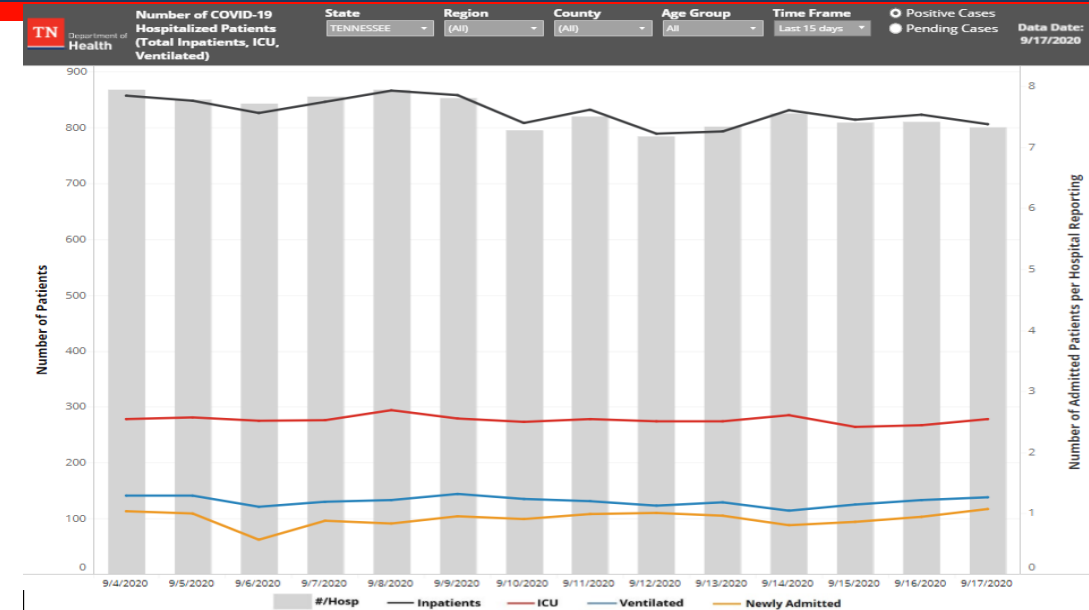
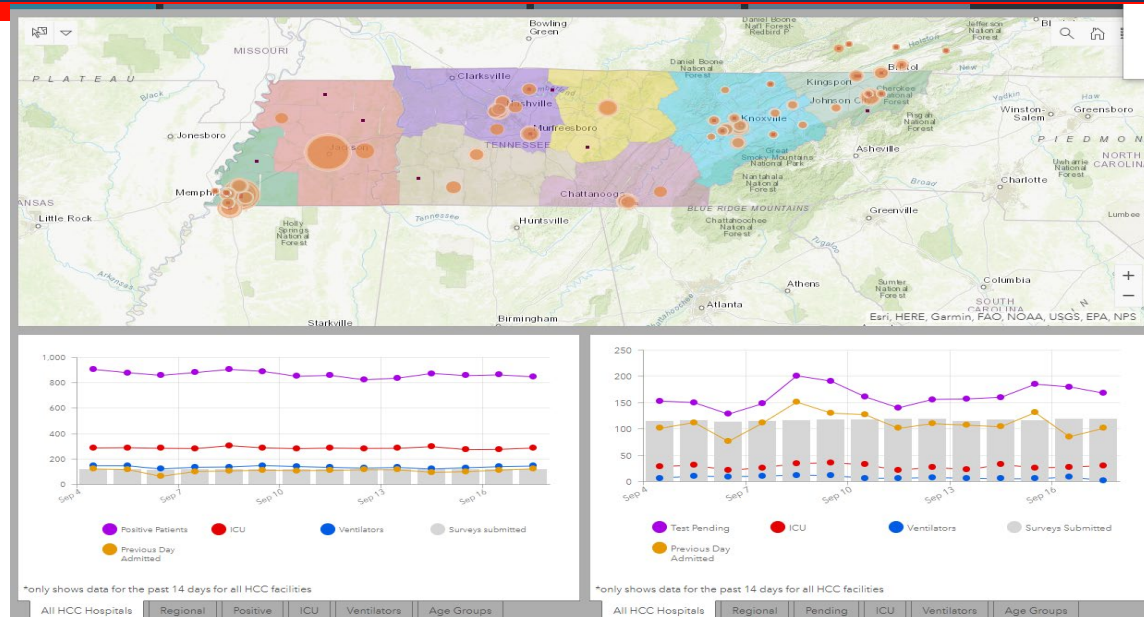
[View Map](#)

Event:	Nursing Home Fire	Event Type:	Evacuation
Event Status:	Concluded	Location:	Hickory Hill Area
Start Date:	10/07/2020 15:59 CST	End Date:	10/07/2020 17:46 CST
Activated By:	Debbie Hill@RMCC - Regional One Health	Description:	Nursing Home Facility on Fire locally. Unknown number of injuries. Possible evacuation of residents to area nursing homes might be requested. All nursing homes please monitor and advise capabilities to accept evacuees to regional hospital coordinator H. Fortner.
Facilities Activated:	Acute Care, Assisted Living, Behavioral Health - Psychiatric, EMS, Nursing Home (Skilled), Rehabilitation, Transitional-Long Term Care	Exercise:	No
Patient Triage:	Yes	Update Frequency:	30 Minutes

🔊	Reports of approximately 25-30 residents that are displaced and will need placements.	Debbie Hill	RMCC - Regional One Health	10/07/2020 16:59 CST	FYI	N/A	Reply
🔊	REGION 3 MONITORING	Heather Marsh	RMCC - Region 3	10/07/2020 16:54 CST	FYI	N/A	Reply
🔊	SF Bar on standby	Christopher Jenkins	St Francis Bartlett Med Ctr	10/07/2020 16:19 CST	FYI	N/A	Reply
🔊	Baptist Women and Children's ready to assist	Anne Darst	Baptist Memorial Hospital	10/07/2020 16:15 CST	FYI	N/A	Reply
🔊	Baptist Women and Children's on stand by and ready to assist	Anne Darst	Baptist Memorial Hospital	10/07/2020 16:12 CST	Resource Needed	Closed	Reply
🔊	Facility users checking in to Stand By Reply here	Debbie Hill	RMCC - Regional One Health	10/07/2020 15:59 CST	System	N/A	Reply
🔊14	Regional and State users checking in to Stand By Reply here	Debbie Hill	RMCC - Regional One Health	10/07/2020 15:59 CST	System	N/A	Reply

RIDLEY HEALTHCARE AND

Analytics



Patient Bed Matching Summary

- The Patient Bed Matching (PBM) application is a web-based tool
- Matches patients discharged from Acute Care Hospitals with Skilled Nursing Facilities.
- Hospital staff can search for a facility by entering parameters (patient's care or service requirements); then receive a list of facilities that match these parameters.



The screenshot displays the Patient Bed Matching application interface. It features a sidebar with navigation icons and a main content area. The main area is divided into several sections:

- Search Stats:** A row of four cards showing search statistics for the last 30 days: 0 SEARCHES, 0 PLACED, 0 CONTACTS, and 100% FACILITY COMPLIANCE.
- Admitter Stats:** A row of four cards showing admitter statistics for the last 30 days: 0 NOTIFIED COUNT, 0 MARKED AS INTERESTED, 0 PLACED, and 0 ARRIVED.
- Awaiting Admission:** A table with columns: QUERY, REFERRING FACILITY, ARRIVING FACILITY, AGE, SEX, PARAMETERS, INSURED, CRISIS ASSESSMENT, DURATION, and ACTION. It currently displays "No data to display".
- Open Referral Requests:** A table with columns: QUERY, REFERRING FACILITY, AGE, SEX, PARAMETERS, INSURED, CRISIS ASSESSMENT, DURATION, STATUS, and ACTION. It currently displays "No data to display".
- Start New Search:** A form with various input fields for searching facilities, including Distance, From Zip Code (38671), Sex, Date of Birth (mm/dd/yyyy), or Age (e.g. 64), Age Group, Parameters, Level of Aggression, Insured, and Crisis Assessment. A "START SEARCH" button is at the bottom right.

