CMDA Monthly Meeting 6/2/2020 12n – 1p

Minutes

**No Matter How Popular Antibiotics Get, They Will Never Go Viral** - Travis Neill PA-C

* Notes per Travis Neill

**Update from CHCA on Recommendations for Facilities and Medical Directors for COVID 19** - Ann Kokish, Vice President of Quality and Regulatory Affairs Colorado Health Care Association

* Thank you to work force
* CMS Announcement 6/1
* Phase I: cont visitor restrictions, allow some communal dining, test expansively including staff q week.
* New CMS with new tags very concerning. ?COVID death leads to automatic IJ
* If people refuse testing: new guidance coming out. Some suggestions that it can be mandated w/ employment.
* Dr Gahm: State of WA mandating as part of employment
* Dr. Gahm: weekly testing in participating facilities in Colorado, starting in large facilities with fewest cases of COVID. As currently being done in state / private lab, staggering out which facilities can do weekly testing.
* Dr. Eber: Mail-out testing with courier service, some onsite help with testing.
* Dr. Beckman: state currently looking into weekly testing - limited capacity for weekly testing currently.

**An Update on Regulatory Changes and Expectations in Colorado for PA/LTC in a Time of COVID 19 -**– Jo Tansey

* Isolation has been very difficult for many residents, psychosocially. Increased depression, weight loss.
* Moving towards allowing some visitors – still having meetings about how to balance psychosocial needs and infection risk.
* All CMS and State of CO Infection Control surveys completed now.
* State surveyors have 30 days to complete another category of surveys (still determining how): On-site surveys of facilities with previous COVID-19 outbreaks, depending on bed capacity cumulative rate of 10% - 20% or greater of confirmed/ suspected cases, OR facilities with 10+ deaths reported related to COVID-19. State of CO leaning towards using the 10+ deaths threshold, probably only confirmed cases, to decide which buildings to survey.
* Also will be surveying all facilities with 3+ confirmed/ suspected cases since last NHSN report
* Starting in October, infection focused surveys of a portion of all nursing homes.
* Once able to, will catch up on re-visits. Many on-site re-visits pending.
* Will conduct special-focus surveys, and standard certification surveys if last done > 15 months ago
* Enhanced Enforcement, new letter from CMS (to be forwarded to CMDA members): For any current federal citations (at D or E or worse), facility needs to submit directed plan of correction to CMS. May be subject to discretionary denial of payment within 45 days. For infection deficiencies cited on previous standard survey plus current federal citation, new directed plan of correction will be required, plus subject to possible denial of payment plus fines. Various fines and payment denials for multiple deficiencies.
* Facilities should use QIO (Telligen in Colorado) to implement strong infection control and QAPI plans
* Epidemiology team doing consults with facilities. CDC helping with epi consults to provide education/ training/ guidance. No clear timeline for when each facility will have their epi consults.

Other Q&A:

* Dementia units: facilities cited for residents not social distancing on memory units. CDPHE has some guidance on website – CMDA will forward recommendations out. Need to see staff making an effort to promote, for instance furniture re-arranged with distancing. Some memory care unit staff saying “we’re not trying since the residents don’t remember.” No enforcement of distancing, hand hygiene, or masks – leading to citations.
* Timing of increasing citation/ fines during COVID 19: Lots of deficiencies on using PPE correctly, hand washing – very important anyways. Surveyors trying to have conversations with facility administration to explain why they are giving the citations.
* Most common deficiencies right now: hand hygiene, PPE correct use. Lack of social distancing not only in memory care, but in general. Lack of face masks on residents when out of their rooms. Can’t make resident in room 24/7 or force them to wear masks – but must make efforts to remind them to engage in social distancing.