

Centers for Medicare and Medicaid Services
COVID-19: National Nursing Home Stakeholder Call
Thursday, March 11, 2021

Link to audio recording: <https://cmsbox.box.com/s/npbvtkn2pol1nzryfkb8nsc5tlg2oqmj>

Please stand by for real-time captions.

Thank you for joining as you heard this meeting is being recorded for those that might not be able to make it. Appreciate you joining on this national nursing home stakeholder call. It had been a while since we had convened this particular call. For the purpose of encouraging nursing home staff to take the vaccine and became available through the pharmacy partner chef or other names and we thought that was a priority and those calls went very well. Hi everyone I think we lost Jean just give us one second. Sorry about that I was knocked off but I will continue on and hopefully everybody can still hear me and see me.

We can hear you.

You just can't see me? That's probably for the best I will keep going. I will go through as quickly as I can talking about Maxine recording, arrangements for continued vaccine administration post partnership and of course changes to the visitation requirement. I'm going to start with the visitation requirement I'm sure that's why most people tuned in. We encourage a number of the cases are significantly dropping and there are a high percentage of nursing home residents that received their first and reckons does it of the vaccine in fact millions of residents and staff have received doses of vaccines within nursing homes thanks in part to the CDC for state efforts for nursing home efforts for the Association effort. So we wish to thank you for that. CMS issued new guidance for visitation and nursing homes during the covid-19 emergency. -- Other efforts that have been going on for infection control and prevention. And while CMS guidance [Indiscernible - static / feedback] protecting nursing home residents from covid-19 up to this point very important priority of course we recognize it has taken it's toll emotionally and on family members, caregivers, residents and staff. Let me first emphasize the importance of maintaining prevention [Indiscernible - static / feedback] in other words infection prevention and control is important pre-pandemic it is important during the pandemic and it will be important after the pandemic. So there remains a high priority and that was some of the guidance behind the guidelines we put out as well. With that said the guidance updates that was put out on September 17 I know many of you have still been going by that guidance and it notes that the facility should allow visitation at all times and for all residents regardless of vaccination status of the resident or visitor under certain scenarios. The scenarios are described in great detail in the guidance and I will highlight them. The guidance scenarios noting that visitation might be limited for unvaccinated residents when two things exist so you have to look at the county positivity rates. If the transit county positivity rate is greater than 10% and you look at the nursing home vaccination rates. Unvaccinated residents should not have routine visitations of those two things combined is less than 70%. Additionally visitation might be limited for residents with confirmed infections whether vaccinated or not until they have matched the criteria to discontinue the transmission [Indiscernible - static / feedback] likewise for residents in quarantine until they have met the criteria for relief from quarantine. The guidance also covers circumstances such as outbreaks this brings me back to the control practices noting that although out rates increase the risk as long as there is evidence that the outbreak is contained to a single unit analysis visitation can still occur I just want to break that down a little bit. New cases among residents and staff a facility should immediately begin outbreak testing and as you are well aware our guidance goes into how that's done. And suspend visitation for one round of the outbreak testing. Based on the following the first

round of outbreak testing reveals no additional cases in other areas of the facility and visitation can resume for cases however the affected unit until it meets the criteria to discontinue outbreak testing. The first round of outbreak testing reveals one or more additional cases in other areas of the facility than the facility should suspend visitation for all residents until the facility meets the criteria. [Indiscernible - static / feedback] when we have an outbreak we also encourage visitors to become vaccinated when they have the opportunity and while visitor testing and vaccination can help prevent the spread of covid-19 visitors should not be required to be tested or vaccinated or show proof of such. We encourage it, it is not a condition of visitation. There's a lot in there so again please the updated guidance emphasizes regardless of the resident vaccination status the positivity rates or outbreak status. All in all this is good news this is the day that we have been waiting for we [Indiscernible - static / feedback] ability for visitation in some form but to relax even more these guidelines still emphasizing the need for precautions still allowing visitors to come in. The guidance talks about how to handle visitation. [Indiscernible - static / feedback]

We are having some technical difficulties it is very difficult to hear you.

Okay hold on. Is that better?

Sounds good for now.

Okay and where did I leave off?

You are just adding I think we had a history of revising the visitation guidance and we will continue to look at it I think. Talks about visitors and encouraging visitors to come vaccinated when they have the opportunity but it is not required. I want to emphasize that lastly the updated guidance emphasizes compassionate care visits should be allowed at all times it has been since the beginning and this last point I wanted to get through as it relates to visitation, all in all this is guidance that we have all been looking for, we have been looking forward to the release and we look at it as good news. I received some concerning emails from families as late as last night noting they needed to get additional documentation before considering the guidance so I want to emphasize the guidance came out yesterday and it should be implemented now that it's out so we are expecting this is going to be an opportunity for you to ask questions but the guidance is out I'm not sure the root of some of the emails I was getting last night waiting for CMS to really something additional but what we have is what we are planning on doing. Just another note on vaccine reporting more than ever as you can see now that your vaccination rate is extremely important therefore we strongly encourage nursing homes to submit vaccine information to the CDC reporting module. It is important for us to be able to track distribution and administration and you can see the importance of it as it relates to this guidance as well and this module is available now and the CDC is able to give technical assistance. I know some of you are already doing that recording but we want to encourage all of you to do that and then lastly the partnership was wonderful now that the partnership is concluding wants to redo for those who have not particularly staff we have had a very vaccination rate with residents but staff who might not have been able to take advantage of the various clinics the vaccine availability or how to access it, CDC does have that on their webpage and it can be received from a long-term care pharmacy that is enrolled in a vaccine provider within their state or territory or a long-term care pharmacy that has an agreement with the federal retail pharmacy program or some of the states are directly working with the nursing homes. This is available and there are ways to receive it. With that I want to begin to open it up for questions because we do have experts on the line from CMS as you have already heard you can see Evan is on and we have distinguished guests from CDC who can talk about infection control practices as it relates to the vaccine as well. There are a number of questions over 50 so I hope you have been monitoring that and I don't know if you want to start with maybe a couple of those and maybe we can bounce it to CDC as well.