PBM Data Source

- Facilities enter bed and service availability into HRTS at least once per week
- PBM Pulls the information from this data to match a patient in need with an accepting Long-Term Care facility

Healthcare Resource Tracking System

System Status: Normal **Training(UAT)** **TN** Department of Health
Last Refresh: 10/26/2020 14:38:07

STATEWIDE COVID-19 OUTBREAK

Home Event Facility Admin Reports Dashboards Patient Bed Matching Help

Steven's Demo LTC [View Map](#) [COVID-19 Reporting and Analytics](#) Facility Updates every minutes. Exercise:

Long-Term Care/Nursing Home (Skilled)

Facility Status

Status Type Status Status Date

Facility Normal 06/24/2020 20:00 EST [Update](#)

Beds

[Add](#) [Update](#)

Last Updated: 10/26/2020 15:36 EST

Search:

Bed Type	SubBedType	Current Availability	Total Capacity	
Skilled Nursing Bed		20	100	✎ ✖
Ventilator Bed		4	15	✎ ✖

Showing 1 to 2 of 2 entries

Services

[Add](#)

Last Updated: 10/26/2020 15:37 EST

Search:

Services	Status	Reason	Not Available From	Not Available To	
Rehabilitation Services	Advisory	Labor Shortage: Other	10/26/2020 14:37 EST	10/27/2020 14:37 EST	✎ ✖
Memory Care	Normal				✎ ✖
Palliative care and medication management	Normal				✎ ✖

Showing 1 to 3 of 3 entries

Resources

[Add](#) [Update](#)

Last Updated: 10/26/2020 15:38 EST

Search:

Resource Group	Resource Name	Resource Type	UOM	Current Availability	Total Capacity	
Personal Protective Equipment	Gown-Medical	Item	EA	782	1000	✎ ✖

Why PBM?

- Present process is burdensome and labor intensive.
- Needlessly consumes precious hospital staff resources.
- Requires multiple phone calls and faxes to locate the best facility according to a patient's specific care requirements.



- Because of this difficulty, many times these patients can have long waits in hospitals.
- This can have negative impacts on patient care and safety, can increase the risk for HAIs.
- Likely to impact a patient's mental and emotional well-being.

PBM Workflow

Searcher enters parameters and clicks to start search query

The searcher can select as many facilities from that list as desired and notify them all with one click

Searchers interact only with interested facilities.



The PBM system returns a list of matching facilities

Skilled Nursing facilities respond with "Interested" or "Cannot Accept"

Patient is placed, and admitting facility marks "Arrived" to close the query

Background and Solution

- Previously implemented the Patient Bed Matching system (PBM) for psychiatric inpatient beds.
- Program works by:
 - Expanding the Healthcare Resource Tracking system (HRTS) to post available psychiatric beds and services and providing a listing of admission contacts
 - Providing a tool that saves hospital staff and case managers time and effort in finding facilities with the best treatment resources and beds according to a patient's specific needs.
- Efficiency in finding beds has been improved by eliminating the manual process and long wait times for responses. We are planning to extend this service to include Skilled Nursing Facilities.



TDH Vaccine-Preventable Diseases and Immunization Program

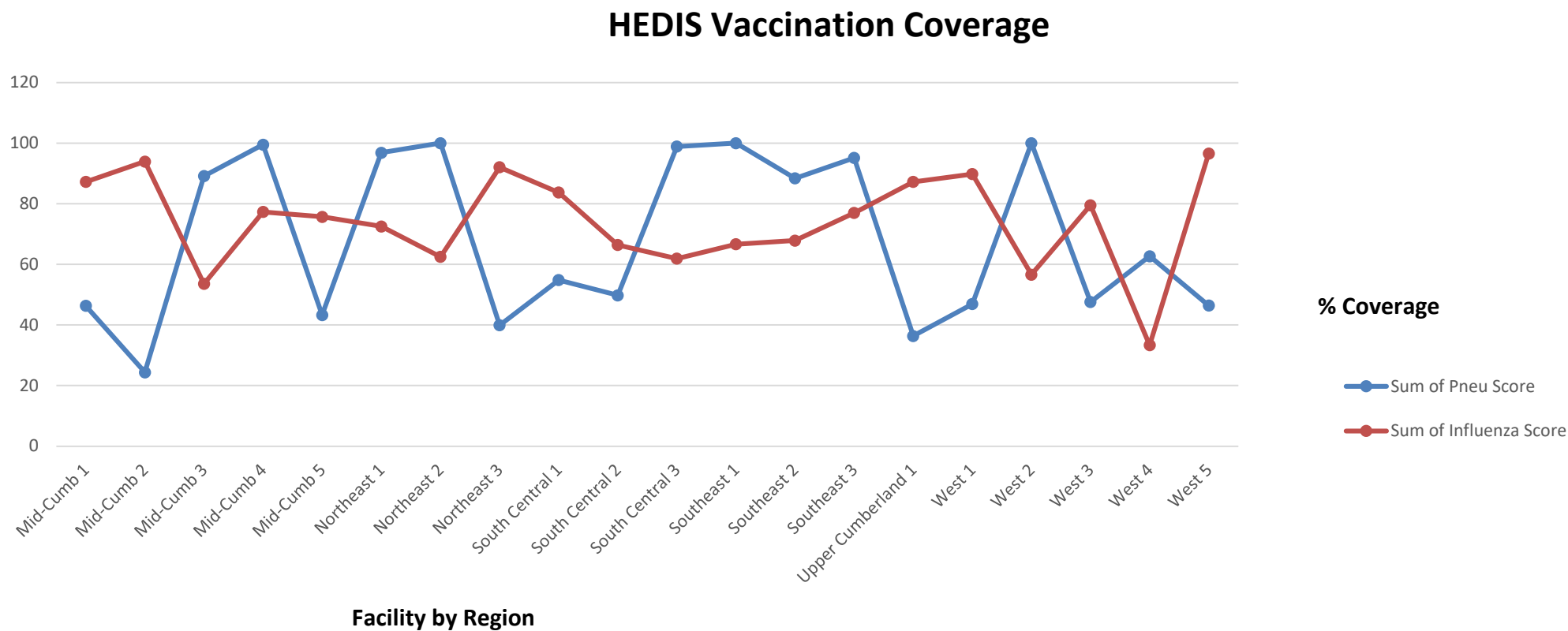
Latoya Nelson, BSN, RN | Quality Improvement Supervisor

TN Vaccination Coverage

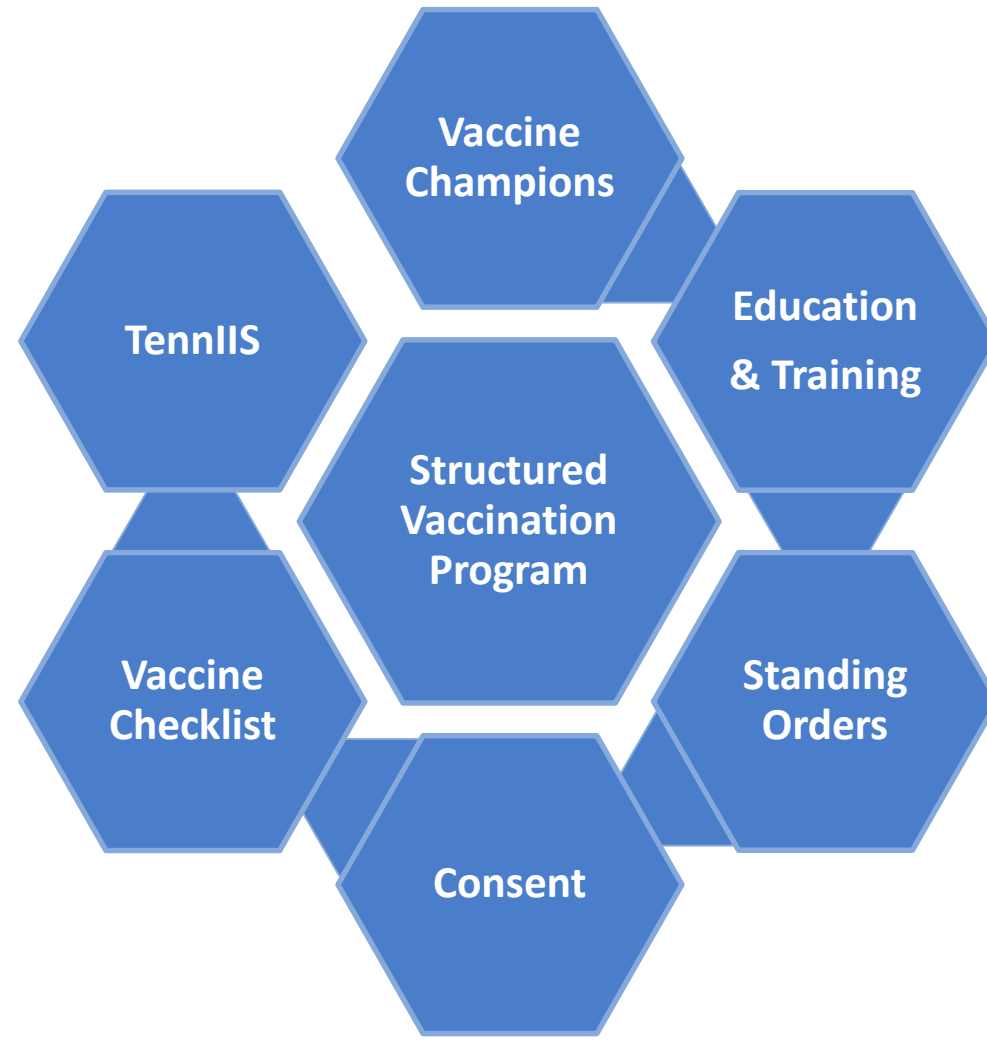
Vaccination Coverage for Selected Area(s)			
Vaccinations/Groups	State/Region/U.S.	n	%
▼ Influenza vaccination (Nursing Home)			
▼ All Residents			
≥18 years	Tennessee	58,038	73.4
▼ Age			
18-24 years	Tennessee	57	52.6
25-44 years	Tennessee	842	57.7
45-54 years	Tennessee	2,066	62.8
55-64 years	Tennessee	6,392	65.9
65-74 years	Tennessee	13,273	70.9
75-84 years	Tennessee	17,936	74.9
≥ 85 years	Tennessee	17,472	78.6
▼ Sex			
Female	Tennessee	36,648	74.8
Male	Tennessee	21,266	71.0
▼ Race/ethnicity			
American Indian or Alaska Native	Tennessee	41	73.2
Black or African American	Tennessee	7,660	64.3
Hispanic or Latino	Tennessee	178	66.9
White	Tennessee	49,138	74.9
Asian	Tennessee	137	67.2
Native Hawaiian or Other Pacific Islander	Tennessee	22	59.1
Multiple Races	Tennessee	75	20.0

Vaccination Coverage for Selected Area(s)			
Vaccinations/Groups	State/Region/U.S.	n	%
▼ Pneumococcal Vaccination			
▼ All Residents			
≥18 years	Tennessee	84,760	70.0
▼ Age			
18-24 years	Tennessee	96	26.0
25-44 years	Tennessee	1,382	40.6
45-54 years	Tennessee	3,154	51.3
55-64 years	Tennessee	9,553	58.0
65-74 years	Tennessee	19,851	69.1
75-84 years	Tennessee	26,076	73.3
≥ 85 years	Tennessee	24,648	76.1
▼ Sex			
Female	Tennessee	52,768	71.9
Male	Tennessee	31,748	66.9
▼ Race/ethnicity			
American Indian or Alaska Native	Tennessee	46	71.7
Black or African American	Tennessee	10,494	56.2
Hispanic or Latino	Tennessee	254	62.6
Asian	Tennessee	166	57.8
Native Hawaiian or Other Pacific Islander	Tennessee	30	66.7
Multiple Races	Tennessee	20	70.0
White	Tennessee	72,371	72.1

Selected Nursing Homes HEDIS Coverage



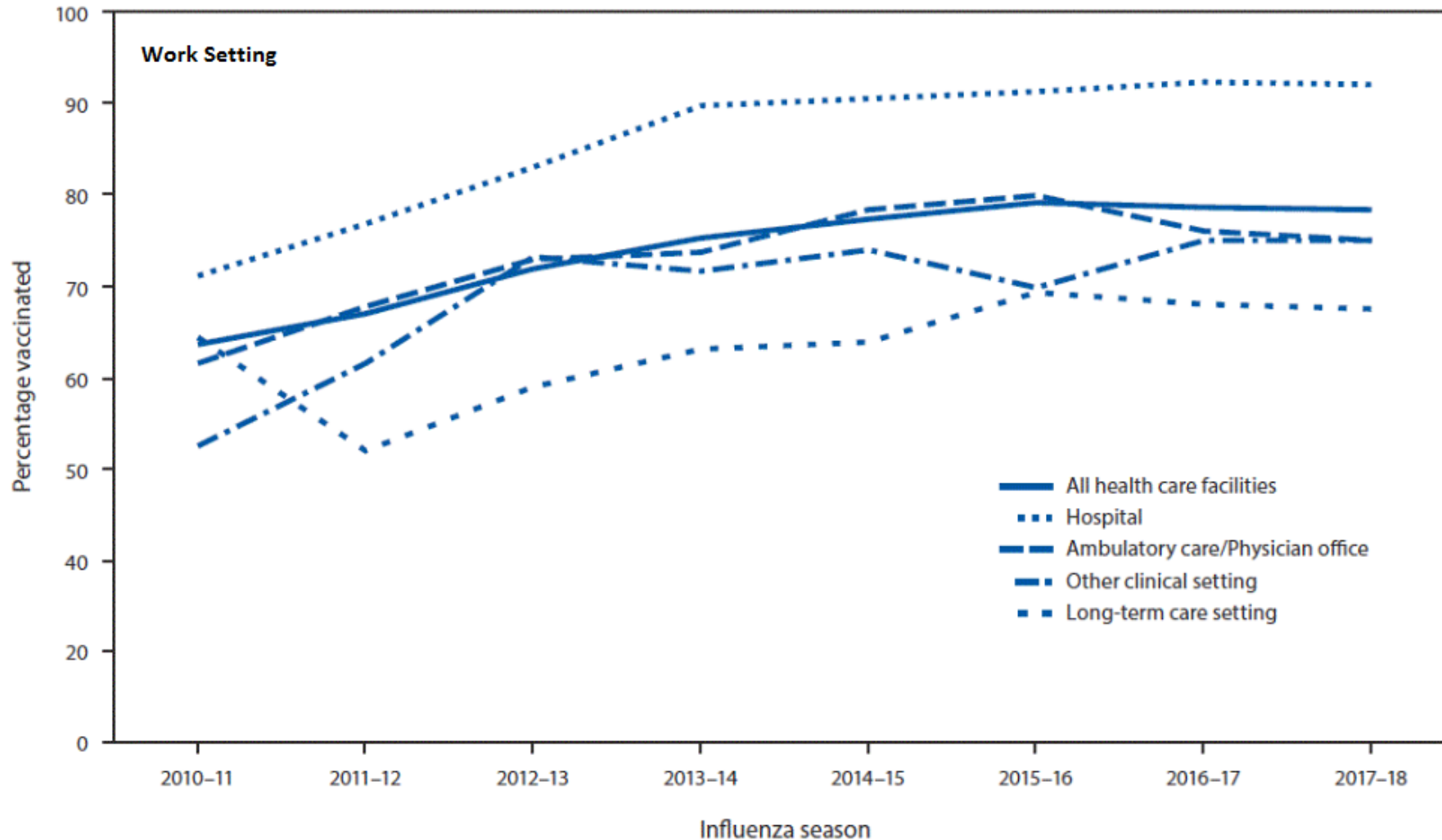
Facility Vaccination Program Assessment



Structured Vaccination Program

Concepts	Rationale
Vaccine champion(s)	Delegate vaccine program activities
Training and education	Correcting misinformation
Standing orders	Quickly address patient needs
Consent	Written consent not required
Vaccine checklist	EHR chart audit
TennIIS	Vaccination coverage management

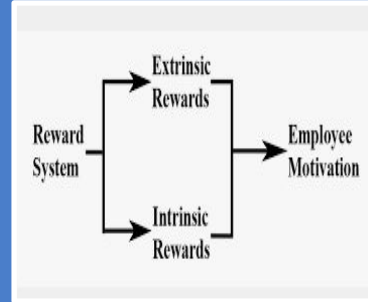
HCW Influenza Coverage



Healthcare Worker Incentives



Promote on-site vaccination
Reduce work absences
Direct and indirect costs
Non-Clinical staff