We have about 10 minutes left so we will probably hits a few important ones here. The staff that work in a specific setting it moves on as people typing questions. Trigger the full facilities are only the area that they work in. This does look complex but it is where trying to say just because a facility

has a couple of cases does not mean the entire facility does need to shut down for visitation. The rest of the facility can continue to have this but we need that first round of testing to do that. And staff work in a specific setting the rest of the facility, can continue to have. This one of the key things are seeking to do is we make sure we don't have symptomatic cases and other places of the facility particularly unvaccinated residents that is what we are trying to get at. We have another question here to be supervised persons and their visitors would have a right to privacy also the memo recommends scheduling visits for a specific length of time however the same memo cites the facility should allow enter visitation for all residents. Maybe to help clarify this we say at all times for all residents meaning at any time of day residents should be able to receive visitors. We all need to continue to adhere to the infection prevention. We have so many visitors at one time that makes it difficult for everyone to adhere to those principles such as distancing. I think a great example would be residents of the same room it would be a high-risk scenario if we have two residents in the same room not have both of their families visiting at the same time. Facilities detritus articles visit so we don't have too many people in one space at the same time. We do suggest that we at least try to schedule these visits and limit the number of people that come to make sure we adhere to the core principles. Another question we get lost is family members take their loved one outside. Certainly we actually prefer to have visits outside. Core principles over infection prevention should be adhered to during visits. Certainly they can take them outside. I will keep moving down here there is a question what happens requirements and visitations I think we will take a look at that as he can reach out to the CMS location and let them know of any differences. We let them take a look at what may or may not be different from the state. Thought there was someone from the CDC I wanted to bring in here.

While you look for that I want to see if CDC wanted to make any remarks in general as you look for their question.

I've been going through it with Evan here and one thing that keeps coming up is the 14 day quarantine so happy to tackle that if you like. I think there's been lots of confusion about this I don't think there's ever been a requirement or recommendation to quarantine people who go out to the doctor or rough cutoff we have used for people that go out for more than 24 hours after quarantine. They might need to quarantine when they come back as you all probably noticed in the CDC they came out yesterday we actually have relaxed after folks are vaccinated. If they don't have an exposure or known exposure no need to quarantine, vaccinated people who go on for more than 24 hours would. The new thing folks new to the facility going to a 14 day quarantine. If you are vaccinated the 14 day warranty and is no longer required.

A question related to staff noting that staff has had plenty of opportunities to get vaccinated perhaps the staff has chosen not to and again we do realize that this issue of hesitancy exists. We have been working on several discussions with frontline providers with certified nurses with nursing assistance and was the nurses and we have had others on so I encourage you maybe to have your staff listen to those recordings as well I believe next week we will be doing another. It's helpful when they hear from their peers they also have other trusted sources in the community many will say the medical directors the directors of nursing, finding out who those trusted sources are and having them to talk to the staff. We are finding it is very important. And acknowledging that there are reasons we had some resources on our website as well as CDC that might be useful. We will get you the information about next week's recording and to the extent that you could have staff either listen in or I know was timing they can't always do that, circle back around at a later date.

I see a lot of questions about when states will issue their own memoranda on this. Collect those and send them to this. There is a question about an outbreak during staff testing they had a new positive but it was before the employee enter the facility and they were sent home. If the employee ever enters the facility does not trickle trigger break testing and really shouldn't prevent visitation at all. When individuals are tested prior to having contact with anyone then it does not trigger any outbreak

testing. I see some other questions about, now I am frozen. Please do schedule that way. I also want to note I see a lot of comments here making sure everyone is aware to contact the long-term care office for any questions they can help out and of course the need to be able to access the answer is yes. I do want to touch on the personal touch piece of our memo were they can work together to find ways that we can have safe physical touch because we know that it is more than just being in the same room as everyone is being able to your mom and hug your dad and hug your loved one. We will continue to recommend if a vaccinated resident does want to engage in personal touch and that is okay we still want everyone to be massed into hand hygiene but that is a big step forward and one of the other big changes in this memo and we hope that brings some comfort to what is out there. If anybody else wants to add anything please do.

, See if CDC wants us anything and do some closing.

I don't think we have any additional comments.

Grades again thank you for joining I see there are still a number of questions some general some very specific. We will go through and look at those to see about updating our FAQ we do have some available on the release on yesterday so I encourage you to look at those. We will also schedule a follow-up call as we have in the past we kind of got into a routine of having these calls we can answer your questions this will give us time to look through and see which ones we didn't get to address. If you didn't get your question and go ahead and put it in there and we will take a look at it. We are very hopeful we have gotten to this point we are able to be flexible, we wants to observe. Practices. We need to report the data into NHS and then we need to encourage our staff and others to get vaccinated so we can continue to make the progress that we are making and I thank you for the work that you have been doing for over one year but certainly in the past year and at this point we will conclude the call, thank you.