Identify incentives
Motivation > Action > Reward



Culture
Promotion
IMM Action Coalition

Communication Platforms & Notifications

- LTC facility requirements for COVID-19 notification
 - Standardized oversight of LTC care facilities response
 - Notification to all facility residents, their representatives and family
- Notification must include:
 - When confirmed or suspected case identified
 - Three (3) or more residents or staff new respiratory s/s within 72°
 - Resident change of condition

Communication Platforms & Notification

- Advantages of Electronic communication
 - Send multiple texts “notifications” at once
 - HIPAA compliant messaging
 - Separate notification pathways for residents’ family and staff
 - Notification audit trails
 - Reduce time and costs





VANDERBILT PROGRAM IN
DISASTER RESEARCH AND TRAINING

Preparedness Measures and Infection Control Strategies for COVID-19 in Long-term Care and Skilled Nursing Facilities

Michael L Freeman, PhD

Vanderbilt University Medical Center



Key principles for enhanced prevention control include:

- Checking temperature
- Rapid testing for SARS CoV2
- Social Distancing
- Wearing appropriate face masks
- Proper hand hygiene
- Wearing appropriate PPE
- Disinfection
- Maintaining adequate levels of hand sanitizer, masks, and PPE



Key principles for enhanced prevention control include:

- Checking the temperature of everyone who enters your facility
- Period of infectiousness
 - individuals typically have a 5.2 day incubation period
 - individuals with mild-moderate symptoms rarely shed viable virus after 10 days
 - shedding is increased, however, in those with severe symptoms and/or hospitalization

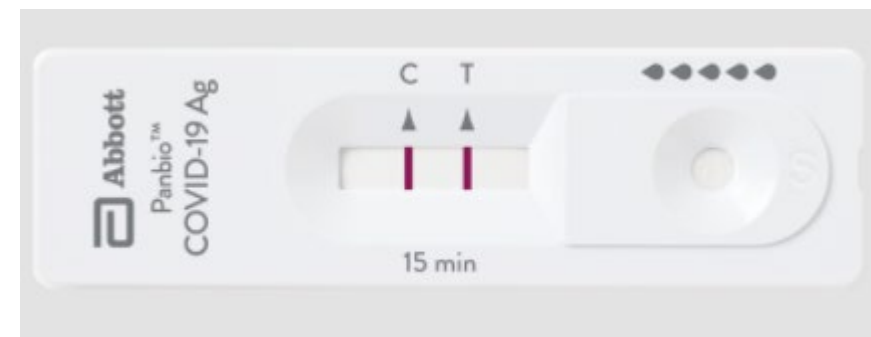




Antigen test for SARS CoV2

CDC's serologic test is an ELISA-based test to detect SARS-CoV-2 antibodies in serum or plasma components of blood.

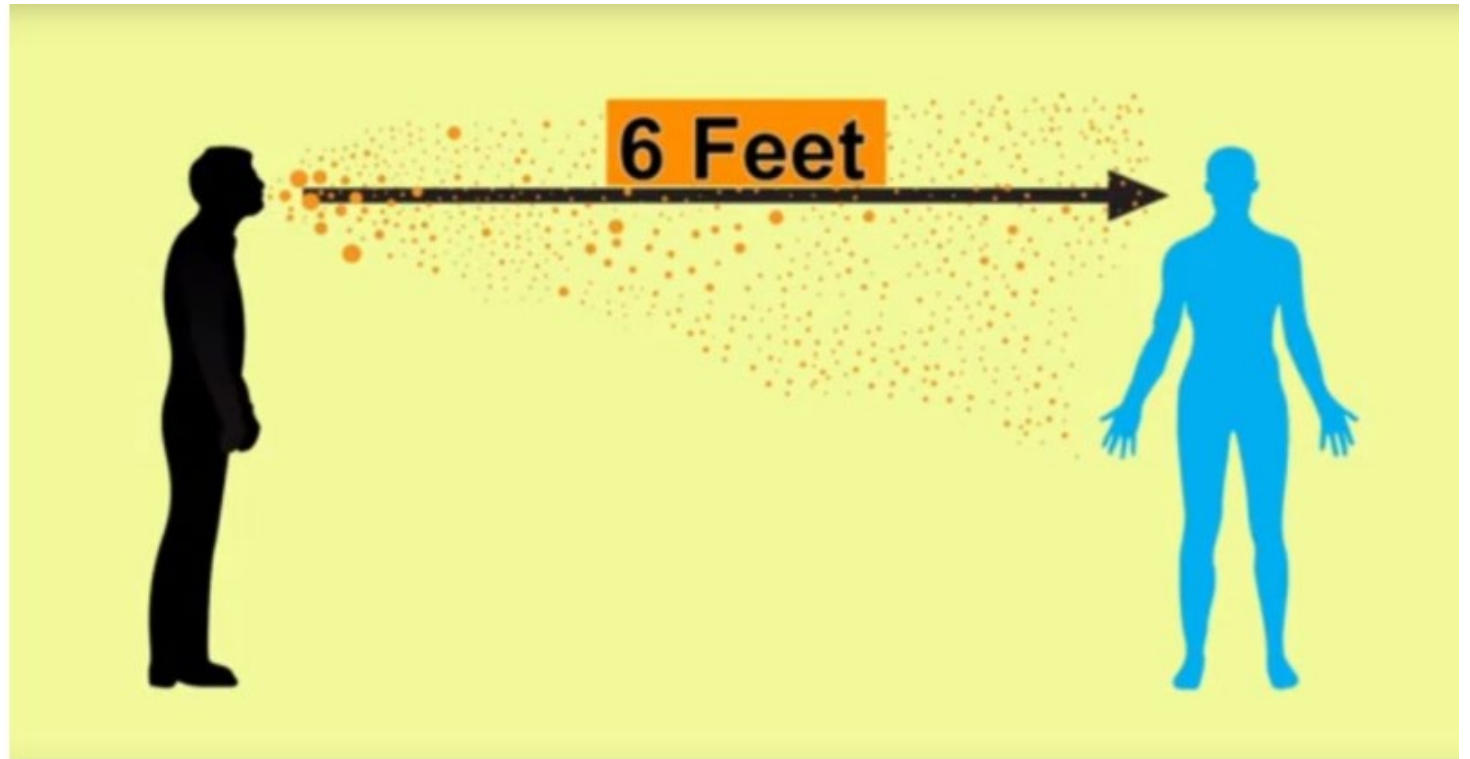
- Abbott Laboratories BnaxNOWtm COVID-19 test.
 - The BinaxNOWTM COVID-19 Ag Card is a membrane assay that uses highly sensitive antibodies to detect SARS-CoV-2 nucleocapsid protein from nasal swab specimens.
 - SARS-CoV-2 specific antibodies and a control antibody are immobilized onto a membrane support as two distinct lines and combined with other reagents to construct a test strip.
 - To perform the test, a nasal swab specimen is collected from the patient, 6 drops of extraction reagent from a dropper bottle are added to the top hole of the swab well. The patient sample is inserted into the test card through the bottom hole of the swab well, and firmly pushed upwards until the swab tip is visible through the top hole.
 - The swab is rotated 3 times clockwise and the card is closed, bringing the extracted sample into contact with the test strip.
 - Test results are interpreted visually at 15 minutes based on the presence or absence of visually detectable pink/purple colored lines. Results should not be read after 30 minutes.





Key Principles

- Social Distancing
 - Staff with resident
 - Staff with other staff
 - Resident to Resident
 - Visitors and contractors

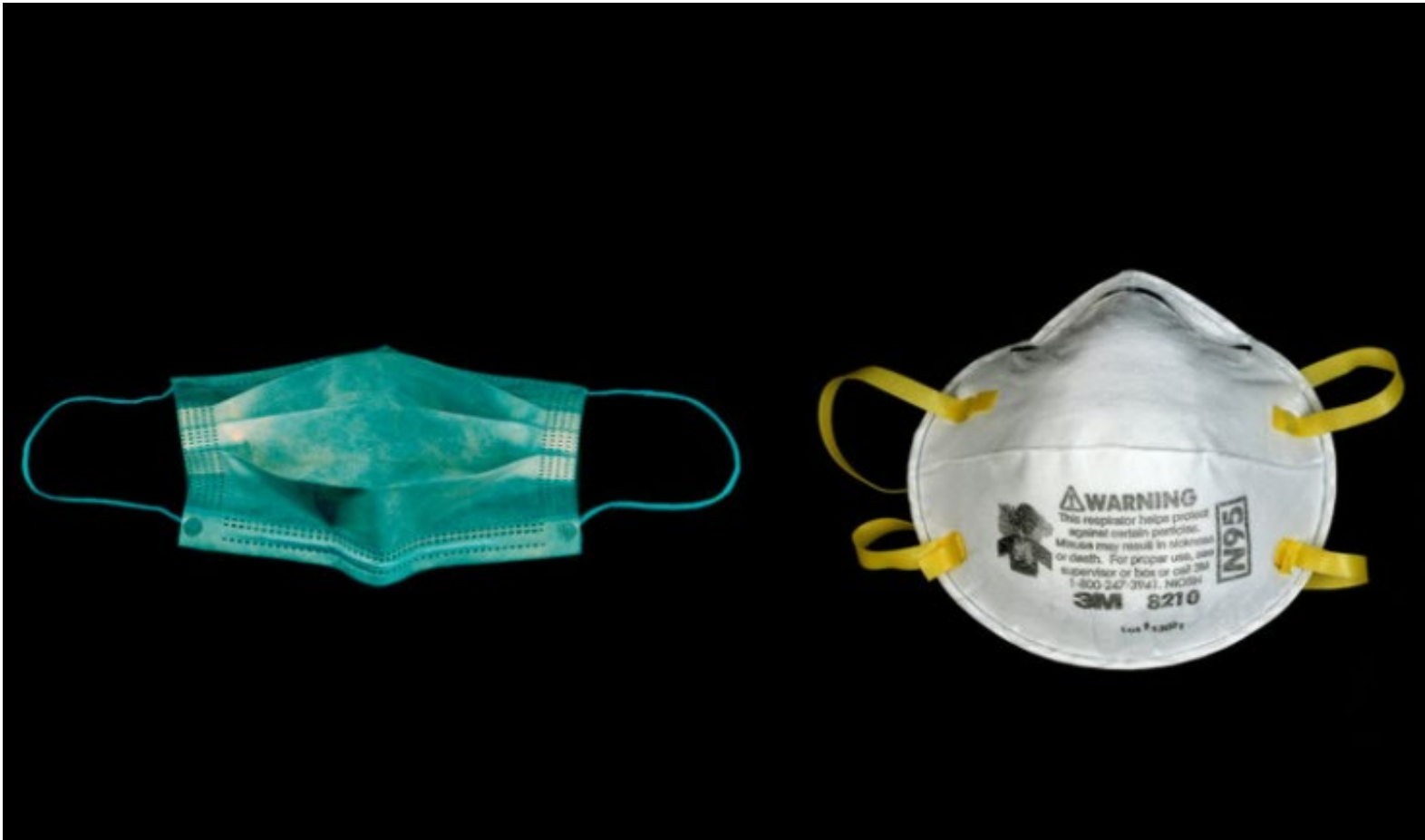


Updated guidance CDC now defines a close contact as someone who was within six feet of an infected individual for a total of 15 minutes or more over a 24-hour period.



Key Principle

- Wear appropriate masks





Hand hygiene



Follow these five steps every time:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.



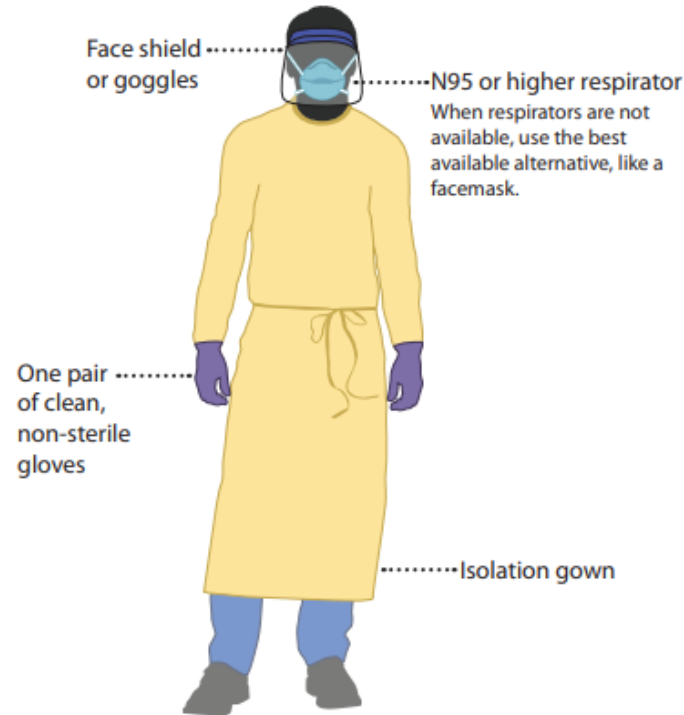
Key Principles

Personal Protective Equipment (PPE)

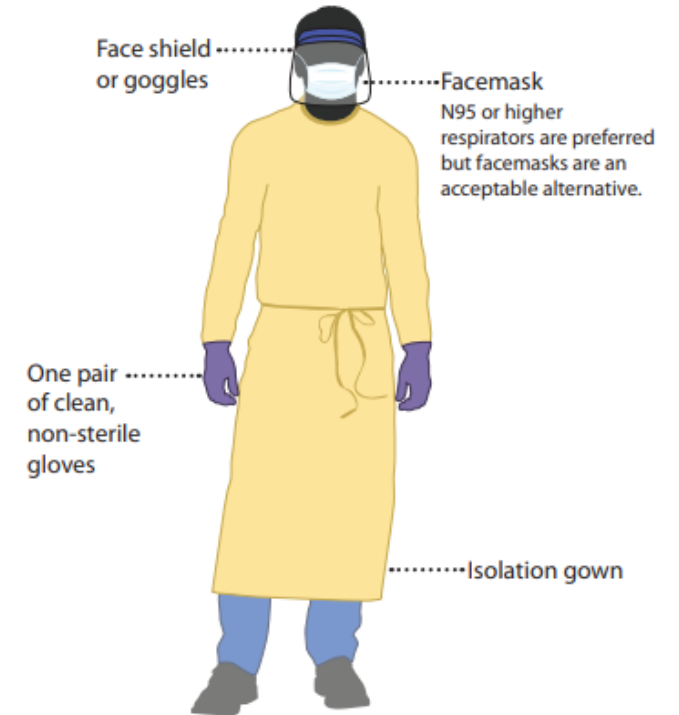
- Masks
- Face Shields
- Gowns
- Gloves

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask

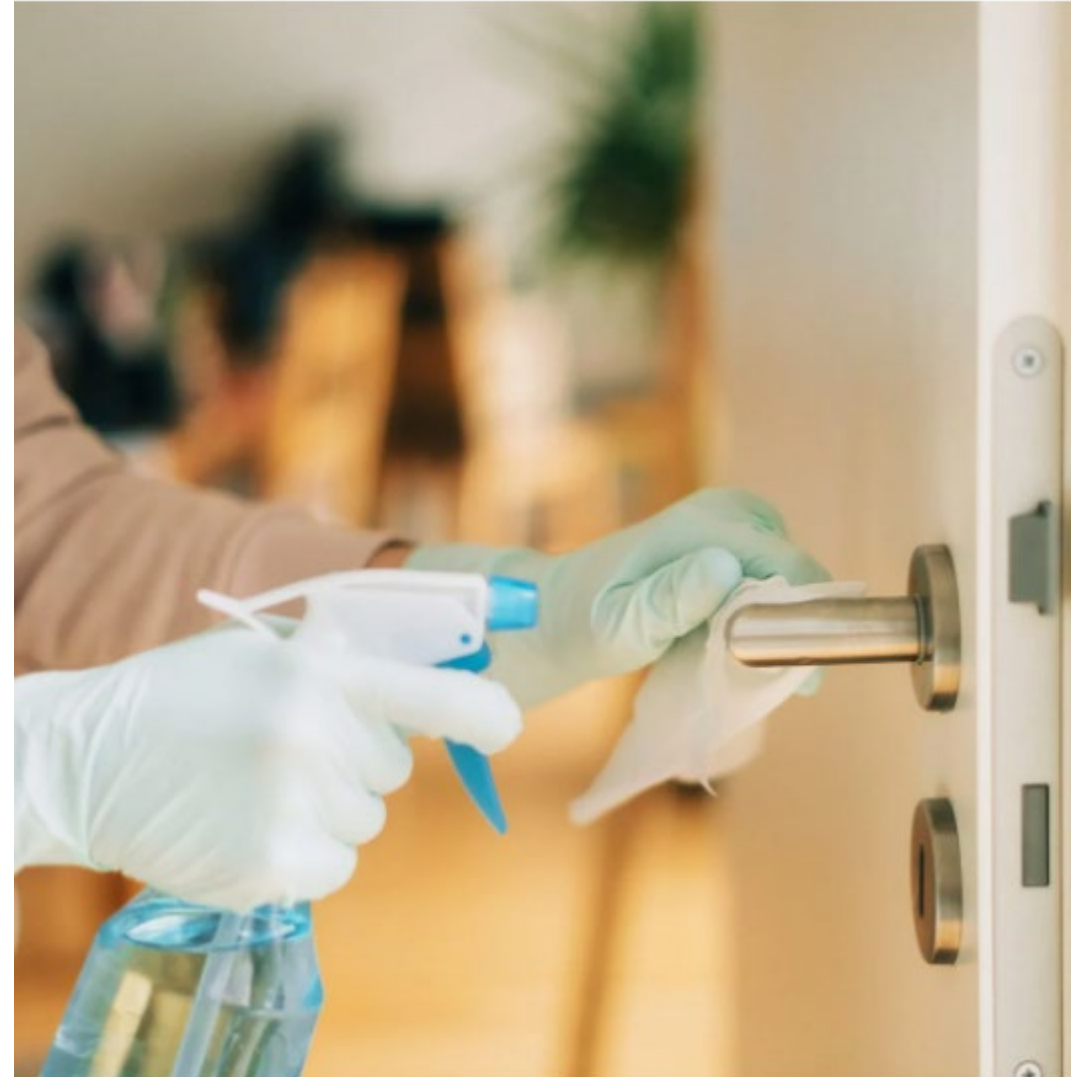




Key Principles

Clean and Disinfect

- Wear disposable gloves
- First clean surfaces with soap and water
- Then use a disinfectant
- EPA list N
- Diluted bleach
- 70% alcohol





Transmission of SARS-CoV-2: A Review of Viral, Host, and Environmental Factors

Meyerowitz et al, Annals of Medicine, In Press, Sept 17, 2020.

- **Environmental viability of the virus**
 - viable virus can be present for up to 3 hours in aerosols
 - viable virus can be present for up to 72 hours on surfaces
 - longest persistence is on plastics and stainless steel
 - virus is stable at lower temperatures
 - it is rapidly inactivated at temperatures $\geq 158^{\circ}\text{F}$



Key Principles

- Maintain adequate levels of
- Hand sanitizer
- Masks
- PPE



Latest Update to Visitation Guidelines for TN LTCFs ▾

Listen to our LTC Podcast [here](#)



VANDERBILT PROGRAM IN
DISASTER RESEARCH AND TRAINING

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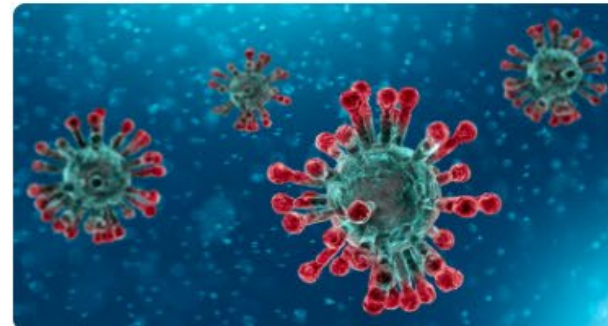
[Course Catalog](#) | [Resource Library](#) | [Podcasts](#)

Providing emergency preparedness for Long-Term Care and Skilled Nursing facilities

Stay informed about COVID-19

Learn more about Coronavirus (COVID-19) and what you can do to protect yourself and your community

[Learn More](#)




Resources

emergencylrc.org/resources

AppsVanderbilt Universit...Googlehttps://www.amazo...Home - PubMed ~...Biomedical | Librar...Pandora Radio - Lis...Google Finance: Sto...Google ScholariLab OrganizerBody Surface Area...

Latest Update to Visitation Guidelines for TN LTCFs

Listen to our LTC Podcast [here](#)


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Course Catalog | [Resource Library](#) | Podcasts

Resource Library


Below are the publicly available resources. To access their files, please click 'View Now'.



Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance

State Operation Manual for CMS
Appendix Z (SOM)


View Now



Course Catalog

A descriptive catalog of our
course offerings.


View Now



COVID-19 Aerosol and Surface Transmission

This resource includes articles on
COVID-19 Aerosol and surface
transmission, as well as a brief
summary of current research
findings.


View Now



COVID-19 Facility Resources

A collection of information
regarding facility reopening,
staffing shortages and
emergency preparedness


View Now



COVID-19 Helpful Sites

A list of national and state level
COVID-19 sites.


View Now



COVID-19 Hygiene and Sanitation Resources

Resources and databases for
COVID-19 Hygiene, Water &
Facility Sanitation. Providing
information on disinfectants,
infection prevention procedures
and printable materials.


View Now



COVID-19 PPE Resources

An in-depth catalog of resources
pertaining to PPE. These
resources include information on
how to sanitize, procure, store
and remove PPE to comply with
CDC standards.


View Now



COVID-19 Testing Guidelines

A collection of national and state
guidelines regarding the proper
way to test patients for COVID-19
and list of nation wide testing
sites.


View Now



COVID-19 TN Department of Health

Resources for responding to
COVID-19 in the state of
Tennessee.


View Now



COVID-19 TN LTC Visitation, Activities and Dining Policy

Guidelines for limited visitation,
activities and dining at Tennessee
Long-Term Care Facilities as well
as data maps to find if your
county is above or below the
recommended daily COVID
community threshold.


View Now



COVID-19 TN PPE Request Protocols

Per TN Health Guidelines, in the
event of an emergency PPE
shortage, facilities should contact
their county emergency
management agency (EMA). This
resource includes direct links to
West, Middle, and East
Tennessee EMA contacts, as well
as, a list of TN Regional
Healthcare Coalitions.

View Now



Emergency Plans: Active Shooter

Resources to prepare your facility
in the event of an active shooter
situation. Information includes
table top exercises,
preparedness plans and LTC
facilities active shooter and
workplace violence data.

View Now



VANDERBILT PROGRAM IN
DISASTER RESEARCH AND TRAINING

COVID 19 Playbook

“One of many”

Dr. Sean Cannone, a geriatric specialist at Summa Western Reserve
Hospital



Key Points

- We recognize that most facilities have already established a COVID-19 facility population screening and monitoring protocol for residents, staff, vendors, and visitors
- Establish persons with suspected illness as a COVID-19 PUI (Person Under Investigation) if falling into one (1) or more of these three (3) categories:
 - **Fever** ($\geq 100.4^{\circ}\text{F}/38^{\circ}\text{C}$ or $\geq 2^{\circ}\text{F}$ above established baseline), or
 - **Cough**, or
 - **Dyspnea** (shortness of breath), or
 - Other viral-like symptoms: Chills, body aches, flu-like symptoms, weakness or lethargy, rhinorrhea (runny nose), nasal congestion, diarrhea, etc.
 - Close contact with a known COVID19 positive person.



Key Points

- Staff with clinical features of COVID-19 should not be returned to work until cleared by either a negative COVID-19 test OR by meeting the State or CDC guidelines.



Key Points

- Reduce close contact exposure (minimum 6 feet of social and professional distancing when possible)
- Consolidate resident care activities such as nursing care, personal care, and medication administration.
- Dedicated staffing on individual floors or units within the facility



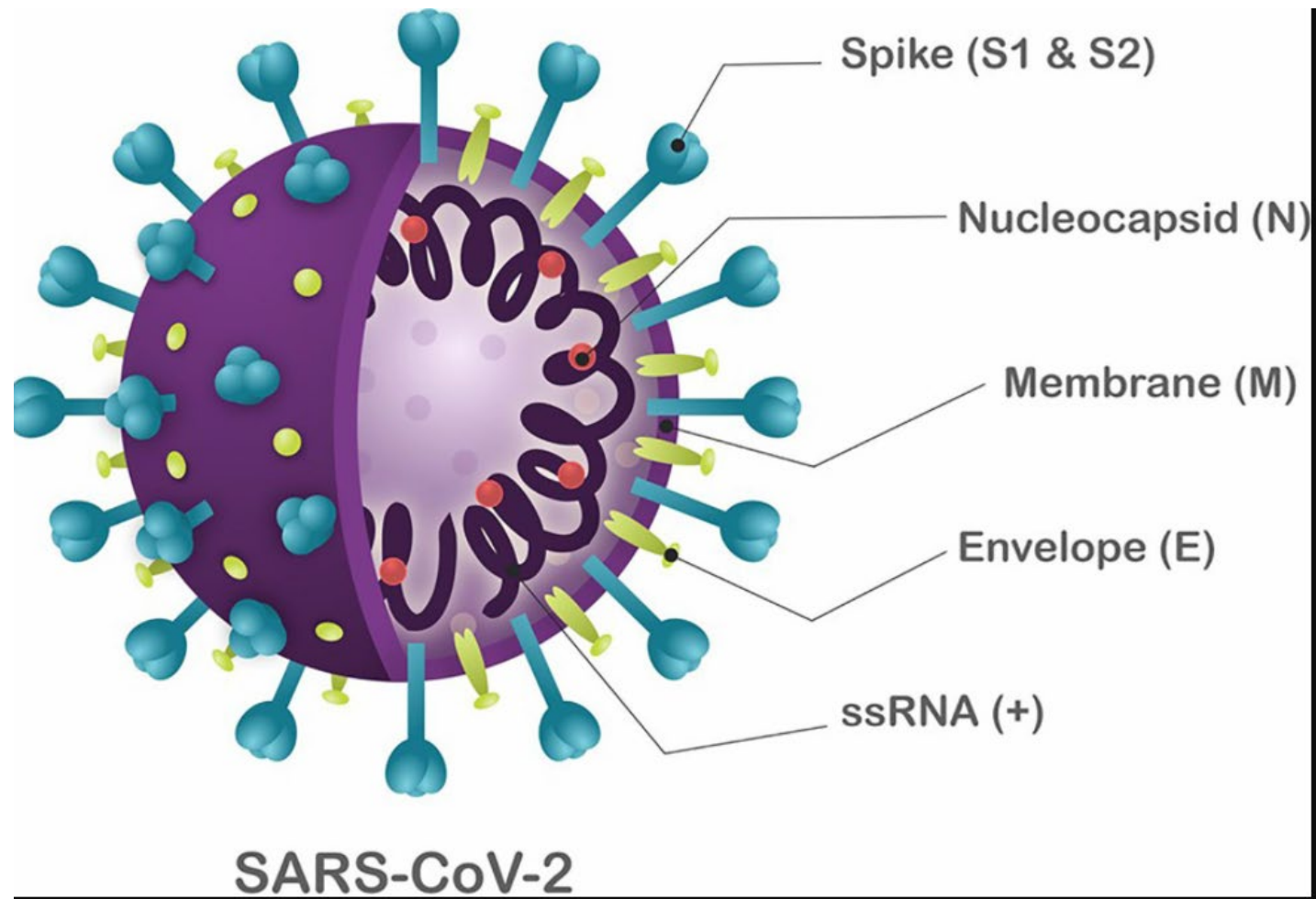
Key Points

- Ongoing training and monitoring of transmission-based precautions including: Isolation techniques; droplet and contact precautions; handwashing and coughing technique; social and professional distancing, and donning/doffing of PPE
- Environmental strategies such as enhanced ventilation systems; sterilization/sanitization of PPE, surfaces/floors, personal devices; equipment; dedicated staff entrance with area to store personal items
- Masking of all staff, especially when providing close contact resident care or in situations where social/professional distancing are difficult.



VANDERBILT PROGRAM IN
DISASTER RESEARCH AND TRAINING

The Biology of SARS CoV2 Infections





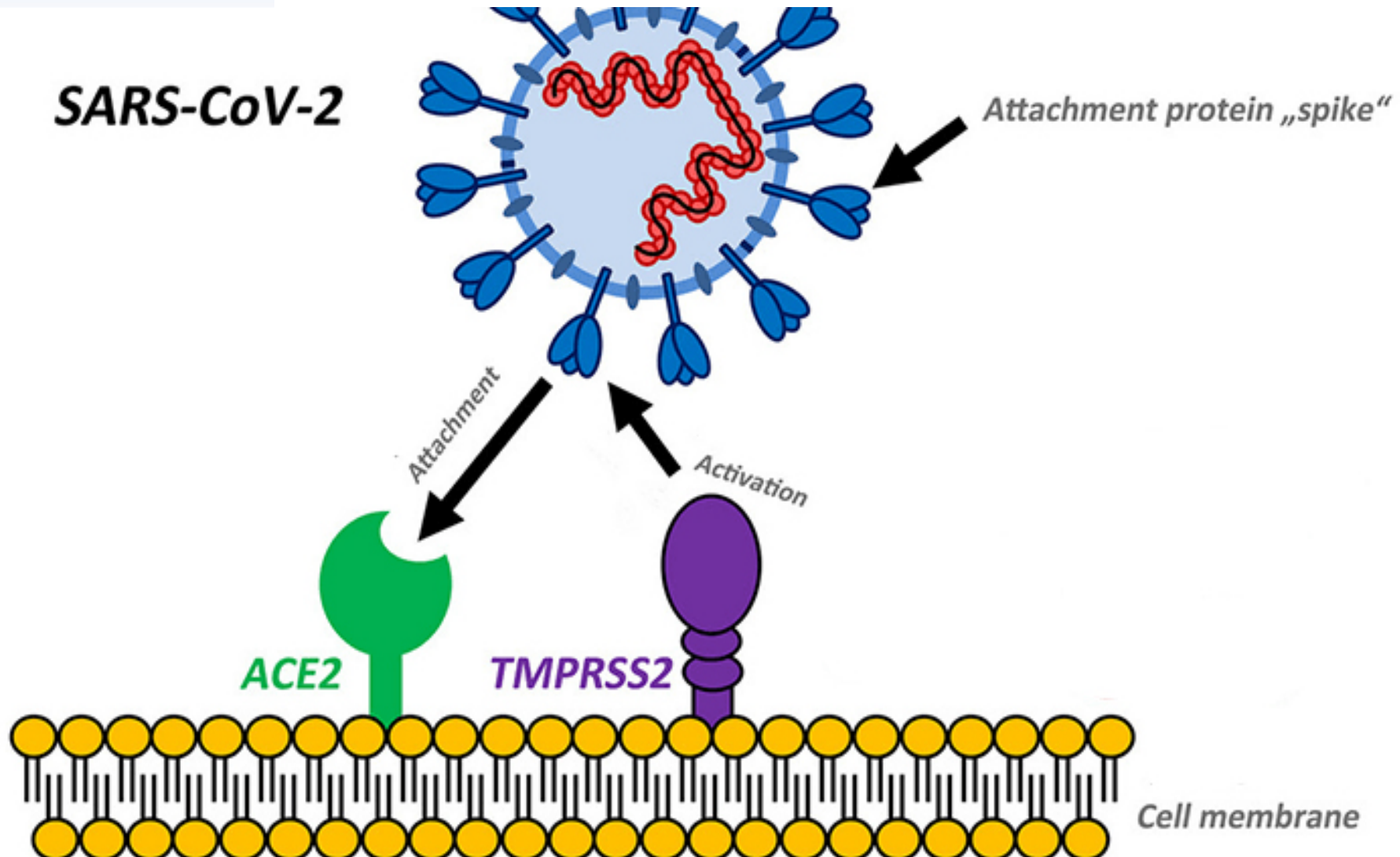
What human cells are prone to infection?

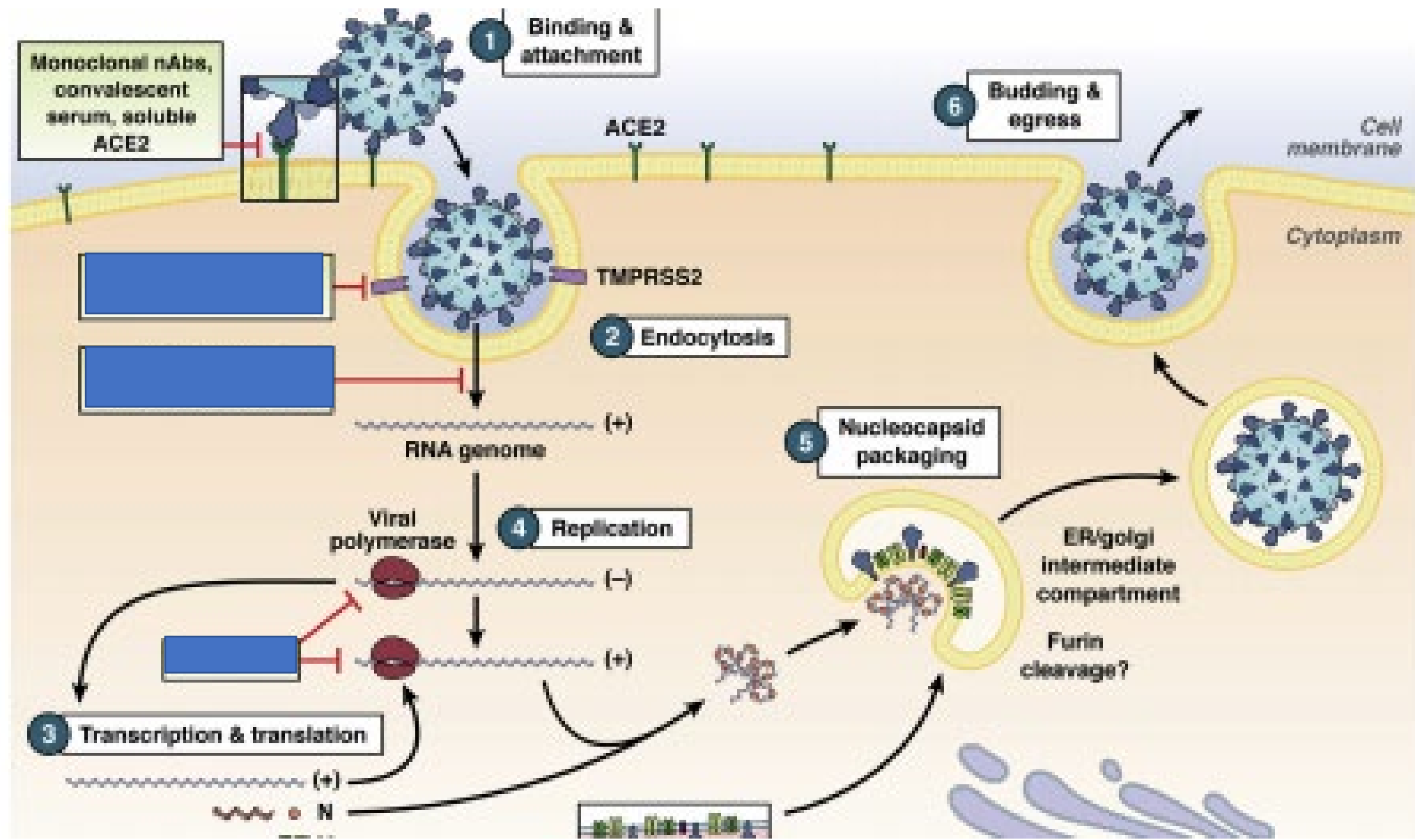
- Respiratory tract, including oral mucosa
- Gastrointestinal, particularly the small intestine
- Hepatotropic/biliary tracts

- Ding and Liang, Gastroenterology, 159(1):, 53-61, 2020



SARS-CoV-2

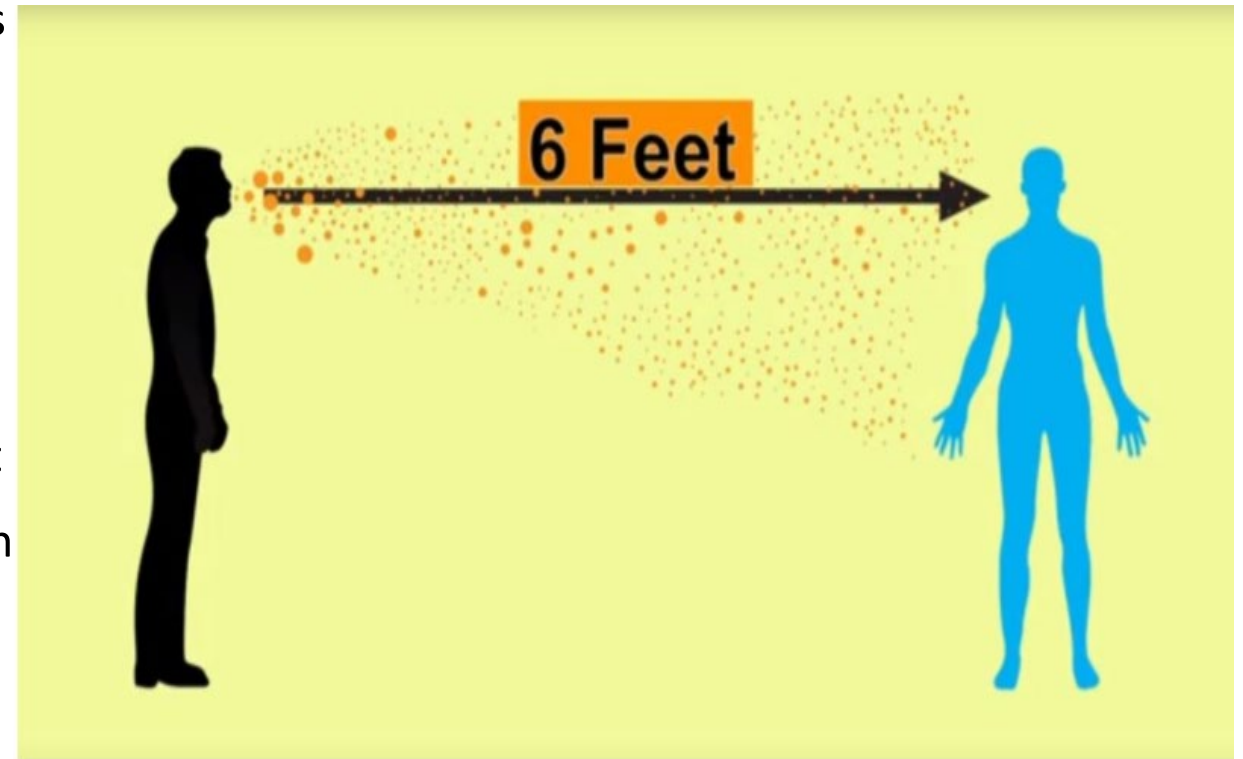






Key Principles: Social Distancing

- Modes of transmission
 - respiratory transmission through droplets is the most common mode of transmission
 - proximity and duration matter because larger droplets ($\geq 5\mu\text{m}$) fall within about 6 feet
 - air circulation and ventilation is important
 - sexual, fecal-oral, and blood-borne transmission has not been demonstrated
 - whereas there is no evidence for direct contact and fomite transmission, consistent hand hygiene and use of chlorine or ethanol disinfectants for surfaces have been associated with lower transmission
 - Meyerowitz et al Annals of Medicine, In Press 2020





Brief Infection Control Summary

- For Personal Protective Equipment (PPE): Follow recommended CDC guidance for extended use, as well as manufacturer's guidelines
Dispose of PPE properly
- House positive residents in a separate space
- Follow established procedures for cleaning and disinfection using recommended products effective against COVID-19
- Continually educate staff on social distancing; establish separate staff break areas for those working on COVID-19 units

Questions?



Thank you!



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